



**B-Happy**

**Community Mental Health  
Transformation Fund  
Bridges Family & Carers Service  
Project Report**

**October 2023 to September 2025**

## 1. Executive Summary

This report outlines the activity, outcomes, and impact of the Bridges Family & Carers Service as part of the Community Mental Health Transformation (CMHT) Fund. From October 2023 onwards, the service delivered a blended model of drop-in support, structured appointments, assertive outreach, and collaborative multi-agency working. The primary aim was to reduce unmet need, increase access to timely support, and strengthen pathways between statutory and voluntary sector provision. The budget consisted of £20000 per year for two years, with the project beginning in October 2023 and running till the end of September 2025. From the budget 90% was spent on staffing for the project, with the remaining 10% covering additional costs, such as promotion, governance, and supplementary overheads.

Throughout the reporting period, the service supported a broad cohort of individuals and families affected by mental health challenges, substance use, housing instability, and wider social stressors. Data demonstrates significant engagement, strong

partnership working, and meaningful improvements in connection, safety, and wellbeing.

## 2. Key Outcomes and Activity Data

### July 2024-September 2025

Individuals from Stockton receiving support: 167

Individuals from outside of Stockton receiving support: 39

Family members supported: 42

Young people supported: 48

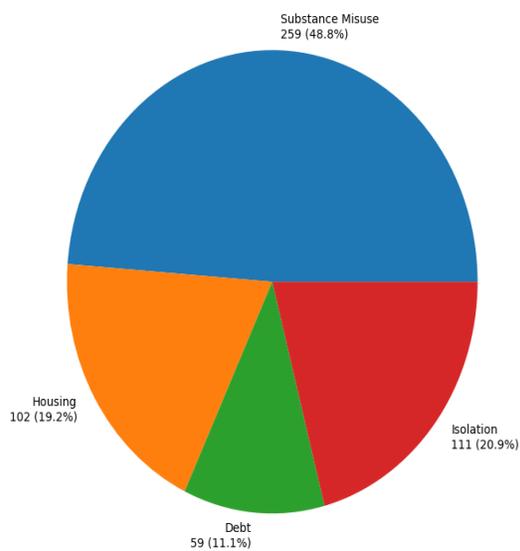
Individuals supported into activities: 60.

Volunteers engaged: 2

Total contacts: 670

### 3. Needs Identified: Breakdown

July 2024-September 2025



Substance use: 259  
(48.8%)

Housing: 102 (19.2%)

Debt: 59 (11.1%)

Isolation: 111 (20.9%)

### 4. Delivery Model

Bridges employed a flexible, person-centred engagement model operating through drop-ins, appointments, home visits, in-reach at supported accommodation, assertive outreach, and detached

approaches to reach individuals who struggle to engage with traditional services.

## 5. Locations and Settings of Delivery

Main Venue: Bridges Family & Carers Service, Nelson Terrace, Central Stockton [until June 2025]

Supported Housing Sites: New Walk, Hartington Road, Turnaround Homes, Bridge House.

Temporary Accommodation: Metro Inn, Newtown Guest House, Mayo Hotel.

Additional Venues: Wellbeing Hub, Rivers of Life Church, home visits, tent visits.

## 6. Multi-Agency Collaboration

Partnerships included TEWV, SBC Adult Safeguarding, H&SH Unmet Needs Nurse, Impact on Teesside, CGL, SBC Homelessness Team, Riverside Housing (veterans), GP practices, Children's Social Care, Job Centre Plus, Citizens Advice, Harbour, and education/training providers.

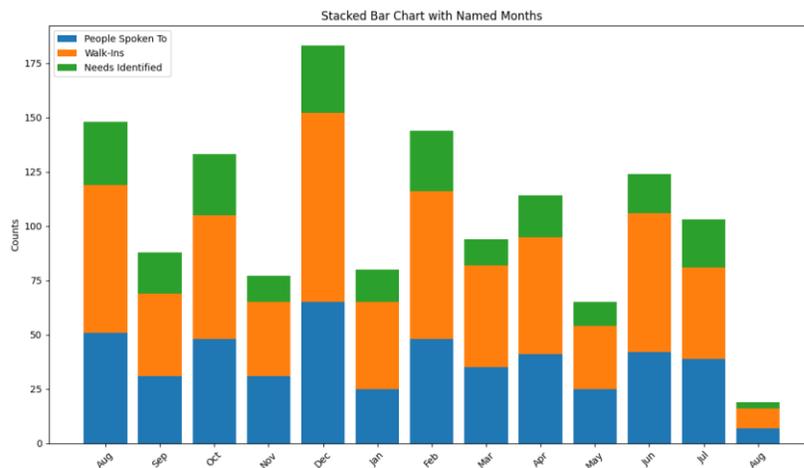
In total 194 contacts resulted in signposting to other agencies, and 55 direct referrals were made.

## 7. Involvement with the Wellbeing Hub

Bridges staff contributed actively to the Mental Health Huddle and supported drug and alcohol provision by basing a staff member in the Hub half a day per week, improving access, integration, and continuity of support.

In the time period 13 cases were brought to the Huddle to be discussed.

## 8. Monthly Trends and Fluctuations



Patterns across the reporting year show expected seasonal variation in demand, with a pronounced spike in December across People Spoken To, Walk-

Ins, and Needs Identified. This heightened activity aligns with sector-wide trends: December typically brings increased financial pressure, relationship tension, cold weather, and reduced availability of other statutory or voluntary services due to holiday closures. These factors contribute to a rise in crisis presentations, including increased alcohol use, loneliness, and emotional destabilisation among individuals who might otherwise cope independently. The December surge is therefore both explainable and consistent with wider seasonal patterns in community mental health and wellbeing demand.

Conversely, activity falls during late spring and summer, particularly June to August, which is typical for community-based support services. Longer daylight hours, warmer weather, and school holidays reduce crisis triggers, alter routines, and limit capacity for scheduled appointments. Beyond seasonal patterns, fluctuations throughout the year reflect a service responding to a highly complex caseload, with demand shaped by multi-agency factors such as hospital discharges, assessment bottlenecks, ADHD service changes, and the delivery of events like family days that temporarily increase engagement. These variations collectively show a responsive, adaptable service meeting fluctuating levels of community need while supporting individuals with intersecting mental health, substance use, and social challenges.

## 9. Analysis of Impact

The service effectively reached high-need groups, delivered early intervention, strengthened multi-agency coordination, and improved family support outcomes through accessible and varied engagement approaches.

## 10. Recommendations

1. Expand outreach capacity.
2. Increase volunteer involvement.
3. Enhance outcome measurement.
4. Strengthen pathways with homelessness and substance use services.
5. Increase provision for young people affected by mental health/substance use.
6. Commission sustained activity-based interventions.



## 11. Conclusion

The Bridges Family & Carers Service delivered a responsive, embedded, and person-centred model aligned with CMHT transformation priorities. Measurable impact was demonstrated across engagement, needs reduction, multi-agency integration, and wellbeing outcomes. The project can be shown to have offered excellent value for money from an investment of £40000 over 24 months. Continued investment is recommended to further expand this work.

## 12. Case Studies

### **Thematic Analysis Across All Case Studies**

Across nine case studies, several strong themes emerged reflecting the complexity and breadth of need within the client group. Bridges provided support to individuals with overlapping mental health challenges, substance use, trauma histories, and relational difficulties. The service plays a critical role in system navigation, psychoeducation, engagement support, family work, and risk mitigation.

#### 1. Complexity of Presentation

Most individuals presented with co-existing needs including anxiety, trauma, depression, ADHD, substance use, eating disorders, bereavement, and domestic violence. Many had previously struggled to access or remain engaged with statutory services.

#### 2. System Navigation and Advocacy

Clients frequently experienced confusion around service pathways, long waits, or multiple overlapping agencies. Bridges routinely contacted services, clarified referral timelines, liaised with GPs, addressed barriers, and supported individuals and families to navigate complex systems.

### 3. Psychoeducation as Core Intervention

Psychoeducation on dopamine, homeostasis, anxiety cycles, stimulant effects, sleep hygiene, and cognitive distortions helped clients understand their symptoms and increased readiness for change.

### 4. Substance Use as Barrier and Contributor

Alcohol and stimulant use frequently exacerbated mental health symptoms, impacted relationships, and limited access to formal therapy. Bridges provided harm reduction guidance and referral to CGL.

### 5. Relational and Family Dynamics

Family cases demonstrated increased need for boundaries, shared understanding, communication improvements, and emotional support. Family work reduced carer strain and increased system stability.

### 6. Engagement Patterns and Barriers

Missed appointments, ambivalence, substance minimization, distrust of employers, and system delays were common barriers. Consistent, relational support improved engagement.

### 7. Outcomes Across Cases

Clients demonstrated improvements in wellbeing scores, reduced substance use, better sleep, improved relationships, increased insight, successful referrals, and improved stability.

## Compiled Case Studies

### Case Study 1: Female, 26 – Trauma and Supported Housing

Initial Contact: Client presented with long-term trauma linked to childhood abuse, difficulty forming relationships, and unsuitable housing.

Actions: Exploratory appointments, trauma psychoeducation, housing options identified, family relationship dynamics explored, trauma counselling offered.

Outcomes: Client accessed trauma counselling, moved into specialist supported housing, and parents engaged in family work.

Reflection: Highlights trauma-informed practice and the value of stable housing in recovery.

### Case Study 2: Male, 32 – Anxiety and Low-Level CBT

Initial Contact: Reported 14 months of anxiety impacting work attendance.

Actions: Mindfulness, breathing techniques, medication psychoeducation, Wellbeing Hub appointments, TEWV joint work.

Outcomes: Referred to Impact on Teesside for CBT; reduced anxiety; greater insight.

Reflection: Demonstrates value of early psychoeducation and coordinated care.

### **Case Study 3: Mixed Family Group – Hardwick Park Family Day**

Initial Contact: Families with at least one member accessing support.

Actions: Delivered family day at Hardwick Park promoting bonding and wellbeing through shared activities.

Outcome: 28 individuals attended; increased physical activity and social interaction.

Reflection: Illustrates benefits of whole-family wellbeing interventions.

### **Case Study 4: A (29 Female) + B+C (Parents)**

Initial Contact: A returned from EU due to mental health deterioration; parents distressed and confused.

Actions: Low-level PSI, cognitive restructuring, cross-border therapy exploration, medication restarted, family psychoeducation.

Outcomes: A returned to work abroad with therapy options; parents confident and informed.

Reflection: Shows importance of supporting both client and family system.

### **Case Study 5: Female, 44 – Dual Diagnosis Son Across Counties**

**Initial Contact:** Client overwhelmed by son's complex dual-diagnosis care in Northumberland.

**Actions:** Contacted NTW for referral and appointment details, clarified pathway, supported system navigation.

**Outcomes:** Client felt reassured and empowered; improved understanding of son's care.

**Reflection:** Highlights importance of advocacy and cross-county navigation.

### **Case Study 6: Male, 49 – Sleep, Alcohol, and Bereavement**

**Initial Contact:** Low mood, binge drinking, poor sleep, bereavement history.

**Actions:** WEMWBS scoring, alcohol audit, sleep hygiene work, psychoeducation, GP liaison, housing application.

**Outcomes:** Improved sleep, reduced drinking, new tenancy, improved wellbeing scores.

**Reflection:** Demonstrates impact of behavioral interventions and environmental change.

### **Case Study 7: Male, 31 – Cocaine Use and Relationship Strain**

Initial Contact: Low mood affecting relationship; high cocaine use identified.

Actions: Weekly appointments, stimulant psychoeducation, dopamine and tolerance education, anxiety work.

Outcomes: Self-referred to CGL; relationship improved; wellbeing and audit scores improved.

Reflection: Shows role of psychoeducation in motivating behavioral change.

### **Case Study 8: Male, 29 – ADHD and Employment**

Initial Contact: Off work due to mental health; distrust of Occupational Health.

Actions: Fortnightly sessions, cognitive reframing, ADHD psychoeducation, cost-benefit analysis, employer liaison.

Outcomes: Restarted ADHD medication, returned to work, improved relationships and wellbeing.

Reflection: Demonstrates importance of structured support during service gaps.

### Case Study 9: Female, 36 – Eating Disorder, Alcohol Use, DV

Initial Contact: Long-term mental health issues, alcohol use, DV, confused about service involvement.

Actions: Referral to CGL, attended Huddle, confirmed TEWV and Harbour involvement, safeguarding contact.

Outcomes: Continued engagement with CGL; missed TEWV assessment; re-presented via Huddle.

Reflection: Highlights multi-agency complexity and drinking as treatment barrier.

### 13. Quotes

'Thanks for speaking to me the other day, I was planning on getting myself locked up to avoid being on the street, until I spoke to you'

"Hello mate just letting you know won't be coming to see you anymore, I can't thank you enough for getting me through these 3 months, I've been given a gift and you were a big part of that so thank you mate wish you all the best 👍"

## 14. Acknowledgements

We would like to thank,

- The wider Bridges team and trustees, for supporting the project.
- Sarah Jones, Wellbeing Hub Manager for her coordination of the CMHT projects.
- The venues named above, which accommodated us.
- The other VSCE organizations, who delivered projects.
- Stockton Community Mental Health Transformation Steering Group in partnership with the Lived Experience Forum and Catalyst for funding the project.
- Those individuals who engaged with us and hopefully felt the project was beneficial and had some really interesting conversations with us along the way.



A small, grey rectangular box containing a handwritten signature in blue ink that reads 'Liam Knowles'.

Liam Knowles  
Project Delivery

