

Every Door Open

The Every Door Open (EDO) programme brings together organisations/community groups across BNSSG and BSW to improve service provision for physical or mental health, substance use, autism, ADHD, learning disability or social care needs.

Context and challenge



National policy sets a clear expectation that by 2032 there must be no wrong door for people seeking support for mental health, autism or learning disability needs.

Locally, services across BNSSG and BSW demonstrate pockets of strong partnership working, however gaps persist. A system-wide cultural shift is needed to ensure consistent, joined-up, trauma-informed support for all.

What every door open means



No matter where someone goes for help, they are supported to get the right help (from whatever service/services are best placed to provide this). Services work together, share responsibility, and prevent people falling through gaps. Care is personal, trauma-informed, strengths-based and joined-up.

Why it matters



- National expectation: No Wrong Door by 2032
- Essential for everyone across the whole lifespan experiencing e.g. multi-morbidities and chronic health conditions
- Reduces duplication and fragmentation
- Supports integrated working required by the Health and Care Act (2022)
- Aligns the 10-Year Health Plan and medium term plan
- Our service users tell us they want/need improved integration among these service types

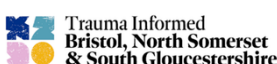
Bristol Health Partners



withyou



NHS
Avon and Wiltshire
Mental Health Partnership
NHS Trust



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Integrated Care Board



**Change
Grow
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SWINDON
BOROUGH COUNCIL



Independence from
drugs and alcohol



**UNIVERSITY OF
BATH**



The vision

“Wherever you go for help, you will be supported. Services work together so you do not fall through the gaps. Care is personal, safe, and focused on what matters to you.”

Every organisation, group and individuals shared a co-produced definition of Every Door Open as:

“Every Door Open means that no matter where we go for help, we will be supported. All services work together as part of our community, building trust, sharing information and responsibility; so we do not fall through the gaps. The focus is on our strengths, our power, and what matters to us. It’s about making care personal, trauma informed-responsive and joined-up - so every door you open is the right one”.

What you can expect

- A warm welcome - staff will listen and take you seriously.
- Joined-up, trauma informed and responsive support, services talk to each other so you don’t have to repeat your story or fall through the gaps
- Safe and respectful care - staff understand that people may have been through difficult experiences.
- Help based on your strengths - you choose what is important to you.
- No more being passed around - services share responsibility for helping you.

Patient story: “Every door was the right one”

Amira, 32, had been struggling for years with psychosis, anxiety, depression and increasing alcohol use. She’d tried to get help before, but each time she reached out she felt pushed from one service to another. Mental health teams told her she needed to “sort her drinking first,” while drug and alcohol services said her mental health was “too complex” for them to support. Each door she opened seemed to lead to another closed one.

After a crisis at work, Amira finally went to her GP. She expected the usual: a referral, a long wait, and another service telling her she was in the wrong place. Instead, something different happened.

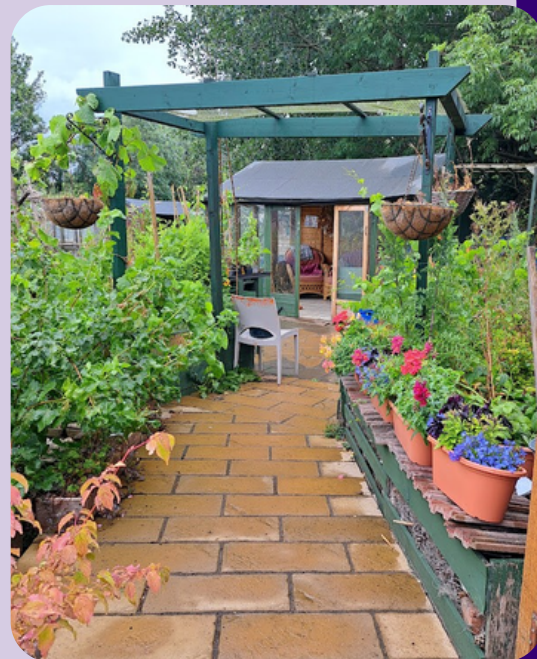
Her GP was part of a system working under the Every Door Open approach. Rather than sending her away, the GP stayed with her, listened, and made a warm connection to the local mental health team and the alcohol service during the same appointment. Amira didn’t have to repeat her story. She didn’t have to navigate the system alone.

Within a week, she met Jess, a mental health practitioner, and Sam, a substance use worker, together in the same room. They explained that they were part of a joined-up approach and that she wouldn’t be bounced between services anymore. They asked what mattered most to her. For the first time, Amira felt like she wasn’t being judged or blamed.



Over the next few months:

- Jess supported her, with their completing psychologically informed interventions. together and Amira becoming involved in nature-based interventions.
- Sam helped her reduce her drinking safely and join a mindfulness group.
- Both worked with her employer to support a phased return to work.
- A peer support worker checked in with her weekly and helped her connect with a local city farm.
- Amira had physical health concerns and Jess supported her to contact her GP and they attended virtual GP and then consultant appointments together.
- Her care plan was co-created and shared with the people involved in her care, so she didn't have to retell her story.



When Amira had a difficult time and missed appointments, instead of being discharged, she received a text from Jess and Sam: "We're still here. Let's find a time that works for you." That message alone kept her from giving up. Six months later, Amira describes her experience like this:

"Before, every door felt like the wrong one. Now it feels like all the doors have opened up around me. I didn't have to fight to be heard. I didn't fall through the gaps. I felt visible, heard and held."

Amira has now achieved her initial goal to drink less and is making steps to reduce her alcohol use further, she has strategies to manage her anxiety and depression, and she's back at work part-time. Most importantly, she knows who to contact if she needs support and says she feels hopeful for the first time in years.