

# Introducing the Open Access Mental Health Support Model

Housing LIN Cymru

12<sup>th</sup> May 2026

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# Aim of the Presentation

- An overview of the ambition set out in the WG Mental Health and Wellbeing Strategy regarding the provision of seamless mental health services for the population of Wales
- To summarise the case for change
- To provide an overview of the Open Access Mental Health Support model (aligned to the Stepped Care 2.0 model)

**Acknowledgment:** We would like to thank Stepped Care Solutions for the support they have given to this work and would like to acknowledge that a number of the slides used in this webinar have been developed with Stepped Care Solutions and/or PHW.

# The ambition

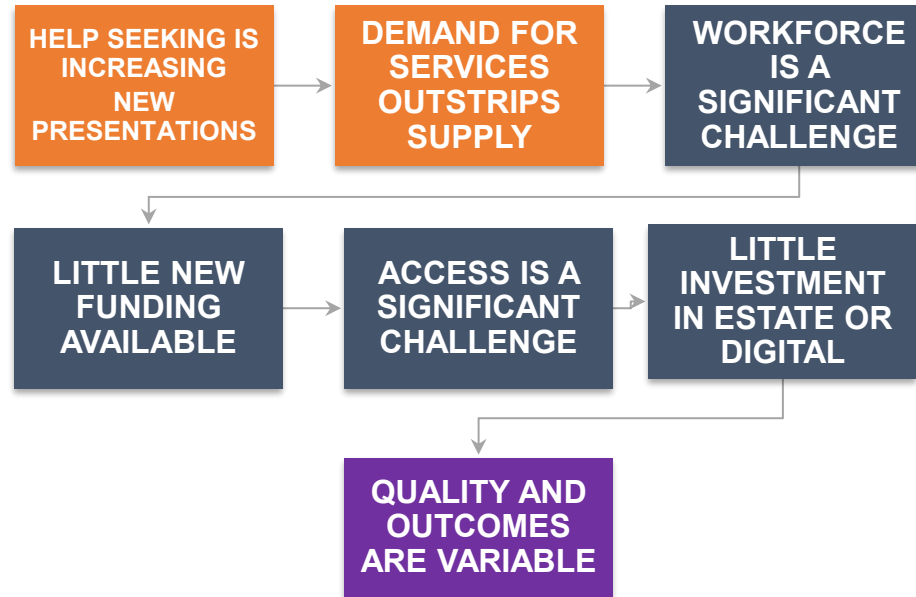


## The Mental Health and Wellbeing Strategy 2025-2035

**Vision Statement 4:** There are seamless mental health services – person centred, needs led and guided to the right support first time, without delay

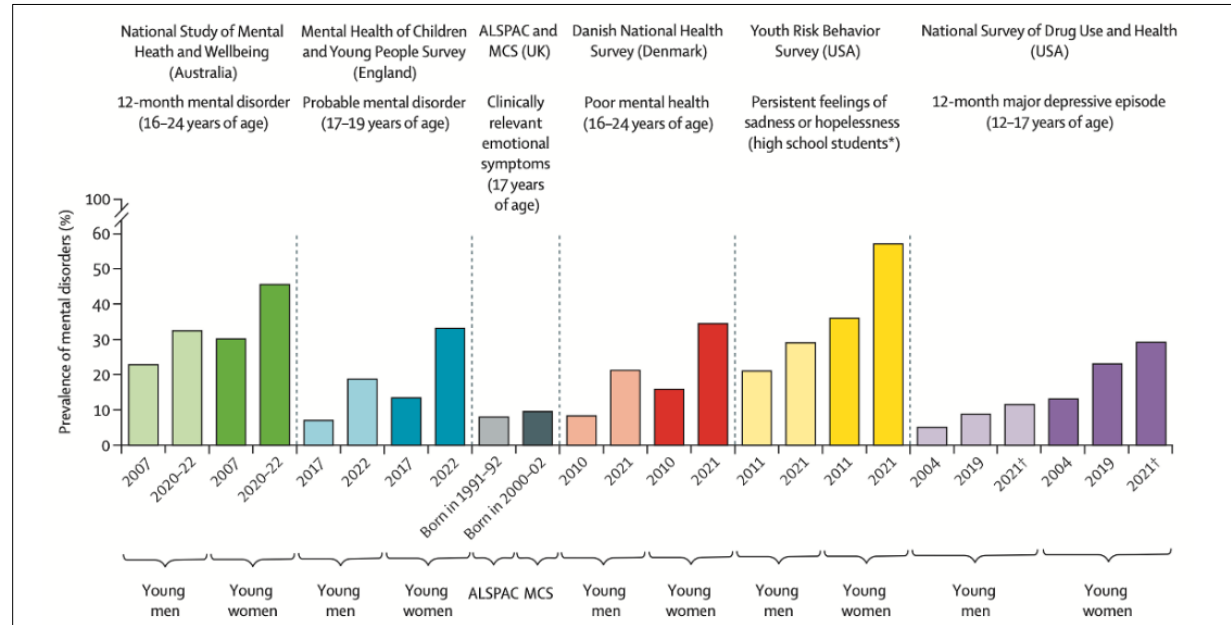
- Part of a connected system
- High quality, delivering equitable access, experience and outcomes

# The case for change and current context



# Increasing mental health difficulties in CYP is a global challenge

- Increasing mental health difficulties being seen across developed countries
- Current challenge for CAMHS & future challenge for adult MH services, given 75% of MH difficulties start before the age of 25.



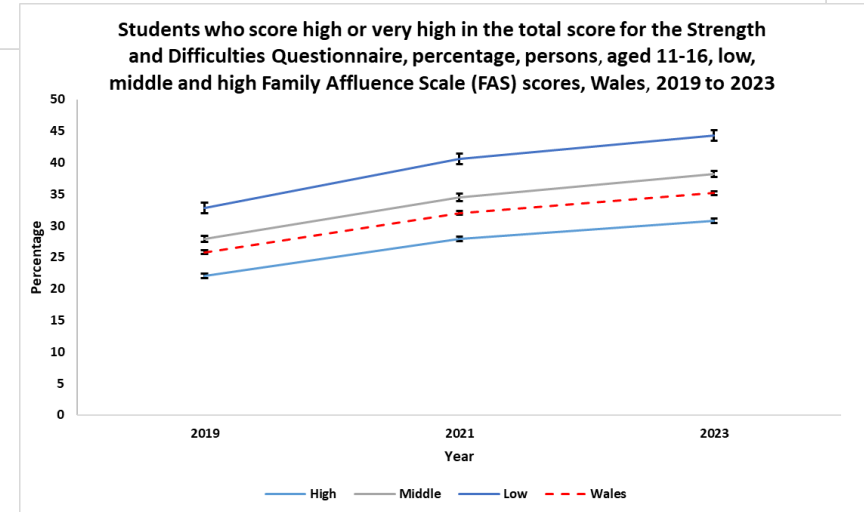
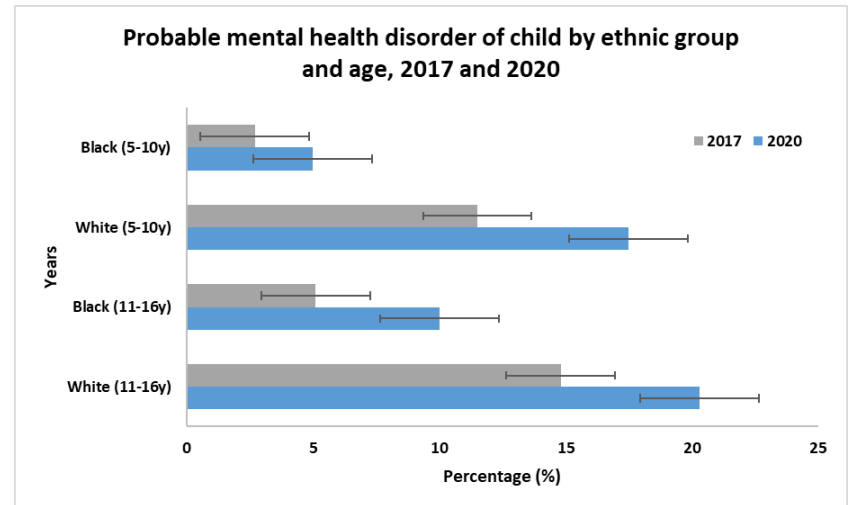
# CYP Mental

## UK

- **1 in 5** CYP aged 8-25yrs estimated to have a “probable mental health disorder”
- 8-16yr olds: Increase from 12.5% in 2017 to 20% in 2023
- 17-19yr olds: Increase from 10% in 2017 to 23% in 2023
- Increases seen across all groups, largest increases in females and white groups.

## Wales

- 11-16 yr olds: 35% with “high or very high” difficulties (SDQ) in 2023
  - Increase from 25% in 2019
- Rises to 44% among least affluent families in Wales



# The case for change: Lived experience at the heart

We hear powerful stories from lived experience perspectives which underscore the importance of empathy, timely intervention, and systemic improvements.

## What we hear...

**Delayed and inadequate response:** Many people face significant delays in receiving appropriate care, leading to prolonged suffering and a sense of being ignored or dismissed.

**Lack of personalised care:** People often feel like they are treated as numbers rather than human beings in need of help, with professionals making decisions without truly understanding their unique situations.

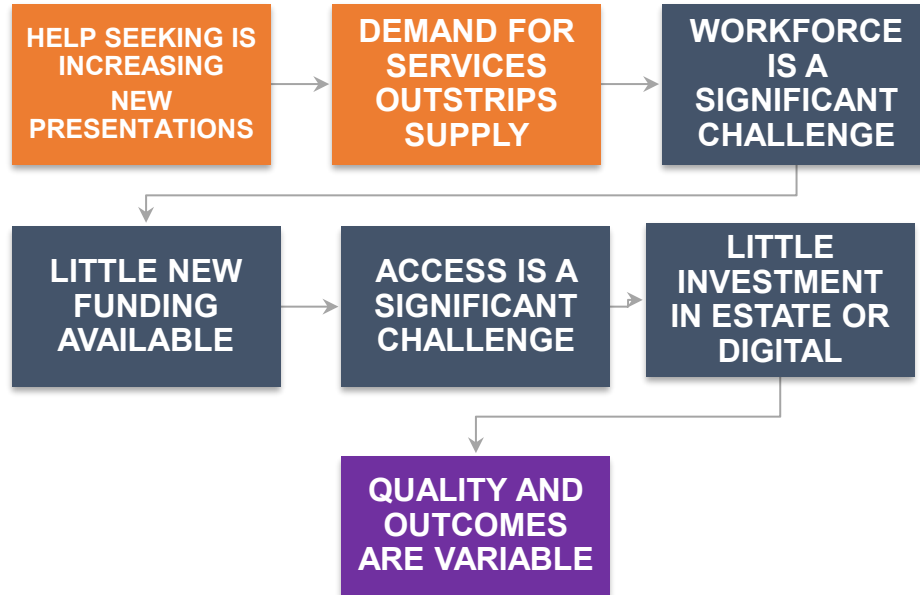
**Need for systemic change:** There is a strong call for meaningful changes to the system to ensure that everyone receives compassionate, timely, and effective support.

Listening deeply to stories of lived experience will be vital in our way forward together

“My first interaction with a crisis team was a 20-minute conversation with a doctor I had never met before. I wasn’t offered a single ounce of understanding. I felt discarded and discriminated against. I was not considered a human being in desperate need of help. Instead, I was a number. It appeared like professionals had already decided what I did and didn’t need before even meeting me.”

Jess Matthews

# The challenge



How, in this strategic context, do we re-organise the system at scale and with some pace to deliver:

**Seamless mental health services – person centred, needs led and guided to the right support first time, without delay?**

# **An Open Access Mental Health Support Model**

**(aligned to the  
Stepped Care 2.0  
Model)**

# About Stepped Care Solutions

Stepped Care Solutions are a mission-driven not-for-profit, committed to principles that support the **transformation** of mental health and substance use health systems for **better access** and **outcomes**.

SCS exists to help organisations and communities **reframe, rethink, and redesign** the delivery of mental health care services.

They are a global team of experts and leaders across a range of disciplines.



### Stratified Models

People are assigned to a level of care based on symptom severity and functioning (e.g. low symptom severity = low intensity intervention).

(National Institute for Health and Clinical Excellence, 2011).

### Progressive Models

People start with lowest level of intervention and progress to higher levels of intensity as required.

(National Institute for Health and Clinical Excellence, 2011).

### A Flexible, Open Access Model

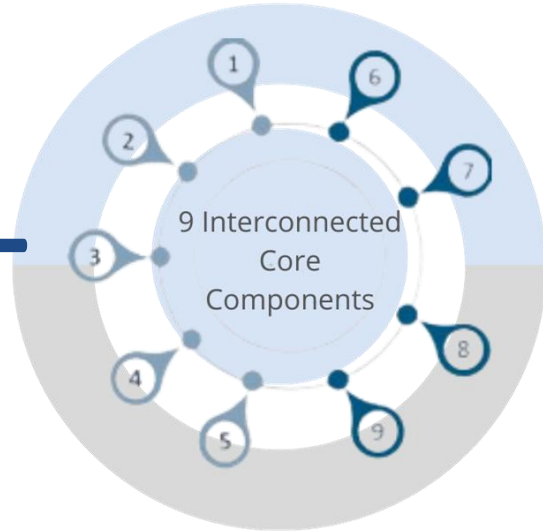
Decision making about service is based on the person's readiness, preferred level of autonomy and investment.

(Cornish, P., 2020)

# Open Access Mental Health Support Model



**Guiding Principles**



**Core Components**



**Planning Framework**

# Guiding Principles



Social justice drives effective care systems transformation and is an intervention in itself



Multiple and diverse care options are required as one approach will not work for everyone



All individuals and communities have strength and capacity



Gold standard intervention are what best fits the service user at any given time



Professionals do not carry all the wisdom; people often know what is best for them



Mental health literacy is required for people to make informed decisions



An effective care system ensures people have access to care when and where it is needed



The whole is greater than the sum of its parts; the strength of the system relies on multilevel collaboration



Minimal interventions can produce powerful results



There is no ideal solution; trial-and-error leads to growth and change

# Core Components that Support System Design



1. Co-designed with people holding diverse perspectives
2. A range of diverse services are included, both formal and informal
3. Promotion of safety is distributed across the system
4. Continuous learning and quality improvement cycles
5. Consistently recovery-oriented and trauma informed

# Core Components that Support People's Experience

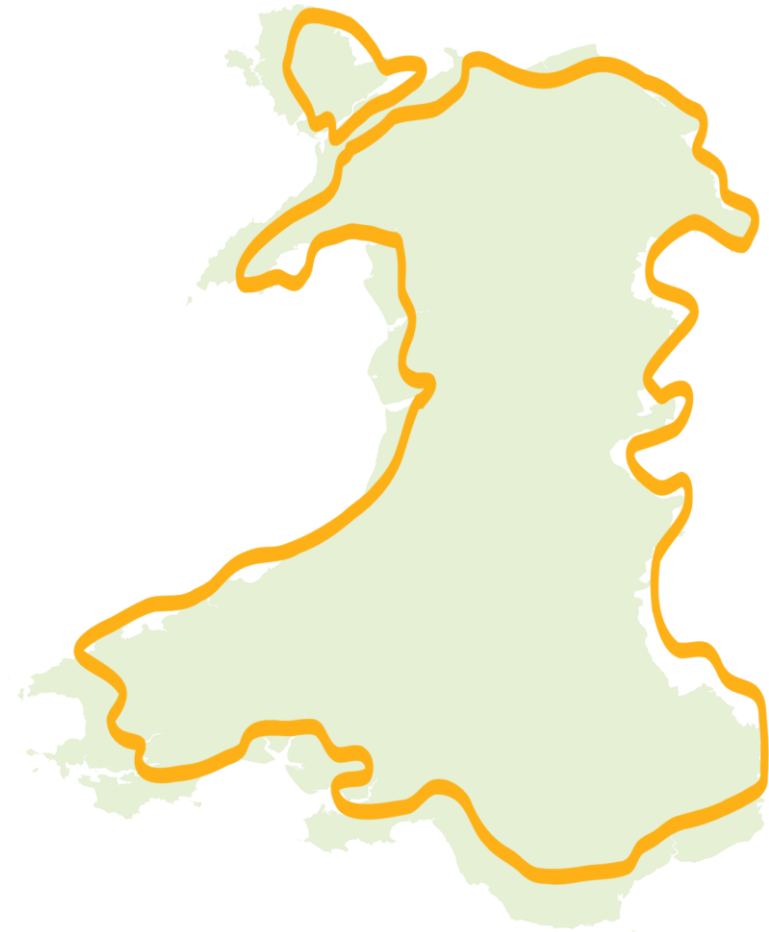
6. Access to same-day support, through multiple modes and at multiple intensities
7. Guided by a one-at-a-time approach, ensuring a helpful intervention at each interaction
8. Services are flexible, and data-informed
9. Care is person centred and collaborative (not a one-size fits all approach)



# Core component:

## Open access

- People have **same-day access**, without a referral
- People can access a **variety** of services including **one-on-one** support
- Based on **preference and readiness to engage**
- Can reduce the need for more **intensive care**



# Core Component: One-at-a-Time (OAAT)



**OAAT**  
**approach**  
**across the**  
**system**

- Focus is the person's **biggest concern at that moment**
- Focus on **strengths**
- **Recovery** oriented
- **Further engagement** with services is possible if desired



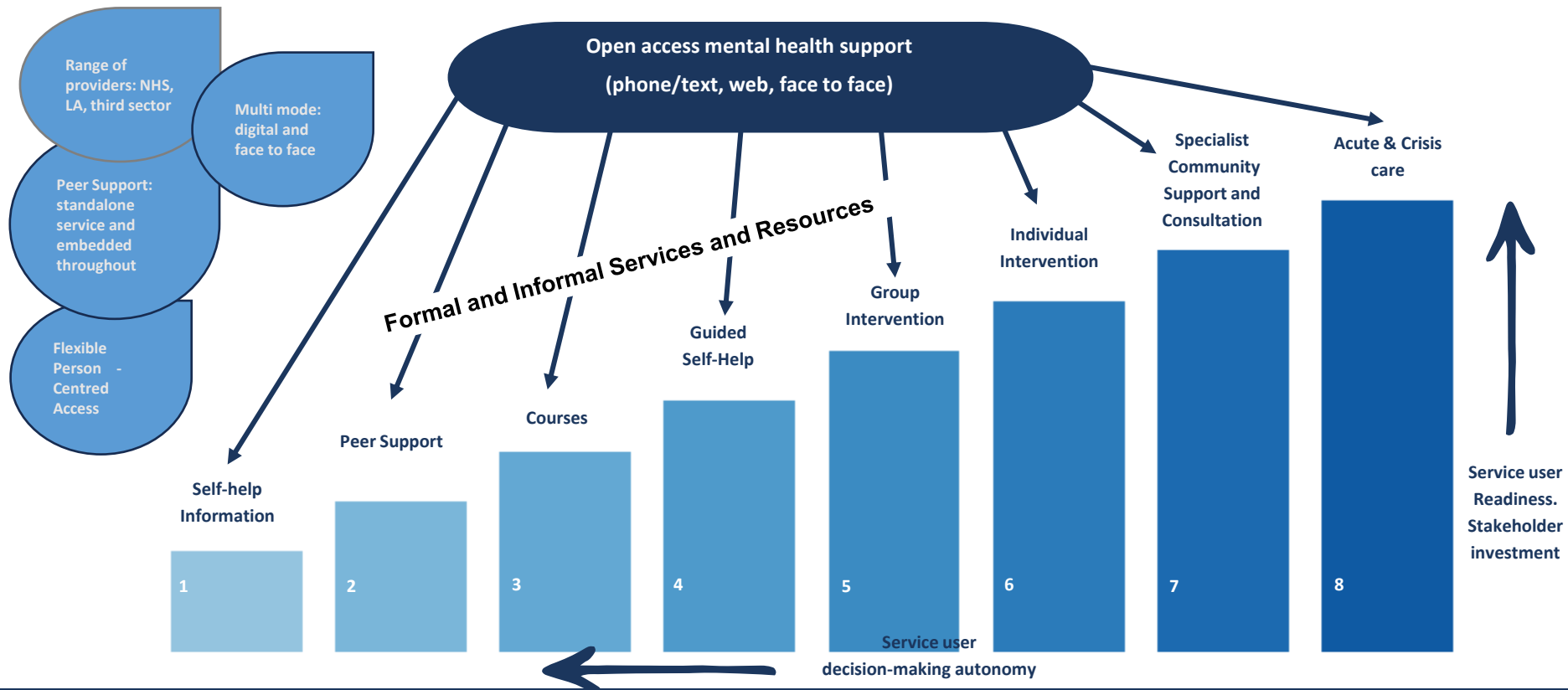
## SCS2.0 PRINCIPLES



Multiple and diverse  
care options are required  
as one approach will not  
work for everyone

# Core Component 2: Diverse Services on a Continuum of Care

## Whole Population Mental Health Literacy





# Experience of People Accessing Support

92% of individuals report the session helped them to develop a plan to **address their immediate concern**.

(Harris-Lane et al, 2023)

Drop-in care  
**92%**

Satisfaction

(Harris-Lane et al, 2023)

- Same-day care allows people to access services when they are **experiencing acute symptoms** and are **enthusiastic** about treatment. (Clark, D. et al, 2018)
- Same-day access to care:
  - increases **engagement** and **positive outcomes** (Krebs, P. et al, 2018)
  - reduces people's **distress**, (Stalker, C. A. et al, 2016)
  - reduces **missed appointments and waitlists**. (Boyd, L., Baker, E., & Reilly, J. 2019)
- People do not improve as quickly when they have to **wait to access care**. (Riemer, M. et al, 2018)

# OAAT Clinical Outcome Measures

18%

**Depression Reduction**

BASIS-24 Depression subscale decrease

↓ 0.4

**Disability Improvement**

WHODAS 2.0 score reduction

+9.6

**Wellbeing Enhancement**

Points improved on Outcome Rating Scale

“This session has helped me. I feel much lighter now than I did when I walked in.”

OAAT client in New Brunswick

(Ewan et al, 2018; Harper-Jaques & Foucault, 2014)

# Provider perspectives on OAAT

## Professional Satisfaction

- Increased feelings of accomplishment
- **88%** agreed model was effective

## Workload Management

- **77%** reported reduced after-hours responsibilities
- **53%** satisfied vs. 13% with wait-list model

## Professional Development

- Enhanced knowledge and clinical skills
- Better focus on client priorities

“I feel more confident in my intervention too because I know that when the client says they're fine, and they know they can come back, my job is done.”

Service provider,  
New Brunswick

# System impacts of SC2.0



## Wait Times

Reduced by 68-79%, sometimes eliminated

(MHCC, 2019; MHCC et al., 2023)



## Attendance

Increased appointment attendance

(Cornish et al., 2017)



## Access

Improved immediate support

(SCS, 2022, Cornish et al, 2017)



## Satisfaction

Higher rates among service users

(Goodman, 2021)



## Cultural Sensitivity

Adaptive and sensitive to cultural differences

(Goodman, 2021; MHCC, 2023)

# Actions to Support Planning and Implementation of the Model – Implementation Roadmap

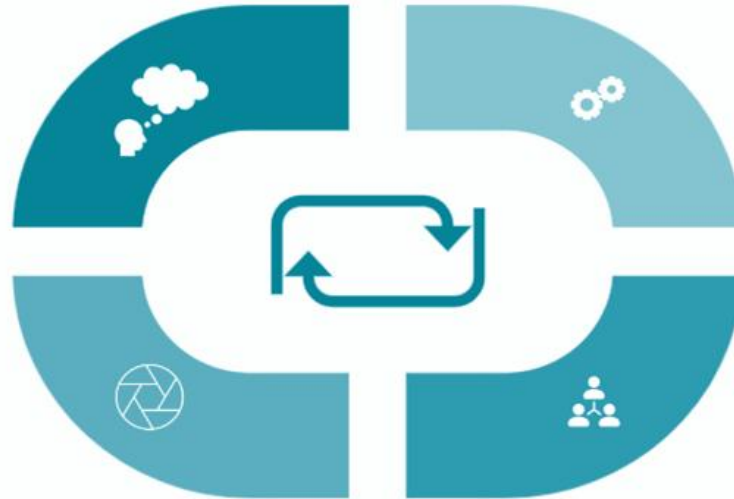
Non-linear phases that support practical starting points and ongoing improvement

## Building Readiness

Establishing a solid foundation for ongoing changes

## Ongoing Implementation and Improvement

What felt new is now integrated into usual practice



## Preparing for Success

Defining and planning the system of care, and assembling the necessary resources and infrastructure

## Starting to Implement

Starting small, collecting data and improving

# Areas for Reflection

- How will implementation of the Open Access Mental Health Support Model support the delivery of your key strategic priorities?
- From a Housing perspective in what ways are you already working that supports the delivery of the Open Access Mental Health Support model?
- What opportunities does the model provide for great collaboration between Housing and Mental Health services to improve the mental health and wellbeing of the population?

**Dolch**  
**Thank you**