JSNA 2018: Mental Health

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1 Introduction

1.1 What is Mental Health?

Mental health is the single largest source of burden of disease in the UK. In any one given year, one in four individuals in the UK will experience a diagnosable mental health condition. A third of these will experience two or more conditions at once[1].

Mental health underpins our overall health. It is critical for the wellbeing and effective functioning of individuals, families, communities and society. Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential.

'Mental health' is an inexact and umbrella term often ascribed to what would more accurately be termed 'mental ill health.' In this usage, the term often refers to a variety of clinical illnesses and disorders. However, mental health is a much more expansive issue and includes not only general stress and depression but also positive states such as happiness and a sense of worth. These positive states affect our lives and our community as much as the more negative ones[2].

A broad range of factors affect mental health; socio-economic determinants such as access to quality housing, green public spaces, economic security, employment, education, safe neighbourhoods, access to services as well as family or individual factors e.g. connectedness to family, friends and regular physical activity. Mental illness is consistently associated with deprivation, low income, unemployment, poor education, poorer physical health and increased health-risk behaviour.

Some of the factors which are closely related to mental health, such as autism, learning disabilities, substance misuse and dementia, are reviewed in separate JSNA chapters.

People experiencing a physical health condition are more likely to suffer mental ill health. The reverse is also true. People struggling with mental disorder may engage in riskier behaviours or may be less able to care for themselves as a result of their illness.

Similar to physical illness, substance misuse and mental ill health have a two-way relationship and it is often impossible to separate the causality. People with mental health needs have an increased likelihood of hazardous substance use, and those who use substances have an increased risk of experiencing mental health problems such as depression or psychosis. The importance of person-centred care and support is especially relevant where people have more than one presenting need, traditionally treated within different service areas.

Everyone has mental health needs whether or not they have a diagnosis of mental illness. A person's mental health, whether good or poor, can manifest in different and

[1] Mental Health Foundation. The Fundamental Facts. http://www.mentalhealth.org.uk/content/assets/PDF/publications/fundamental_facts_2007.pdf?view=Standard
[2] Mayor of London. London Mental Health. The invisible costs of mental ill health. http://www.london.gov.uk/sites/default/files/FINAL%20-%20LMH%20-Full%20Report.pdf

individual ways, at different stages of life. The focus of this chapter will be mental health in adults. There is a separate chapter that focuses on the mental health in children and adolescents. Mental health needs have not only a human and social cost, but also an economic one, with wider costs in England amounting to £105 billion a year.

1.2 Structure of this chapter

This chapter will outline mental health needs in Ealing and what is being done to address them (including service usage data), as well as an overview of national and local strategies and policies. The sections covering needs and how they are being addressed are divided into three sub areas for ease of understanding the overall picture. These themes are used in the Ealing Mental Health and Wellbeing Strategy for adults 2017-22, and also reflect the Delivery Areas highlighted in the North West London Sustainability and Transformation Plan (STP), which was publishes in October 2016[3]:

JSNA Headings	NW London STP	Delivery Area
Emotional wellbeing and resilience	Radically upgrading prevention and wellbeing for the whole population	Delivery Area 1
Common mental health needs (includes depression, anxiety, compulsive disorders and phobias)	Better outcomes and support for people with common mental health needs, with a focus on people with long term physical health conditions	Delivery Area 2
Serious and long term mental health needs (includes psychosis, personality disorder, complex anxiety and depression)	A new model of care for people with serious and long term mental health needs, including engagement and support for carers, support for employment, support 24/7 and adherence to the Crisis Care Concordat[4] - Delivery Area 4	Delivery Area 4

[3] https://www.healthiernorthwestlondon.nhs.uk/documents/sustainability-and-transformation-plans-stps/stp-october-submission-2016
[4] http://www.crisiscareconcordat.org.uk/

It is recognised, however, that not all needs can be categorised in this way, so the chapter also includes overarching themes:

- Suicide and self-harm
- The role of carers
- Local investment in services
- Partnerships

The final section recommends an approach for commissioners. The Ealing Mental Health and Wellbeing Strategy 2017-22 includes a Plan on a Page which summarises the outcomes and priority areas. This is attached as Annex 2.

2 National strategies

Mental Health is high on the agenda for both health and social care agenda. This section outlines the main policy and strategic approaches which reflect this at a national level.

2.1 Five year forward view for mental health[5] (2016)

The independent Mental Health Task Force published a Five Year Forward View in February 2016, covering care and support across all age groups, and heralded by NHS England as 'the first time there has been a strategic approach to improving mental health outcomes across the health and care system'. It identifies the following priority areas for action:

- A seven day NHS – right care, right time, right quality
- An integrated mental health and physical health approach
- Promoting good mental health and preventing poor mental health –helping people lead better lives as equal citizens

The report makes a total of 58 recommendations to government (Cabinet Office and Department of Health), NHS England, Public Health England, the Care Quality Commission, NHS Improvement and Health Education England.

In July 2016 the NHS published an Implementation Plan[6] for the Five Year forward view on mental health, focusing on person-centred delivery of the plan, based on outcomes. It includes new targets for improved access to prevention and early intervention, access to psychological therapies and suicide prevention.

[5] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
[6] https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf

2.2 Mental Health Crisis Care Concordat (2014)[7]

The Concordat (agreed in 2014) is a national agreement between services and agencies involved in the care and support of people in crisis, involving health, policing, social care, housing, local government and the third sector. The focus of the Concordat is:

- Access to support before crisis;
- Urgent and emergency access to crisis care;
- Quality of treatment and care when in crisis; and
- Recovery and staying well.

While the Concordat is concerned with acute and crisis provision, it also addresses the role of prevention and early intervention.

2.3 'No Health without Mental Health' (2011)[8]

No Health without Mental Health is the Government's cross departmental strategy for the mental health and wellbeing that sets out a broad policy framework for developing services. The strategy sets out six shared objectives to improve the mental health and wellbeing of the nation and to improve outcomes for people with mental health problems through high quality services. The strategy emphasises the interconnections between mental health, housing, employment, and the criminal justice system.

The six high level objectives are:

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

2.4 Time to change (2010)[9]

Time to change challenges the stigma and discrimination that often accompany mental illness. The national programme encourages greater openness, has a high profile media campaign and supports the involvement of people with lived experience of mental health problems in tackling discrimination.

Time to change's survey of over 7,000 people with mental health problems found that 64% said they were isolated, 61% felt worthless and 60% ashamed as a result of stigma and discrimination. However, over half of respondents (57%) said it was easier to talk about mental health problems than in previous years[10].

[7] http://www.crisiscareconcordat.org.uk/about/
[8] No Health without Mental Health.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf
[9] http://www.time-to-change.org.uk/
[10]. http://www.time-to-change.org.uk/news/englands-biggest-ever-survey-state-stigma

2.5 Future in Mind (2015)[11]

NHS England launched the Future in Mind report on children and young people's mental wellbeing in 2015, following an independent review co-chaired by NHS England and the Department of Health. This is the basis for local transformation of children's mental wellbeing services, which are described in the relevant chapter of this JSNA.

2.6 Parity of esteem

Mental health policy is now guided by an overarching ambition for 'parity of esteem', as set out in the cross-government strategy No Health without Mental Health (2011) and the NHS Mandate[12]. This principle is developed in the Department of Health and NHS England document Achieving better access to mental health services by 2020[13], which explains that 'people of all ages with mental health problems should receive at least the equivalent level of access to timely, evidence-based, clinically effective, recovery focused, safe and personalised care as people with a physical health condition'.

2.7 Improved Access to Psychological Therapies (IAPT)

The IAPT programme was first launched in 2008, following the publication of the Layard report (2006)[14], which set out a new deal for depression and anxiety disorders. It has primarily addressed the treatment of anxiety and depression through improved access to cognitive behavioural therapies in primary care. The Implementation Plan for the Five Year Forward View for mental health[15] includes challenging new targets to increase access to IAPT services, including for children and young people, people with long term physical health conditions, and people with serious mental health needs such as through psychosis.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 25% of people with common Mental Health conditions access psychological therapies each year.	15.8%	16.8%	19%	22%	25%

2.8 Access and waiting times standards[16]

Achieving better access to mental health service by 2020 identified a set of waiting time targets for mental health, which were reaffirmed in the NHS Mandate. These

[11] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

[12] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/494485/NHSE_mandate_16-17_22_Jan.pdf

[13] Dhttps://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf

14 London School of Economics (2006).The Depression Report. A new deal for depression and anxiety disorders. Centre for Economic Performance's Mental Health Policy Group, LSE.

[15] https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf

[16] NHS England. https://www.england.nhs.uk/mentalhealth/resources/access-waiting-time/

are concerned with early intervention in psychosis, access to the IAPT programme, liaison psychiatry and eating disorders. The waiting time targets are discussed in Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16.

2.9 Dual diagnosis and multiple needs

There has been a growing policy focus on people with complex needs, including 'dual diagnosis' of mental health and substance misuse problems, and 'multiple needs', where people have problems accessing services and support because they experience several problems at the same time, such as mental health needs, homelessness, drug and alcohol misuse, offending and family breakdown.

Dual diagnosis is a key theme within the Mental Health Crisis Care Concordat, and, at the time of writing (May 2017), it is anticipated that new national guidance will be published, based on the findings of an expert group convened by Public Health England. There are a number of national initiatives developing work on multiple needs and exclusions, including the Making Every Adult Matter coalition. More information can be found in the JSNA chapter focusing on substance use.

3 Local policy

3.1 North West London Collaboration of CCGs and 'Like Minded'

"Shaping Healthier Lives" was North West London's (including Ealing) mental health transformation strategy for 2012/15. It provides the framework for reconfiguring mental health services across eight Clinical Commissioning Groups (CCGs) and two mental health NHS trusts.

The vision for adult Mental Health in North West London is to improve outcomes for patients; create access to better, more integrated care outside of hospital; reduce unnecessary hospital admissions and lengthy inpatient stays where clinically appropriate; and enable effective working of professionals across provider boundaries to ensure patients receive care in the most appropriate setting.

The vision was developed by clinicians, who have led the work to build improved models of delivery for mental health care. Their proposals have been informed by clinical evidence and substantial engagement with stakeholders, through clinical working groups and collaboration with representatives from the two mental health NHS trusts, acute hospitals, Clinical Commissioning Groups, local authorities, people with lived experience and their families, friends and carers.

Implementing change according to this vision is transforming how mental health care is delivered in North West London and across the NHS, providing a model of provider collaboration in one of the most complex areas of care.

Following the implementation of Shaping Healthier Lives, the North West London Collaboration of eight Clinical Commissioning Groups established the North West London Mental Health and Wellbeing Transformation Programme called “Like Minded”.

The **Like Minded** Programme is taking forward work to improve understanding and discussion of mental health issues, investing in additional services for children and young people (CAMHS) and for mothers with serious mental health needs (perinatal mental health). Work is under way to improve the physical health of people with mental health problems, and to improve access to mental health services for people who may find it harder to engage with services, such as homeless people, those with learning disabilities, autism or behaviour which challenges, people who use substances.

Two particular programmes are being implemented across the eight boroughs in relation to the mental health needs of adults with serious and long term mental health needs and those with common mental health needs such as depression or anxiety.

3.1.1 Serious and Long Term Mental Health Needs

Like Minded is working with local service providers, planners and commissioners to implement a new model of care for people with serious and enduring mental health needs, based on a shift of activity to prevention and the promotion of health and wellbeing, early intervention, more people being supported in Primary Care, and less people going to hospital for shorter periods of time.

3.1.2 Common Mental Health Needs

There is work in progress to change the way people with common mental health needs, such as depression, anxiety, obsessive compulsive disorder or phobias are supported to recovery. Again the emphasis is on prevention and good mental health, and on breaking down the barriers between physical and mental healthcare. Looking at the way these interact has led to a focus on developing services and approaches to address the mental health needs of people living with long term conditions such as diabetes.

Like Minded has programmes developing strategy and supporting implementation of transformation across the whole mental health system, including challenging stigma and discrimination, social isolation and loneliness, children’s and young people’s emotional health and wellbeing, a digital approach to wellbeing and crisis care.

Alongside Like Minded is the West London Alliance, which brings together the North West London local authorities, working together and linking to national programmes to address issues such as housing, supported accommodation and support into employment.

These ambitions are now combined in the North West London Sustainability and Transformation Plan, as referenced earlier.

3.2 West London Transformation

Three Clinical Commissioning Groups which commission the West London Mental Health NHS Trust for most of their mental health services - Ealing, Hounslow and Hammersmith and Fulham. They are working together with the West London Mental Health Trust, local authorities, voluntary and community groups, people with lived experience, their families, friends and carers, GPs and others in Primary Care, to transform mental health services in West London. The transformation aims to ensure that people:

- Get help in an emergency day or night
- Receive more personalised care that meets their needs
- Remain at home or closer to home so they can recover with the support of family and friends as much as possible.

In local adult services this translates into four main areas:

- Urgent and Crisis Care (including inpatient services)
- Planned and Primary Care
- Cognitive Impairment and Dementia
- Perinatal services

The transformation is designed to meet changing needs and expectations. The commitment is to change services to increase access, reduce waiting times, prevent people being admitted to distant locations, and to enable more people to be supported within primary care (with their GP Practice) so that secondary care (delivered under the care of a consultant and their team) can concentrate on assessment, treatment and crisis response.

This extension of the recovery approach and shifting the setting of care away from secondary care for people with serious and long term mental health needs who can be more appropriately supported in primary care is changing the way that people with mental health needs are supported in the borough. Both people who use services and their families, friends and carers are affected by these changes, and are being closely involved in how the transformation is implemented locally.

More detail about the way the transformation has influenced services in Ealing is found later in this chapter under ‘What is happening in Ealing, including service usage’

A new Ealing Mental Health and Wellbeing Strategy for 2017-2022 has been developed by Ealing Council and Ealing Clinical Commissioning Group, working with people with lived experience, voluntary and community groups and staff across services. The Strategy addresses needs as highlighted in this JSNA chapter, and, within the national and local context, it prioritises actions for change, partnership working, and improvement. The Strategy can be found on the Ealing Council and CCG websites.

The involvement of people with lived experience and their families, friends and carers in developing services and strategy is seen as very important in Ealing. A commissioned service provides support to those who want to be involved, alongside

other community groups who work with those with lived experience to co-produce solutions to issues facing the system.

During the development of the Ealing Mental Health and Wellbeing Strategy the views of people who have experienced mental health services were crucial to forming the priorities. These views resonated with what has been developed nationally and regionally – the focus on the whole person, prevention, and the importance of having the right support when it is needed in the least intensive care setting possible.

4 Mental Health needs in Ealing

In August 2017 Public Health England published a Mental Health and Wellbeing JSNA support pack[17]. Where suitable, data from the support pack has been incorporated into this section. Appendix 1 contains the full set of indicators from the support pack for Ealing benchmarked against England.

4.1 Emotional wellbeing and resilience

Wellbeing is about feeling good and functioning well and is influenced by individual mental resilience and wider conditions such as physical health, work environment, and the wider social, economic, cultural and environmental conditions in which people live.

Improved mental wellbeing is associated with improved outcomes in health, education, employment and community cohesion. Investing in wellbeing can result in economic savings within the health and social care system through improved health, person-centred recovery and reduced use of health and social care services[18].

The GLA ward level wellbeing scores present a combined measure of wellbeing indicators based on 12 different measures[19]:

As Figure 1 shows, Northfield, Walpole and Hanger Hill wards had the three highest ranked index scores in 2012, which means there is a higher probability of better wellbeing for the population living in these areas. Southall Broadway, Southall Green and Norwood Green had the lowest index scores, so residents living in these wards

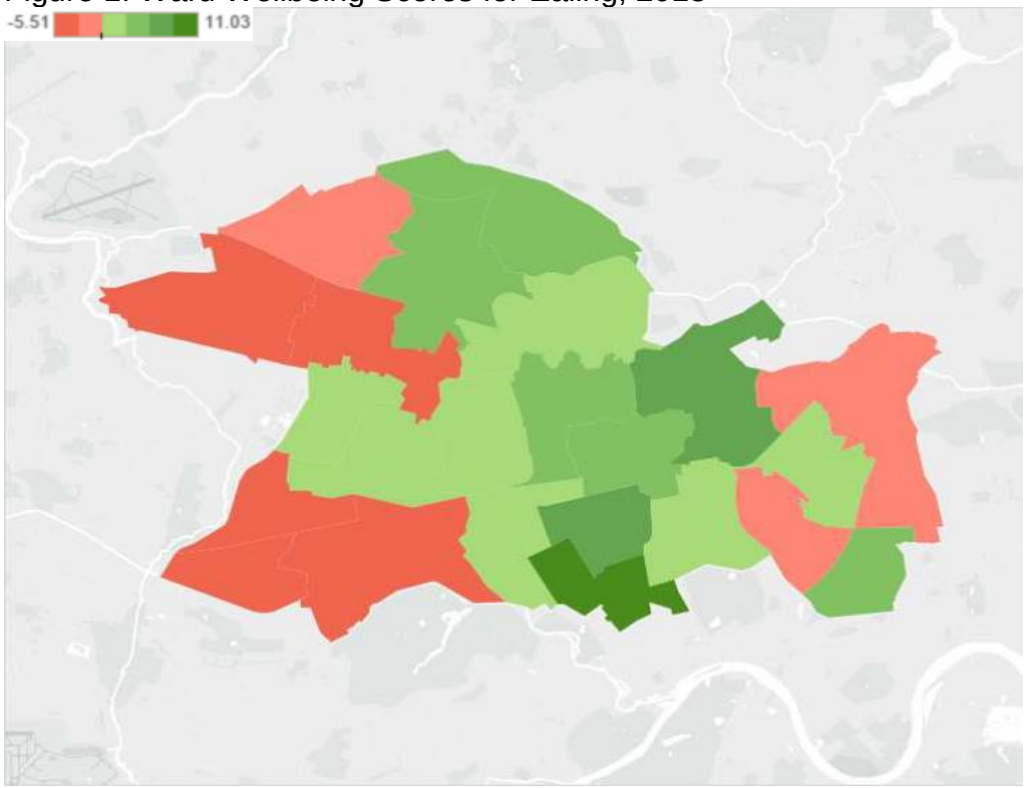
[17] https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna

[18] Source: YHPHO: National Mental Health Dementia and Neurology Intelligence Network: http://www.yhpho.org.uk/resource/view.aspx?RID=197900

[19] The indicators are: life expectancy; iIncapacity benefit claimant rate; unemployment rate; income support claimant rate; crime rate; deliberate fires; GCSE point scores; unauthorised pupil absence; children in out-of-work households; public transport accessability scores; access to public open space & nature; and subjective wellbeing average score. Each indicator score is compared with the England and Wales average, which is zero. Scores over 0 indicate a higher probability that the population on average experiences positive wellbeing according to these measures.

have a statistically lower chance of experiencing a positive wellbeing and the rankings are below the national average. The pattern of wellbeing scores in Ealing is similar to the map of deprivation (Figure X).

Figure 1: Ward Wellbeing Scores for Ealing, 2013



Source: London Ward Wellbeing Scores, GLA, 2015

4.2 Risk factors associated with poor mental health for adults

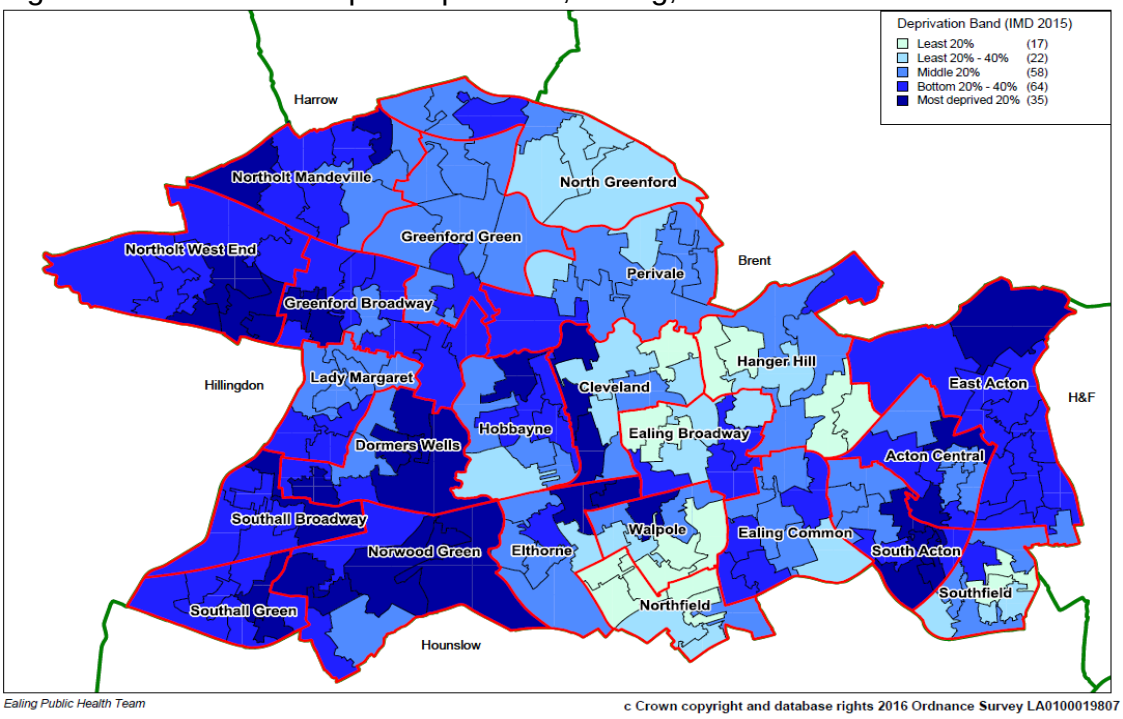
Risk factors are included in this section as they address the wider determinants of mental health and emotional wellbeing, broadly showing the way that resilience is reduced or enhanced in our population.

4.2.1 Deprivation

Ealing ranks as the 87th most deprived Borough out of the 326 local authorities in England. Nearly two-thirds (64%) of LSOAs in Ealing are in the five most deprived centiles (Figure 2).

Welfare reforms and reduced financial resources in public services are having an impact on people living in Ealing, including those with mental health needs and their families, friends and carers.

Figure 2. Indices of Multiple Deprivation, Ealing, 2015



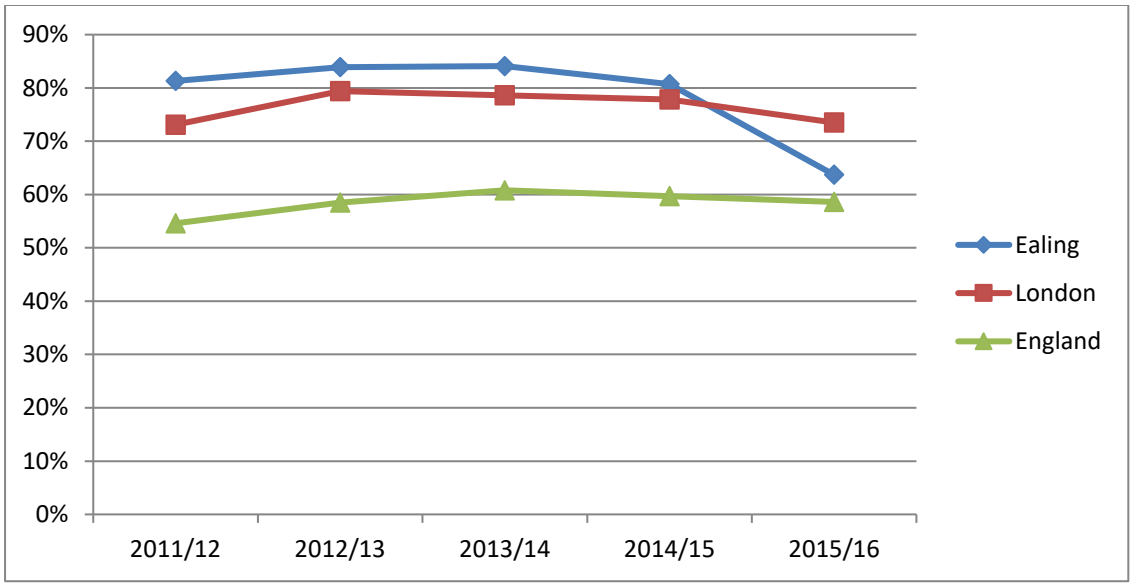
Source: Department for communities and local government (DCLG), 2015

4.2.2 Homelessness

Homelessness is associated with severe poverty and is a social determinant of health. The rate of homeless households is more than three times higher in Ealing (2.9 per 1000) than the England average (0.9 per 1000). The rate of homeless households in temporary accommodation and awaiting a settled home is more than five times higher on average in Ealing (17.5 per 1000) than England (3.1 per 1000). (Source: PHOF 1.15i and 1.15ii, 2015/16).

The number of adults (aged 18-69) in contact with secondary mental health services and known to be in settled accommodation is proportionally higher in Ealing (63.7%) than in England (58.6%), but is almost significantly lower than the London average (73.5%) (Figure 3) (Source: PHOF 1.06ii, 2015/16).

Figure 3: Proportion of adults receiving secondary mental health services who live in settled accommodation



Source: Public Health Outcomes Framework (1.06ii, 2015/16)

4.2.3 Physical activity

Physical inactivity has been identified as the fourth leading risk factor for global mortality, accounting for 6% of deaths globally (WHO). The UK Chief Medical Officer (CMO) recommends that adults should achieve at least 150 minutes of physical activity per week. Within Ealing over half (54.7%) of adults meet this recommendation, which is comparable to the rates for London and England (Source: PHOF 2.13i, 2015).

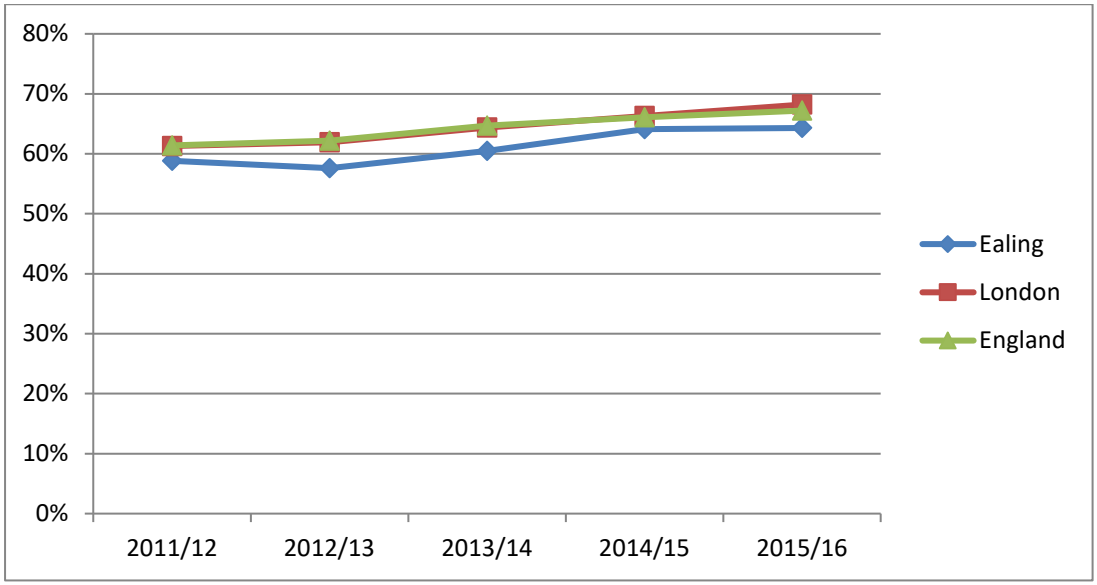
4.2.4 Unemployment

Unemployment is related to health problems, including poor mental health and higher rates of self-reported ill health, limiting long term illness and prevalence of risky health behaviours including alcohol use and smoking. Links between unemployment and poor mental health have been explained by the psychosocial effects of unemployment: stigma, isolation and loss of self-worth. The percentage of people age 16-64 in employment in Ealing is 70.9%. This is comparable with the rates for London and England (Source: PHOF 1.08iv, 2015/16).

The gap between the employment rate for all people and just those in contact with secondary mental health services is lower in Ealing (64.3%) than in London (68.2%)

and England (67.2%) as a whole. However, the gap is increasing across the whole of England (Figure 4) (Source: PHOF 1.08iii, 2015/16).

Figure 4: Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate



Source: Public Health Outcomes Framework (1.08iii, 2015/16)

4.2.5 Violence

The age-standardised rate of emergency hospital admissions for violence (per 100,000 people) is 60.1. Although this figure has decreased year on year, it is considerably higher than both the London and national rates (Source: PHOF 1.12i, 2013/14-15/16).

4.2.6 Trauma

Part of Ealing's population is made up of refugees and people seeking asylum, who have often experienced extreme trauma and violence. Ealing is home to war veterans, many of whom have experienced trauma and loss and may have physical disabilities as well as mental health needs.

4.2.7 Learning disability

People with learning disabilities demonstrate the complete spectrum of mental health problems, with higher prevalence than found in those without learning disabilities. Between 25-40% of people with learning disabilities also have mental health needs. The percentage of patients with learning disabilities, as recorded on practice disease

registers, is 0.2% in Ealing. This is lower than the proportion of 0.5% in England as a whole[20]

There is a separate JSNA chapter specifically about learning disabilities.

4.2.8 Smoking and mental health

Every year in England approximately 79,000 people die from smoking related diseases. This represents 16% of all deaths[21]

People with mental health conditions smoke significantly more on average and have higher levels of nicotine dependence than the population as a whole. Despite this only a minority receive the advice and support they need to stop smoking.[22] A third of people with mental health conditions and more than two thirds of people in psychiatric units smoke tobacco.[23] A recent study showed that 42% of all tobacco is consumed by adults with mental health problems.[24]

In Ealing, the estimated number of smokers aged over 18 is 53,762[25]. The current prevalence of smoking in patients with serious mental illness (SMI) is 36.6% (2014/15). This is lower than the current national and London averages[26].

There are 27,837 registered patients with West London Mental Health NHS Trust. Of 6,184 patients with an active smoking status recorded, 2,841 patients are identified as current smokers. There is an overlap between patients identified as smokers in primary and secondary care.

While smoking rates amongst the general population have fallen dramatically in the past few decades they have remained stubbornly high amongst people with mental health conditions.

Records from the Smokefree Ealing show that in 2016/2017 (April 2016 –March 2017), 387 mental health users were recorded as accessing the services, of which 219 set a quit date and 132 went on to quit smoking (4 week self-reported) giving a success rate of 60%.

4.2.9 Ethnicity and mental health

Ealing is an ethnically diverse borough, with 51% of people belonging to Black and Minority Ethnic (BME) groups. BME groups living in the UK are more likely to be

[20] http://www.learningdisabilities.org.uk/;
[21] Statistics on smoking: England - 2017. Available from: NHS Digital
[22] Royal College of Psychiatrists (2014). Report of the Second Round of the National Audit of Schizophrenia (NAS) London: Healthcare Quality Improvement Partnership
[23] Jochelson K, Majrowski B (2006) Clearing the Air: Debating Smokefree Policies in Psychiatric Units, London: King's Fund.
[24] McManus S, Meltzer H, Campion J (2010) Cigarette smoking and mental health in England. Data from the Adult Psychiatric Morbidity Survey. National Centre for Social Research. Available from: http://www.natcen.ac.uk/media/21994/smoking-mental-health.pdf
[25] QOF 2015/16
[26] http://fingertips.phe.org.uk/

diagnosed with mental health problems so the prevalence could be expected to be higher. Some groups have been identified by the Mental Health Foundation[27]:

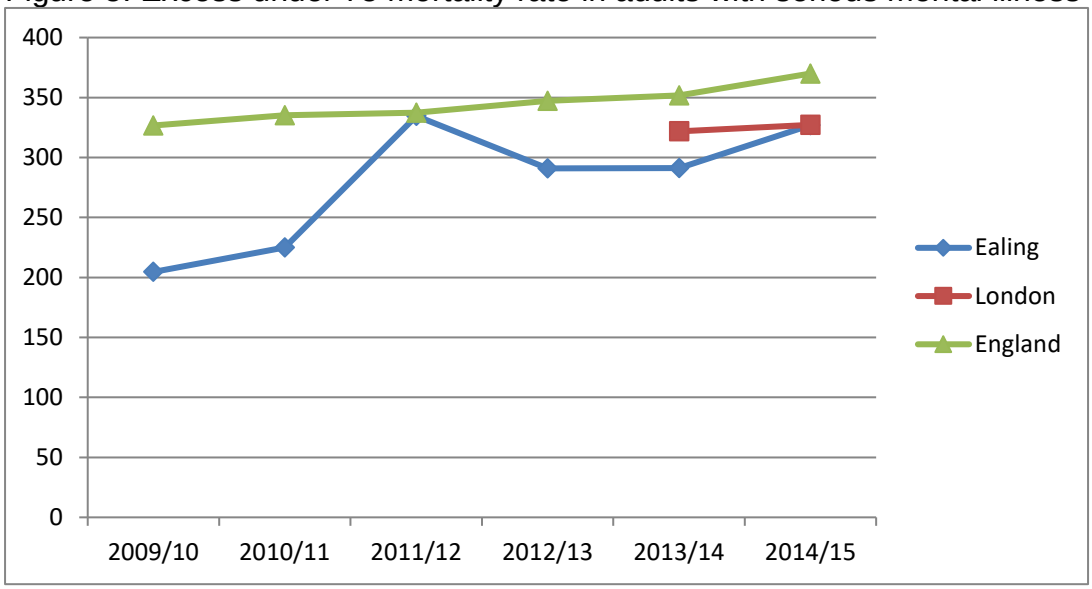
- Irish people living in the UK have higher hospital admission rates for mental health problems than other ethnic groups. In particular they have higher rates of depression and alcohol problems and are at greater risk of suicide.
- African-Caribbean people living in the UK have lower rates of common mental health needs than other ethnic groups but are more likely to be diagnosed with serious and long term mental health needs. African Caribbean people are more likely to enter mental health services via the courts or the police.
- Suicide rates are low among Asian men and older people, but high in young Asian women compared with other ethnic groups. Indian men have a high rate of alcohol-related problems.
- Among Asian and Chinese ethnic groups it is thought that mental health problems are often unrecognised or left undiagnosed, partly due to stigma associated with mental health within some communities. Communities also report that services can be inappropriate for their cultural needs.

4.2.10 Physical health and mental health

The links between mental health and physical health are strong. At the most extreme, people with serious and long term mental health needs are likely to die considerably younger than those without. The excess mortality rate is a ratio of observed to expected deaths in adults in contact with secondary mental health services. In 2014/15 in Ealing, excess mortality in adults aged under 75 was 326.9% i.e. people in contact with secondary mental health services were more than three times more likely to die than people of the same age in the general population. For England, the rate was 370% i.e. nearly 3.7 times as likely (Figure 5) (Source: PHOF 4.09i, 2014/15).

[27] Mental Health Foundation. Black and Minority Ethnic Communities. http://www.mentalhealth.org.uk/help-information/mental-health-a-z/b/bme-communities/

Figure 5: Excess under 75 mortality rate in adults with serious mental illness



Source: Public Health Outcomes Framework (4.09i, 2014/15)

Whilst it is clear that serious and long term mental health needs are associated with excess mortality, many of these excess deaths are potentially preventable by better medical treatment and risk management.[28] The mechanisms of excess natural mortality include unhealthy lifestyle, especially cigarette smoking, failed recognition and poor treatment of medical disease, and poor treatment compliance. Some treatments for serious and long term mental health needs carry risks such as higher likelihood of developing diabetes and cardiovascular problems.

In relation to common mental health needs, research[29] shows that people with long term physical health conditions are more likely to have depression and/or anxiety than the population as a whole, and that left untreated, mental health needs can significantly exacerbate the physical illness. Treating their mental health greatly improves outcomes for their physical health, and reduces use of the most intensive services such as acute hospitals and emergency departments.

4.3 Common Mental Health Needs

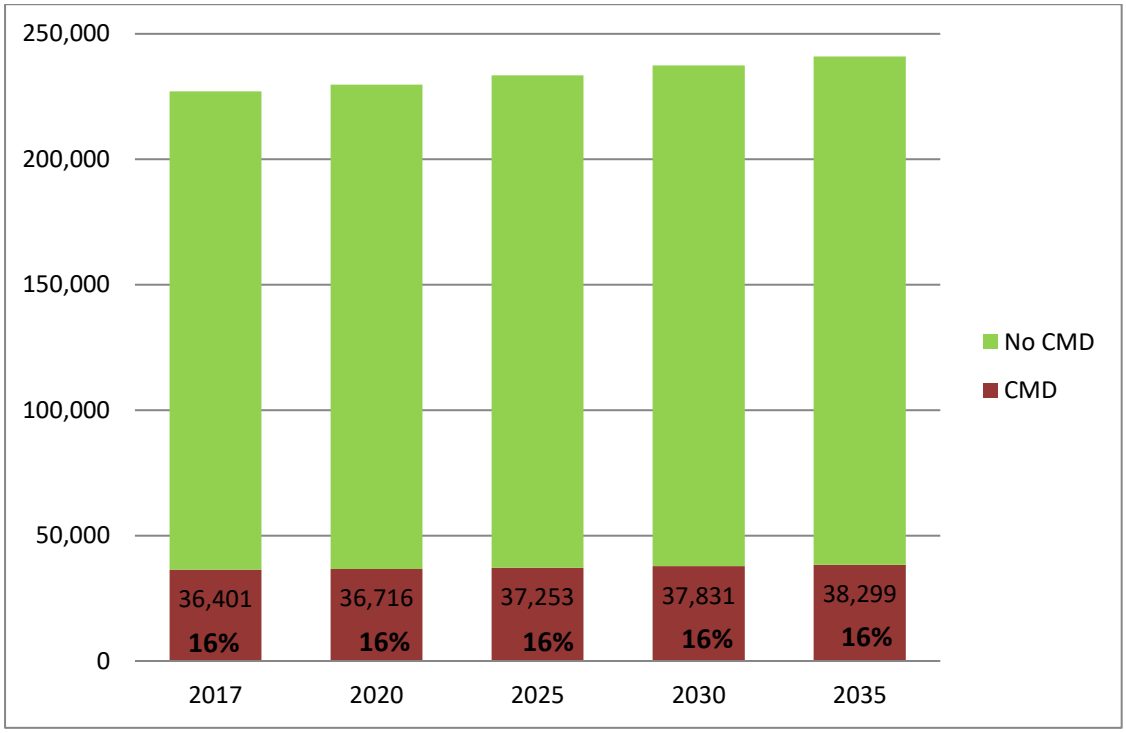
4.3.1 Number of people with a common mental health disorder

The 2017[30] estimates indicate that the number of people (aged 18-64) in Ealing, who have a common mental health disorder is 36,401, of which 14,475 (40%) are men and 21,996 (60%) women. In Ealing this means that around 1 in every 8 men and 1

[28] Brown S, Barraclough B, Inskip H (2000). Causes of the excess mortality of schizophrenia. The British Journal of Psychiatry, 177 (3) 212-217
[29] Naylor et al, 2012
[30] PANSI, 2014,

in every 5 women meet the diagnostic criteria for at least one common mental health disorder (Figure 6).

Figure 6: Number of 18-64 year olds in Ealing predicted to have a common mental health disorder



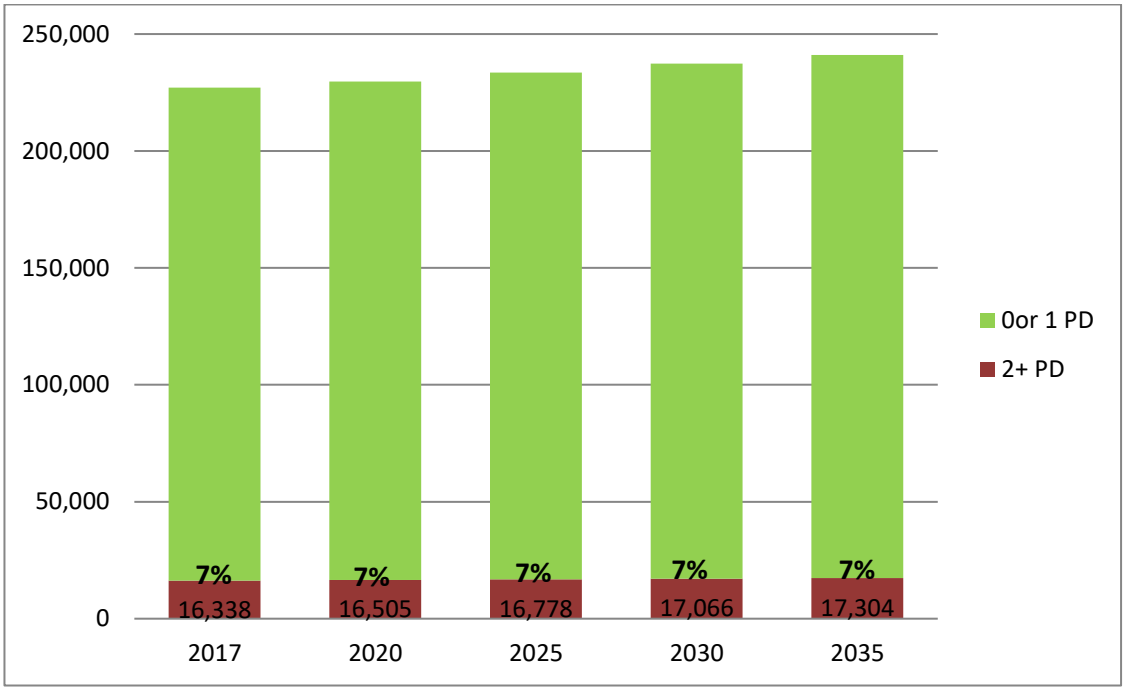
Source: PANSI

The prevalence of common mental health needs is calculated differently by NHS England in relation to IAPT services. For Ealing, the prevalence is currently (May 2017) estimated at 40,484 people.

4.3.2 Number of people with two or more psychiatric disorders

There are predicted to be 16,338 people with two or more psychiatric disorders, of which 7,990 (49%) are men and 8,348 (51%) women. These figures are projected to increase by around 3% by 2025 (Figure 7).

Figure 7: Number of 18-64 year olds in Ealing predicted to have two or more psychiatric disorders



Source: PANSI

4.3.3 Total number of people with generalised anxiety disorder

In 2012 in Ealing, there were an estimated 13,165 people aged 16-74 with generalised anxiety disorder[31]; the prevalence of generalised anxiety disorder was higher in Ealing (5.2%) than in England as a whole (4.5%).

4.3.4 Total number of people with mixed anxiety and depression

In 2012 in Ealing, there were estimated 20,404 people with mixed anxiety and depressive disorder[4]; the prevalence of mixed anxiety and depressive disorder was lower in Ealing (8.06%) than in England as a whole (8.92%).

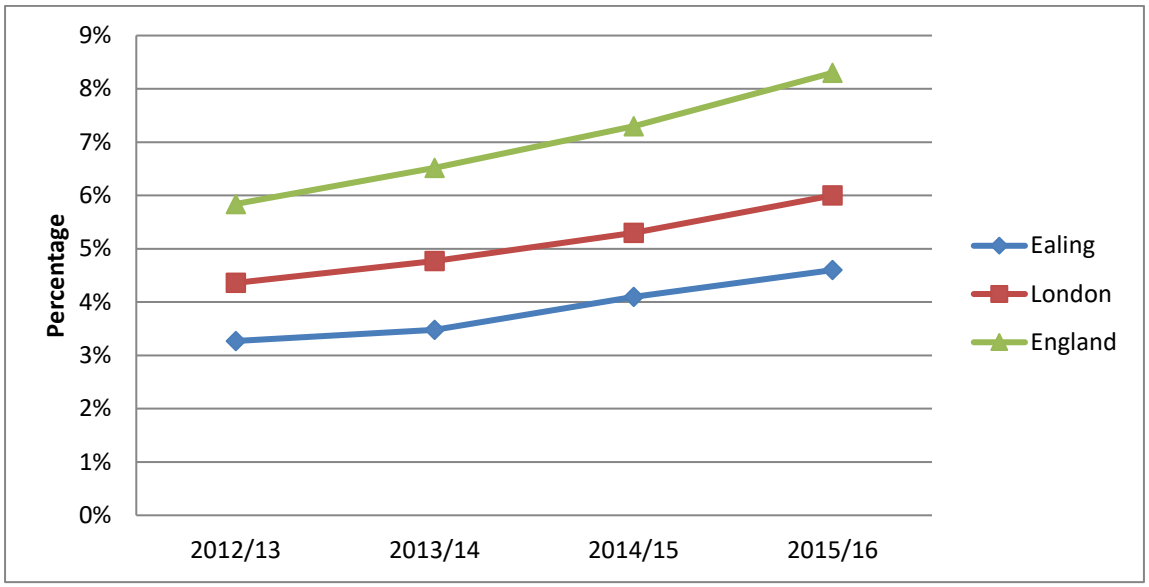
[31] The data presented are only an estimation of the numbers likely to be diagnosable with the condition at any point in time. Not everyone with the condition seeks, or wants, treatment, and some will already have received it. The briefing paper accompanying the estimates suggests that a good approximation for the number of people with common mental disorders, for whom a new psychological therapy initiative is required, would be about one fifth of the estimated numbers with the condition. The modelling work upon which the estimates are based is now very out of date. The original modelling exercise was undertaken in 1993 and the socio-demographic variables used to generate the age and sex specific rates were derived from the 2001 census. This uplift of the estimates is only based on population change and takes no account of any change in socio-demographic factors or potential change in the prevalence of common mental health disorders in the time since the original work was undertaken.

4.3.5 Quality Outcome Framework prevalence of depression

Quality Outcome Framework (QOF) data reflects the prevalence of conditions diagnosed by GPs. The ability of QOF to reflect actual prevalence relies on people with those problems consulting their GP and the GP diagnosing those conditions and adding patients to the appropriate registers.

In 2015/16 the Ealing GP registered population with depression was 15,369, which is 4.6% of all people (Figure 8). This proportion is lower than for London (6.0%) and England (8.3%).

Figure 8: Proportion of GP registered population with depression



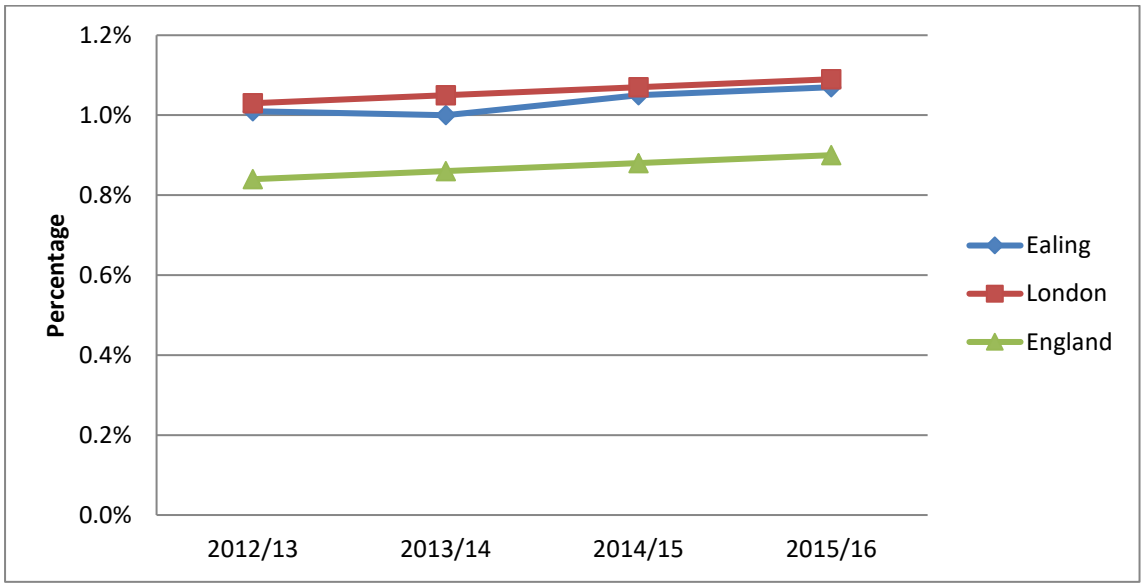
Source: HSCIC, QOF data 2015/16

4.4 Serious and long term mental health needs

4.4.1 QOF prevalence of people with psychoses

In 2015/16 the Ealing GP registered population with psychoses was 4,576, which is 1.07% of all people (Figure 9). This proportion is lower than for London (1.09%) but higher than England (0.90%).

Figure 9: Proportion of GP registered population with psychotic disorder

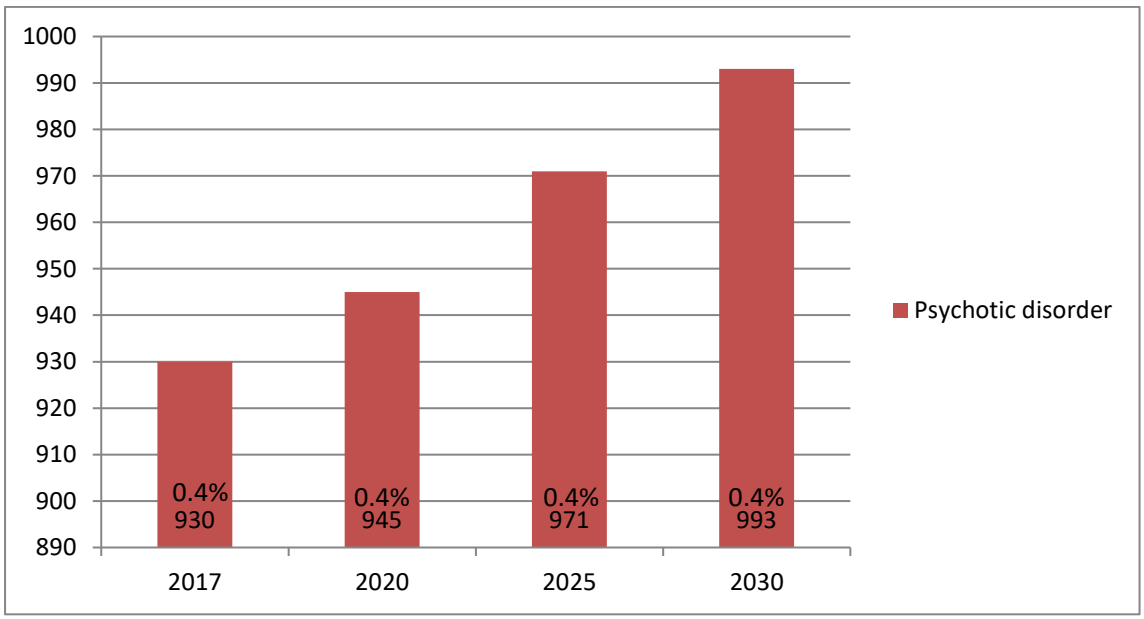


Source: HSCIC, QOF data 2015/16

4.4.2 Projections of people with a psychotic disorder

The proportion of people with a psychotic disorder is projected to remain constant at 0.4% from 2017 to 2030 (Figure 10). This proportion is lower than for London (1.09%) but higher than England (0.90%).

Figure 10: Number of 18-64 year olds in Ealing predicted to have a psychotic disorder



Source: PANSI, 2014

Some of the risk factors outlined in the section on wellbeing and resilience are especially relevant to people with serious and long term mental health needs

5 What is happening in Ealing (includes service usage)

A number of organisations are involved either as commissioners or providers of interventions for mental health promotion or treatment of mental health conditions. Commissioners of interventions for mental health include Ealing Clinical Commissioning Group, Ealing Council and NHS England. Providers of interventions for mental health include GPs, NHS trusts, Ealing Council and a number of voluntary and community organisations.

5.1 Emotional wellbeing and resilience

Ealing promotes the 'Five Ways to Wellbeing', evidence-based actions which promote wellbeing.

- Connect (with others, with communities)
- Be active
- Take notice (be interested, get involved)
- Keep Learning
- Give (take part, volunteer etc.)

Public Health in Ealing supports groups with small grants where their work promotes these principles, and promote information and awareness in the community through health trainers and information stalls with information on mindfulness, stress, depression, anxiety. Ealing Council are rolling out the Greater London Authority workplace wellbeing charter to local businesses, and have reached the target for 2016/17 of 10 new organisations signed up.

Making Every Contact Count training provides training in giving brief advice to help people make healthier choices and refer people on to existing services, including mental health. 332 people were trained in the 9 month period from October 2016 to June 2017.

Ealing council has signed up to the Mental Health Challenge for local authorities focusing on mental health awareness amongst BAME communities, and has an elected member Champion.

There is a focus on wellbeing, recovery and independence as part of all statutory health and social care services. Preventing people's mental health deteriorating is a key factor in all services and guides all interventions. A wide range of voluntary and community organisations promote mental health and provide information and advice, as well as supporting people looking for work or training, helping people with advice about debt and finances, and making sure people have opportunities to contribute and take part in what they want to.

5.2 Common mental health needs

GPs in Ealing play an important role in spotting the signs of distress and in identifying those with the risk factors for poor mental health. GP assess the circumstances and offer appropriate advice or treatment. They refer to specialist mental health services for further advice or treatment.

There are a range of different kinds of talking therapies available and there is a local consortium of counselling services. Ealing has a Talking Therapies Network which supports making best use of what is available by sharing resources, information and ideas.

There is a range of support groups in communities focusing on self-help, opportunities for volunteering, and building social networks.

A new service in 2017 is the Trailblazer programme which is being rolled out across North West London, offering Individual Placement and Support to people with common mental health needs to stay in work or return to work. This approach has been used with people with serious and long term mental health needs for many years and is known to be effective. Working in this way with people with common mental health needs is new, and this is a pilot project which will be fully evaluated.

5.2.1 Improving Access to Psychological Therapies

The Improving Access to Psychological Therapies (IAPT) programme supports the frontline NHS in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.

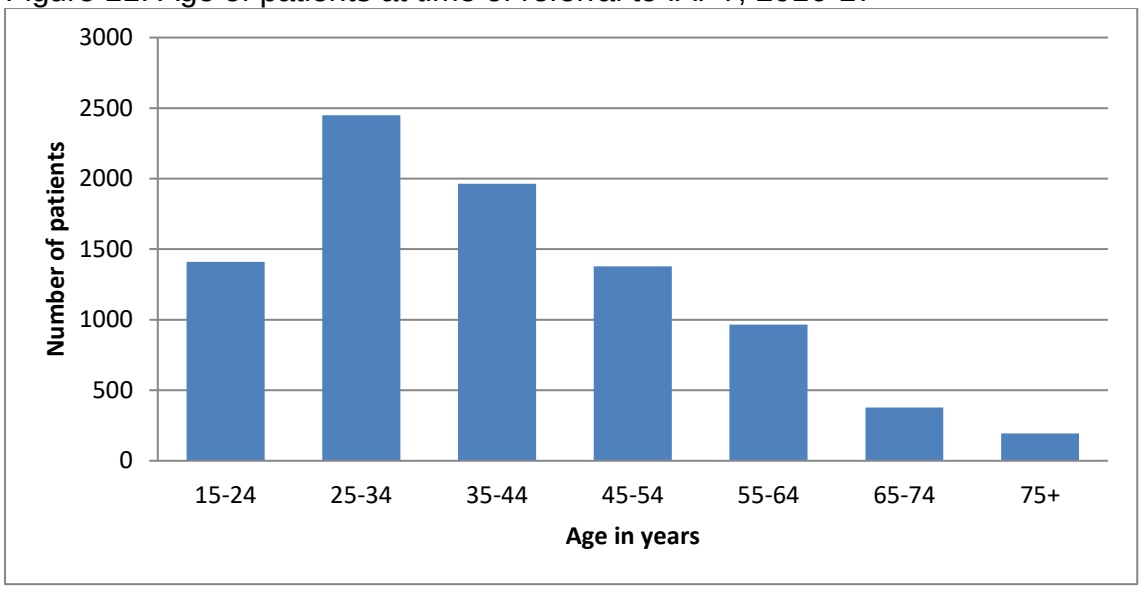
From 2011, the programme's focus has broadened, following publication of Talking Therapies: a four-year plan of action, one of a suite of documents supporting No health without mental health, the cross-Government mental health strategy for people of all ages[32]. In Ealing, IAPT services are provided by the West London Mental Health Trust, and supported by a small number of therapists in the voluntary and community sector.

In 2015/16, Ealing IAPT had approximately 7,718 referrals, with approximately 5,723 referrals entering treatment[33]. In 2016/17, Ealing IAPT had approximately 8,591 referrals, with approximately 6,218 referrals entering treatment. The recovery rate remains stable at approximately 51%.

Of all people referred to IAPT, one third (33%) were aged 25-34 years old (Figure 11). The number of referrals decreased with increasing age.

[32] Improving Access to Psychological Therapies. http://www.iapt.nhs.uk/about-iapt/
[33] Health and Social Care Information Centre. Psychological Therapies , Annual Report on the Use of IAPT services http://www.hscic.gov.uk/catalogue/PUB14899

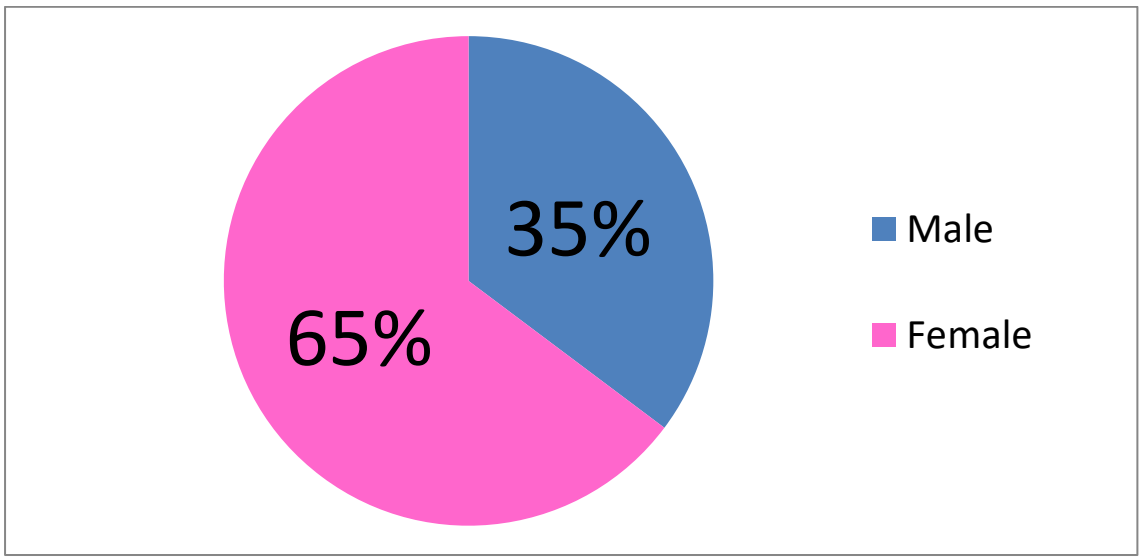
Figure 11: Age of patients at time of referral to IAPT, 2016-17



Source: Ealing IAPT

Two out of every three people (65%) referred to IAPT were female (Figure 12).

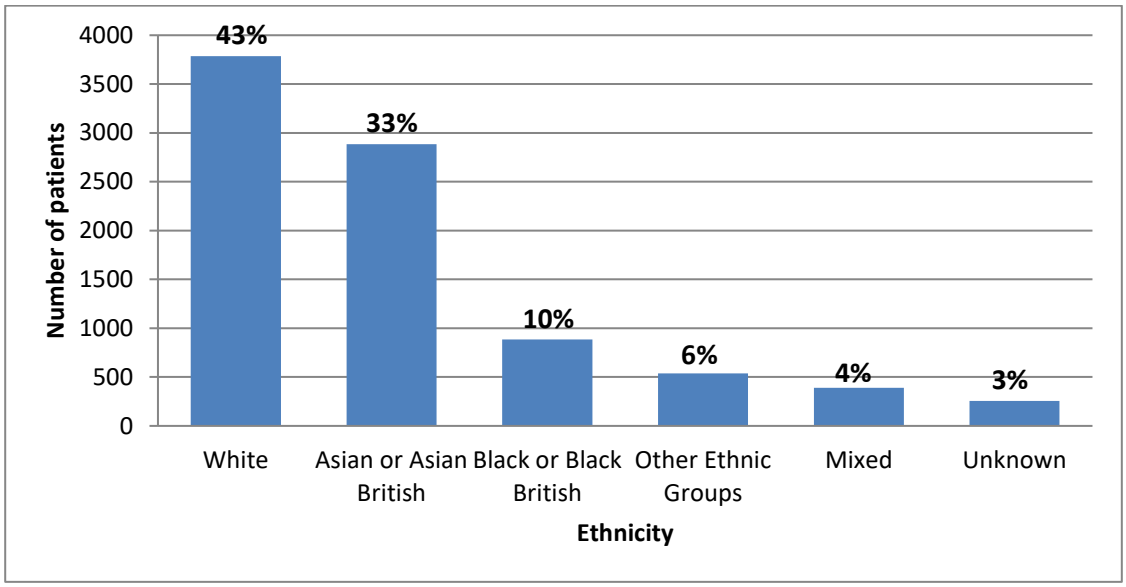
Figure 12: Gender of patients referred to IAPT, 2016-17



Source: Ealing IAPT

In Ealing, the ethnicity of people referred to IAPT is consistent with the ethnic breakdown of the population as a whole. The majority of people referred to IAPT were of White (43%) or Asian (33%) ethnic origin (Figure 13).

Figure 13: Ethnicity of patients referred to IAPT, 2016-17



Source: Ealing IAPT

5.3 Serious and long term mental health needs

Wellbeing and talking therapies are important for this group too. But sometimes more support is needed – longer term or more intensive treatment or a stay in hospital or the Recovery House.

5.3.1 Intensive, specialist mental health services

People are referred to 'secondary' mental health services provided by the West London Mental Health NHS Trust, which include community mental health services and inpatient services.

The Trust has a Single Point of Access, open 24 hours a day, seven days a week, for referrals, support and crisis response, which was launched in April 2016.

In Ealing there are two community Recovery Teams (East and West) and a Crisis Assessment and Treatment Team. The Recovery Teams are multidisciplinary teams made up of psychiatrists, social workers, community psychiatric nurses, psychologists, occupational therapists, and support workers – including two carers support workers.

These Recovery Teams are being developed through the West London Transformation to provide specialist pathways for people with psychosis, complex depression, anxiety and trauma, and personality disorder. The pathways aim to provide targeted, evidence-based treatment and support to move people through services to recovery.

The Crisis Assessment and Treatment team are able to respond quickly to support people when their needs or urgent. The team can work with people for a several

weeks, providing treatment at home. The team provide short term interventions, aiming to facilitate recovery and prevent admission to hospital.

There are a range of hospital inpatient units in Ealing, specialising in acute mental health needs, dementia, specialist rehabilitation and support for recovery and discharge. People from Ealing are also admitted to wards in other boroughs where West London Mental Health Trust provides services (Hounslow and Hammersmith and Fulham)

- Other specialist services available are:
    - Early Intervention in Psychosis
    - Forensic Outreach
    - Approved Mental Health Practitioner Service (qualified to implement the Mental Health Act)
    - Eating disorder service

In 2016/17 there were 30,785 Ealing resident Recovery Team activities recorded, the majority (96%) at Ealing services and 4% were out borough. The Ealing Recovery Team caseload was 3930 patients.

The CATT (Crisis Assessment and Treatment Team) caseload in 2016/17 (financial year) was 474 (113 Tier 1, 40 Tier 2 and 321 unspecified). CATT activity was recorded at 17,765 overall.

The Ealing resident Inpatient caseload in 2016/17 was 575. Impatient activity of Ealing residents was recorded as 37,735; 43% (12,398) of these were with Ealing providers (Ealing Discovery Male Recovery Ward, Ealing Hope Female Assessment Ward, Ealing Horizon Male Assessment Ward, Ealing Mott House and OPS Jubilee Ward) and 57% were with out of borough providers.

Ealing has a Recovery House with 17 rooms. Most of these are for short term crisis support, avoiding hospital admission, or helping timely discharge. A small number of rooms are for people who need a longer stay. The staff team work alongside the Ealing Crisis Assessment and Treatment team, and the House takes referrals from all three boroughs where West London Mental Health Trust is the main provider. The Recovery House is subcontracted to a voluntary sector organisation by the Trust.

5.3.2 Smoking

The relevance of smoking to mental and physical health was outlined above under ‘risk factors’. People with serious and long term mental health needs are particularly at risk in terms of tobacco use. To address this, West London Mental Health NHS Trust went smoke free in January in line with NICE PH48 and NHS Taskforce recommendation[34,35]. There is a specialist smoking cessation advisor within community, in-patient and forensic service in Ealing to support people with tobacco management.

[34] National Institute for Health and Clinical Excellence (2013) Smoking Cessation in secondary care: acute, maternity and mental health services. NICE guideline PH48

[35] The Five Year Forward View For Mental Health. A report from the independent Mental Health Taskforce to the NHS in England, February 2016.

The target nationally is that smoking among people with a mental health condition declines to be less than 5% by 2035, with an interim target of 35% by 2020, as recommended and endorsed by 27 health and mental health organisations. A report by Action on Smoking and Health (ASH)[36], the Stolen Years published in April 2016 recommends how smoking rates for people with a mental health condition could be dramatically reduced.

The voluntary and community sector works, too, with people with serious and long term mental health problems, providing a range of different support such as gardening projects, financial and debt advice, social networks, recovery groups, volunteering, training, activities and support getting work and housing.

It is important to note here that many people who have hazardous use of substances also have mental health needs, and may come into contact with both service areas. Substance use services are commissioned by Public Health and run by Recovery Intervention Services Ealing (RISE) through the Central and North West London NHS Foundation Trust. This includes social workers from Ealing. There is more about these services in the relevant chapter of this JSNA.

5.3.3 Ealing Primary Care Mental Health Service

This service was established to support people moving from Secondary Mental Health services to Primary Care, as part of the West London Transformation described earlier in this chapter.

Its objectives are to:

Support patients being discharged from secondary care where indicated, ensuring continued recovery and reintegration in to the local community

Prevent patients being referred into secondary care by offering an early intervention with a focus on prevention and ‘stay well plans’

Offer advice and training through case discussion or mental health related training sessions to other professionals working in primary care and in communities.

5.3.4 Accommodation

Having a stable place to live is central to mental health, and people with serious and long term mental health needs often experience difficulties and finding and keeping suitable accommodation. Where people are already known to mental health services prevention is the focus of intervention.

This area works effectively in Ealing through close partnership working between Community Safety and Housing, multidisciplinary integrated community mental health services and the police. Information is shared appropriately so that the right people are alerted when a person appears to be approaching crisis, allowing timely

[36] The Stolen Years – the Mental Health and Smoking Action report (2016)

intervention to prevent the crisis getting worse and to provide support to maintain the tenancy, or find alternative supported accommodation if needed.

This has been facilitated through a post funded by the Mayor's Office (2015 – 2017 and now ongoing) and since this approach has been adopted there has been a significant decrease in evictions where the person is known to mental health services.

People living with mental health problems may need support with their accommodation, and the right level of support can prevent tenancies breaking down and resulting homelessness.

At August 2016, Ealing had 134 people with mental health problems living in either a residential care or nursing home and 180 in Supported Living. These are only those people who have been assessed as eligible for accommodation-based support services from Adult Social Care or eligible for Section 117 Aftercare arrangements under the Mental Health Act. A further eight people were supported in B&B accommodation as a result of not having recourse to public funds.

There were also 60 people who live in their own home with extra support through the council's Adult Support team, and there were more people again managing with a package of care and/or with the support of family and friends.

There is a range of different accommodation and different levels of support available. Ideally people will follow a pathway, meeting their changing needs, and leading to an optimum level of independence and the opportunity to manage any care and support needs they have.

Ealing Council also agreed a small quota of general housing options for mental health, allowing people to move out of supported accommodation altogether and freeing more places for others.

As well as supported accommodation there are other planned solutions, such as Sheltered Housing if the person is over 55 and known to mental health services, housing-related support to help with staying at home, or accessing private rented accommodation.

The Specialist Support Team at Ealing Council can support people who have housing related support needs into appropriate low supported accommodation.

Ealing has strong Voluntary and Community sector services supporting people with accommodation needs or housing-related support needs, as well as help prevent homelessness, including St Mungos who provide emergency hostel accommodation, housing and support as well as projects to both prevent people becoming homeless and to help them recover and rebuild their lives.

5.3.5 Employment and learning

The West London Mental Health Trust provides a Recovery Hub which consists of a Recovery College and a Vocational Service, both available to people who have serious and long term mental health needs. The Recovery College offers learning

opportunities ranging from courses for people to better understand their condition and how to manage their own mental health, sessions to improve IT skills, to Mindfulness groups. The Vocational Service provides individual support to people who want to return to work or education and is working towards compliance with the evidence-based 'Individual Placement and Support' model.

The voluntary and community sector provides a range of support which helps people access opportunities for employment, volunteering, education and taking part in leisure activities, including Services such as CAPE (Community Activity Project Ealing) supporting people in finding work and volunteering opportunities, and Solace, where peer support promotes social inclusion.

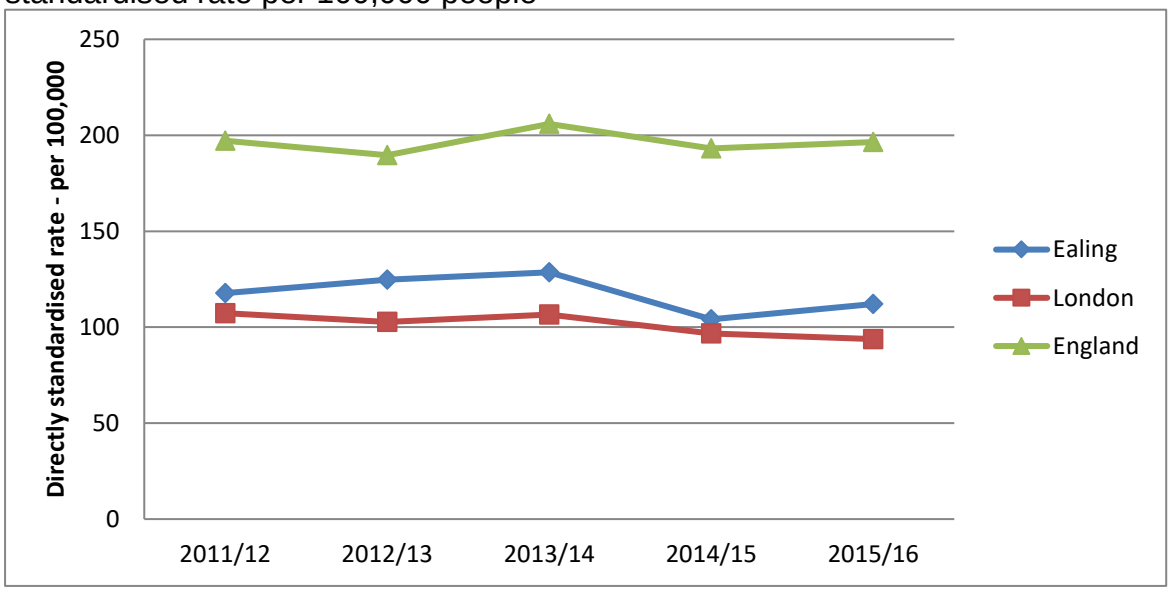
Ealing Centre for Independent Living (ECIL) are piloting an employment support service working alongside CAPE to include people with serious and long term mental health needs and autism. The volunteer centre runs a project to support people with long term conditions, relating to either physical or mental health, in gaining opportunities to volunteer and build confidence to find paid employment

6 Suicide and self-harm

Suicide and self-harm are not necessarily directly related to diagnosed mental health problems, and are therefore described here as a separate section examining what information is available and what is being done to improve.

The rate of emergency hospital admissions for intentional self-harm is significantly lower in Ealing compared with England, but higher than in London (Figure 14).

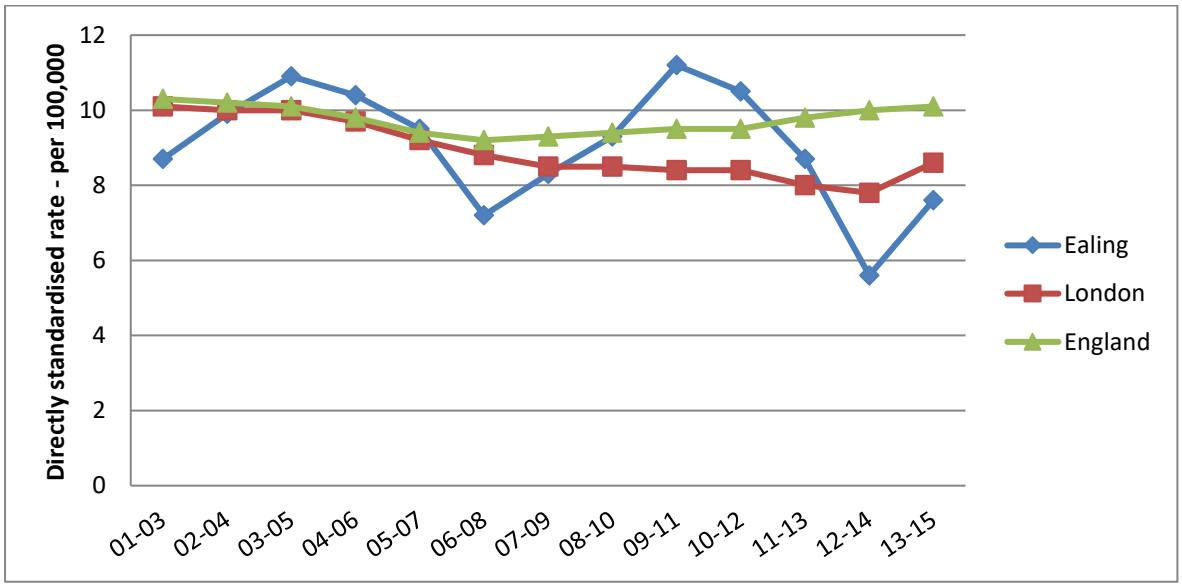
Figure 13: Emergency hospital admissions for intentional self-harm: directly age-sex standardised rate per 100,000 people



Source: Public Health Outcomes Framework, 2.10ii

In the period 2013-15, there were 65 suicides in Ealing, 54 of which were males. This is a substantial increase from the previous period and goes against the downward trend of previous years. The mortality rate from suicide and injury of undetermined intent increased by 2% (to 7.6%) in 2013-15, the first increase in rate in Ealing since 2009-11 (Figure 14).

Figure 14: Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2001- 03 to 2013-15



Source: Public Health Outcomes Framework 4.10, data from HSCIC

7 Carers – families, friends, neighbours

The importance of carers in support and care and in developing appropriate services is recognised in Ealing. Carers are involved in the development and running of mental health services.

Carers need their own support and can have their needs assessed by the Council, under the Care Act 2014. There are voluntary and community organisations which host support groups, information and advice for carers and a dedicated Carers Service for all care groups. Secondary Mental Health services employ Carers Support workers, and there is training available for carers. Ealing Mental Health Carers Support Group meets monthly

There is a commitment in Ealing Council and Clinical Commissioning Group, as well as within the West London Mental Health NHS Trust, to the 'Triangle of Care', an approach to engagement between professionals and carers, which recognises the contribution made by everyone, addresses issues of confidentiality and information-sharing, and ensures that carers are offered the right support for themselves. The six principles of this approach are:

1) Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
2) Staff are 'carer aware' and trained in carer engagement strategies.
3) Policy and practice protocols re: confidentiality and sharing information are in place.
4) Defined post(s) responsible for carers are in place.
5) A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.
6) A range of carer support services is available.

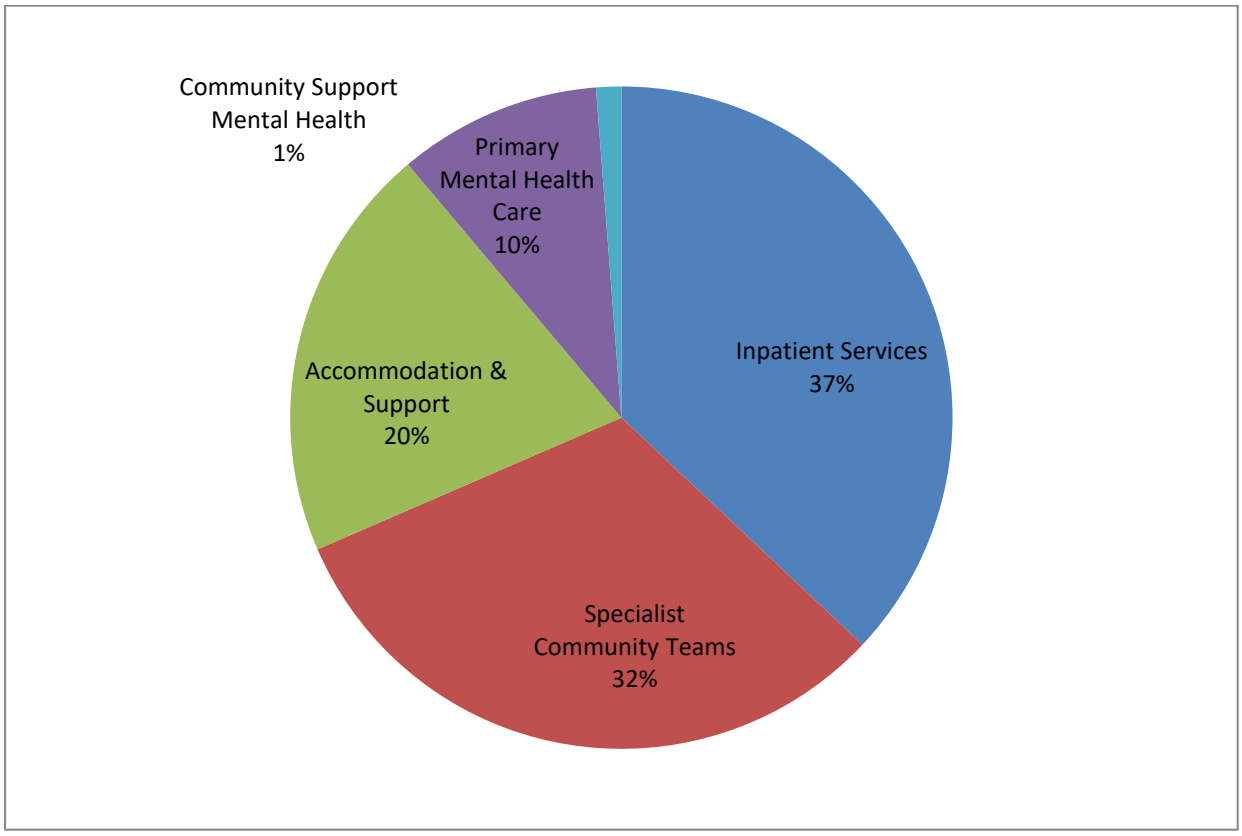
8 Spending

In Ealing the statutory authorities spend over £50 million on adult mental health services per year. The largest proportion of this comes through Ealing NHS Clinical Commissioning Group, paying for NHS mental health services in hospital and communities, GPs Out of Hospital contract, mental health community placements and continuing healthcare. The total is in the region of £38 million. The Local Authority spends £5 million on social work, carer support, supported housing, and independent advocacy. The remaining £7 million is spent jointly by the Council and the CCG, covering Supported Living, Residential and Nursing Care,[37] and community and voluntary sector services and counselling.

The pie chart below indicates the areas where the money is spent in Ealing (Figure 15). The purpose of the chart is to demonstrate the way resources are currently divided between intensive, hospital-based services, specialist community teams, primary care mental health and community and voluntary organisations.

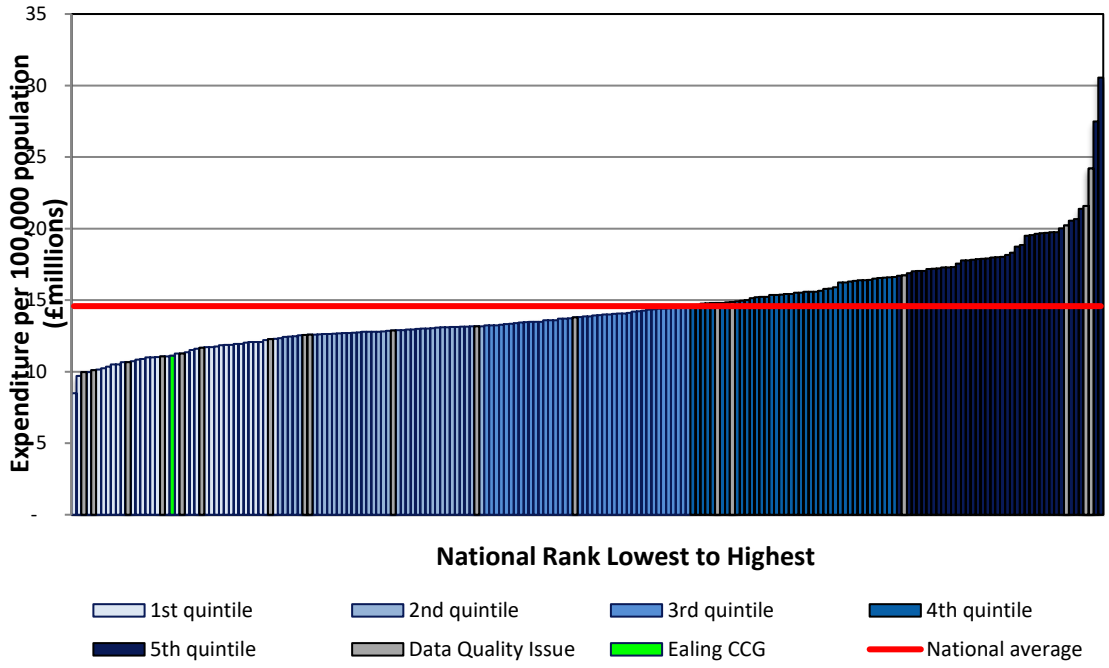
[37] Currently largely paid for through the Local Authority, but with an increasing share through the CCG

Figure 15: Adults mental health spend in Ealing, 2016-17



Source: Ealing CCG

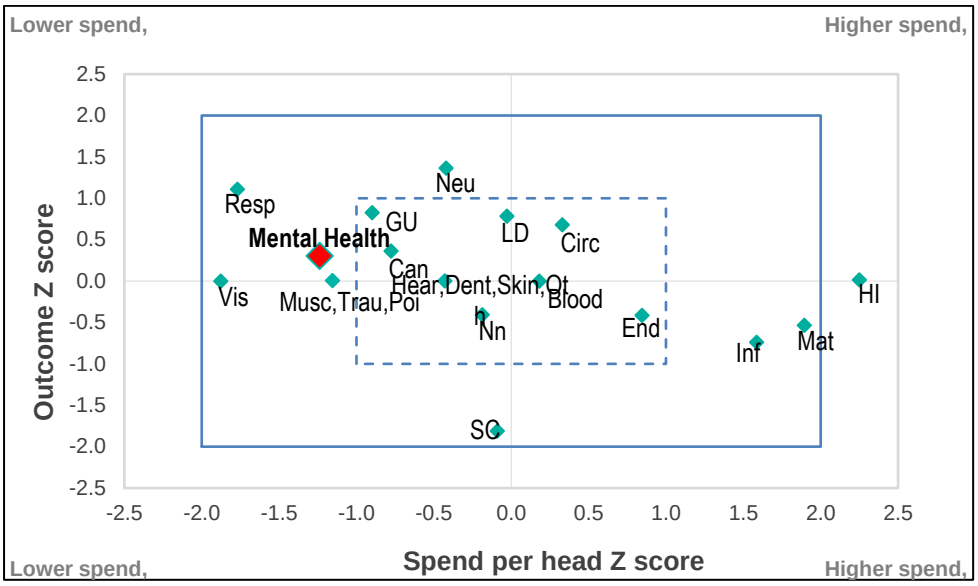
Figure 16: All CCG expenditure on mental health disorders per 100,000 population, 2013/14



Source: Programme Budgeting Benchmarking Tool, 2014

According to the Spend and Outcome Tool (SPOT, 2016), in 2015 Ealing Clinical Commissioning Group had lower than average spend and better than average outcomes for mental health when compared to other Clinical Commissioning Groups in England. In 2015 Ealing met the parity of esteem funding for mental health.

Figure 17: Spend and outcome on areas of Public Health for Ealing relative to other Clinical Commissioning Groups, 2015



Source: Spend and outcome tool 2016

9 Partnerships

Interventions in mental health rely on partnership working. Mental health needs cannot be seen in isolation from the rest of a person's life, and those who provide services should not provide these in isolation. Partnership working is well established in Ealing, and there is a commitment to build on it. Examples include:

- Working with people who use mental health services. The ambition is to work together with people who use services, their families and friends, as well as other residents of Ealing, in developing and running services.
- Working together – with Learning Disability services, Drug and Alcohol services, Dementia services, Older People's services, Physical health services, Housing Services, Safer Communities and the Police.
- Ealing Health and Wellbeing Board
- Ealing Mental Health Partnership Board. Members include Police, service users, carers, statutory and voluntary organisations.
- Ealing Talking Therapies Network
- Ealing Carers Partnership Board
- Autism Partnership Board
- Ealing Mental Health Forum

- Children's Emotional Health and Wellbeing Board.
- Learning Disability Partnership Board
- Older People and Long term conditions Partnership Board

As well as places to examine good practice and form links, these partnerships lead to joint working to address the most complex needs. For example, a Women's One Stop Shop for women with multiple needs relating to domestic abuse, mental health, substance use and sex working, has been established in Ealing. This brings together voluntary and community sector and a range of other professionals from across services to make sure that these women can access the support they need.

10 Evidence of what works

The National Institute for Health and Care Excellence (NICE)[38] has published a range of guidance on mental health and related conditions. In addition, the Joint Commissioning Panel for Mental Health has reviewed evidence based interventions which improve the mental health of populations[39] The following table shows some of the most relevant guidance and summarises what is happening in Ealing and what further work may be needed.

Table 1: evidence-based guidance

Evidence	Where from	What we do in Ealing	Further development
Promoting parental mental health and positive parenting	Joint Commissioning Panel review of current evidence on public mental health.	Perinatal support through IAPT and specialist service.	
Commissioning mental health training – awareness, support, signposting, first aid – for all frontline staff	As above	Mental Health First Aid training delivered to voluntary and community sector, including training trainers	Training for teams in statutory services (outside mental health services)
Improving physical health for people with mental health problems	As above	Developing Integrated IAPT service, bringing together physical and mental health support. Primary Care Mental Health Team links closely with GPs.	

[38] NICE guidance
[39] Joint commissioning panel for mental health. Guidance for commissioning public mental health services. http://www.jcpmh.info/wp-content/uploads/jcpmh-publicmentalhealth-guide.pdf (accessed July 2016)

		Physical health checks on admission to mental health wards.	
GP suicide prevention training	As above	None specific to Ealing but available nationally	
Reducing isolation and loneliness among older people, and encouraging exercise	As above	Ealing Council is signed up to the Loneliness Charter and is supporting a range of initiatives to challenge loneliness, e.g. World Café events	
Workplace mental wellbeing programmes and screening/early intervention for depression Debt advice Employment	As above	Healthy Workplace Charter Voluntary sector services commissioned to provide financial and benefits advice Recovery Hub, Trailblazer and Voluntary sector services	IAPT services made available to more organisations' workplaces
Early Intervention in first episode of Psychosis This guidance focuses on the importance of early treatment, and that treatment is holistic and includes family and social interventions. The guidance suggests that this should be available from age 14.	NICE:[40] Prevention and management of schizophrenia and psychosis, 2014	West London MH Trust provides Early Intervention services for adults up to the age of 35	Expanding the service to offer to younger and older people
Improving access to services through integrated delivery Promote access to the services by wider communities including socially excluded groups such as black and minority ethnic groups, older people, those in prison or in contact with the criminal justice	NICE: Common mental health disorders: Identification and pathways to care, 2011[41]	Ealing IAPT provides services for people with common mental health needs following NICE compliant practice as outlined in the guidance	In 2017 IAPT will focus on access for BAME groups. This is already good in Ealing, but it is recognised that more can be done to reach people in an earlier stage of

[40] https://www.nice.org.uk/guidance/cg178/chapter/1-recommendations
[41] NICE guidelines. Common mental health problems: identification and pathways to care https://www.nice.org.uk/guidance/CG123 (accessed July 2016)

system and ex-service personnel. Use of the stepped-care model to organise the provision of services Early identification and assessment essential.			developing mental health needs.
Covers assessment and clinical management of persistent subthreshold depressive symptoms, or mild, moderate or severe depression in adults (including people with a chronic physical health problem). The focus is that people receive the right interventions, including psychological treatments, for their level of depression and functional impairment. It also stresses the importance of early review (6-8 weeks) if the person does not respond to initial treatment offered.	NICE: Depression in adults, 2011[42]	IAPT services follow this guidance for their work with people with mild to moderate depression. For severe depression, people will receive services from their Primary Mental Health Care Team or through Recovery Teams.	Recovery teams are being developed to include a specific pathway for people with complex depression and/or anxiety, which will follow this guidance.
This quality standard outlines the level of service that people using the NHS mental health services should expect to receive. It covers improving the experience of people using adult NHS mental health services. It does not cover mental health service users using NHS services for physical health problems, or the experiences of families or carers.	NICE: Service user Experience in adult mental health, 2011[43]	All statutory mental health services are expected to adhere to this quality standard, and are monitored by the CCG through Clinical Quality Groups on a monthly basis.	Further development of supporting the ways in which carers, families and friends are involved both in care and in service improvement

11 Recommendations for commissioners

[42] NICE. Depression in adults (2011) https://www.nice.org.uk/guidance/QS8 (accessed July 2016)
[43] NICE. Service user experience in adult mental health services (2011) https://www.nice.org.uk/guidance/QS14 (accessed July 2016)

The Ealing Mental Health and Wellbeing Strategy for adults, 2017-22, identifies

- We will work together to improve mental health and wellbeing and reduce the burden of mental ill health in Ealing.
- We will work to improve people's lives and to encourage healthy communities in mind and body.
- We will work to ensure that mental health is given **Parity of Esteem** with physical health, recognising that there "**no health without mental health**"
- We will clarify and simplify the pathways for people with serious and long term mental health needs, developing a community based model which also provides appropriate support in time of crisis.
- We will work in partnership with Carers, implementing the **Triangle of Care**
- We will rebalance resources from inpatient facilities and out of area placements to local, community based support.

Within these five Outcomes have been identified for Ealing:

Outcome 1 – Emotional wellbeing and resilience

Prevention and Wellbeing for the whole population: including reducing stigma and social isolation; identifying mental health needs earlier; addressing the links between physical and mental health; suicide prevention

Outcome 2 – Common mental health needs

Better outcomes and support for people with common mental health needs: including those with long term physical health conditions; better access to primary care

Outcome 3 – Serious and long term mental health needs

New model of care for people with serious and long term mental health needs: including crisis response; community based support; primary care; early intervention; carer support.

Outcome 4

Working better together: health, social care, housing, police and communities; adults and children; substance misuse, alcohol and mental health; learning disabilities and mental health; criminal justice

Outcome 5

Reaching all our communities: geographical; age; BAME; LGBT; class. Equality of access and treatment; reducing suicide; reducing restraint; carers

For each of these five outcomes we have identified a number of work programmes and initial actions for 2017/18 which can be found in the Strategy. Further work will be required under each outcome to detail actions for the subsequent years, and these will need to be flexible to deal with changing national and local policy, and developing needs.

Appendix 1 - Mental Health and Wellbeing JSNA support pack profile for Ealing

Prevalence and Incidence

Compared with benchmark Lower Similar Higher Not Compared Low High

Benchmark Value
Lowest 25th Percentile 75th Percentile Highest

Indicator	Period	Ealing			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Estimated prevalence of mental health disorders in children and young people: % population aged 5-16	2015	–	4,772	9.4%*	9.3%*	9.2%*	7.0%		11.0%
Depression recorded incidence (QOF): % of practice register aged 18+	2015/16	–	2,973	0.9%	1.1%*	1.4%	0.7%		2.8%
Depression recorded prevalence (QOF): % of practice register aged 18+	2015/16	–	15,369	4.6%	6.0%	8.3%	4.5%		13.5%
Depression and anxiety prevalence (GP Patient Survey): % of respondents aged 18+	2015/16	–	566	10.0%	11.8%*	12.7%	8.1%		19.0%
Depression and anxiety among social care users: % of social care users	2013/14	–	-	53.8%	54.4%	52.8%	36.7%		61.2%
Long-term mental health problems (GP Patient Survey): % of respondents aged 18+	2015/16	–	185	3.5%	4.3%*	5.2%	2.0%		8.8%
New cases of psychosis: estimated incidence rate per 100,000 population aged 16-64	2011	–	87	37.2*	40.6*	24.2*	15.6		71.9
Severe mental illness recorded prevalence (QOF): % of practice register all ages	2015/16	–	4,576	1.07%	1.08%*	0.90%	0.52%		1.52%
ESA claimants for mental and behavioural disorders: rate per 1,000 working age population	2016	↑	4,870	21.3	23.0	27.5	10.1		66.8
2.12 - Percentage of adults (aged 18+) classified as overweight or obese - current method	2015/16	–	-	56.6%	-	61.3%	42.7%		73.4%

Risk factors

Compared with benchmark Lower Similar Higher Not Compared Low High

Benchmark Value
Lowest 25th Percentile 75th Percentile Highest

Indicator	Period	Ealing			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Smoking at time of delivery: % of mothers	2016/17	→	168	3.5%	4.9%	10.7%	2.3%		28.1%
Low birth weight of term babies: % of all live births	2015	→	148	3.1%	3.0%	2.8%	1.3%		4.8%
Child poverty: % of children aged 0-15 (IDACI)	2015	–	16,190	23.0%	24.4%*	19.9%	6.8%		39.3%
Excess weight in Reception year: % of children aged 4-5	2015/16	↓	955	22.6%	22.0%	22.1%	14.3%		30.1%
Excess weight in Year 6: % of children aged 10-11	2015/16	→	1,381	38.6%	38.1%	34.2%	22.9%		43.4%
Looked after children: rate per 10,000 <18 population	2015/16	–	370	45.5	50.5	60.3	21.5		163.8
Children in need due to abuse, neglect or family dysfunction: % of children in need	2015	–	1,784	61.6%	60.2%	67.3%	21.4%		90.7%
Pupils with behavioural, emotional and social support needs: % of school pupils	2014	–	861	1.52%	1.74%	1.66%	0.67%		3.23%
3 or more risky behaviours: % of 15 year olds	2014/15	–	-	7.7%	10.1%	15.9%	3.2%		23.8%
16-18 year olds not in education, employment or training: % of 16-18 year olds	2015	→	350	3.2%	3.1%	4.2%	1.5%		7.9%
First time entrants to the youth justice system: rate per 100,000 population aged 10-17	2016	↓	95	305.1	407.3	327.1	97.5		739.6
Socioeconomic deprivation: overall IMD score (2015)	2015	–	-	23.6	-	21.8	5.7		42.0
Living in 20% most deprived areas: % of population (IMD 2015)	2014	–	60,358	17.6%	22.9%*	20.2%*	0.0%		60.5%
First time offenders: rate per 100,000 population	2016	–	1,076	313.6	278.6	218.4	68.3		440.1
Re-offending levels: % of offenders	2014	→	817	24.4%	25.7%	25.4%	20.0%		35.0%
Violent crime (including sexual violence) - violence offences: rate per 1,000 population	2015/16	↑	7,634	22.3	21.8	17.2	6.7		36.7
Domestic abuse-related incidents and crimes recorded by the police - current method: rate per 1,000 population	2015/16	–	-	22.5	22.5	22.1	9.4		38.4
Domestic abuse incidents recorded by the police - historic method: rate per 1,000 population	2014/15	–	-	21.6	21.6	20.4	5.5		33.8
Crime deprivation: score	2015	–	-	0.60	-	0.01	-0.80		1.02
Long-term unemployment: rate per 1,000 working age population	2016	↓	1,154	5.0*	4.1*	3.7*	0.7		13.8
Employment deprivation: score	2015	–	-	0.109	-	0.119	0.048		0.233
Fuel poverty: % of households	2015	→	14,363	11.4%	10.1%	11.0%	6.7%		18.2%
Homelessness applications – total decisions made: rate per 1,000 households	2015/16	↑	1,413	10.9	9.1*	5.0	0.5		21.2
Statutory homelessness - households in temporary accommodation: rate per 1,000 households	2016/17	–	-	-	-	-	-	-	-
Statutory homelessness - eligible homeless people not in priority need: rate per 1,000 households	2016/17	↑	386	2.9	1.1*	0.8	0.0		9.6
Estimated prevalence of opiate and/or crack cocaine use: rate per 1,000 population aged 15-64	2011/12	–	2,583	10.9	9.6	8.4	1.9		20.8
Alcohol-related hospital admission (broad): directly standardised rate per 100,000 population	2014/15	–	3,696	1,388	1252	1258	833		2,100
2.12 - Percentage of adults (aged 18+) classified as overweight or obese - current method	2015/16	–	-	56.6%	55.2%	61.3%	42.7%		73.4%
Smoking prevalence in adults - current smokers: % of population aged 18+	2014	–	-	16.4%	17.0%	18.0%	9.8%		26.9%
Long-term health problem or disability: % of population	2011	–	47,779	14.1%	14.2%	17.6%	11.2%		25.6%
Older people living in poverty: % of population aged 60+ (IDAOPI)	2015	–	-	23.8%	-	16.2%	6.6%		49.7%
Older people living alone: % of households occupied by a single person aged 65 & over	2011	–	11,328	3.38%	3.86%	5.24%	2.29%		7.57%

Protective factors

Compared with benchmark Lower Similar Higher Not Compared Low High

Indicator	Period	Ealing			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Wellbeing in 15 year olds: mean wellbeing (WEMWBS) score age 15	2014/15	–	-	48.4	47.8	47.6	45.4		48.9
GCSEs achieved 5A*-C including English & Maths: % of pupils	2015/16	–	2,009	61.7%	61.3%	57.8%	44.8%		74.6%
Employment: % of population aged 16-64	2016/17	↑	172,600	75.3%	73.8%	74.4%	60.9%		82.4%
Enough physical activity: % of population age 19+	2015/16	–	-	61.7	64.6	64.9	53.9		73.7
Use of outdoor space for exercise/health: estimated % of population aged 16+	Mar 2015 Feb 2016	–	-	18.7%	18.0%	17.9%	5.1%		36.9%
Sports club membership: % of population aged 16+	2015/16	–	-	24.8%	-	22.0%	13.0%		32.1%
Self-reported well-being - high happiness score: % of respondents	2015/16	–	-	72.6%	74.3%	74.7%	66.0%		80.8%
Self-reported well-being - high satisfaction score: % of respondents	2015/16	–	-	79.3%	79.6%	81.2%	67.3%		88.1%
Enough social contact in adult social care users: % of adult social care users	2016/17	–	-	39.7%	41.0%	45.4%	34.5%		52.9%
Enough social contact in adult carers: % of adult carers	2016/17	–	114	36.7%	35.6%	35.5%	21.5%		55.0%

Services

Compared with benchmark Lower Similar Higher Not Compared

Indicator	Period	Ealing			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Hospital admissions as a result of self-harm (10-24 years): directly standardised rate per 100,000 population aged 10-24	2015/16	–	142	248.0	209.5	430.5	102.5		1,444.7
Hospital admissions for self-harm: standardised emergency admission ratio (all ages)	2010/11 14/15	–	-	58.2	-	100.0	30.1		284.5
Contact with mental health or learning disability services: rate per 1,000 patients on GP practice list aged 18+	2014/15	–	9,450	29.0	32.5*	38.7	20.1		83.5
Social care assessments for mental health clients: rate per 100,000 population aged 18-64	2013/14	–	1,205	537	332*	265	2		1,917
Social care mental health clients in residential or nursing care: rate per 100,000 population aged 18-64	2013/14	–	90	40.1	29.7*	31.9	0.0		108.5
Assessments for carers of adult mental health clients: rate per 100,000 population aged 18+	2013/14	–	405	154.0	65.4*	64.3	0.0		352.6
Concurrent contact with mental health services and substance misuse services for drug misuse: % of people in drug misuse treatment aged 18+	2015/16	–	221	29.2%	27.2%	22.1%	0.0%		65.0%
Concurrent contact with mental health services and substance misuse services for alcohol misuse: % of people in alcohol misuse treatment aged 18+	2015/16	–	145	30.5%	26.7%	20.8%	3.0%		66.1%
Admission to hospital for mental and behavioural disorders due to alcohol: rate per 100,000 population	2015/16	–	241	71.4	66.1	80.1	28.7		272.7

Quality and outcomes

Compared with benchmark Lower Similar Higher Not Compared Low High

Benchmark Value
Lowest 25th Percentile 75th Percentile Highest

Indicator	Period	Ealing			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Stable and appropriate accommodation: % of adults in contact with mental health services aged 18-69 (Persons)	2015/16	–	-	63.7%	73.5%	58.6%	1.6%		92.6%
Stable and appropriate accommodation: % of adults in contact with mental health services aged 18-69 (Male)	2015/16	–	-	61.9%	71.8%	57.4%	1.3%		92.1%
Stable and appropriate accommodation: % of adults in contact with mental health services aged 18-69 (Female)	2015/16	–	-	66.2%	76.1%	60.0%	0.6%		93.5%
Satisfaction with social care protection: % service users	2015/16	–	-	79.2%	81.7%	85.4%	69.4%		98.6%
Employment of people with mental illness or learning disability: % of those with a mental illness or learning disability	2016 Q4	–	-	40.8%	40.0%	43.3%	0.0%		100%
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate: percentage point difference	2015/16	–	-	64.3	68.2	67.2	53.6		78.4
Smoking in people with SMI: % of people with SMI aged 18+	2014/15	–	1,280	34.6%	38.9%*	40.5%	27.2%		52.3%
Suicide: age-standardised rate per 100,000 population (3 year average) (Persons)	2014 - 16	–	85	9.8	8.7	9.9	6.1		18.3
Suicide: age-standardised rate per 100,000 population (3 year average) (Male)	2014 - 16	–	63	14.6	13.4	15.3	8.4		27.7
Suicide: age-standardised rate per 100,000 population (3 year average) (Female)	2014 - 16	–	22	5.2	4.2	4.8	2.3		11.3
Excess under 75 mortality rate in adults with serious mental illness: ratio of observed to expected mortalities (expressed as a percentage)	2014/15	–	-	326.9	327.2	370.0	164.8		570.4

Finance

Compared with benchmark Lower Similar Higher Not Compared Low High

Indicator	Period	Ealing			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Spend (£000s) on Local Authority children and young people's services (excluding education): rate (£) per 10,000 aged 0-17	2014/15	–	62,435	£7,779	£9119	£7812	£4,636		£18,255

All data from the Mental Health and Wellbeing JSNA profile can be accessed here:

https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna