Luton's collaborative all-age mental health strategic plan

2026 to 2030

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Section 1: Our Ambition

Luton is a town of incredible people, it is diverse, resilient, and full of opportunity. Yet we also face significant challenges: a young population with high levels of mental health need alongside the pressures of poverty, unemployment, homelessness, and alcohol and drug misuse. Too many people feel they lack the mental health support they need.

Our ambition is to make Luton a place where everyone can talk openly about mental health, without stigma or fear. Mental health will be recognised as a priority health need and there is no health without mental health, and that needs us to deepen our understanding of people's lived experiences so that we can more effectively help them achieve better life outcomes. Mental and physical health will have equal priority.

We want people in Luton who experience mental health difficulties to be able to say:

"I feel listened to, believed, understood, supported—and helped to become the person I want to be."

To achieve this, Luton must have culturally aware, proactive, and accessible services that support people at the earliest signs of need. Intervening earlier rather than reacting only when mental ill-health is already established will improve outcomes more effectively and quickly. Addressing these challenges is essential if we are to ensure residents have the mental wellbeing necessary to make the most of life's opportunities. Equity in mental health ensures everyone has fair, just access to care and resources, regardless of background, identity, or location.

We are committed to enabling residents to lead empowered, independent lives, ensuring that no one is left behind and that the principle of least restrictive practice is applied. We want to make sure that prevention of mental health issues and access to services help to reduce health inequalities that currently exist, especially for vulnerable groups.

This strategic plan has been developed in partnership with health and social care professionals, voluntary, community, faith and social enterprise sector organisations, and residents across our diverse communities. The voices and experiences of those who use our services have been central to shaping the outcomes we have committed to achieving.

People can build on their strengths and assets.	People stay well and can live the life they want to lead.	People have choice and control and feel empowered to make choices.

Section 2: Key results

A full list of performance indicators is provided in section 10. Over the next three years, we will focus on three key results. A town where:

> **"People have choice and control and feel empowered to make choices": By the end of 2028, all mental health services in Luton will work together to provide this choice.**

Initiative 1: Develop the pathway for supported living in Luton to improve timely access to the right support and provide choice of accommodation wherever possible. This will be measured by accurate view of local vacancies, time from request to support in place and resident engagement in choice of accommodation.

Initiative 2: Develop and implement the social isolation resource toolkit to highlight community and voluntary sector services and assets that support mental health, including leisure services, befriending, and mentoring. A baseline measure and target will be set.

"People are able to build on their strengths and assets": Together all partners will work towards this by 2028 to ensure that mental health support is provided equitably to all communities in Luton.

Initiative 1: Making talking therapies accessible to all communities. This will be measured by tracking recovery by ethnicity for those who engage in talking therapies support. Increase and sustain the proportion of those who are ethnically diverse communities to reflect the proportion of the Luton population that are from these communities.

Initiative 2: Making adult services more culturally sensitive, with language support available in Polish, Roma, Urdu, and Bengali and other languages if deemed a priority. We will measure this by the change in the use of translation services.

Initiative 3: Increasing engagement with South Asian communities to support access to children's mental health services. Increase and sustain percentage of referrals from South Asian communities to the South neighborhood team from 25% in 2023 to 40% reflect the proportion of the Luton population that are from these communities.

Initiative 4: Ensuring a 'no wrong front door approach' to join up services so that children and young people can access services from a range of entry points/referrals routes as measured by for example to increase school coverage of Mental Health Support Teams from approximately 50% in 2025 to 100% by end 2030.

"People stay well and can live the life they want to lead": This will be achieved by rolling out a more preventative approach to keep and sustain positive mental health and wellbeing and reduce the number of people experiencing mental health issues including crisis.

Initiative 1: We will co-produce a social media campaign to address stigma around mental health and measure what is achieved by engagement analytics by end 2028.

Initiative 2: Increasing engagement with South Asian communities to support access to children's mental health services. Increase and sustain percentage of referrals from South Asian communities to the South neighborhood team close to or equal to the proportion of the Luton population that are from these communities by the end of 2030.[1] Initiative 3: Ensuring step-up, step-down care delivered by the community mental health and crisis mental health teams is efficient and provides effective treatment to reduce the risk of health crisis. This will be measured

[1] A decision will be taken by the Perinatal MH Group and the Public Health Lead for Family Hubs formed under the Family Hub Strategic Stakeholder Group, which has the PNMHT, Family Hubs, CAMHS and other stakeholders as partners

by the timeliness and responsiveness of crisis support. Tracking referrals to crisis teams over time and tracking length of stay as an inpatient. This will be tracked against regional and national averages.

Initiative 4: Ensuring those people who experience health crisis or are receiving inpatient care have the support available to manage are entitled to a yearly physical health check receive this. To be achieved by increasing the proportion of those with severe mental illness having health checks from baseline of 66% in Apr 2025 to the national ambition of 75% by the end of 2030. This will be tracked across different providers (GPs, inpatient services and community mental health teams).

Initiative 5: Implement the Luton Smiling Together programme. This programme aims to prevent crisis in people with severe mental illness. This will be measured by the number of calls to the NHS 111 mental health crisis line and referrals to the crisis team.

Section 3: ICB (BLMK) Mental Health Plan

The Mental Health Investment Standard (MHIS) to increase spending on mental health services annually by a higher percentage than their overall budget growth is an NHS England requirement to be achieved by Integrated Care Boards (ICBs). It ensures that mental health funding keeps pace with or exceeds total NHS funding.

The priorities for local ICB (commissioners of mental health services) over the next three years are:

- All schools have access to a mental health support team by 2030 (currently there is approximately 50% coverage in Luton).
- To have mental health emergency services co-located or near A&E departments.
- Mental Health crisis assessment services are in place by 2030. One is being considered at the Luton & Dunstable Hospital.
- Employment support is available for people with mental health issues including individual placement support (IPS) for people with severe mental illness to support them into employment.
- Employment Advisors are located within talking therapy services (funded by DWP) to provide support to those with mild-to-moderate mental health issues.
- A focus on the quality of talking therapies to improve experience. This includes supporting more people to complete treatment, increase reliable improvement and a higher proportion reporting recovery. At present white British have a 10% higher recovery rate than non-white British. The intention is to reduce this health inequality by increasing the recovery rate of non-white British service users.
- Improving people's experience of inpatient care including a 3-year 'culture of care' programme and improvements to the in-patient environment.
- Having not-out-of-area in patient placements for people with mental health difficulties.
- To mobilise a 'crisis care' text service alongside NHS 111 mental health option. This starts in April 2026.
- Opening a crisis house in Bedford in April 2026 with 10-12 short stay beds that will be available for Luton residents.
- Reducing discharge delays: ensuring that someone receiving in-patient care and is ready for discharge has the right community support in place to be able to leave inpatient care.
- Encourage all professionals and community members to complete the free eLearning module on suicide prevention and undertake training where applicable.

- Implement the Patient and Race Equality Framework.
- More intensive and assertive community treatment to be made available.
- At least one 24/7 neighbourhood mental health centre in each of the four local authority areas, including Luton, by 2030. This is a physical place that the community can attend to get support from a range of services including mental health, local authority, employment, community organisations.

Section 4. Our Plan and Luton 2040

Mental health shapes how we think, feel, and act. It affects our ability to handle stress, form relationships, make decisions, and function day to day. It is also essential for physical health, productivity, resilience, and overall wellbeing. Good mental health enables us to enjoy life, build strong connections, and contribute fully to our communities and society. We recognise communities as assets for mental health and wellbeing - including faith groups, voluntary and community organisations, peer support, cultural identity, and informal networks.

The Luton Mental Health Strategic Plan commits us, as a partnership, to improving the mental health and wellbeing of our residents. Our plan aligns with the ICB (BLMK) ten-year plan for mental health and takes a whole-system approach to addressing the specific needs of Luton's communities. It also supports our wider Luton 2040 ambition for the town to be "healthy, fair and sustainable, where everyone can thrive and no one has to live in poverty."

Although aligned with the broader ICB mental health plan, Luton faces distinct mental health challenges because of its unique demography. Luton has a young, culturally super-diverse population and experiences higher rates of poverty, unemployment, homelessness, and substance misuse than other parts of BLMK.

Our strategic plan brings together the needs of children, young people, and adults, recognising the impact of childhood experiences on mental health in later life. Around 75% of mental health conditions develop before age 24, and children do not exist independently of the adults around them. Early experiences are shaped by parents and carers, whose own challenges such as poor mental health, addiction, or difficult family relationships can contribute to an intergenerational cycle of reduced wellbeing. Our plan is designed to break this cycle.

The strategic plan has been co-produced with partners across Luton, including people with lived experience, carers, children and young people, health and care professionals, system and local authority officers, and voluntary and community sector organisations. These partners will contribute to inform the detailed action plans that deliver our agreed outcomes.

Our priorities are based on national strategies, local data, and findings from Luton's mental health needs assessments for children and adults. Insight has also been gathered through consultation events using the Talk Listen Change methodology and wider mental health engagement activities (see Appendix 1 for full details of how this strategic plan was developed).

Aligning our Plan to Luton 2040 priorities

Our collective goal as organisations across Luton is to work together to achieve our 2040 vision.

Poor mental health is both a cause and a consequence of poverty, and addressing poor mental health is essential to achieving this ambition. Being out of work increases the risk of poor mental health and can make it harder for people to gain or sustain employment. Keeping people who experience mental health issues in employment and promoting the importance of wellbeing and mental health in the workplace are key priorities.

This strategic system-wide plan sets out a shared programme of work for Luton Council, the NHS, and our community partners to improve the mental health of individual residents and to positively influence the wellbeing of their families and communities.

Achieving the Luton 2040 ambition requires a stronger focus on prevention, intervening early to reduce the risk of mental health needs escalating. When residents do require support, they must be able to access high-quality, integrated care that provides a positive experience at the earliest opportunity.

To achieve this, we will:

- promote workplaces that actively support mental health and wellbeing.
- ensure residents with mental health difficulties receive early, effective support.
- enable those who are unable to work due to mental health conditions to return to employment when they are ready.
- Design services that are easier to access and culturally sensitive, ensuring they meet the needs of Luton's many diverse communities.
- Offer more immediate support, treatment, and care for people in crisis, with timely responses available whenever they are needed.
- Provide high-quality inpatient mental health care, where people receive the right physical and mental health checks, holistic support, and opportunities to maximise their health and recovery during their hospital stay.
- Give early support for people with serious mental health conditions, preventing repeated crises and improving long-term stability.
- Offer easy access to perinatal mental health services, and confidence that all services seeing pregnant women know how to support them and how to access specialist help when needed.
- Make a commitment that no one is refused help or turned away when experiencing mental health difficulties, regardless of where they first seek support.
- Reduce stigma and have open conversations about mental health and wellbeing, recognising the essentially relational nature of mental health as a way of destigmatizing it, and empowering communities to support each other through difficult experiences.
- Provide the right mental health support for people experiencing homelessness, recognising the close relationship between housing instability and mental wellbeing.
- Encourage stronger community support for people who feel isolated or lonely, helping them build connections and improve their wellbeing.
- Develop targeted support for care leavers, children with complex needs, and young people transitioning between children's and adult services, ensuring continuity of care and better mental health outcomes.
- Offer better support for employed people to remain in work or return to employment if they experience mental health difficulties, recognising the importance of work for recovery and wellbeing.
- Improve access to mental health support for people without a formal diagnosis.

- Reduce inpatient admissions related to mental health.

Luton 2040 themes that are aligned to this strategic plan priorities:



Improving population wellbeing is the primary outcome of this strategic plan. By delivering our 2040 vision and priorities we will improve the mental wellbeing of Luton residents, reduce the impact that poverty and other drivers of inequality have on mental health and wellbeing and work to the principles of Luton as a Health Equity Town. Poor mental health increases the risk of poverty and therefore is a driver of inequality. We seek to break this cycle through greater investment into prevention and early intervention to reduce the risk of mental health deterioration.



Positive relationships are important for good mental health for children and young people. Secure, trusted, and supportive relationships with families, friends and the wider community will help children build resilience to navigate life challenges as they move into adolescence and adulthood.



Living within a healthy environment and focusing on lifestyle and psychosocial interventions particularly for citizens with mild mental health need can reduce the need for medication. Green spaces and exercise are important for promoting good mental health.



Listening to citizens with lived experience and their careers and acting on what they advise improves their mental health and wellbeing has been central to the development of this strategic plan. The outcomes we have prioritised can only be achieved by working with our residents to meet their needs.

Section 5. Underpinning Principles of Mental Health Activity

The Reimagining Mental Health Collaborative has agreed twelve core principles that underpin the delivery of this strategic plan. These principles guide our work to improve prevention, early intervention, and access to high-quality mental health services for Luton residents.

1. A psychosocial model of mental health

We recognise that poor mental health, emotional distress, and psychological difficulties are often responses to social factors such as housing need, abuse, challenging relationships, financial worries, unemployment, isolation, and low confidence.

2. Person-centred support

The needs of the individual are at the centre of everything we do. We build services around what people tell us they need, seek ongoing feedback, and recognise the importance of involving families and close friends and supporting them so they can better support their loved one.

3. Understanding home and support environments

We take account of each person's home environment and wider support network, recognising both positive and negative influences. We understand that others in the home may have their own emotional or mental health needs and actively listen to and involve carers and support networks.

4. Trauma-informed practice

Our work is grounded in a trauma-informed approach. We aim to create systems that minimise the need for individuals to repeat their story and ensure that services provide environments where people feel safe and supported.

5. Addressing power imbalances

We acknowledge the inherent power imbalance in professional–client relationships and work to counter it, fostering a partnership of equals. We challenge ourselves and each other to identify and change unhelpful power dynamics.

6. Empowerment and belief in recovery

Our approach is empowering. We believe in people's ability to heal and recover, supporting individuals to make the changes needed to improve the quality of their own lives.

7. Equal engagement across all agencies

Effective mental health support requires collaboration across large and small organisations, including statutory, voluntary, and community sector partners. All agencies engage as equal contributors.

8. All voices heard and valued

Everyone involved in the mental health system; service users, families, carers, and organisations have an equal voice. Each perspective is recognised as essential to improving the wellbeing of Luton residents.

9. Collaborative decision-making

A multi-agency collaborative group discusses and agrees what services and resources are needed. Processes for decision-making are transparent and inclusive.

10. Equitable distribution of resources

Resources are allocated based on need. Decisions are made collectively and reviewed openly, with a strong focus on equity.

11. Openness to new ways of working

We are committed to learning and innovation. We remain open to approaches used successfully elsewhere and adopt new ways of working that can bring positive change for Luton.

12. Shared and agreed outcomes

We agree outcomes that demonstrate improvement collectively. These outcomes guide how we make the mental health system more effective and responsive. We use outcome data to shape future decisions and strengthen the system.

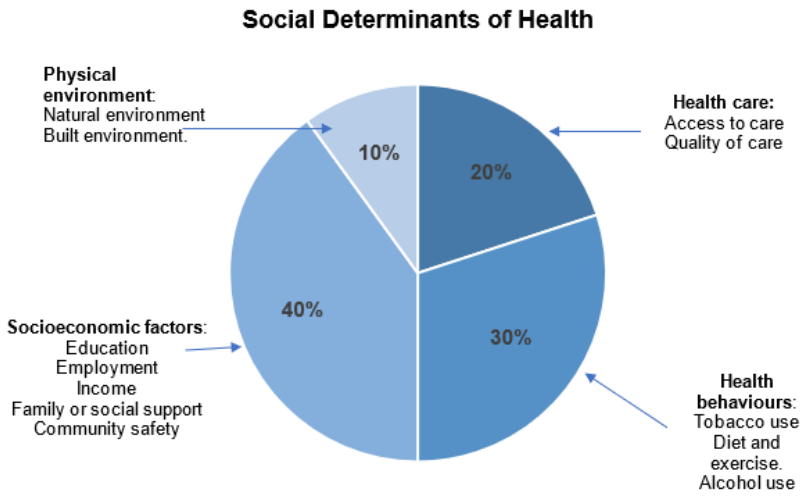
Our Approach will be informed by using a Psychosocial Model

The psychosocial model recognises that the social determinants of health (Figure 1) have the greatest impact on an individual's overall health and wellbeing. Our life experiences shape our emotional states, which fluctuate over time and influence our mental health. These emotional responses are normal reactions to the circumstances we face. It is the inter-relatedness of both psychological and social concepts in understanding mental health and factors impacting on it. Issues such as poverty, unemployment, homelessness or poor housing, lack of social support, trauma, abuse, exploitation, or a lack of control and power that make people more vulnerable to emotional distress. When people's basic needs are met, their mental health is better, and people experience stronger mental health and resilience.

Structural barriers such as discrimination, language, insecure housing, and immigration status- shape unequal mental health outcomes, and therefore interventions must be designed with and for communities most affected.

Our approach is therefore grounded in listening to people's stories and understanding the context of their experiences. This means working with individuals holistically, recognising the wider social, environmental, and relational factors that influence their mental wellbeing, and responding in ways that address both immediate needs and the underlying causes of distress.

Figure 1: Social determinants of health



Social determinants disproportionately affect certain communities in Luton, and an equity approach is essential to address unequal exposure to poverty, housing insecurity, racism, and exclusion.

Implementing Trauma-informed Practice

Our services will shift from asking "what is wrong with you?" to "what happened to you, and how can we support you?" This approach reflects a trauma-informed, person-centred way of understanding distress.

This shift is illustrated by the CAMHS use of the Power Threat Meaning Framework (PTMF), which recognises that anyone can experience distress when the social determinants of health such as poverty, social exclusion, education, and home environment are undermining their lives. The PTMF emphasises that distress is often a meaningful response to adverse experiences and circumstances, rather than an indication of something inherently "wrong" with the individual.

The focus of our approach is therefore to understand and make sense of a person's story, rather than viewing them through a lens of problems, symptoms, or deficits. This allows services to respond with compassion, context, and support that address both the individual's emotional needs and the wider social factors influencing their wellbeing.

Trauma is not experienced equally across communities. Structural inequalities such as racism, poverty, insecure housing, and immigration stress increase exposure to trauma. Embedding equity into trauma-informed practice will help ensure the approach recognises and responds to these disproportionate burdens.

How we tackle mental health stigma in Luton

People who experience mental ill-health or emotional distress can face an additional layer of pain due to the stigma associated with mental health. Stigma arises from misconceptions and incorrect beliefs about mental health, which can lead individuals to feel isolated, ashamed, or fearful of being judged. This can create secrecy around their own or a loved one's experiences, making it harder for people to seek help and receive the support they need.

A Luton resident said, *"it's not that we turn away; we just don't know how to help."*

Stigma may be experienced differently across communities. Culturally tailored anti-stigma approaches are essential to address shame, silence, and fear of judgement in diverse ethnic and faith groups.

We need a cultural shift in Luton that builds understanding of trauma-informed approaches, enabling communities to recognise distress and to support family, friends, neighbours, and even strangers with compassion. People need to feel confident that their actions can make a meaningful difference to someone who is struggling.

This shift requires moving away from older narratives that frame mental health purely as an illness in the same way as physical health, or that label individuals as "ill" in ways that reinforce stigma. These traditional approaches have, in some cases, increased stigma and misunderstanding (Reed and Harper, 2020). Cultural norms influence how different communities understand, express, and seek help for mental health. Equity requires working with each community to co-design approaches that feel culturally safe and relevant.

We must promote approaches that understand mental health in the context of lived experience, trauma, and social factors, that mental health and wellbeing develop through relationships and experiences of connectedness, that personal resilience develops through a dynamic interaction between the person and their environment, and thus, helping to create a community culture that is supportive, informed, and non-judgmental. Within any educational materials aimed at the general population, we will teach that:

- emotions are normal for everyone, with difficult life experiences and unmet needs.
- emotions come and go, so there is hope for change.
- emotions can be tolerated (and having our needs met better will help)
- communicating one's own needs about what you can and cannot manage in relation to supporting others in distress, to continue rather than end relationships (for example 'I CAN listen for 10 minutes once weekly - after that let's do something else fun together instead'

We know that effective mental health stigma campaigns require a shift towards this psychosocial understanding that difficult life events lead to emotions, to help the 'well' to shift attitudes towards becoming more compassionate and inclusive towards those who are struggling.

Asking someone how they are doing can open the door to a conversation and will not make things worse.

There may be cultural differences in how we need to tackle stigma and change practices, which should be informed by Talk Listen Change and other research findings.

For too long, people who experience distress have often suffered an additional source of emotional pain due to stigma, where others in their community turn away from them, leading to isolation and secrecy and shame about their own or a loved ones' circumstances.

Workplace Health: Promoting our staff wellbeing.

We must also care for our caregivers. This means focusing not only on the mental health of service users, but equally on promoting the mental health and wellbeing of clinical and non-clinical staff across Luton's health and care organisations, including those working in the voluntary and community sector.

Work-related stress and burnout can leave staff feeling unable to care effectively. What may appear as coldness or distance is often an unintentional response to overwhelm a sign that professionals are overloaded, emotionally exhausted, or working under unsustainable pressures. Supporting staff wellbeing is therefore essential to ensuring compassionate, safe, and high-quality care for residents.

Staff experience inequities too, including discrimination, cultural barriers, and unequal access to support. Embedding equity into workforce wellbeing (e.g. culturally competent supervision, fair progression pathways) will strengthen staff resilience and improve the quality of care.

Why we have an all-age mental health strategy

Mental health affects people differently across the life course. i.e., inequities accumulate across the life course, from childhood through to adulthood. An all-age strategy intentionally addresses unequal starting points and different barriers experienced by communities at each stage of life.

Section 6. The mental health needs of children and young people in Luton:

Luton has one of the youngest populations in England: 36% of residents are under the age of 25, and 22% are under 15. A key priority of our Health and Wellbeing Strategy is that all children and young people in Luton get the best possible start in life, with the skills, opportunities, and quality of life they need to reach their full potential. Good mental health and wellbeing are central to achieving this, shaping early development, school readiness, education outcomes, relationships, and long-term health.

Child Developmental needs

Our strategic plan recognises that supporting children and their families must begin early in life from before birth through to age 19 for most young people, and up to 25 years for those with special educational needs or disabilities (SEND). The early years, known as the Start for Life period, including the first 1,001 days from pregnancy to a child's second birthday, are critical for lifelong health, development, and wellbeing.

A fundamental element of a child's mental health and wellbeing is the development of secure attachment, the strength and quality of the relationship between a child and their primary caregiver and the wider family, community and society (i.e. proximal and distal). It is entirely normal for parents and caregivers to need support, particularly during challenging times. This may include specialist help for women experiencing mental health difficulties during pregnancy or after birth.

Our aim is that when parents ask for help, they can do so at the earliest opportunity, and that the support they receive meets their needs. Early help interventions are designed to be timely, short-term, and effective, enabling children and their families to manage their health and wellbeing while reducing the risk of needs escalating.

Early help is available through self-referral and via health professionals, delivered through services such as Health Visiting, Family Hubs, and the Family Partnership Service.

Identifying the mental health needs of children and young people in Luton

We have used a combination of data, research, and insights from reports and engagement with residents, service users, and professionals to identify the mental health needs of children and young people in Luton.

The development of this strategic plan has been informed by a range of key sources, including:

- the Luton Young People's Mental Health Needs Assessment (2021)
- the East of England Health Needs Assessment of Children and Young People's Mental Health (2022)
- insight gathered through the Luton stakeholder event (May 2022)
- analysis of local data, service use patterns, and community engagement findings

The Luton Young People's Mental Health Needs Assessment (2021) made recommendations for improving services and outcomes that include:

- the need for evidence-based, data-driven, and insight-informed changes to our approach and to service delivery, ensuring support is shaped by the needs of children and young people.
- to ensure that the voices of children and young people from across Luton inform the strategic plan and future service development.
- a stronger focus on inclusion, ensuring that all children regardless of area, ethnicity, or special educational needs and disabilities have equal access to support.
- ensuring services provide clear pathways of care and offer consistent, high-quality provision.
- increasing our focus on prevention and early intervention, reducing escalation of need, and supporting children and young people at the earliest opportunity

Vulnerable groups

Some children and young people are more likely to experience poor mental health than others as described in the following paragraphs. This strategic plan sets out to tackle inequity experienced by groups that have a higher incidence of metal health.

In Luton, 16.4% of children and young people have a special educational need or disability (SEND) this includes:

- social, emotional, and mental health needs, including diagnosed and undiagnosed neurodivergence
- cognition and learning needs.
- communication and interaction need.
- physical and sensory difficulties
- neurodiversity

In addition to children with SEND, there are other vulnerable groups who may experience disadvantage and therefore need to be prioritised for support. These include:

- children with adverse childhood experiences
- children and families living in poverty
- children and families living in temporary accommodation and experiencing homelessness
- children and families from migrant, Gypsy, Roma, and Traveler and other potentially vulnerable communities
- children who have a disability
- children and young people affected by racism or other forms of social exclusion.
- young carers

There are also groups of children who are at higher risk of needing specialist mental health intervention. These include:

- children and young people experiencing needs related to gender identity or sexual identity.
- Children Looked After (CLA) or 'Children in Care,' including unaccompanied asylum-seeking children and refugee children.
- children and young people experiencing eating disorders.
- children who may have, or who have been diagnosed with, a neurodevelopmental need.

I-Thrive Model

Mental health services that support children and young people in Luton use an 'I-thrive' approach (Figure 2) that aims for individual needs to be met by the right type of service offer categorised as 'getting advice', 'getting help', 'getting more help', and 'getting risk support'. I-thrive is a needs-led rather than a diagnostically driven model of support and is a conceptual rather than operational model of care - it is a psycho-social model so aligns with what has already been described in this strategy.

Figure 2: The 'I-thrive' model.



Supporting schools to improve mental health of staff and pupils

Supporting children to be in school, being educated while they are having mental health support is vital. One priority is to support staff working in schools to confidently manage children and young people with mental health needs. The Local Authority provides education, training, professionals meetings, and signposting to other services through the school health education specialist.

The UK Government's national Futures in Mind (2015) document, which led to the national trailblazing Mental Health in Schools initiative, requires the implementation of a resilience model of service, rather than a deficit model. In addition to a universal mental health and wellbeing offer to all schools, several Luton schools have Mental Health Support Teams (MHSTs). These are coordinated by CAMHS and provide schools with a link worker. For schools who do have access to a named MHST, the CAMHS Liaison Schools team (CLST) offer a named professional to schools.

All services aim to take a resilience-based approach to:

- normalise emotions.
- see the whole person taking a holistic approach.
- provide a trauma-informed approach.
- include both targeted support and whole-school and whole-community approaches to develop systems resilience

Luton Community Access Services are developing and evaluating a Community Resilience model of working with families, schools and partners (van Roosmalen, 2023). MHSTs serve to both develop systems resilience in schools and communities by whole school approaches and deliver targeted interventions for CYP (and families) for mild to moderate levels of MH problems, those that do not meet the threshold of clinic-based CAMH services. However, there are other, often third sector, organisations who also provide these services, so coordination of local offers need to be ensured including information sharing. It is therefore important that we transform how we work with the resources available to meet strategic plan outcomes. The ambition is to increase coverage of MHSTs from approximately 50% of Luton School to 100% by 2029 with additional resources being allocated for this.

Transitions

Transitions between mental health services, particularly from Children and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services, should be a planned, ongoing process rather than a single, abrupt event.

Transition from child and adolescent mental health services to adult services begins at the age of 17.5 years and can last until a young person is 18.5 years. This can be a challenging time for the young person and their family as they navigate their care changes into adult services.

Section 7. The mental health needs of adults in Luton

Luton has a higher number of adults experiencing mental health challenges and accessing mental health services than the England average. However, many residents who need support are not accessing services, particularly people from Asian and Black ethnicities, who are less likely to engage with mental health services compared with White British residents. We acknowledge that differential access and poorer outcomes for ethnically diverse communities may reflect experiences of racism, discrimination, and mistrust of statutory services, as well as structural barriers, rather than lower 'engagement.' Services must understand these differences and improve access through culturally appropriate, responsive, and inclusive approaches that reflect the needs of Luton's diverse population.

Data and evidence show that:

- Adults living in the most deprived areas of Luton have higher mental health needs.
  Poverty, housing insecurity, and financial pressures contribute significantly to poorer mental health outcomes.
- Homelessness and rough sleeping are both a cause and consequence of poor mental health. Luton has higher numbers of people rough sleeping, homeless, or living in temporary accommodation compared with the England average. These experiences significantly increase the risk of mental health difficulties.

- Employment rates are lower among people with severe mental illness in Luton than nationally. Unemployment and the associated financial strain can worsen mental health and limit recovery.
- Luton has a higher proportion of residents affected by drug addiction, some of whom are rough sleeping. This group faces a high risk of multiple morbidities, including mental health needs. Chaotic lifestyles make accessing support difficult, and some services require individuals to be drug- or alcohol-free to take part, creating barriers for people who cannot easily self-regulate and therefore miss the help they need.
- People requiring more intensive mental health support are often cared for in restrictive environments, such as inpatient units, rather than residential or community-based settings.
  Some individuals are placed outside Luton, away from family, friends, and familiar support networks.
- Luton is a super-diverse town, with two in five residents born outside the UK.
  Mental health and wellbeing can be experienced, expressed, and understood differently across cultures. Services must reflect this diversity to ensure equity of access and outcomes. We acknowledge that lower access and poorer outcomes among ethnically diverse communities may reflect experiences of racism, discrimination and mistrust of statutory services, not lower engagement,

A resident told us: *"…it's not that people are only accessing support at crisis point, it is that it is the only point anyone takes action …"*

Mental health need for adults in Luton

Data and evidence on mental health and mental health services in Luton show the following:

Common Mental Health Conditions (CMCs)

Definition: common mental health conditions comprise different types of depression and anxiety disorder. They cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition.
Key data shows:

- The estimated number of Luton residents with common mental health conditions such as depression and anxiety was 25,582 in 2020, and this is projected to rise to approximately 27,000 by 2035.
- Women account for around 59% of these cases.
- An estimated 19% of adults in Luton live with a CMC, compared with 17% nationally.
- Primary care data shows a lower diagnosis rate for CMCs in Luton compared with the national average, suggesting that many people who need support are not seeking help. The level of under-reporting is not currently known.
- People with lived experience may not seek mental health support due to self-stigma and wider stigma, creating further barriers to accessing care.
- 45.4% of newly diagnosed patients with depression in Luton (data 2020/21) received a primary care review within 10–56 days of diagnosis, lower than the national average of 54.9% and the lowest among Luton's 10 East of England comparator areas.

Severe Mental Illness (SMI)

Definition: Severe Mental Illness refers to long-term mental health conditions that significantly affect a person's thinking, emotions, and functioning. This usually includes schizophrenia, bipolar disorder, and other psychotic disorders.

Key data shows:

- Luton has higher rates of SMI than the national average and similar levels to its statistical neighbours.
- Early mortality among people with SMI is higher in Luton: 122 deaths per 100,000 people under age 75 compared with 104 per 100,000 in England.
- Smoking is the single largest contributor to reduced life expectancy for people with SMI.
- People in Luton are more likely to be detained under the Mental Health Act (51.0 per 100,000 – 2021/21) than the England average (45.6 per 100,000 - 2021/22).
- Nationally, Black people are over-represented in detentions under the Mental Health Act. Black people are four times more likely as White people to be detained.
- Most people diagnosed with SMI live in the most deprived areas of Luton.

Drugs, Alcohol and Mental Health

Why this is included in a Mental Health Plan

Substance misuse and mental health are closely linked. Many people experience both conditions at the same time (co-occurring conditions), and each one can worsen the other. People with combined substance misuse and mental health needs often struggle to access traditional services because these services are designed for single, not multiple, needs.

Key insight for Luton:

- Luton Council Adult Social Care estimates that around half the people refer to the local drug and alcohol support service (for combined mental health and substance misuse needs) are not seen. Clarified explanation:
    - Many people with dual-diagnosis need cannot engage with services in the way those services expect for example, attending regular appointments, being abstinent before treatment, or maintaining consistent contact. This means they are often discharged before support is provided, creating a major gap in care.
    - Luton has higher than average estimated rates of opiate and/or crack cocaine use, the highest among its statistical neighbours.

Drug and Alcohol Treatment & Recovery Services from 1st April 2026:

Luton Council has awarded a new eight-year Drug & Alcohol Treatment & Recovery contract, funded through the public health grant and starting on 1st April 2026.

The services are delivered through two services who together work as the Luton Drug and Alcohol Alliance. The Alliance will work with mental health service providers locally to ensure joined-up support for service users with co-occurring mental health and substance use diagnoses.

Alliance Clinical (including Alliance Care, a service for those who are not currently ready or able to engage with traditional structured drug and alcohol treatment services due to complex vulnerabilities or conditions), awarded to Change Grow Live (CGL), providing clinical treatment, psychosocial support, services for children and young people aged 8–24, criminal justice, hospital in-reach, and flexible support for people with complex needs.

Alliance Recovery, awarded to Community Led Initiatives (CLI), focusing on long-term recovery through community engagement, volunteering, education, and employment pathways.

The new model aims to reduce harm, improve health outcomes, support families, and strengthen recovery communities, while delivering social value aligned with Luton 2040 priorities.

The contract will run until 31st March 2034, with extension options, and includes robust governance and performance monitoring arrangements.

Mental Health Crisis, Self-Harm and Suicide

Crisis definition: A mental health crisis is a situation where a person's mental state deteriorates rapidly, and they are no longer able to cope or stay safe. This may include suicidal thoughts, self-harm, severe anxiety, or symptoms of psychosis.

Crisis Services: key insights

- The ethnicity of people using the Mind Crisis Café (now the Recovery Lounge) does not reflect Luton's population: 70% of users are White British in (October 2023).
- Recovery rates for people who are not White British are worse than national averages.
- Most calls to the Crisis Café (October 2023) come from 45–54-year-olds, with 90% of callers being female.
- Adults from Bedfordshire, Luton and Milton Keynes who become mental health inpatients are more likely to have had prior contact with services if they are White compared with those from non-White ethnicities.
- Nationally, mental health related 999 calls to ambulance services in England have risen by 24% between 2018 /19 and 2021/22 to over 652,000 annually.

Suicide definition: Suicide is death caused by intentional self-harm. It is influenced by a combination of psychological, social, environmental, and economic factors.

Suicide: key insights

- 89 suicides occurred in Luton between 2019 and 2024.
- 75% were men.
- 64% were UK-born; 15% were born in Poland.
- 46% were aged 41–60.
- Inquest reports show:

- 24% had displayed suicidal ideation before death.
- 33% had a history of mental health concerns.
- The suicide rate in Luton in 2024 was 5.63 per 100,000, lower than the England rate of 11.1 per 100,000.
- Data from Bedfordshire Police shows:
    - Overdose is the most common method in attempted suicides.
    - Over 50% of attempted suicides in Bedfordshire are by Luton residents.

Self-Harm definition: Self-harm refers to intentional injury to oneself, often to manage distress. It is not always a sign of suicidal intent but is a significant risk factor for suicide.

Key local data: Between April and June 2025, there were 139 A&E attendances due to self-harm among Luton residents.

Specific actions around suicide prevention arising from the most recent Luton Suicide Audit are addressed in local plans, including the joint Bedford, Luton, and Milton Keynes Suicide Prevention Action Plan 2024-28.

Talking Therapies (IAPT)

Luton's Talking Therapies (IAPT) services perform better than national standards in the proportion of people accessing treatment within six weeks. However, services report a lack of referrals from ethnically diverse communities.

Overall recovery rates meet national standards, but recovery rates for people who are not White British fall below the national requirement that 50% of those completing treatment should recover.

Previous reports on mental health in Luton have made important recommendations that continue to shape our programme of improvement. These recommendations are summarised below.

To improve outcomes for people with conditions such as depression or anxiety, we must:

- Identify and address the reasons people seek help late, including tackling stigma, self-stigma, fear, or cultural barriers.
- Increase timely GP reviews following diagnosis of depression, ensuring people receive support when it can have the greatest impact.
- Improve access, uptake, and service experience, especially for residents who are not of White British ethnicity.
- Understand how GPs use Talking Therapies and whether self-referral or professional referral routes are more effective for different communities.
- Understand the mental health needs of transient populations (including new migrants, temporary workers, people moving between addresses) and how they access or struggle to access services.

Improving Care for People with Severe and Enduring Mental Illness (SMI)

To strengthen prevention and care for people with SMI, we need to:

- Improve prevention and early intervention to reduce crises and emergency admissions.

- Review pathways into and between services, ensuring people experience seamless movement through support.
- Increase the number of people with personalised crisis care plans, reducing avoidable escalation.
- Review SMI treatment outcomes to better monitor progress and identify gaps.
- Improve uptake of physical health checks, targeting those we want to get to such as males under 50.
- Expand employment support, helping people remain in and return to work and reduce mental health-related sickness absence.
- Review residential support placements – meaning evaluating whether current accommodation settings (e.g., supported living, residential care, out-of-borough placements) meet people's needs and offer the right level of independence, safety, and community connection.
- Improve data collection on smoking and smoking cessation, particularly among people with SMI, and consistently offer support to quit.

Supporting People Who Experience Life Challenges Due to Substance Misuse

Mental health and substance misuse often co-occur. Substance use can worsen mental health, while poor mental health increases the likelihood of using substances to cope. People with co-occurring conditions frequently fall between service thresholds. Therefore, integrated action is essential.

Key actions include:

- Implementing the new treatment and recovery model from April 2026, offering a person-centred approach, including support for people who are not yet ready or able to fully engage with traditional treatment.
- Ensuring all services adopt a "Make Every Contact Count" approach by asking about drug and alcohol use in initial assessments.
- Understanding the profile of people currently using services and determining whether this reflects unmet need among under-represented groups.
- Providing staff training to challenge misconceptions about offering mental health support to people currently using substances.
- Engaging local businesses in supporting Luton to become a "recovery Town" with training, placements, work experience, and job opportunities for people completing treatment.
- Carrying out a detailed assessment of needs for people with both mental health and substance use issues, identifying service gaps and priority actions.
- People with combined mental health and substance misuse needs may struggle with attendance requirements, abstinence rules, appointment schedules, and communication expectations. As a result, they may be discharged for "non-engagement," despite high levels of need. Services must adapt to these realities to ensure people are not excluded.

A Luton resident said: ***"I get help for my alcohol use. It is difficult to get help from psychology. The whole system cheeses me off. I need psychology. I drink because of mental health problems."***

His loved one said: *"He was turned down from psychology due to drinking. NHS and Resolutions do not work together enough."*

Effective Crisis Care, Self-Harm Response, and Suicide Prevention

To strengthen crisis, care and reduce harm:

- Improve prevention and early intervention to reduce emergency admissions, including through the Luton Smiling Together programme (starting late 2026), which will support people on the SMI register who may be at risk of crisis.
- Improve data collection on self-harm, supporting services to understand needs and design effective interventions.
- Becoming more effectively evidence-, data- and insight-led system
- To build a system that learns and improves continuously, we must:
- Improve and enable data-sharing across providers in the mental health pathway.
- Explore options for shared patient record systems to improve coordinated care.
- Ensure metrics are collected consistently, including socio-demographic data, smoking status, and smoking cessation referrals.
- Greater Support for Informal Carers, Including Young Carers

Actions include:

- Implementing the recommendations from the latest Luton suicide audit (2019-2024) and BLMK Suicide Prevention Action Plan 2024-28– see Appendix 3.
- Improve crisis management including escalation and de-escalation pathways and how responsive mental health services are in a crisis.
- Conducting research to fully understand carers' experiences in Luton.
- Exploring reasons for low participation in ELFT carer support events.
- Linking with adult social care work already underway to strengthen support for informal carers.
- Stronger focus on prevention and early intervention
- Prevention addressing the social and environmental factors that lead to poor mental health, promoting wellbeing, and reducing stigma so that fewer people develop mental health difficulties.
- Early intervention: recognising signs of distress early and providing timely support to raise awareness of services available in Luton.
- Reducing waiting times to access support.
- Ensuring universal services are trained and confident in identifying mental health needs early (e.g., Family Hubs, schools, community services).
- Rolling out trauma-informed training so all services understand trauma, know how to signpost effectively, and support earlier and more effective access.

Care Co-ordination – Improving How People Move Through Services

To improve coordinated care, we will:

- Review care coordination and transitions between services, identifying where pathways can be strengthened.
- Ensure personalised care, with teams around the individual working collaboratively to meet their unique needs.
- Ensure appropriate, intensive, culturally sensitive support for people who have Community Treatment Orders (CTOs). This could include case reviews with partners including the voluntary sector.

There are key inclusion health groups who are at higher risk of needing specialist mental health intervention:

- People who experience being homeless, including rough sleeping and people living in homelessness supported accommodation
- People who experience poverty
- Refugees and asylum seekers or those with no recourse to public funds
- People who are sexually exploited
- People who have experienced multiple adverse childhood events or trauma
- Those who experience disability.

Section 8: Where we want to get to

Prevention

We believe that everyone is entitled to the help and support they need to recover, stay well, and achieve their full potential.

By increasing our focus on prevention, our priority is to help people stay well and to intervene early, providing support at the earliest stages of need to prevent escalation. Our aim is to ensure that help is available when someone is experiencing distress.

Early intervention is not only cost-effective in the longer-term reducing crises, emergency admissions, and high acuity service use but it is also a kinder and more compassionate approach. Providing support early reduces preventable suffering and improves long-term outcomes. By collectively focusing on reducing need at the earliest opportunity, we will see fewer people reaching crisis and requiring intensive or specialist services.

Access

Some groups in Luton face greater barriers in reaching the mental health support they need. Data shows that people who are White British are referred into mental health services at higher rates than expected, while people from non-White ethnic groups are referred less frequently and experience worse recovery rates. Access must therefore be more equitable and inclusive. We acknowledge that unequal access is driven by structural barriers - including discrimination, language, cultural safety concerns, and service designs that do not meet the needs of ethnically diverse and marginalised groups.

People should be able to access the right service that meets their needs, receiving person-centred, holistic care. There should be shift toward communities with highest need and be weighted using health equity approaches; prioritise groups experiencing structural barriers; avoid reinforcing existing inequities and monitor distributive

impact. Commissioning and resource allocation will be equity-weighted - ensuring that investment is prioritised for communities with the highest needs and poorest outcomes, consistent with Luton's Health Equity Town commitments.

Recommended improvements include:

- A 'no wrong door' approach, ensuring access regardless of where someone seeks help.
- Ensuring the absence of a diagnosis is never a barrier to accessing support.
- Children and young people should be able to access mental health support irrespective of other diagnoses, such as autism or learning disabilities.
- Sufficient capacity in local services to meet need in an equitable way, including for groups who currently do not access services, such as neurodiverse people, LGBTQ+ communities, carers, people with disabilities, those experiencing poverty or homelessness, people experiencing domestic abuse, and people who have live-in care and care leavers.
- Increased community awareness of available help, and addressing service gaps, particularly during transitions from child to adult services.
- Ensuring that people who need more intensive support are cared for in the least restrictive setting and supported towards independent living wherever possible.
- Keeping an up-to-date directory of available services.
- Improved access for vulnerable people, recognising the unique barriers they may face.
- Better support for families, friends, and carers, who play a vital role in recovery and maintaining wellbeing.

Integration

We will work collaboratively and learn from each other so that services provide more seamless, joined-up care. To achieve this, we will ensure that service users and people with lived experience are central to co-production. It is vital that individuals, families, professionals, and voluntary and community organisations work together as equal partners to make the experience of seeking support smoother, clearer, and more transparent. Integration should prioritise equity by ensuring pathways are redesigned with communities who face the poorest outcomes, and that joined-up governance includes mechanisms to address structural barriers such as language, discrimination, and cultural safety.

We will:

- Share data appropriately between services when it will support better care.
- Ensure care is coordinated across teams and services, reducing duplication and confusion.
- Ensure people only need to tell their story once, with assessments shared confidently and appropriately between agencies involved in their care (with permission).

Quality

We will provide the best possible, evidence-based, high-quality services, delivered primarily in the community.

To achieve this, we will:

- Use data and insight from people with lived experience to drive improvement where needed.

- Ensure our services and interventions are evidence-based and informed by the best available practice.
- Identify and act on health inequalities at all stages, promoting fairness and social justice in line with the Health Equity Town objectives.
- Be ambitious in improving outcomes and ensuring the best possible support for individuals and communities.
- Embedding equity into quality standards to ensure that improvements in quality, timeliness and satisfaction reduce gaps for communities with the poorest current outcomes, rather than raising averages while inequities persist.

Experience

We will treat everyone with kindness, compassion, empathy, respect, and dignity.

- Reduce stigma associated with mental health, ensuring people feel safe, understood, and supported.
- Develop personalised care, recognising each person's unique needs, context, and strengths.
- Include voluntary and community sector providers and people with lived experience as key partners in shaping and improving services.

Section 9: How we are going to get there

Our young people told us: 'Consult young people about what is needed before spending money on something that may not be wanted.'

This priority strongly aligns with Luton 2040 priorities of improving population wellbeing, becoming a child friendly town, and supporting a strong and empowered community, built on fairness.

To improve prevention, we will:

- Promote resilience through a trauma-informed approach, shifting the narrative from *"what is wrong with you?"* to *"what happened to you, and how can we support you?"*
- Build resilient communities, families, and schools so that people are supported to manage difficult feelings and life events before they lead to longer-term mental health challenges.
- Introduce mental health literacy from an early age, targeting children, young people, their families, and communities. We will balance messages that promote individual self-care with those that strengthen community support.
- Reduce social isolation in Luton, increasing the number of people who feel socially connected and reducing the number reporting loneliness or isolation by the end of 2028.
- Support people at greater risk of poor mental health, including those with special educational needs, learning disabilities, other disabilities, autism, or those experiencing challenging life circumstances such as homelessness or bereavement.
- Embed preventative approaches to mental health across all services, ensuring prevention is a shared responsibility.
- Support organisations including education, health, police, and other relevant sectors to adopt trauma-informed, relational, and social-determinants-aware approaches, encouraging practitioners to ask, *"what has happened to you?"* rather than *"what is wrong with you?"*

- Reduce stigma around mental health by normalising emotional experiences and raising awareness of how life circumstances and social determinants affect mental wellbeing. This will include culturally competent messaging and a local anti-stigma campaign.
- Improve communication of local wellbeing resources, including leisure facilities, green spaces, and community programmes, and work with under-represented communities to improve access.
- Promote earlier support and intervention, ensuring that when staff signpost children, young people, or adults to services, they 'check in' where possible so no one feels abandoned if they cannot access the help they need.
- Work with employers to help them better support the mental health of their workforce.
- Create and regularly update a directory of mental health services and resources, making it accessible to the public, schools, and public-facing organisations. Prevent deterioration and support recovery for those with known mental health difficulties by addressing holistic needs and wider determinants, including access to employment, suitable housing, debt and benefits advice, and peer support from those with lived experience. For example, the Total Wellbeing Luton Employment Advisory Service supports individuals who are currently engaged in talking therapies (low to moderate mental health issues) and experiencing employment-related challenges. Advisers work closely with clients to help them manage issues such as workplace stress, job insecurity, unemployment, or returning to work after a period of ill health, whilst collaboratively working alongside the therapist. Tailored advice with a self-centred approach is provided, giving practical guidance, and liaison with employers where appropriate to promote sustainable employment and positive mental wellbeing.
- Support people with severe mental illness to maintain good physical health, recognising the strong link between mental and physical health.
- Improve crisis support by addressing underlying contributors such as financial stress, housing instability, unemployment, disability-related challenges, debt, problematic substance use, and access to food.
- Take focused action on suicide prevention, working particularly with higher-risk populations and communities experiencing deprivation.
- Collaborate with the public to celebrate the strengths and contributions of people with lived experience, promoting inclusion and reducing stigma.
- Improve data collection and sharing, guided by the findings of the Mental Health Needs Assessment, including better data on self-harm and social risk factors such as housing status.

Higher-risk groups face structural inequities such as poverty, discrimination, or reduced access to culturally safe services so prevention efforts should follow a proportionate universalist approach, offering greater support where need is greatest.

Our young people told us: *"The strategic plan needs to acknowledge that self-help behaviours may not be possible when our life circumstances are more difficult."*

Our plans to improve access will include work to:

- Implement a 'no wrong door' approach, ensuring people can access support without fear of being turned away. We will explore ways to make access easier, including offering places where people can walk in for any type of mental health support.

- Enable and empower people from all communities to seek support when they need it, reducing stigma and increasing awareness of available help.
- Support adults, families, and young people to access the right level of care by improving awareness of service options and strengthening integration and connection between services, ensuring there is an appropriate offer for everyone who needs support.
- Use a local area coordination approach to share information about available support and services across communities.
- Apply learning from the Talk Listen Change findings to increase access in ways that are acceptable and culturally appropriate for local people. We will match the range of services to the diversity of need and work with communities to understand and then tackle barriers to access, ensuring equitable access for ethnically diverse and vulnerable populations, including people who use substances and ex-offenders.
- Use insights from local research to develop interventions that reflect the experiences and perspectives of young people and their families from different ethnic groups in Luton.
- Support smooth transitions from child to adult services, ensuring young people do not fall through gaps at key developmental stages.
- Improve the perinatal mental health pathway, providing earlier, more accessible, and more integrated support for parents and families.
- Strengthen the crisis care pathway, including exploring how support can be initiated earlier and identifying and working with those at greatest risk.
- Develop a 'home first' and stepped accommodation offer for people receiving mental health support and ensure all adults receiving social care support have an annual review.
- To successfully improve prevention and access, we will also need to strengthen integration, quality, and experience across the system.

To improve integration across services, we will:

- Co-design and co-evaluate services in partnership with commissioners, providers, people with lived experience, and the wider public.
- Align the implementation of this strategic plan with other key strategies and work programmes, including (but not limited to) Luton 2040, the Drugs and Alcohol Strategy, the Physical Activity Strategy, the Suicide Prevention Strategy, the Adult Social Care Mental Health Accommodation Pathway, the Learning Disability Strategy, and the Dementia Strategy.
- Develop stronger links with recovery services and employment and skills support, particularly for individuals with complex needs.
- Establish effective care coordination to ensure smooth transitions and clearer pathways between services.
- Integrate mental and physical health services, supporting people with mental health conditions to access physical health interventions such as annual health checks and smoking cessation.
- Strengthen collaboration between services, including mental health teams, GPs, and voluntary and community organisations, reducing duplication, simplifying pathways, and promoting more joined-up governance and leadership.

- Build strong links and effective communication between mental health services and education, supporting early identification, timely support, and improved outcomes for children and young people.
- Improve continuity of care, reducing the need for service users to repeat their story and ensuring more seamless, person-centred experiences.
- Seek parity of esteem in the funding and prioritisation of mental health and physical health services.
- Improve data and information sharing across all services, enabling a more coordinated approach to service provision, enhancing understanding of population mental health needs, improving insight into service use, and supporting monitoring and evaluation (Appendix 2). Services will collect data aligned with a psychosocial model.
- Integration should prioritise equity by ensuring pathways are redesigned with communities who face the poorest outcomes, and that joined-up governance includes mechanisms to address structural barriers such as language, discrimination, and cultural safety.

To strengthen the quality of care and improve the experience of all service users, we will:

- Adopt a holistic, whole-person approach, addressing not only health needs but also factors such as social care, employment, and housing, and strengthening our partnerships with these services.
- Provide personalised care that responds to individual needs, preferences, and circumstances.
- Improve service user satisfaction by ensuring that people receive effective, high-quality, timely, and holistic care that meets their unique requirements.
- Use evidence-based therapeutic interventions and digital technologies to enhance outcomes and support innovative ways of working.
- Ensure strong supervision, support, and training for staff, enabling a confident, skilled, and compassionate workforce.
- Strengthen support for and involvement of carers and families, recognising their critical role in promoting wellbeing and sustaining effective care for many service users.

Action Plan Delivery

The plans above will be delivered through four focused task groups with agreed action plans that focus on:

1: Prevention (for people of all ages)

2: Access to care and treatment for children and young people

3: Access to care and treatment for adults

4: Effective transition from children to adult services.

Section 10: How we know when we have got there.

Monitoring, Performance, and Governance

A three-year workplan has been co-produced and is supported by data dashboards that monitor implementation and progress.

Progress will be monitored not only overall, but separately for communities facing the poorest outcomes- so improvements do not mask persistent inequities. This ensures the strategy tracks reductions in inequalities, not just average improvement.

Performance measures include:

Overarching performance measures

- percentage of school age children who have Special Education Needs (SEN) where the primary need is social, emotional, and mental health.
- self-reported wellbeing – people age 16+ years with a high anxiety score (Annual population survey)
- incidence of depression (new diagnosis) for people aged 18+ years (QOF data)
- prevalence of severe mental illness for all ages (QOF data)
- premature mortality in adults aged 18-74 years with severe mental illness (directly standardised rate per 100,000)

Prevention performance measures

- proportion of staff who have received training on working in a work in a trauma-informed, relational, and social-determinants informed way delivered to staff working in health, education, police, and other sectors, and evaluated on usefulness, applicability and change in practice.
- anti-stigma and health literacy messaging delivered and evaluated based on reach, feedback, and change in practice.
- reach of any campaigns to reduce stigma - engagement analytics.
- number seeking crisis support from the crisis line (nhs111)
- number seeking crisis support from crisis line resulting in a referral
- decline in number of inappropriate referrals from people who access the crisis line (NHS 111)
- decline in presentations to accident and emergency for self-harm.
- decline in number requiring mental health admissions (both voluntary and under section)
- decline in reporting of attempted suicides by police.
- decline in number of completed suicides
- decline in suicide rates (standardised rate per 100,00).
- decline in unemployment due to mental health.
- increase in successful return to work (individual placement support)
- decline in percentage of children with no trusted adult (SHUE survey)
- increase in percentage of children with a high resilience score (SHUE survey)
- increase in number of parents engaging in the Family Hubs parenting offer (public health data)
- decrease in mental health act assessments and admissions.

Access performance measures

- feedback from service users indicating that services are easy to access, with acceptable waiting times, and service users are not frequently being turned away or discharged inappropriately.

- socio-demographic profile of those accessing early intervention or support for mild to moderate difficulties matching the socio-demographic profile of the Luton population (particularly considering ethnicity).
- increase in proportion of referrals to all mental health services from those who are not of White British ethnicity.
- improved outcomes from service users using scales such as Dialog+
- recovery similar across all ethnicities
- reduction in waiting times for all services.
- decline in rejected referrals which are not automatically directed to a more appropriate service.
- decline in outpatient discharges where the service user has not completed treatment (for example due to non-attendance)
- decline in referrals rejected on account of the service user being a user of drugs or alcohol.
- decline in waiting time for adult services by those who are transitioning from CAMHS.
- increase in the number accessing perinatal mental health services.
- increase in the number of adults and older adults supported by community mental health services.
- reduction in number of adults in acute out of area placements
- reduction in number of adults requiring mental health support housed in out of area accommodation.
- reduction in proportion of those receiving mental health support living in restrictive accommodation for extended periods of time.
- increase in those requiring adult social care support for mental health difficulties receiving an annual adult social care review.
- reduction in the proportion of those receiving mental health support living in restrictive accommodation for extended periods of time (to be defined).
- increase proportion of schools covered by MHSTs.

Integration performance measures

- increase in the number of referrals for those with mental health difficulties to healthy lifestyles services such as smoking cessation.
- reduction in smoking prevalence amongst those on mental health registers
- increased number of service users with SMI are receiving their annual health check.
- feedback from staff in mental health services indicating improved communication and awareness of existence of voluntary and community services and how to access these.
- feedback from staff in relevant voluntary and community sector organisations indicating that there is increased awareness of how to support services users to access other mental health-related services.
- data pathway so that data relevant for mental health is received in a single location and shared appropriately with partners, with a clear data sharing agreement.
- service user feedback indicating that they are having to repeat their stories less frequently than previously, and that there is improved continuity of care.

Quality and experience performance measures

- improved feedback from service users on satisfaction of care, and on use of a trauma informed approach
- improved feedback from carers on satisfaction of care
- improved experience of staff working in mental health services, particularly in areas of supervision and training.
- less turnover of staff in mental health services
- decline in sickness absence of staff in mental health services, due to their own mental health.

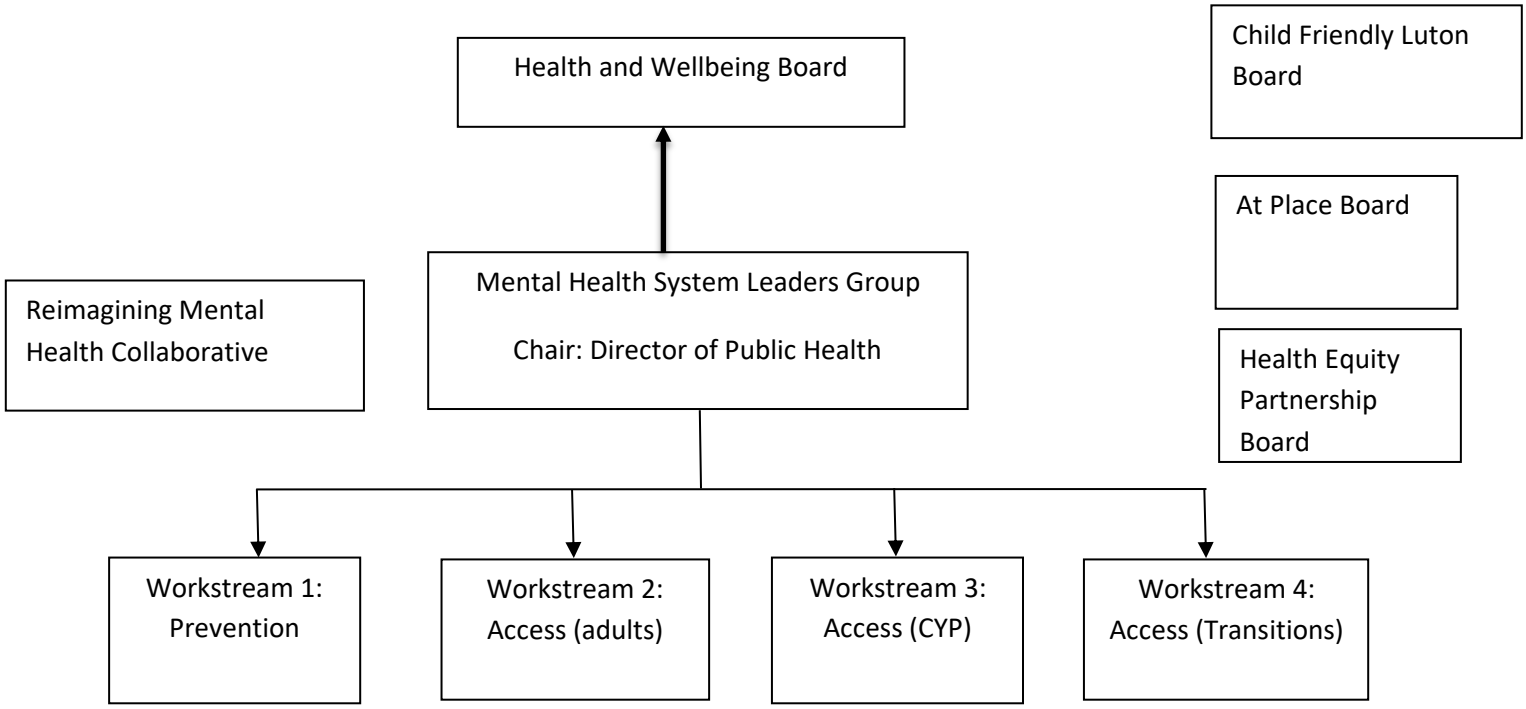
Appendix 2 details future data collection to support the psychosocial model.

Outcomes will be monitored every three months, and the strategic plan will be reviewed at the end of the three-year period to ensure it remains fit for purpose.

Governance and oversight of the delivery of this strategic plan will be provided through the Luton Mental Health System Leaders Group, which will report to the Luton Health and Wellbeing Board.

Progress will also be reported to the Health Equity Town Board, the Place Board, and the Children's Trust Board. The Luton Reimagining Mental Health Collaborative will provide ongoing input, scrutiny, and checks and balances.

Governance Chart



Appendix 1: How this strategic plan was developed

This strategic plan has been co-produced with partners across Luton and informed by data and reports.

Table 1: Table to show the co-production and consultation which has taken place to develop this strategic plan.

Forum	Contribution
Reimagining mental health collaborative - People with lived experience, carers, heath care and local authority representatives, Healthwatch, and voluntary and community sector organisations	Ongoing support and consultation in strategic plan development. Co-production of the vision, outcomes, and principles
Professionals' co-production session Representation from wide range of partners	Consulting on content, and amendments including highlighting need for housing and employment, need for a regularly updated Luton Directory, need for clear outcomes, need for emergency contacts to be included, need for accessible document, changing BAME to ethnically diverse, use of Dialog+ as an outcome measure.
Luton At Place Board	Needing more input from primary care within strategy; need for workforce strategy; improved clarity of how to access mental health system; consideration of importance of debt reduction, access to green spaces, social connection, employment and housing support; more on mental health recovery; health equity; importance of using TLC findings; link to primary care access works.
Luton Borough Council workplace wellbeing meeting	Consultation and co-production of content.
People with lived experience and carers – 11 attendees	Co-production and consultation. Highlighted areas include need for better communication between services, and for carers to be included in the strategic plan, importance of stigma, and the need for better signposting.
Substance abuse and mental health session – including professionals, people with lived experience, and carers.	Importance of improved services and pathways for people with dual diagnoses, and need for services to work better together, importance of stigma.
Carers	Co-writing sections about substance use and about Carer role
Representatives from faith communities.	Discussion around what should be in a mental health strategic plan and what is important to them and their community. Responses included importance of stigma and taboo of mental health, need for cultural sensitivity, more services, therapy and basic life skills courses, more inclusion of men in the strategic plan, importance of early intervention and building resilience.

Social housing service users focus groups	Discussion over priorities - areas of important included: Improve availability of counsellors, more peer support, more opportunities and activities to give people with mental health conditions a purpose, reduction in waiting times, stigma especially for men, improved sensitivity and building trust from health professionals, walk-in centres / 'one stop shops' for mental health, diversity in campaigns.
Clinical mental health staff	Consultation and feedback on strategic plan, including recognition of that level of need is important to consider, and recognising that for some people a diagnosis is important to them.
Children and young person (CYP) stakeholder event for children and young people, parents and carers, and employees from education, health, and the voluntary sector.	Co-production of CYP element of the strategic plan. Key points included: Improving service provision so that there are no gaps between these, and all stakeholders understand what is available. More services are developed such as crisis and early intervention. These need to be communicated with families, and there needs to be good signposting. Improving access to services for minority groups. Tackling stigma cultural shift using a trauma informed approach, normalising emotion and providing training for the public and for professionals.
Further consultation with children and young people, their families, and professionals	Review of strategic plan to check that this represents their views.

The strategic plan has been subject to public consultation and been through the democratic process at the council and through the Health & Wellbeing Board.

In addition, the strategic plan has been informed by the following reports and strategies:

Luton adult mental health needs assessment 2021
Luton children and young people's mental health needs assessment 2022
Luton 2040 strategic vision
Reducing health inequalities in Luton: A Marmot Town
Talk, Listen, Change (TLC) COVID-10. Creating solutions together to tackle health inequalities in Luton
NHS Long Term Plan 2019
UK Government working definition of trauma-informed practice (2022).
Bedfordshire, Luton, and Milton Keynes ten-year plan for mental health
East of England Health Needs Assessment of children and young people's mental health (2022)
Care Act 2014.
Mental Capacity Act 2005.
Mental Health Act 1983 and 2007.
Mental Health Bill 2022 and 2024.
NHS Five Year Forward View for Mental Health.

NHS 10-year Plan.
Progress of the Five-Year Forward View for Mental Health – All party Parliamentary Group on Mental Health.
Suicide Audit, Luton 2019-2024

Appendix 2: Data collection

In addition to the data which is currently collected on mental health diagnoses, physical health of those with mental health diagnoses, and use of mental health services, and outcomes, we recommend that services begin consistently collecting data based on a psychosocial model, to enable us to better understand the needs of the service users and support a holistic approach to care. This may include:

numbers who seek services
Law's Goal Based Outcomes (where the person creates their own goal, then rates progress towards achieving this), and 'Dialog +' which is being implemented by BLMK Integrated Care System, or ReQOL is another option.
locally, we hope that services who provide mental health support can record ethnic origin, nationality, disability, so we can monitor representation amongst minority groups seeking services, and to consider sensitive ways of collecting LGBT/ sexuality data in relation to referrals.
the 'experience of service questionnaire' can provide feedback from those using services.

We also suggest collecting new data about those referrals not accepted and the onwards journey of those signposted elsewhere.

Population level data such as the SHEU (school health education unit) survey can be used to monitor mental health amongst young people.

Appendix 3: Recommendations from Suicide Audit, Luton 2019-2024.

Targeted approaches for high-risk groups

- Target suicide prevention work and communications to at-risk populations and communities identified within the national strategy, including men, those aged 18 to 25 years old or 41 to 60 years old, those working in routine and manual occupations, and those who are born in the UK or Eastern European countries, with materials that are accessible to those seeking support for mental ill-health and suicidal ideation.
- Continue to target men at risk of suicide through communications and face-to-face and online support.
- Engage in multi-agency partnership working that promotes men's mental health both generally and specifically for working aged men, working in manual occupations. Work with schools and youth organisations to ensure earlier intervention so that boys and young men feel able to talk about issues that are bothering them and have tools of emotional resilience to draw on to support them through life's challenges.

- Build upon the work being done in Luton's schools, colleges, universities and with people not in education, employment, or training (NEET) around mental health awareness among students, staff, and parents.
- Promote availability of drug and alcohol support services and increase awareness of the risks of excessive alcohol consumption or mixing substances.
- Improve awareness of the suicide prevention support that is available to those suffering from long term medical conditions, recognising the potential need for this to be available over a prolonged period and to close relatives.
- Consider review and reassessment of individuals who are on waiting lists for mental health services, particularly where there are long waits for services.
- Review national strategy, to identify key groups that are not highlighted in the dataset for Luton, to inform local strategy, for example, autistic people.
- Consider safeguarding practices in relation to individuals accused of sexual offences, and that support is available for family members who may also be affected
- Further investigate increase in number of women's suicides and consider options for addressing this.

Improving access and support from mental health services and crisis prevention

- Indications from the cases reviewed show inconsistent levels of care provision. Services should make sure that they are learning from best practice and reviewing when they have been involved in the care of someone who has attempted or completed suicide.
- Ensure that system-wide learning takes place following a serious incident, translating findings from serious incident reviews into local policy and practice following a completed suicide or safeguarding adult review.
- Ensure that local services involved in the care for people with co-occurring mental health and/or alcohol/drug misuse are included in the self-assessment exercise based on Office for Health Improvement and Disparities (OHID) guidance for improved provision.
- Conduct annual reviews of client (service users of mental health and / or addiction services) deaths and other death data seeking emerging themes and looking for lessons which can inform commissioners and service providers.
- Increase training and education for frontline teams, for example social workers, about relative risk with a focus on male vulnerability.
- Ensure suicide prevention training is available to those who work with residents who are at highest risk of suicide.
- Ensure that all front-line staff have appropriate training to engage with men about mental health and suicide prevention. Statutory, commercial, and informal services to have training to raise awareness of suicide risk factors and where to signpost. This training should have a particular focus on issues around masculinity, relationship breakdown, bereavement and drug and alcohol abuse.
- Prioritise training in suicide awareness and prevention to all staff working in drug and alcohol services and mental health services where appropriate.
- Ensure that local services involved in the care of people with co-occurring mental health, alcohol/drug misuse are included in the self-assessment exercise based on OHID guidance for improved provision.

- Findings from the suicide audit should be included in the Luton Adult mental health strategy and specific interventions implemented for suicide prevention in higher risk populations.

Universal approaches

- Continuing to prioritise suicide prevention as a multi-agency approach across BLMK, considering issues relating to membership and accountability.
- Run seasonal communications outside of the main mental health and suicide prevention awareness days and weeks.
- Continue to support the introduction of suicide preventative measures around any locations of concern (green spaces, multi-storey car parks)
- Continue to support organisations like Samaritans and Network Rail who often provide interventions at key locations and encourage intervention through amplification of suicide prevention campaigns like 'small talk, saves lives'.
- To signpost staff of statutory, commercial, informal services and the community to certified and freely available training and education resources to raise awareness of suicide risk factors and where to direct people to help. This training should have a particular focus on issues around masculinity, relationship breakdown
- Ensure suicide prevention resources are available to workplaces which are signposted to support mental health and the social factors that have an impact on mental health.

Support for relatives and friends following suicide

- Organisations and individuals who were identified as having had a conversation with the deceased regarding their suicidal ideation to be offered information about support services.
- Promote safeguarding practices in relation to individuals displaying signs of suicidal ideation, and that support is available for family members who may also be affected.

Improving data and intelligence

- Review any local reasons for seasonal peaks (such as cultural events)
- Review protocols with GPs relating to the duration of prescribing certain medications without review, and prescribing quantities.
- Review provision of suicide prevention support and literature within pharmacies.
- Due to the prevalence of mental health concerns, it has highlighted that not all reports show if an ongoing mental health support plan was in place. Our recommendation is that where possible, Coroners record on the Coroner's Inquest Report where mental health support was provided.

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