Methods: An anonymous survey was conducted at a single construction site. Participants completed a questionnaire assessing mental health training exposure, confidence in recognising mental health issues in themselves and in others, openness to talking about mental health problems, awareness of mental health support services, perceived barriers to seeking help, recent mental health experiences and preferred support interventions. Responses were analysed using descriptive statistics.
Results: The survey was completed by 18 construction workers at a single site. Only 56% had received a form of mental-health training. Awareness of support services was variable with 72% knowing about Samaritans, while 56% were aware of the NHS urgent mental-health helpline and the Construction Industry Helpline. Stress at work was reported by 78% of respondents, and approximately 66% experienced low mood, anxiety or sleep disturbance. The most common barriers to seeking help were the belief that others would not care (39%) and stigma or taboo (33%). Preferred interventions included supervisor mental-health training (50%), short educational mental health talks (44%) and mental health champion programmes(39%).
Conclusion: A significant number of construction workers in this survey reported recent experiences with stress, depression and anxiety, alongside gaps in mental health training and awareness of available support. Stigma and belief that others would not care were identified barriers to seeking help, reinforcing the impact that culture and society plays on these perceived barriers. Participants favoured practical, workplace based interventions, particularly supervisor training, brief educational sessions and peer support initiatives. These findings support the implementation of targeted on-site mental health initiatives to improve engagement and accessibility of support within this high-risk occupational group.

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Innovating Crisis Care: A Multi-Agency Model for High Intensity Users

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Aims: The ethos of this project was that regular users of mental health services have complex needs, often falling through the cracks of service provision, which can result in poor and inconsistent care. In the context of our work, these high intensity users (HIU) are defined as having five or more referrals to acute psychiatric services within 90-days. Our aim was to improve the patient experience through working holistically, in a co-produced manner, within a whole system approach, as endorsed within NHS Right Care, Right Person and The Mental Health Crisis Care Concordat.
Methods: Co-production with:

- Staff: HIU leads have been empowered to adapt overarching processes to their local population. Staff feedback has been considered.
- Patients/carers: Focus groups were conducted with lived experience representatives, with ongoing input at system-wide interface meetings.
- External stakeholders: Workshops were conducted with statutory and non-statutory partners.

Resulting in:

- HIU leads in acute and community directorates, supported by clinical lead.
- Multi-agency professional meetings to inform safety planning.
- Specific HIU safety plans, coproduced as therapeutic tools. These plans empower and support clinicians to provide consistent and safe care, with a focus on working with emergency services.
- Monthly, system-wide HIU interface meeting with external partners.
- Information sharing with our system-wide partners.
- Trust wide promotion and resources.

Results: Within the HIU cohort, there was a reduction in the average number of 'acute' referrals per month from 80 between August-December 2024, to 28 between August-December 2025. With a notable reduction in 136 referrals from 9 in August 2024, to approximately 2 per month in December 2025. There was also a reduction in the number of admissions to acute wards from an average of 8.8 between August-December 2024, to 3 between August-December 2025, with variation in the average length of stay. There were several 'good news stories' of successful collaboration with individuals who were previously struggling to engage with community mental health services. Staff have provided positive feedback, reflecting on the benefits of joint working and that the HIU project is "valuable to get to know patients with long history in services but are not engaging well'.
Conclusion: The partnership has demonstrated value for patients and professional across the system, through providing a coordinated approach to crisis care. Testimonials from partners highlight this: "it shows how Police and mental health services can work together to create a more compassionate, joined-up approach to crisis care, one that listens, responds, and supports rather than reacts or restrains."

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Exploring Disproportionate Mental Health Act Detention Among Black Adult Men: A Thematic Review

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Aims: There is clear evidence that Black men are disproportionately detained under the Mental Health Act (MHA). Our aim was to explore and characterise the clinical, social, organisational and structural factors contributing to this phenomenon, by examining the pathways to compulsory admission among Black adult males, and to generate hypotheses to inform future research and service improvement.
Methods: We completed a thematic analysis of Structured Judgment Reviews (SJRs) of a consecutive series of Black adult male patients detained under the MHA within a single NHS mental health trust. The MHA team provided ten consecutive cases organised by date of detention; two cases were excluded due to being minors, leaving eight cases. The reviews were completed by trained clinicians using NHS SJR methodology, to apply structured judgment and qualitative narrative across phases of care. We identified themes relating to