

EALING JSNA 2023

Focus on Mental Health

This Joint Strategic Needs Assessment (JSNA) aims to provide an understanding of adult mental health and wellbeing in Ealing. The methodology involved quantitative analysis of available national and local data, qualitative analysis from service users, staff and community engagement, service mapping and review of strategies and evidence base.

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1. Mental health and wellbeing: Conceptual definitions and key strategies

The World Health Organisation (WHO) describes mental health as:

Mental health is critically important for everyone, everywhere, and goes beyond the mere absence of a mental health condition. It is integral to well-being, enabling people to realize their full potential, show resilience amidst adversity, be productive across the various settings of daily life, form meaningful relationships and contribute to their communities.

Physical, psychological, social, cultural, spiritual, and other interrelated factors contribute to mental health, and there are inseparable links between mental and physical health.

Promoting and protecting mental health is also critical to a well-functioning society. It fosters social capital and solidarity, which are essential during times of crisis. (WHO, 1)

Mental Health can be conceptualised as a spectrum of mental health “from mental health problems, conditions, illnesses and disorders through to mental wellbeing or positive mental health”. (FPH, MH Foundation, 2)

Mental health problems are a growing public health concern. In order to address this in a way that really helps those affected and those around them, we need to change our approach and work not only towards parity of esteem between mental and physical health to break down stigma, but also give equal attention to the prevention of mental ill health as well as treatment.

1. Mental health and wellbeing: Conceptual definitions and key Strategies

Mental Health Continuum

Mental health is not a binary state – you are not either mentally healthy or ill. The continuum breaks from some of the ways we spoke about mental health in the past – that you either have a diagnosis or you don't. Our mental health falls on a continuum, running from a state of wellbeing, where we are meeting our physical and emotional needs well enough, to severe and enduring mental ill-health at the other end – where we are unable to meet those needs. Life stressors, bereavement, financial difficulties, physical health, and relationships can all affect our mental health at any time and move us along the scale. The continuum can help us look at where we are on the continuum at any given period of time and find the right support we need, at the right time.

ILLNESS-WELLNESS CONTINUUM

COMFORT ZONE (FALSE WELLNESS)

Disease Developing

Wellness Developing

PRE-
MATURE
DEATH

HIGH-LEVEL
WELLNESS

0 1 2 3 4 5 6 7 8 9 10

DISEASE

Multiple medications
Poor quality of life
Potential becomes limited
Body has limited function

POOR HEALTH

Symptoms
Drug therapy
Surgery
Losing normal function

NEUTRAL

No symptoms
Nutrition inconsistent
Exercise sporadic
Health not a high priority

GOOD HEALTH

Regular exercise
Good nutrition
Wellness education
Minimal nerve interference

OPTIMAL HEALTH

100% function
Continuous development
Active participation
Wellness lifestyle

Optimal
Mental
Wellness

Mild
Distress

Moderate
Distress

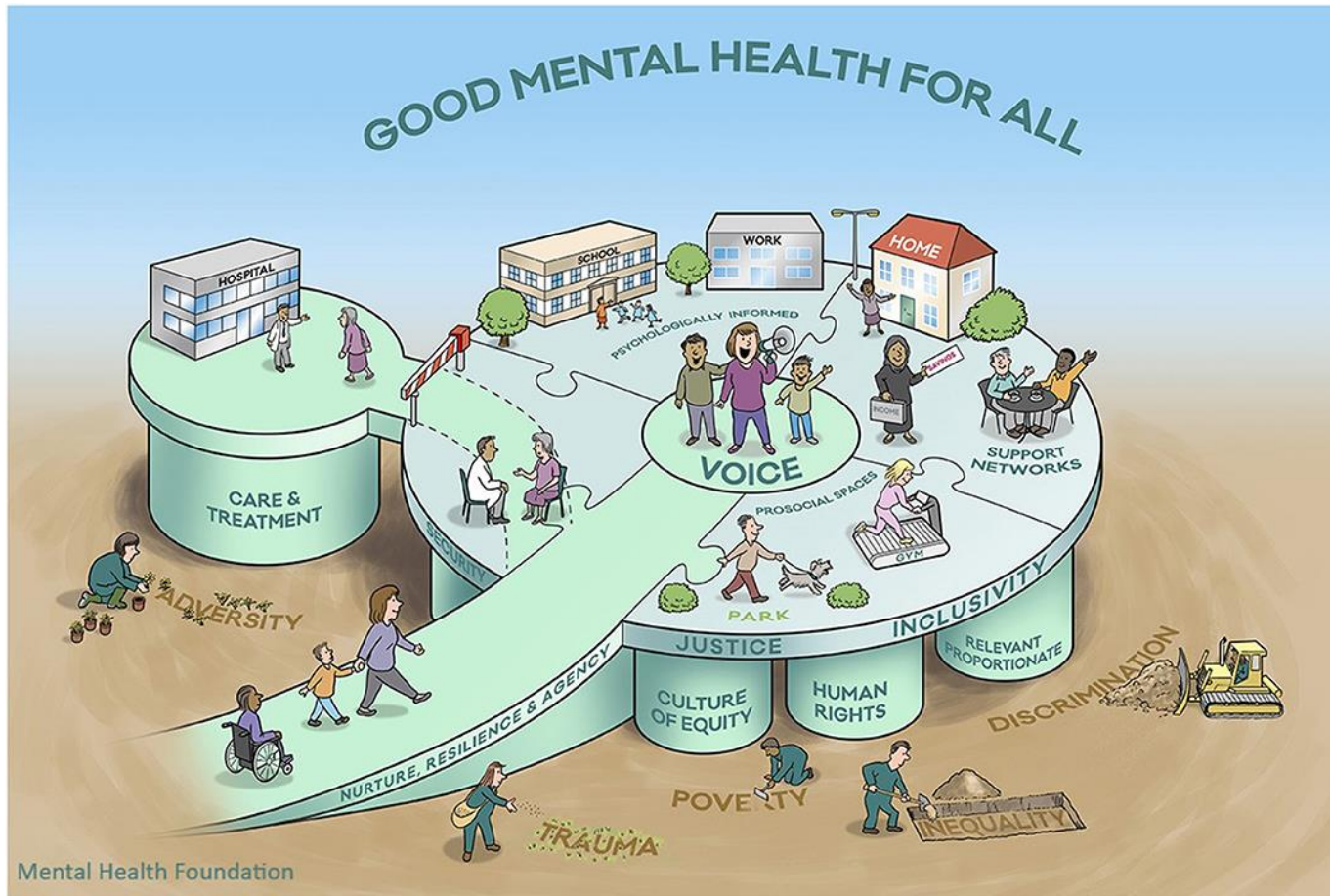
Mental
Illness

Self Care and
Social Support

Professional Counselling
and therapy

Clinical
Intervention

1. Mental health and wellbeing: Conceptual definitions and key Strategies



Mental Health and the wider determinants

In recent years, a broad social agenda of psychiatric genetic research has emerged highlighting that genes account for a minority of our emotional and behavioural development, leaving the majority determined by social and physical environmental influences. Mental health must therefore be considered a dynamic state, whereby individual psychosocial development is influenced by multiple layers of intersecting social and environmental factors (3).

[Frontiers | A Visualization of a Socio-Ecological Model for Urban Public Mental Health Approaches](https://www.frontiersin.org/articles/10.3389/fpsyg.2019.01611/full)
(frontiersin.org)

1. Mental health and wellbeing: Conceptual definitions and key Strategies

National strategies

The NHS Long Term Plan (LTP) makes a renewed commitment that mental health services will grow faster than the overall NHS budget with a ring-fenced investment worth at least £2.3 billion a year for mental health services by 2023/24.

The Prevention concordat planning resource sets out the case for action over five key areas of work. These resources aim to shape local action and mark an important turning point in moving towards a more prevention focused approach to mental health.

The Crisis Care Concordat is a national agreement that sets out how services will work together to help people experiencing a mental health crisis.

Cross Government suicide prevention Plan 2019 sets out the action across Government to reducing the incidence of suicide and supporting people to get the help they need.

Local strategies

London mayor's context

The Mayor believes that every Londoner has the right to good mental health and wellbeing. His work on mental health and wellbeing supports the delivery of his key manifesto commitments, the Health Inequalities Strategy and the health and care vision for London.

The Northwest London ICP Mental Health, Learning Disabilities and Autism (MHLDA) programme

The programme has four main work streams:

1. community Mental Health
2. crisis Care
3. children and Young People's Mental Health
4. learning Disabilities and Autism.

The priorities for the ICP mental health strategy are:

1. Community Mental Health - becoming more integrated and forward facing to align with Primary Care Networks and to bolster community assets
 - improve Access to Psychological Therapies (IAPT), particularly for those with common mental health problems such as anxiety and depression
 - improving dementia diagnosis rates and post diagnostic support as well as reducing variation in service user and carer experience
2. Crisis Care
 - promote and improve public knowledge of service provision
 - taking forward actions from the Crisis Care Concordat
 - mental health crisis is treated with the same urgency as a physical health emergency
 - improving the quality of treatment and care when in crisis will enable people to be treated with dignity and respect

Ealing's Borough based priorities

The Mental Health JSNA will inform Ealing's strategy which is to be renewed in Early 2023. The strategy will inform the priorities for the next 5 years We will incorporate the following priorities from Healthy Lives - Ealing Labour, Council plan Council plan Ealing Council and Ealing Borough Based Partnership : Northwest London ICS (nwlondonics.nhs.uk)

Healthy Lives - Ealing Labour

Establish a new community-based support network to deal with social isolation and improve mental health resilience

Council Plan

Protecting and enhancing the physical and mental health of all, supporting our older residents to enable them to remain independent and resilient and dealing with the ongoing impact of COVID-19, including:

- tackle health inequalities highlighted by COVID-19, investing £100 million in the next four years.

1. Ealing PCN Level Mental Health Profile (adults 18+) – latest data with confidence intervals (CIs*)

Primary Care Network	Number of adults with a Mental Health diagnosis registered with an Ealing GP (May 2023)	QOF (Quality Outcomes framework) depression prevalence (2021/22)	QOF prevalence Severe Mental Illness (2021/22)	Referrals to Talking Therapies – rate per 1,000 population (2021/22)	Community MH referrals – rate per 1,000 population (2021/22)	Long Term Mental Health inpatient admissions – rate per 1,000 population (2021/22)
Acton	3,634	6.8% (6.6% - 7.0%)	1.2% (1.1% - 1.2%)	22.4 (21.3 – 23.6)	39.5 (38.0 – 41.1)	1.7 (1.4 – 2.0)
Greenwell	2,031	8.7% (8.4% - 9.0%)	1.1% (1.0% - 1.2%)	26.3 (24.5 – 28.1)	41.1 (38.9 – 43.5)	1.6 (1.1 – 2.1)
NGP	3,260	6.0% (5.8% - 6.2%)	1.0% (0.9% - 1.0%)	22.4 (21.2 – 23.7)	27.4 (26.1 – 28.8)	1.0 (0.7 – 1.2)
North Southall	2,379	5.4% (5.2% - 5.6%)	1.2% (1.1% - 1.3%)	17.9 (16.7 – 19.2)	27.9 (26.3 – 29.4)	1.5 (1.2 – 1.9)
Northolt	1,942	8.5% (8.1% - 8.8%)	1.2% (1.1% - 1.3%)	25.6 (23.8 – 27.5)	32.2 (30.2 – 34.3)	1.8 (1.4 – 2.3)
South Central Ealing	2,228	7.1% (6.8% - 7.3%)	1.1% (1.0% - 1.2%)	23.0 (21.6 – 24.6)	32.5 (30.7 – 34.3)	1.1 (0.8 – 1.5)
South Southall	2,203	4.7% (4.5% - 4.9%)	0.9% (0.9% - 1.0%)	15.9 (14.8 – 17.0)	23.5 (22.2 – 24.8)	1.2 (0.9 – 1.6)
The Ealing Network	2,734	7.5% (7.2% - 7.7%)	1.2% (1.1% - 1.3%)	21.7 (20.5 – 23.1)	35.5 (33.9 – 37.2)	1.5 (1.1 – 1.8)
Ealing borough	20,411	6.6% (6.5% - 6.7%)	1.1% (1.1% - 1.2%)	21.5 (21.0 – 22.0)	32.2 (31.7 – 32.8)	1.4 (1.3 – 1.5)

*The figures in brackets are 95% confidence intervals (most commonly used); Statistically, this means that there is 95% confidence that the true value lies within this range and that when comparing two figures, if the CIs don't overlap, any difference is statistically significant.

2. Population of Ealing: Age and gender profile, deprivation and country of birth

According to the latest National Census (March 2021), Ealing is the third largest London borough in terms of population.

The population of Ealing has risen from 307,300 in 2001 to 367,100 in 2021. This is a 19.5% increase over the two decades and an 8.5% increase since the previous census in 2011. Figure 1 shows the latest population structure. Ealing has a higher proportion of males and females aged 25-49 years compared to England (40% vs 33% of population). Ealing also has a lower proportion of persons aged 55 years and above compared to national figures (17% vs 24%). However, over the last 10 years, there has been an increase of 23% in people aged 65 years and over.

Figure 2 shows the map of deprivation by quintile for lower SOAs in Ealing. The darker shades indicate areas of higher deprivation. Broadly speaking, the most deprived areas within the borough are found in the extremes of West and East, such as areas in and around Southall, Northolt and Acton.

The table in Figure 3 lists the top 10 non-UK countries of birth at the time of the latest Census, with India, Poland and Pakistan being the top three.

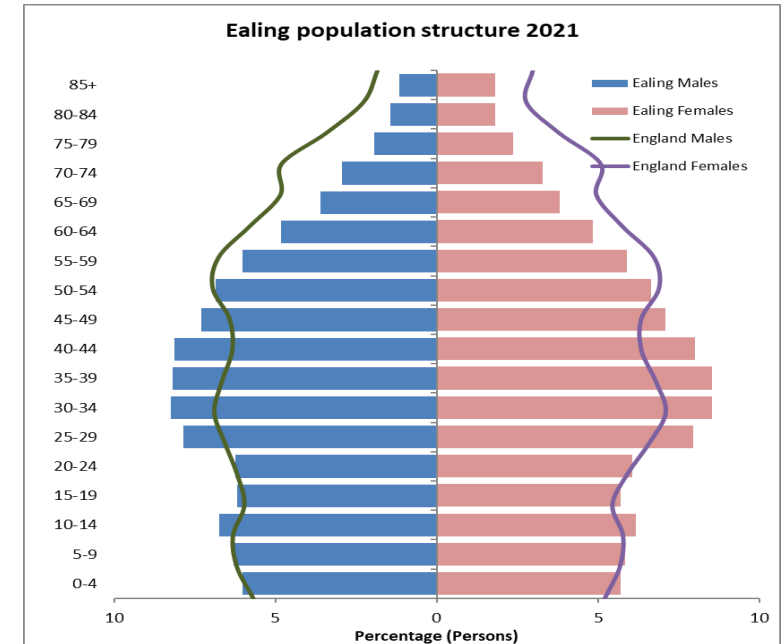


Figure 1 - National Census, ONS (2021)

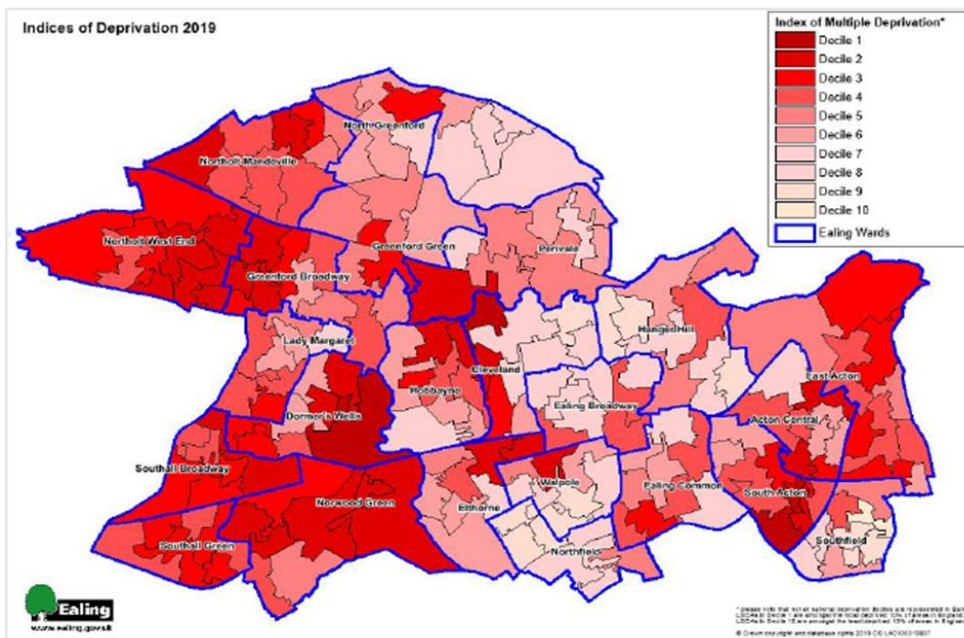


Figure 2 – Department of Communities and Local Government (DCLG), 2019

Top 10 non-UK countries of birth	2011 Census	% of population (2011)	2021 Census	% of population (2021)	Change	% Change
India	25,820	7.6%	31,819	8.7%	5,999	23%
Poland	21,507	6.4%	18,816	5.1%	-2,691	-13%
Pakistan	7,356	2.2%	7,757	2.1%	401	5%
Afghanistan	6,015	1.8%	7,006	1.9%	991	16%
Sri Lanka	6,687	2.0%	6,020	1.6%	-667	-10%
Somalia	6,468	1.9%	5,848	1.6%	-620	-10%
Ireland	7,665	2.3%	5,316	1.4%	-2,349	-31%
Italy	1,988	0.6%	5,243	1.4%	3,255	164%
Romania	1,028	0.3%	4,986	1.4%	3,958	385%
Iraq	4,290	1.3%	4,779	1.3%	489	11%

Figure 3 – National Census, ONS (2021)

2. Population of Ealing: Ethnicity, languages and proficiency in English

In 2021, 43% of Ealing residents identified their ethnic group as White and within this figure, 24% identified as: English, Welsh, Scottish, Northern Irish or British, whilst Other White group represents 16% of Ealing population (Figure 4).

The percentage of Asian or Asian British population now represents 30%, with Black or Black British accounting for 11%. 5% of Ealing residents are of Mixed ethnic heritage, whilst 11% are in 'Other' ethnic group.

7 in 10 residents (69.1%) speak English as their main language. Figure 5 shows the next top ten main languages used in the community. Around one in twenty (4.9%) of our residents speak Panjabi as their main language, followed by Polish (4.4%) and Arabic (2.5%).

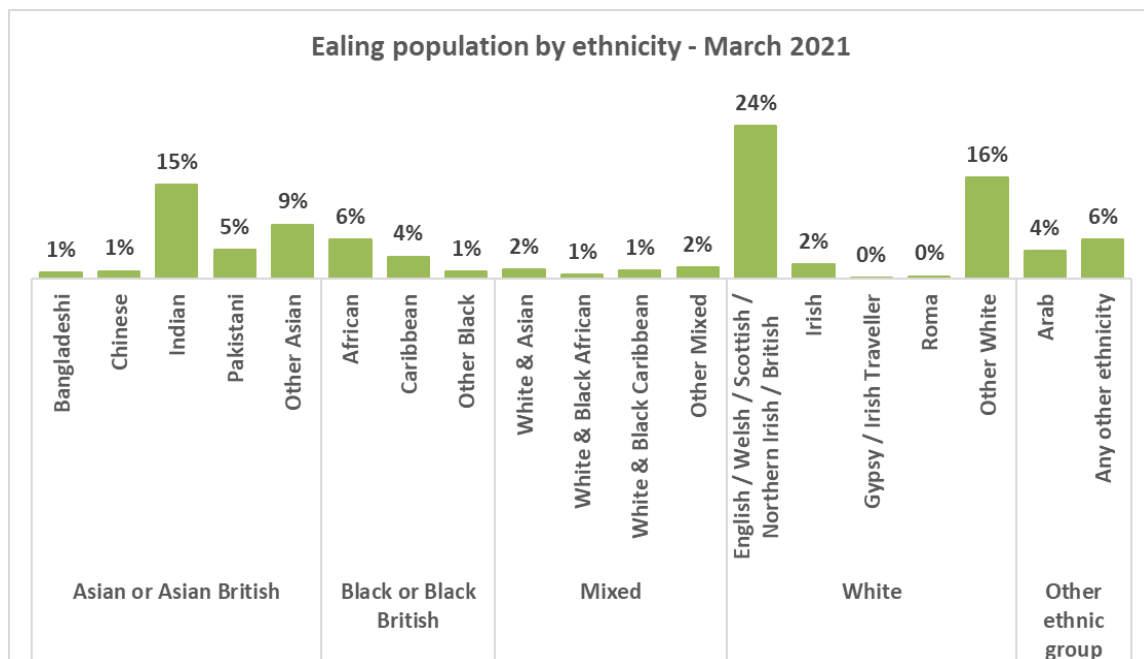


Figure 4 – National Census, ONS (2021)

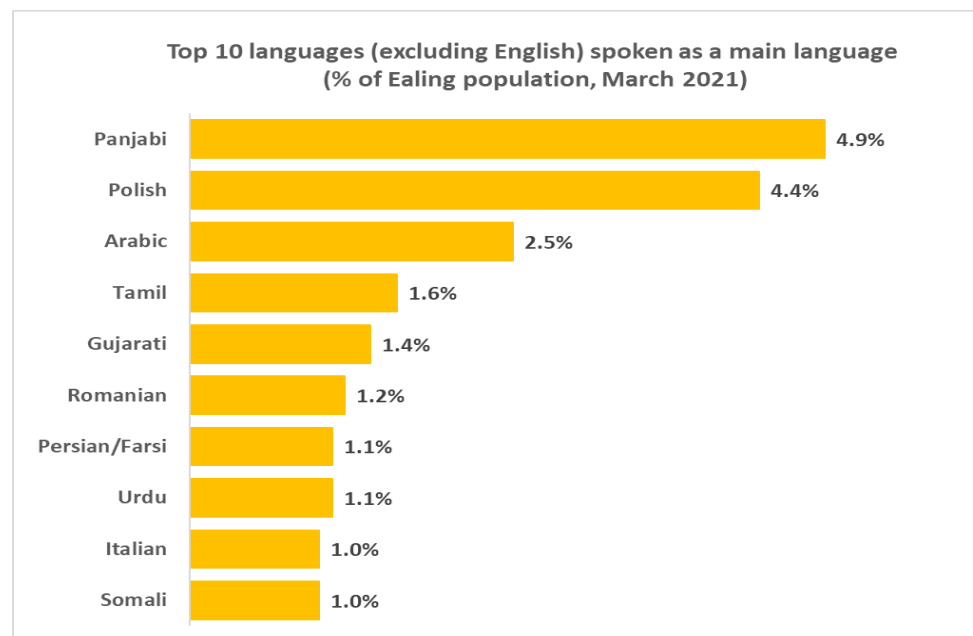


Figure 5 – National Census, ONS (2021)

Proficiency in English language	Population number	Population %
Main language is not English: Can speak English very well	45,696	41.7%
Main language is not English: Can speak English well	40,933	37.4%
Main language is not English: Cannot speak English well	19,432	17.7%
Main language is not English: Cannot speak English	3,440	3.1%
Main language is not English: Total	109,501	

Figure 6 – National Census, ONS (2021)

3. Common Mental Health Problems: Depression

Depression:

Common mental health disorders (CMDs) are described here as any type of depression or anxiety. Estimates for the rates of CMDs in Ealing were last produced in 2017, using national survey data applied to local demographics. These estimated 19.2% of Ealing's population would have a CMDs, statistically similar to London (19.3%), but statistically a little higher than England's average for 2017 (16.9%).

Data in Figure 7 from GP Practice registers might suggest Ealing has statistically lower rates of depression as compared with London and England. At 6.6%, Ealing's prevalence is the third lowest in London and second lowest in NWL, after Westminster. There has been a consistent increase in overall prevalence (Figure 8), although the rate of prescriptions for antidepressants has remained steady (Figure 9). Figure 7 also illustrates significant variation in rates of depression between PCNs in Ealing, with areas of higher deprivation in Southall showing statistically lower rates of depression. This may well relate to the variation in people presenting with depression in different communities.

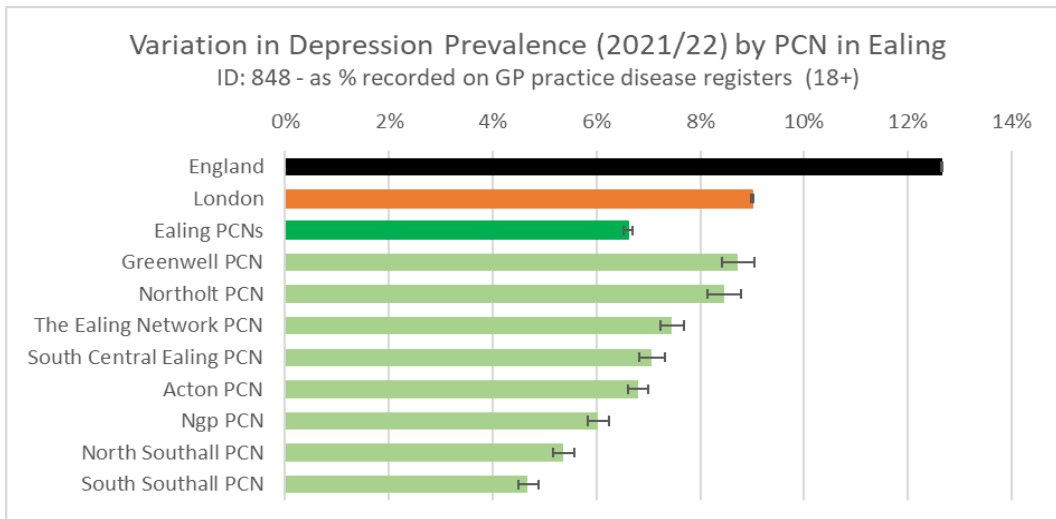


Figure 7 – Quality and Outcomes Framework (QOF), NHS Digital [1]

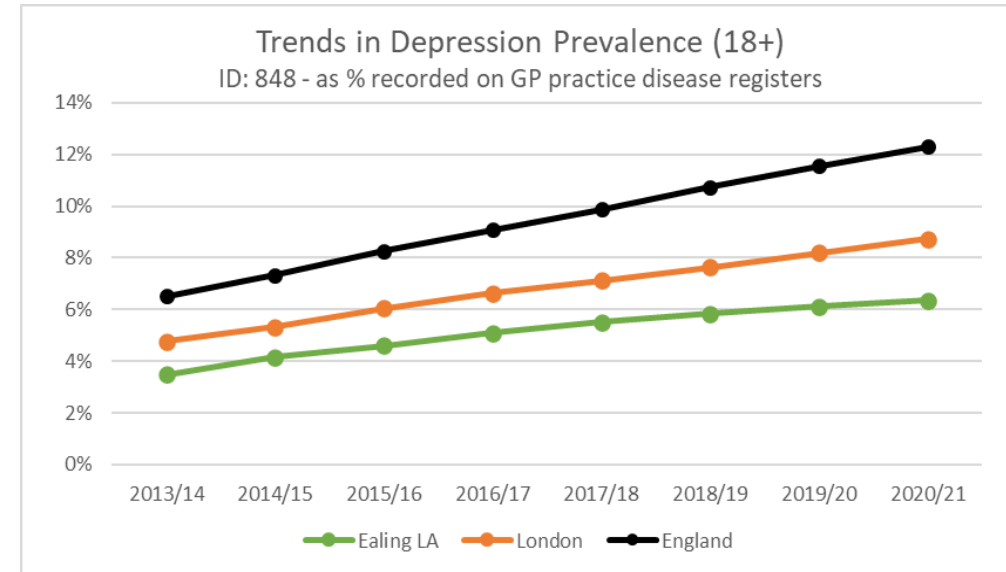


Figure 8 – Quality and Outcomes Framework (QOF), NHS Digital [1]

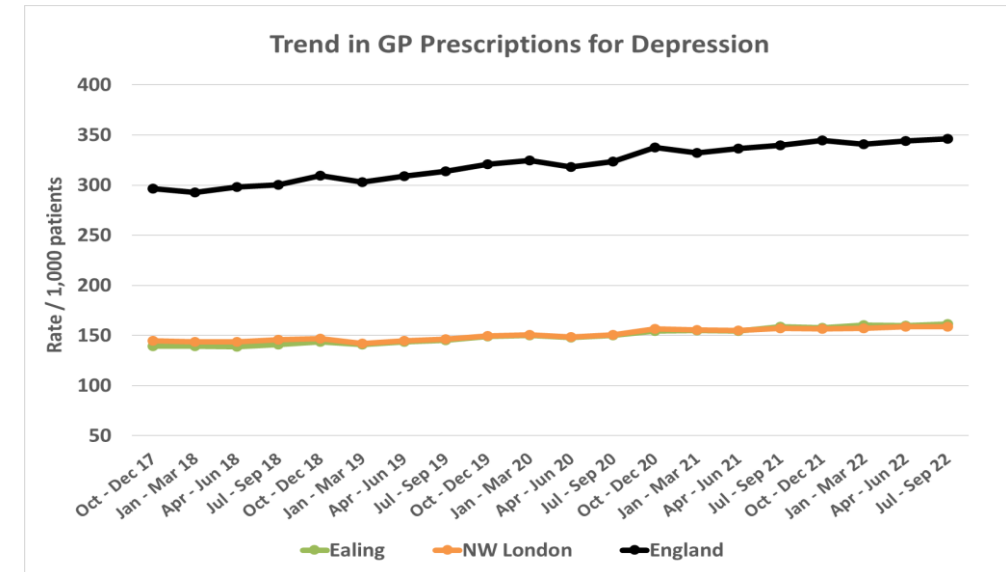


Figure 9 - Medicine Management team, NHS North West London

3. Common Mental Health Problems: Anxiety and Depression

Anxiety:

Nationally available data on the prevalence and incidence of anxiety related disorders appears more limited than for depression. Figure 10 illustrates the rates of 'anxiety and depression', based on GP survey participants feeling "moderately anxious or depressed", "severely anxious or depressed" or "extremely anxious or depressed", however these were last updated in 2017. They would suggest Ealing has below average rates of anxiety and depression compared with rates nationally (CI 95%).

Figure 11 however gives a trend of the estimated prevalence of generalized anxiety disorder in Ealing LA as compared with the London region and England. This is only an estimate 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. It is also based on socio-demographic information from the 2001 Census, which is now very out of date. Regardless, it would suggest based on Ealing's socio-demographic factors, we would expect Ealing to have higher rates of GAD than the national average.

This discrepancy between self-reported feelings of anxiety and depression and the estimated number of cases of GAD in Ealing may also be related to the under reporting of symptoms from Ealing's diverse population.

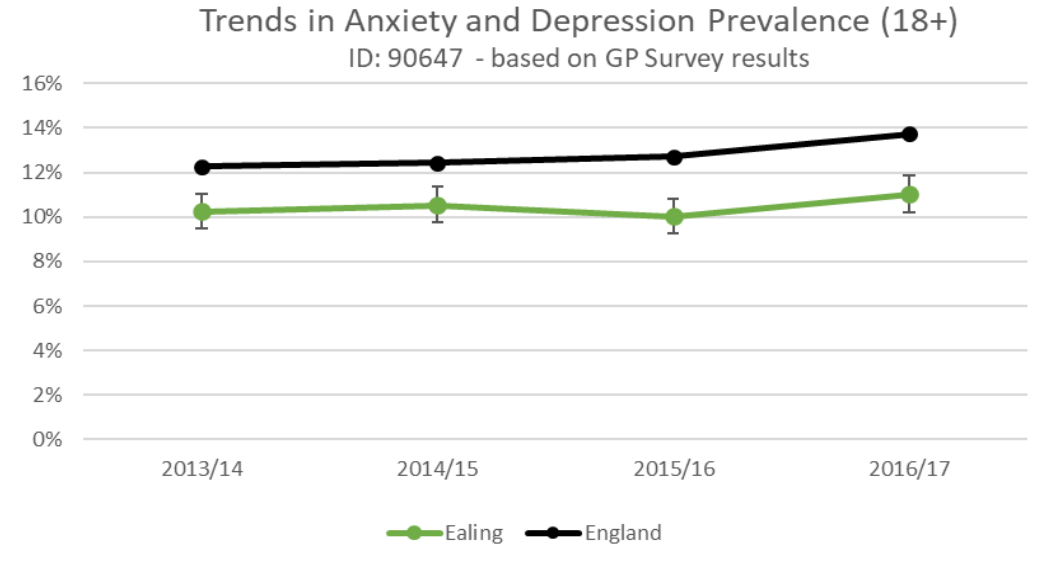


Figure 10 – GP Patient Survey (NHS England) [1]

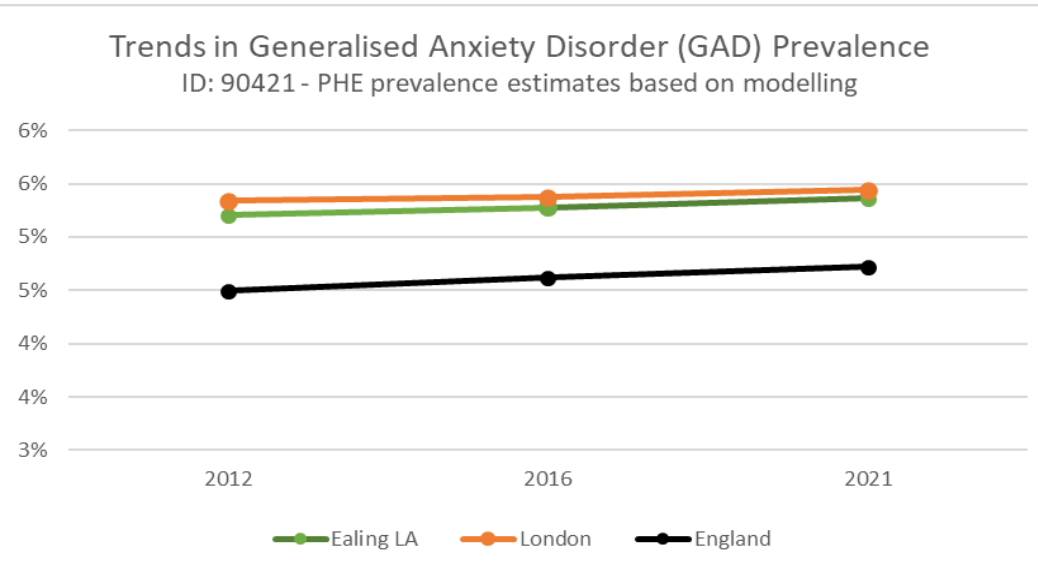


Figure 11 – PHE Prevalence estimates and ONS Population estimates [1]

3. Common Mental Health Problems – Talking Therapies Referrals

Talking Therapies Service and referrals

Talking Therapies (previously IAPT) is an NHS initiative that provides therapies such as CBT, for common mental health problems like anxiety and depression [3]. National target require 50% of those who complete treatment to be moving to recovery. In September 2019 Ealing was at 51%, compared with 51.9% in England [1].

In Sep 2019, England's estimated proportion of those with anxiety and depression attending Talking Therapies was 18.3% and Ealing's 13.9%, the lowest in NWL (Figure 12). In March 2021, NHSE Increased their target to reach 25% of those with anxiety and depression with Talking Therapies [3].

Both South Southall and North Southall PCNs have statistically significantly lower Talking Therapies referral rates than the Ealing average (Figure 13).

NHSE have a target for 75% for receiving treatment within 6 weeks. Ealing's Talking Therapies team have consistently been above 95%. Figure 14 shows the sharp dip in referral numbers during the first COVID lockdown.

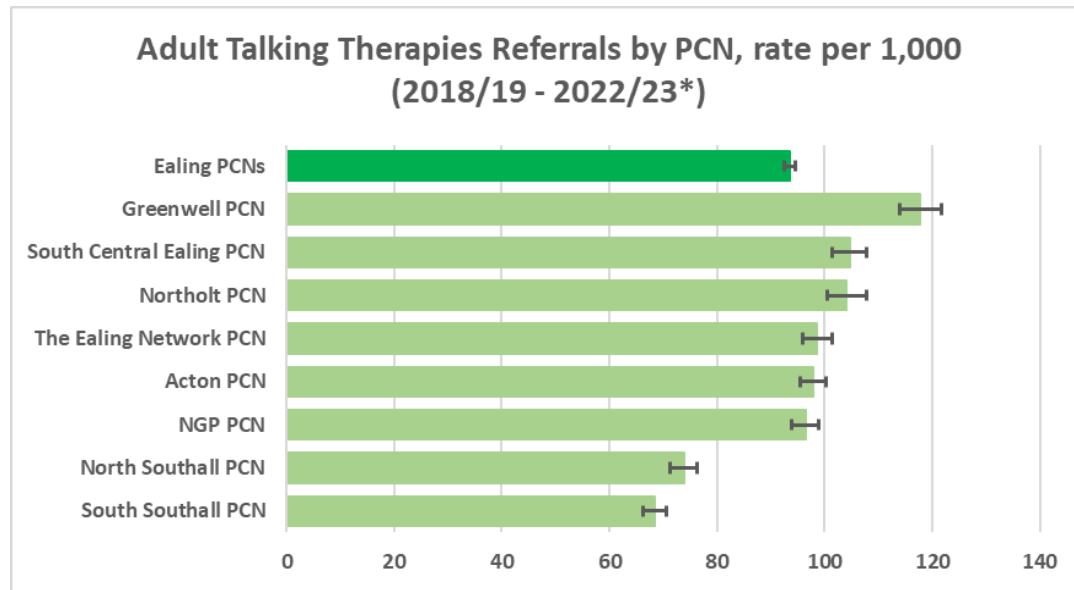


Figure 13 – WLMHT, * data available up to 31st Dec 2022 only;

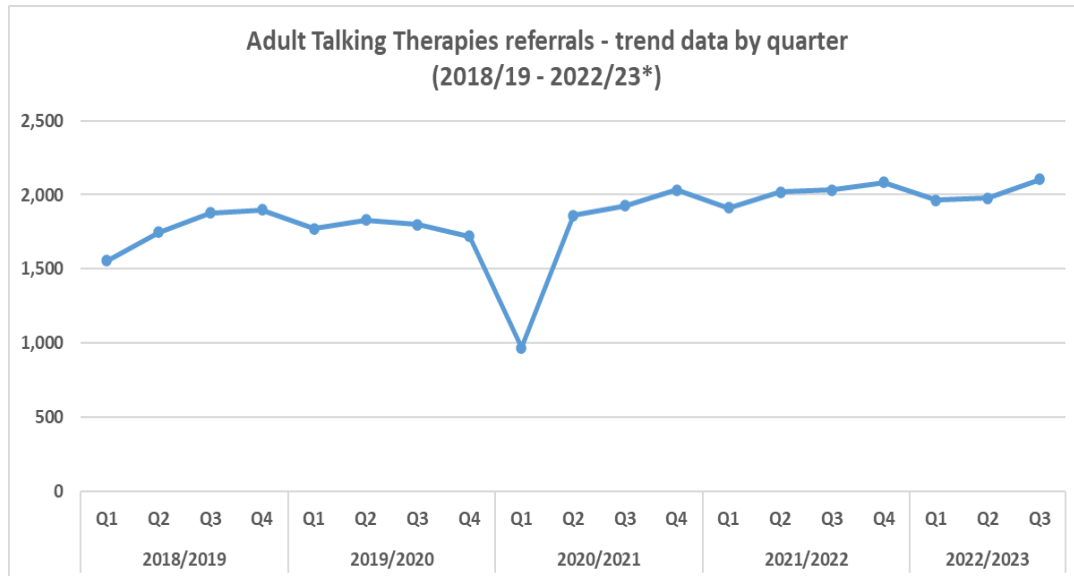


Figure 14 – WLMHT, * data available up to 31st Dec 2022 only;

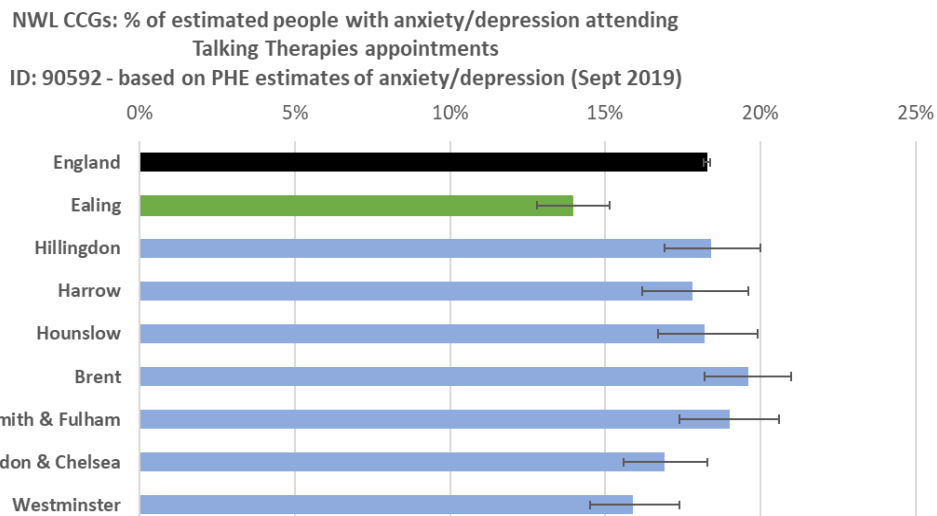


Figure 12 – Talking Therapies [1]

3. Common Mental Health Problems – Talking Therapies Attended Appointments

Talking Therapies data demographics and attended appointments

Over the last 5-year period, Black/Black British patients and those of Mixed ethnicity and Other ethnic heritage had higher Talking Therapies referrals and attended appointments ratios in comparison to the overall population of the same ethnic groups in Ealing (Figure 15).

Over this period, 50% of both referrals and attended appointments were for patients aged 25-44 years of age, with 19% of all referrals and 17% of all attended appointments for those in the 18-24 age group.

65% of all Talking Therapies referrals and attended appointments were for females (vs 51% of Ealing population). Both young Black men and young Black women in particular, aged 18-24, have a higher ratio of referrals and attended appointments than it would be expected from the ratio of this ethnic group within Ealing population.

Both South Southall and North Southall PCNs have statistically significantly lower Talking Therapies rates for attended appointments compared to Ealing average (Figure 16). The trend data shows a rise in the number of attended appointments since 2018/19.

Ealing population ratio vs Talking Therapies adult referrals and attended appointments ratio by ethnic group (2018/19 - 2022/23*)

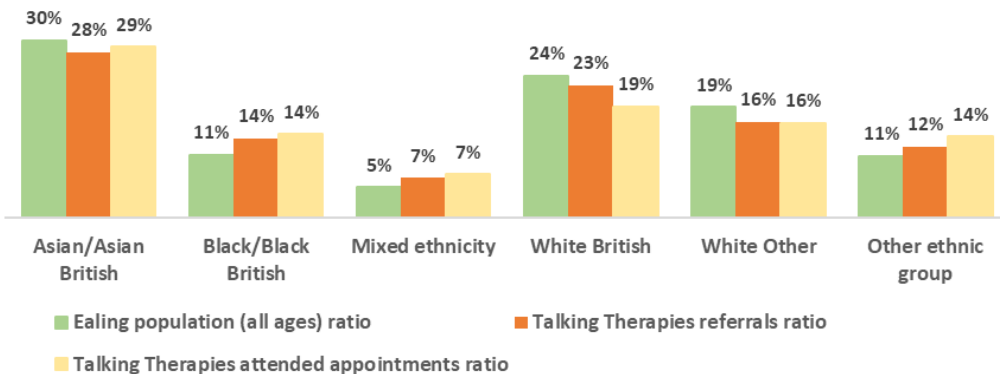


Figure 15 – WLMHT, * data available up to 31st Dec 2022 only;

Talking Therapies attended appointments by PCN, rate per 1,000 (2018/19 - 2022/23*)

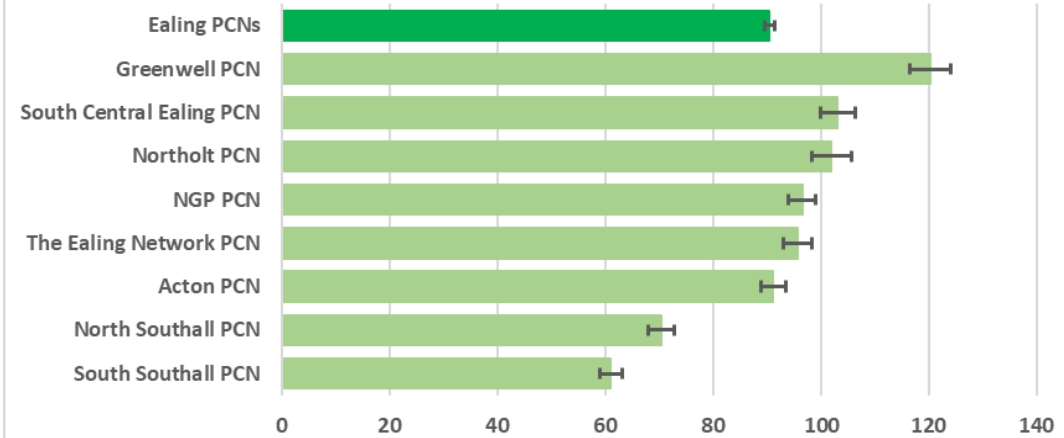


Figure 16 – WLMHT, * data available up to 31st Dec 2022 only;

Talking Therapies attended appointments - trend data by quarter (2018/19 - 2022/23*)

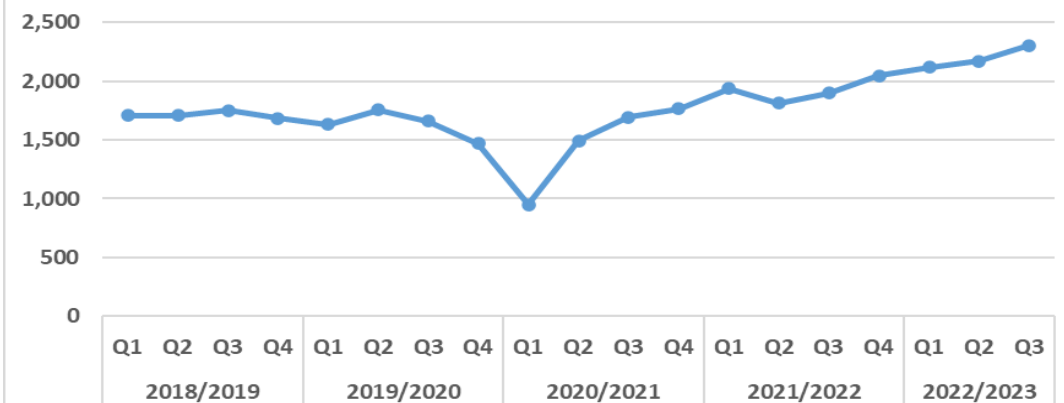


Figure 17 – WLMHT, * data available up to 31st Dec 2022 only;

Population on GP Mental Health register and projections

Figure 19 gives Ealing's projections for people aged 18-64 with common mental health disorders over the next 20 years. This would suggest there would be a slight decrease over time, following the drop in working age population. However, it is important to note this is based on ONS 2020 projections and on the socio-demographics of the population without taking into the account major external factors such as the COVID-19 Pandemic or the 2022 cost of living crisis. Figure 20 also illustrates the proportion of people with two or more psychiatric disorders, as compared with one common mental health disorder.

Patients on GP Mental Health register (18+), by home postcode and area - Dec 2022

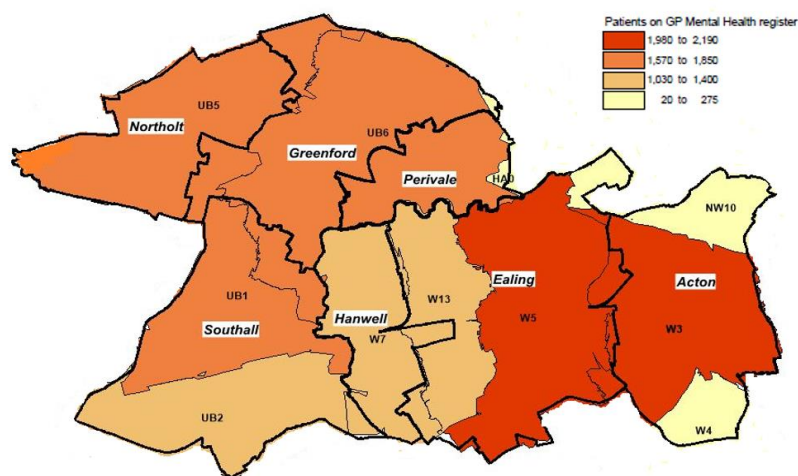


Figure 18 - WLMHT (map produced by Ealing Strategic Intelligence & Performance Team)

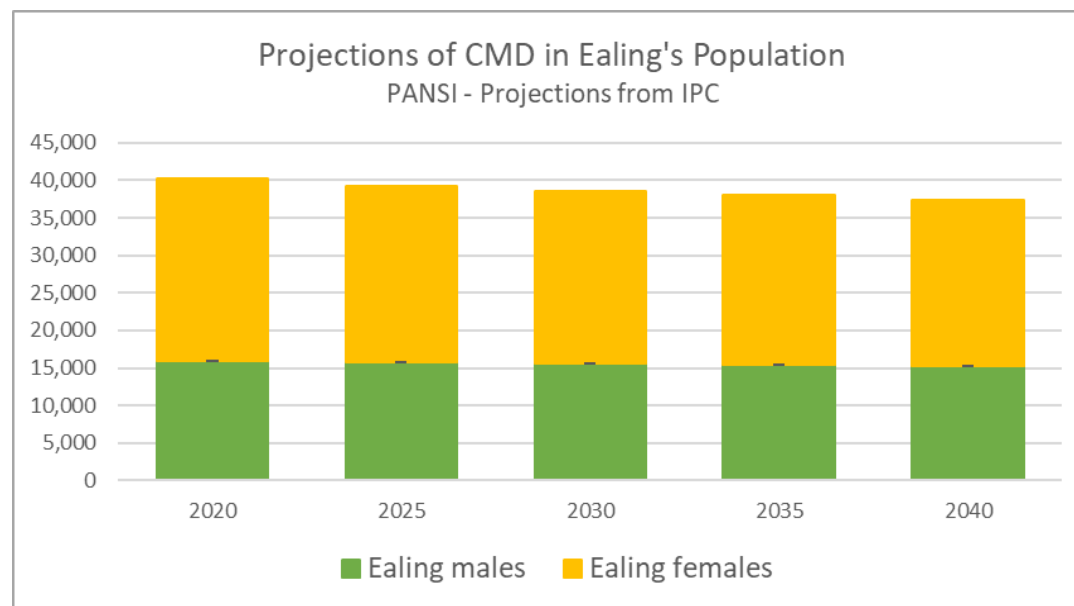


Figure 19 – IPC PANSI Database [2]

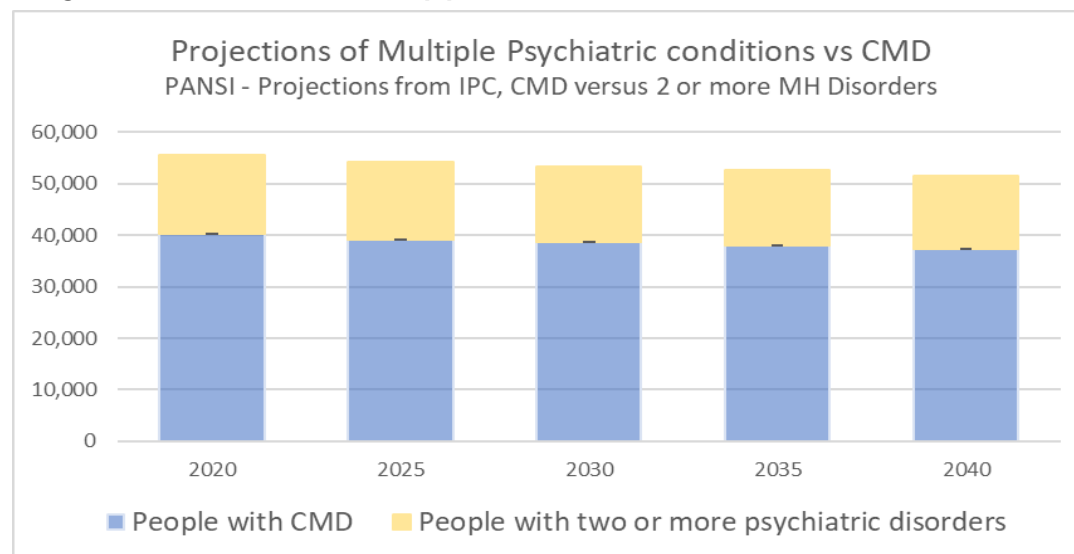


Figure 20 – IPC PANSI Database [2]

3. Common Mental Health Problems: Summary of the key points for Ealing

- the 2017 estimated population of Ealing with a common mental disorder is (19.2%), statistically similar to London (19.3%), but a little higher than England's average (16.9%)
- the estimated prevalence for depressions is lower for Ealing (6.6%) as compared to London and England, however the year-on-year trend for prevalence is increasing
- the rates of depression prevalence by PCN are lowest in some of Ealing areas with highest deprivation – these PCNs are: South Southall, North Southall, NGP and Acton
- in 2019 in Ealing, those attending Talking Therapies with anxiety and or depression accounted for 13.9%, compared to England's figure of 18.3%; Ealing's proportion was the lowest in NWL
- both South Southall and North Southall PCNs have statistically significantly lower Talking Therapies referral rates than the Ealing average
- the number of referrals to Talking Therapies have seen an increase from approximately 1,500 in Q1 of 2018/19 to approximately 2,100 in Q3 of 2022/23
- over the last 5-year period, Black/Black British patients and those of Mixed ethnicity and other ethnic heritage had higher Talking Therapies referrals and attended appointments ratios in comparison to the overall population of the same ethnic groups in Ealing
- over the last 5-year period, 50% of both referrals and attended appointments were for patients aged 25-44 years of age, with 19% of all referrals and 17% of all attended appointments for those in the 18-24 age group
- Ealing and Acton towns have the highest number of adults on the GP mental health register living in the borough

3. Common Mental Health Problems: Recommendations for Ealing

- explore reasons for low depression prevalence in Primary care, particularly in areas where there is high levels of deprivation and diversity
- talking therapies services and Primary care to collaborate on improving uptake and access to Talking therapies in areas where there is low uptake, including ensuring that their services are culturally competent
- talking therapies service to conduct a deep dive in to review access and equity of their services and make recommendations for service improvement
- explore and understand the reasons why there are low number on GP mental health registers, can this be attributed to the stigma, language and other complexities that the diverse community of Ealing
- to explore read coding in practices with low prevalence of depression and or anxiety with practices
- to review universal and targeted preventative service and support to make recommendations for improvements in Ealing to ensure that these services and campaigns are culturally sensitive
- consider developing culturally competent campaign for example five ways to wellbeing and stress management

4. Long Term Mental Health Conditions: Psychosis

Psychosis:

Serious mental illness (SMI) and or Long Term Mental Health conditions is defined as schizophrenia, bipolar affective disorder and other psychoses. Risk factors for schizophrenia include a family history, hostile family environments, social isolation and migration, and has a higher rate amongst black and ethnic minority groups in the UK [5], [6].

Figure 22 shows Ealing has a significantly higher proportion of patients on a GP register recorded as having psychosis compared with England, and similar to the rest of London. This has slightly increased since 2013, though this could represent increased diagnosis rather than disease. Interestingly, figure 21 would suggest there are more prescriptions for anti-psychotics in Ealing than in NW London, but this is still lower than the national rate.

Figure 23 shows the variation in diagnoses of psychosis by PCN in Ealing, with the Ealing Network in the east of the borough having the highest rates.

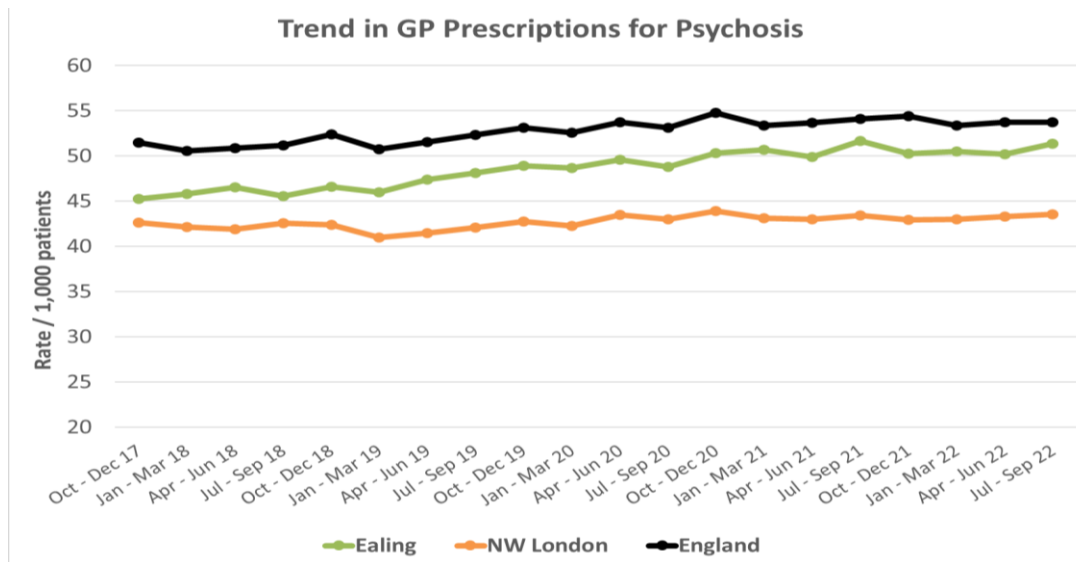


Figure 21 – Medicine Management team, NHS North West London

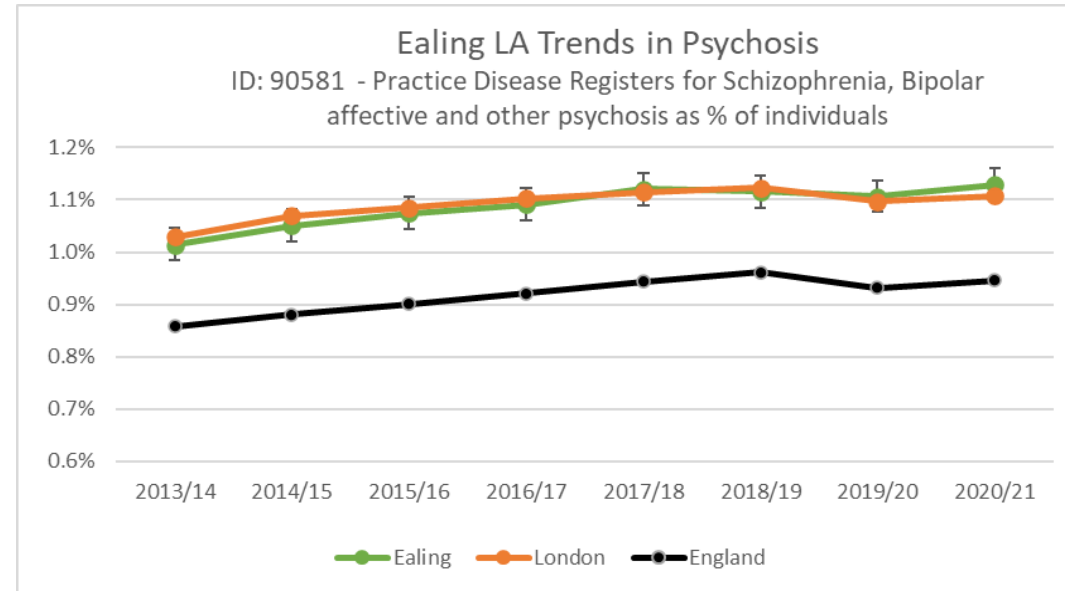


Figure 22 - Quality and Outcomes Framework (QOF), NHS Digital– [1]

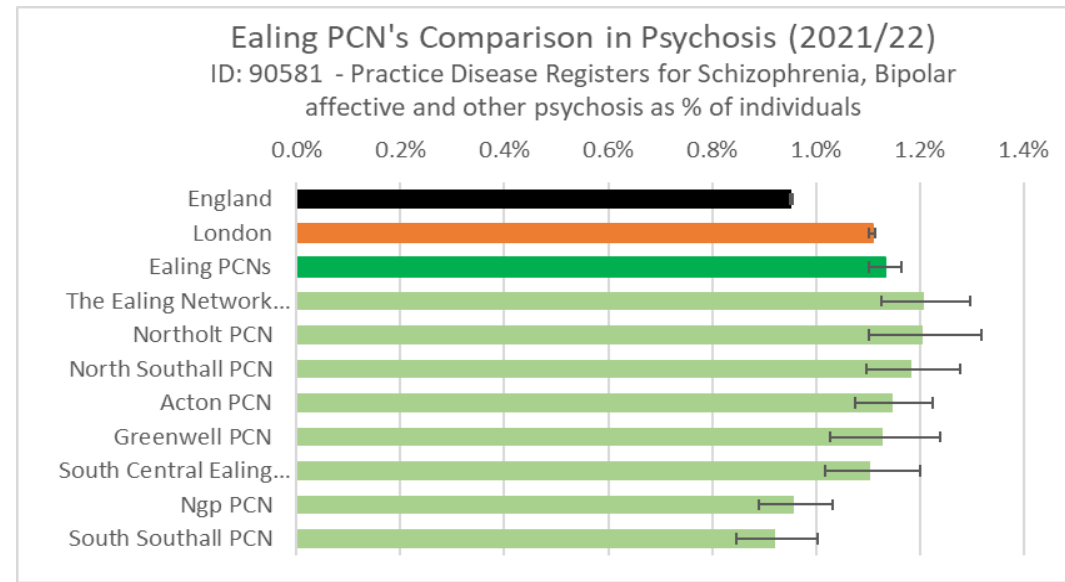


Figure 23 - Quality and Outcomes Framework (QOF), NHS Digital– [1]

4. Long Term Mental Health Conditions: Referrals to West London Mental Health Trust

WLMHT referrals and demographics

Figure 24 shows a big dip in referrals at the start of the pandemic and then a sharp rise of referrals to MH Trust in 2021/22, when the last COVID restrictions had ended, after which period the number of referrals has continued to drop, rising again in the last quarter of 2022/23. This is still similar to the Ealing quarterly average of 3796 referrals (red line).

Patients of Black/Black British ethnic heritage had the highest referral ratio to MH Trust in comparison to the overall population of the same ethnicity, while patients of Asian/Asian British origin had the lowest ratio (Figure 25).

Greenwell PCN had the highest rate of referrals over the last 5 years, with South Southall, NGP and North Southall PCNs showing significantly lower rates vs Ealing overall (Figure 26).

During the last 5 years, 14% of referrals were for patients aged 18-24 years of age, 67% for those in 25-64 age group and 18% for over 65s. 53% of referrals were for females and 47% for males (vs 51% and 49% respectively, in Ealing population). Young Black men aged 18-24 have the highest proportion of referrals within this age group (25%) and young Black women are also over-represented with 16%.

All the graphs on this slide are based on all patients aged 18+ registered with an Ealing GP, rather than on borough residents only. All patients were only counted once.

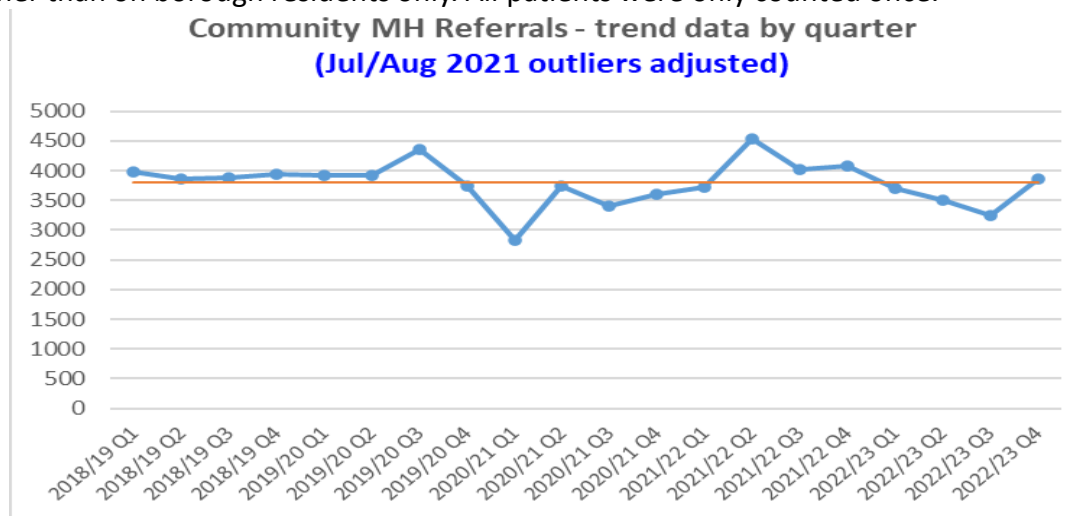


Figure 24 – WLMHT

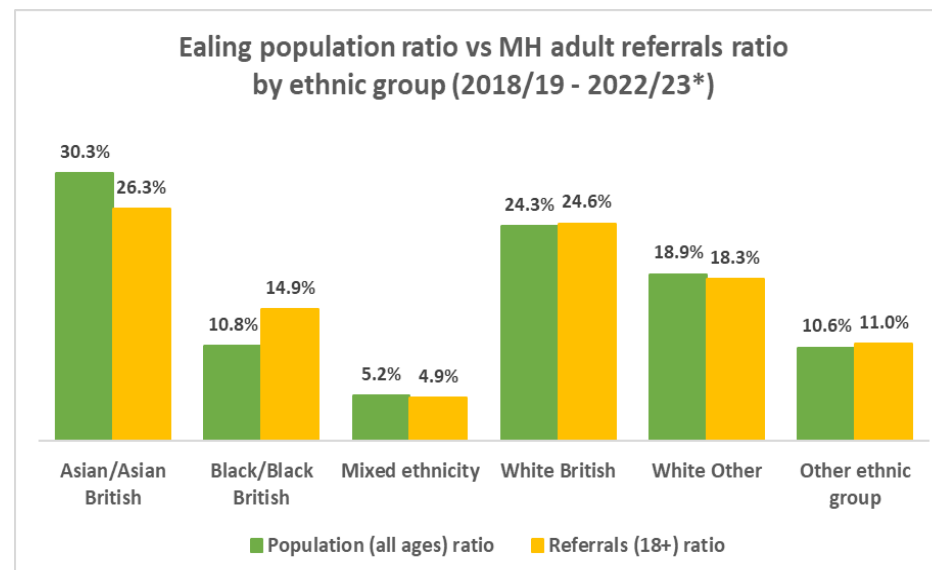


Figure 25 – ONS, Census 2021 and WLMHT, * data available up to 1st Feb 2023;

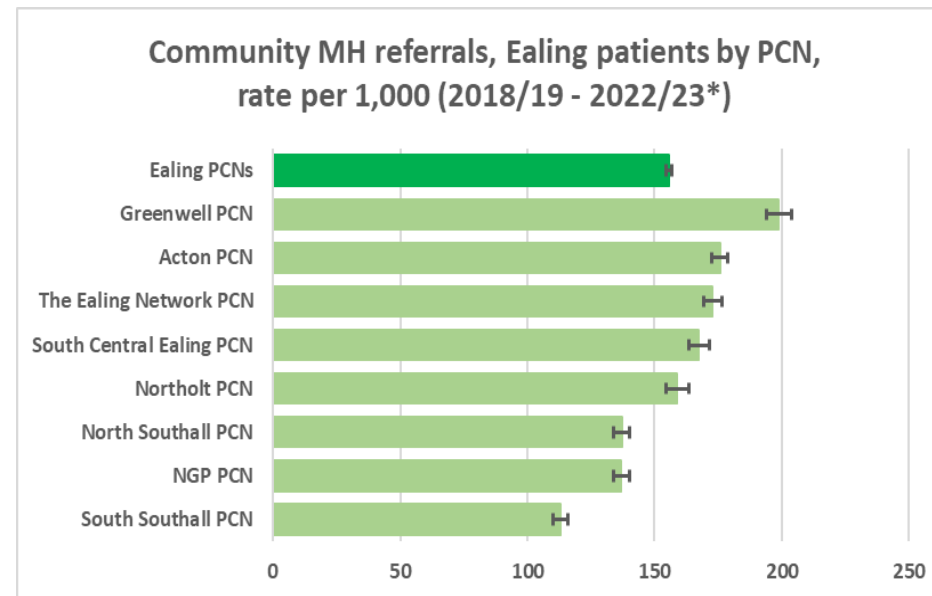


Figure 26 – WLMHT, * data available up to 1st Feb 2023;

4. Long Term Mental Health Conditions: West London Mental Health Trust

WLMHT inpatient admissions and demographics

Figure 27 shows the fluctuating trend in number of admissions, particularly early on in the pandemic in 2020/2021. The number of admissions has risen to 180 in Q4 2022/23, the highest point in the last 5 years and above the Ealing average of 152 per quarter.

Patients of Black/Black British ethnic heritage had the highest inpatient admissions ratio in comparison to the overall population of the same ethnicity, while patients of Asian/Asian British origin had the lowest population ratio (Figure 28).

Greenwell PCN had the highest rate of inpatient admissions over the last 5 years, with South Southall and NGP PCNs having significantly lower rates than Ealing overall (Figure 29).

During the last 5 years, 14% of admissions were for patients aged 18-24 years of age, 74% for those in 25-64 age group and 12% for over 65s. 44% of admissions were for females and 56% for males (vs 51% and 49% respectively, in Ealing population). Young Black men aged 18-24 have the highest proportion of admissions within this age group (38%) and young Black women are also over-represented with 37%.

All the graphs on this slide are based on all patients aged 18+ registered with an Ealing GP, rather than on borough residents only. All patients were only counted once.

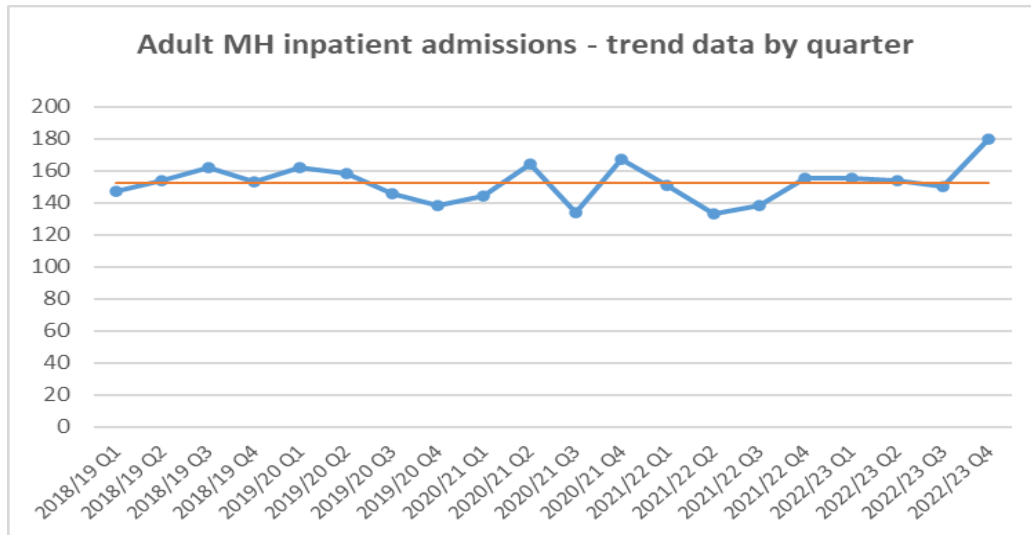


Figure 27 – WLMHT

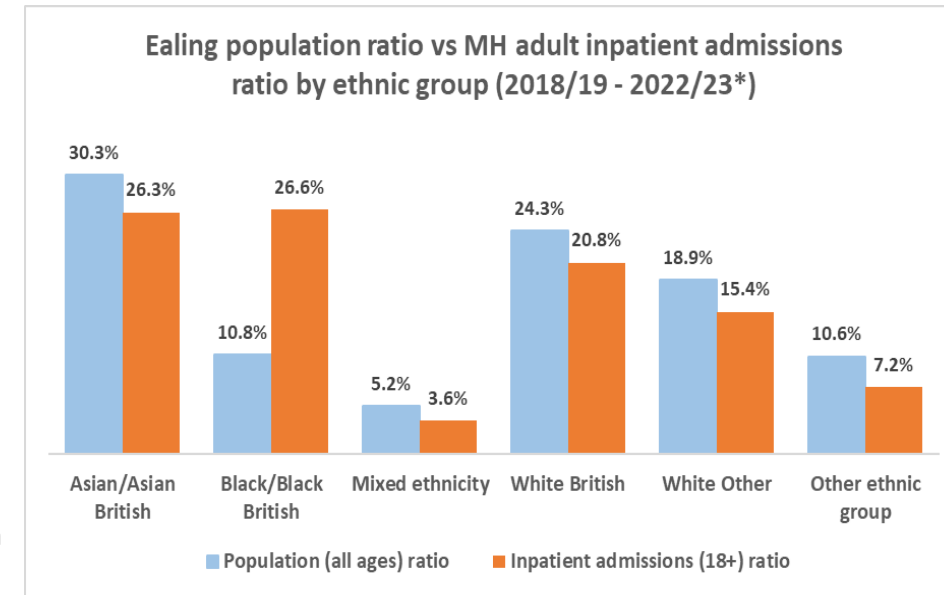


Figure 28 – ONS, Census 2021 and WLMHT, * data available up to 1st Feb 2023;

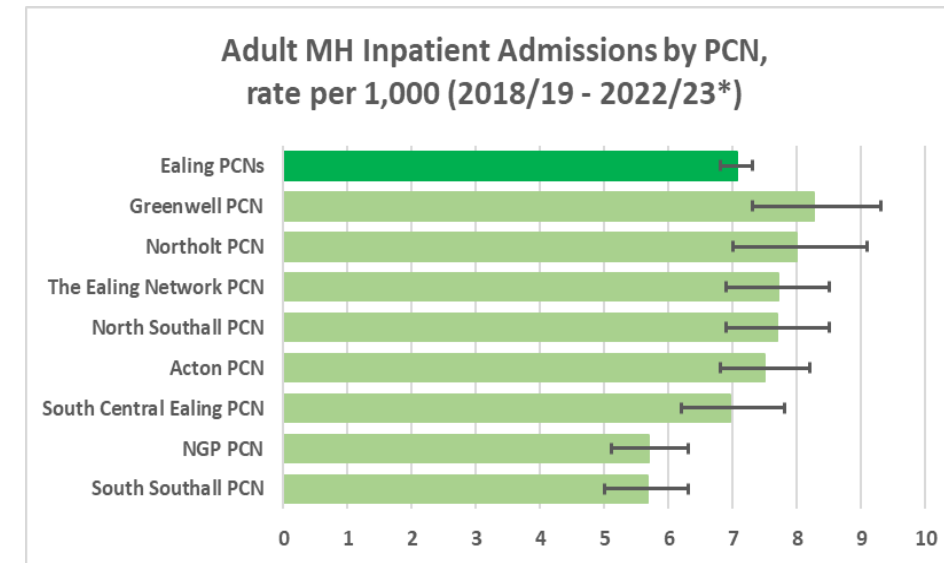


Figure 29 – WLMHT, * data available up to 1st Feb 2023;

4. Long Term Mental Health Conditions : Section 117 and Detention under MH Act

Mental Health Sections and Admissions

Sectioning under the Mental Health Act (MHA) is used in cases of severe mental illness when a person's health or safety, or that of other people, is threatened. Figure 31 shows Ealing has had an increasing trend in people detained by mental health section since 2018, which started before the COVID-19 pandemic. Ealing's rate also appears significantly higher than those for England or London.

This trend is reflected in Figure 321 which shows the number of 136 sections used by the police since February 2018. This also shows a significant increase in the monthly average since the start of the pandemic (+40% in 2020/21). Over the last year (AUG 21 – JUL 22) there were 55 section 136s used in Ealing. These included 33 men, 22 women; 59% were White, 32% Asian and 8% were of Black ethnicity. They also noted that the average time police were waiting in ED for 136 sections was 7:57 min in July, compared with 1:25 min in 2020. Interestingly however, Figure 30 shows conversely a decrease in the number of Inpatient stays in Ealing to bring this more in line with the London average.

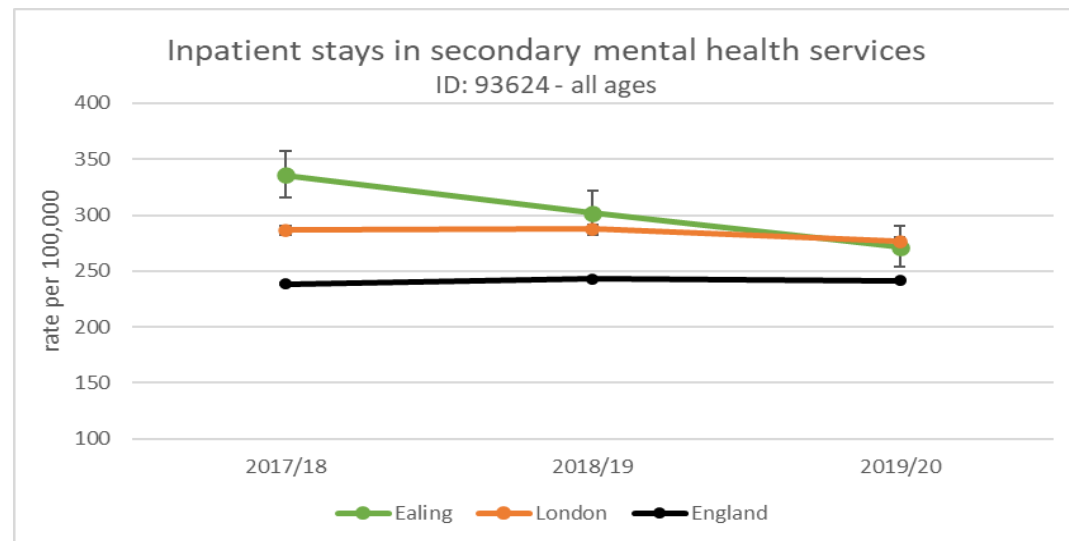


Figure 30 - Department of Health and Social Care – [1]

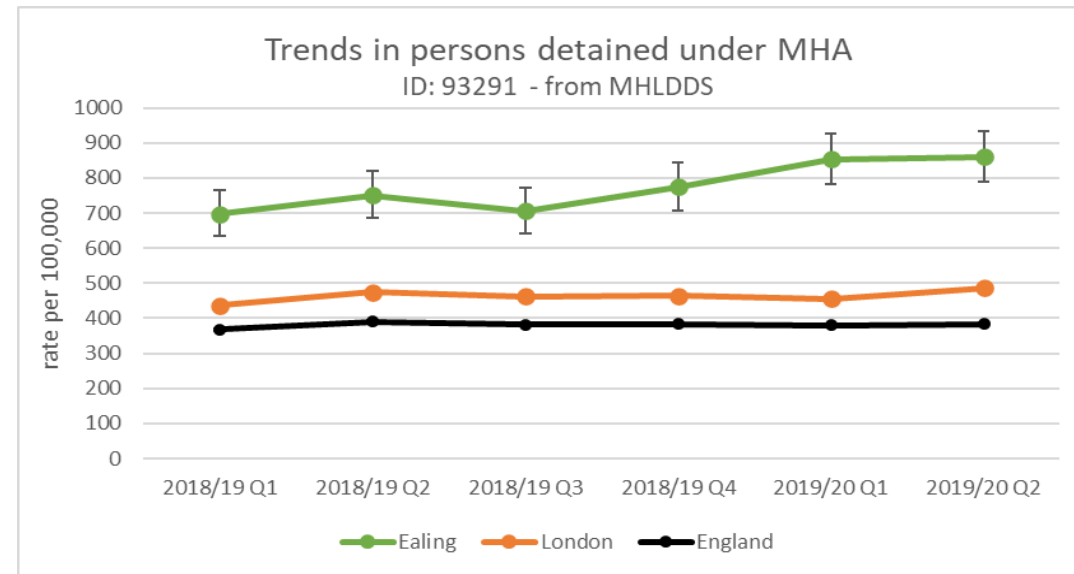


Figure 31 - NHS Digital Mental Health Services Data Set monthly reports. – [1]

Trends in Section 136 use by Police in Ealing

Source: Met Police – Shows average per month (blue) and moving average (red)

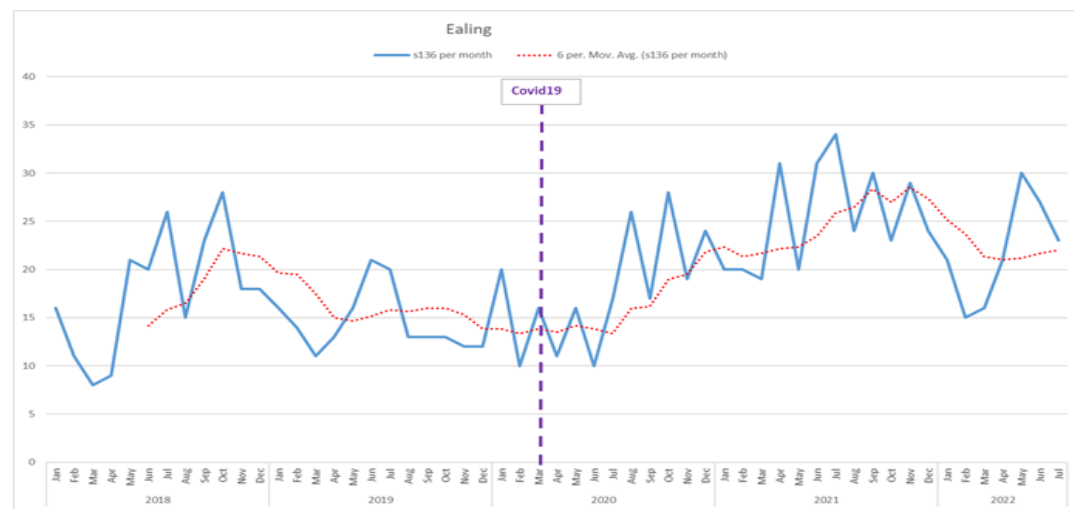


Figure 32 - Metropolitan Police – [7]

4. Long Term Mental Health Conditions: Adult Social Care outcome framework

Measure and proportionate number - compared to the most recent return result		2019/20	2020/21	2021/22	Change from most recent year		
1A	Social care related quality of life score	19.0		17.6			
1C1A	Service users with self-directed support	81.4	90	89.7	—	0.3	
1F	Adults in contact with secondary mental health services in paid employment	7	8	3	↓	0.05	
1H	Adults in contact with secondary mental health services living independently	8.2	65	20	↓	0.45	
2A1	18 - 64 New permanent placements	13.9	7.5	8.5	↑	1	
3A	Overall satisfaction of people who uses services with their care and support	65.6		53.8			
3D1	Proportion of people who use services who find it easy to find information about support	71		60.1			
4A	Proportion of people who use services who feel safe	66.6		60.3			
4B	Proportion of people who uses services who say that those services have made them feel safe and secure	83.6		86.2			

The [adult social care outcomes framework \(ASCOF\)](#) is a national government measure that looks at how well care and support services achieve the outcomes that matter most to people.

4. Long Term Mental Health Conditions: Suicide and Self-Harm

Suicide and Self Harm

Self harm is common and is associated with an increased risk of death from suicide in the subsequent 12-month period, although absolute risk remains low. [8]. Risk factors for death by suicide include male gender, unemployment, living alone and or being unmarried and alcohol and or drug dependence. Protective factors include having a religious faith, having children, and family support [9].

The most serious self harm cases will require hospital admission. Figure 33 below shows a slowly decreasing admission rate in Ealing, with 96 per 100,000 (all ages) in 2020/21. Figure 34 shows the highest rates were in Norwood Green ward at 103 per 100,000, statistically similar to England and above Ealing's average. Figure 35 shows national and London suicide rates have had small fluctuations over the last 12 years. In Ealing, due to small numbers, these fluctuations are more pronounced. However there has been a noticeable increase in Ealing since 2012. Ealing's suicide rate of 9.8 per 100,000 in 2019-21 period was statistically similar to England rate (10.4), but significantly higher than the London average (7.2), and the 4th highest for any London borough.

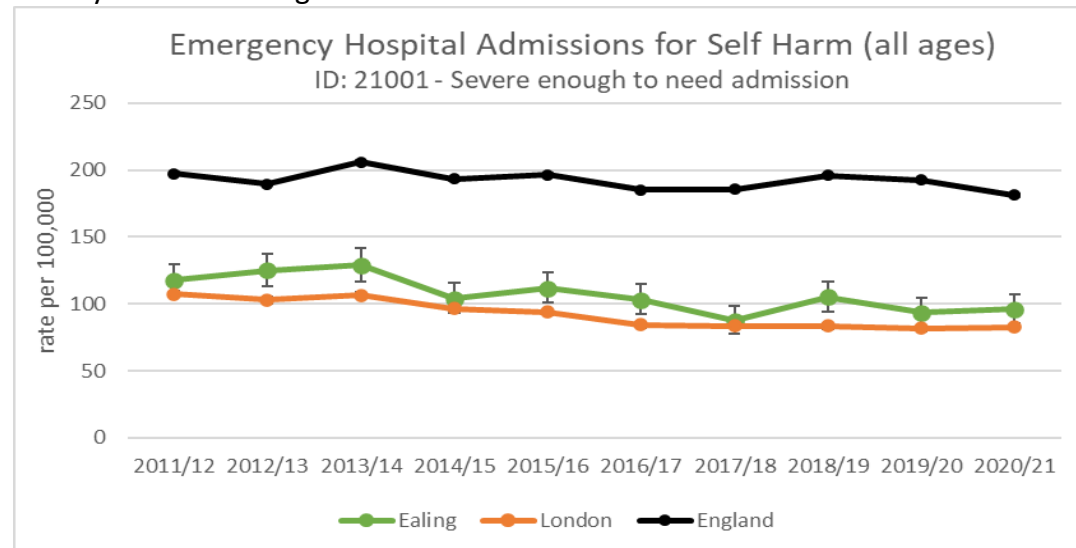


Figure 33 - Hospital Episode Statistics (HES), NHS Digital – [1]a

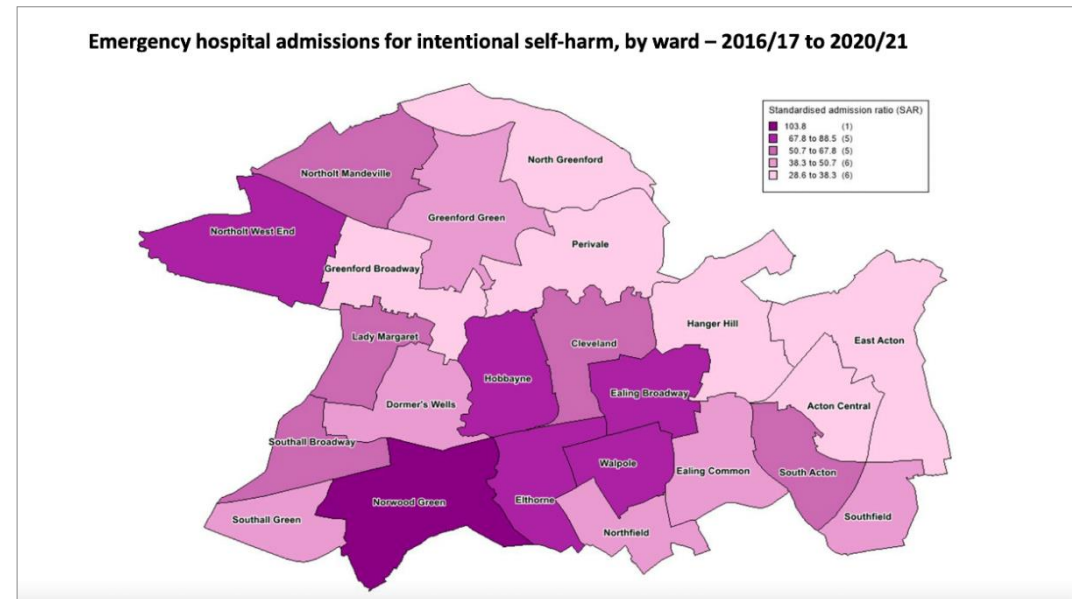


Figure 34 - Hospital Episode Statistics (HES), NHS Digital – [1]

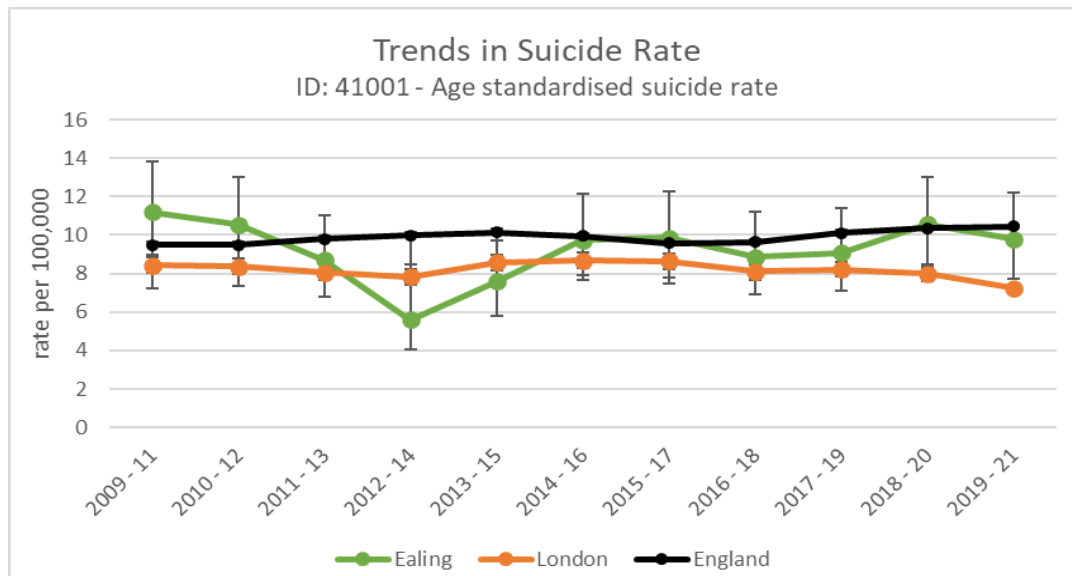


Figure 35 - ONS – [1]

4. Long Term Mental Health Conditions : Coroners' Audit of cases with verdict of death by suicide

Coroners' Audit

We have carried out an audit of all deaths from suicide in Ealing, from January 2019, till March 2022. The coroners' audit included 52 cases of death from suicide (40 males and 12 females). Median age was 49, with IQR* being 40 – 61.5 (*interquartile range includes 50% of age values in the data).

Ethnicity was generally poorly collected, so Figure 36 shows the place of birth for victims of suicide. Although 5.1% of Ealing population were born in Poland, 17% of suicide cases were Polish.

Figure 37 then shows that in the majority of cases (59%), there was no contact with MH service prior to death. Only 8% of people were at the time under the specialist care, with a further 17% being seen during the 12 months prior to death.

Finally, Figure 38 illustrates whether people attended their GP practice prior to suicide. It appears that nearly half of people visited their GP practice within previous month of death by suicide, for a mixture of physical and mental health issues.

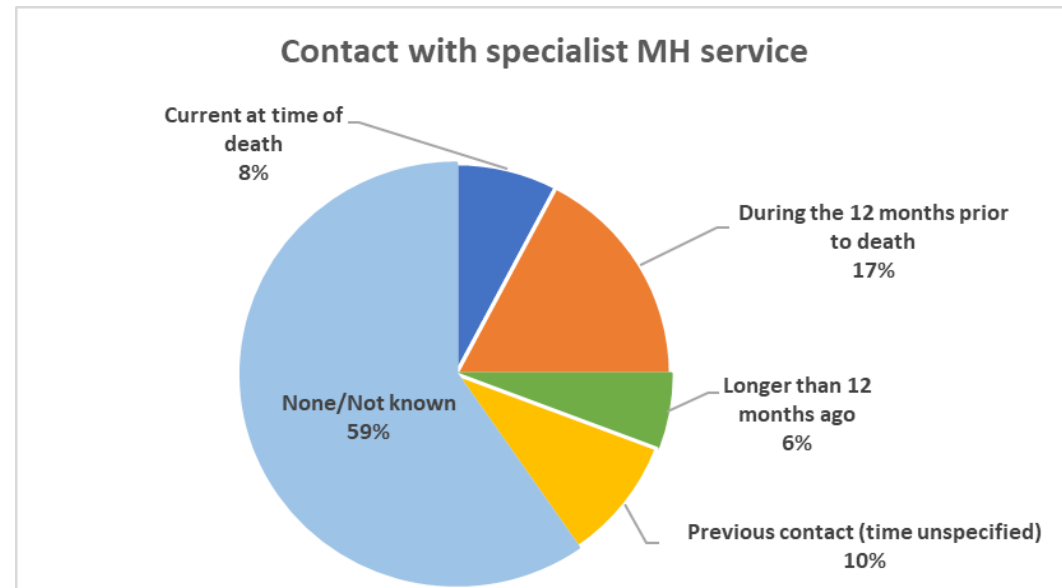


Figure 37 - Ealing PH team Coroners' Audit 2022– [18]

Ealing Coroners' Audit: Suicides by place of birth (Jan 2019 - Mar 2022)

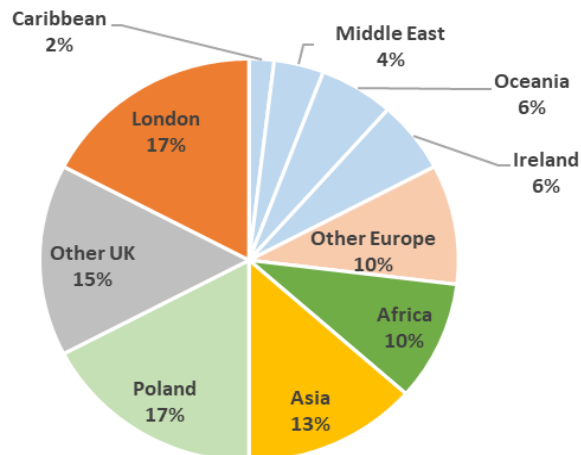


Figure 36 - Ealing PH team Coroners' Audit 2022– [18]

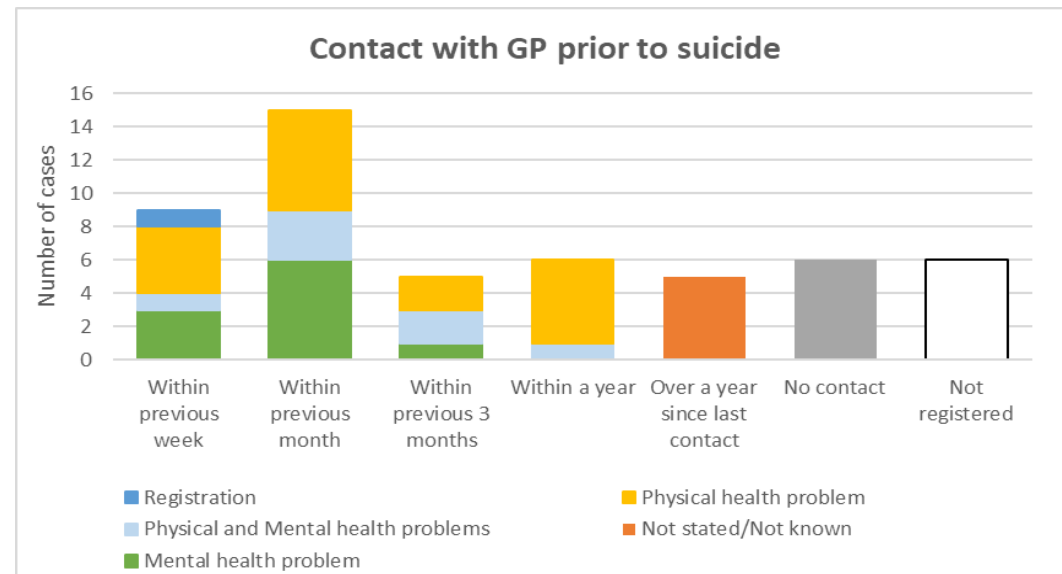


Figure 38 - Ealing PH team Coroners' Audit 2022 - [18]

4. Long Term Mental Health Conditions: Self Harm

Self Harm amongst young people

Nationally, hospital admissions for self-harm in children and young people have increased in recent years, with admissions for young women being much higher than admissions for young men (Figure 39). With links to other mental health conditions such as depression, the emotional causes of self-harm may require psychological assessment and treatment.

Figure 40 shows a fluctuating rate (due to small numbers) and a decrease in admission rate in Ealing for 15 to 19 year-olds, since the peak in 2015/16. At 266.3/100,000, Ealing's rate is statistically similar to London figure (10th lowest) and significantly under England's rate (652.6/100,000).

For the young people aged 20 to 24, Ealing's self harm rate of 299.5/100,000 in 2020/21 is fourth highest in London and significantly higher than London average, although still significantly below the national rate of 401.8/100,000 (Figure 41).

PLEASE NOTE: This is an adult JSNA (18+), however some data for children and young people below this age has been included on this slide.

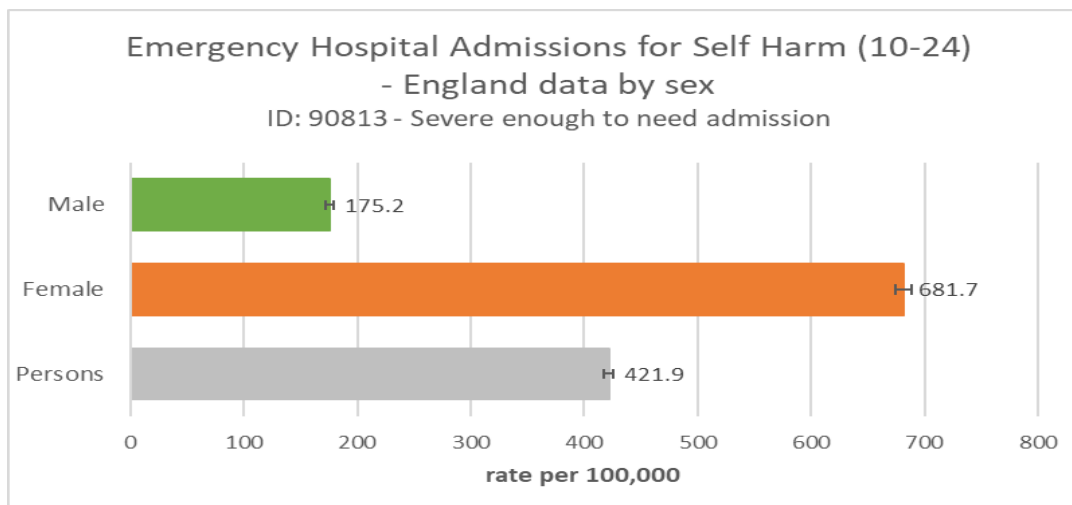


Figure 39 - Hospital Episode Statistics (HES), NHS Digital – [1]

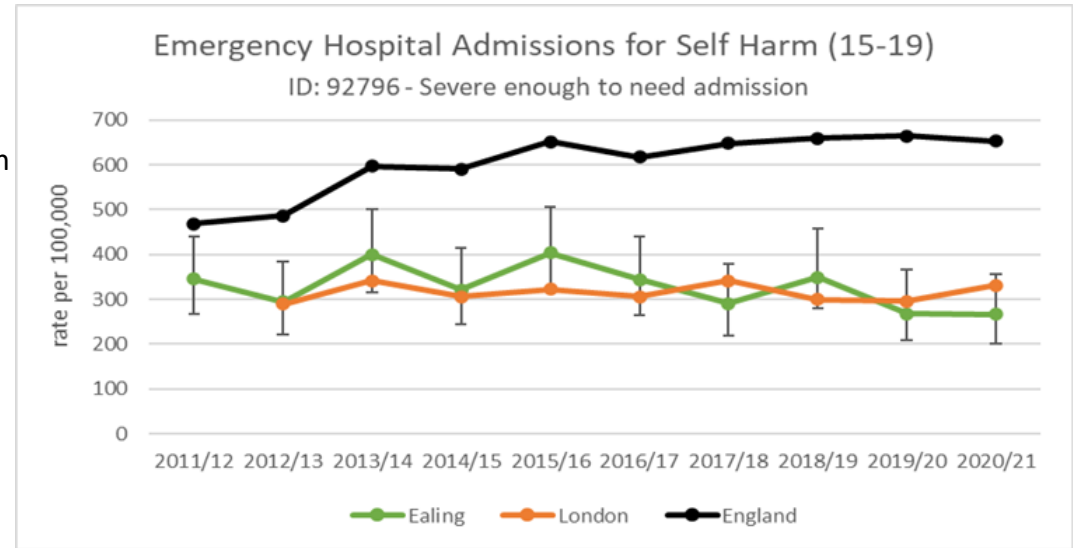


Figure 40 - Hospital Episode Statistics (HES), NHS Digital – [1]

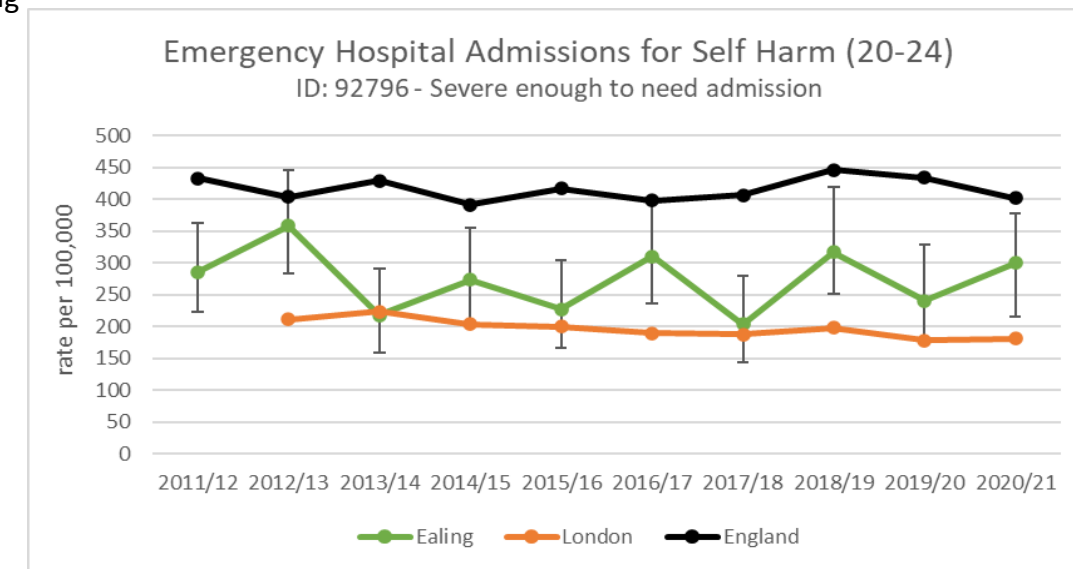


Figure 41 - Hospital Episode Statistics (HES), NHS Digital – [1]

4. Long Term Mental Health Conditions : Summary of the key points for Ealing

- Ealing has a significantly higher proportion of patients on a GP register recorded as having psychosis compared with England
- there is variation in diagnoses of psychosis by PCN in Ealing, with the Ealing Network in the east of the borough having the highest rates
- WLMHT Referral data shows a big dip in referrals at the start of the pandemic and then a sharp rise in 2021/22, when the last COVID restrictions had ended, after which period the number of referrals has continued to drop
- patients of Black/Black British ethnic heritage had the highest referral ratio to MH Trust in comparison to the overall population of the same ethnicity, while patients of Asian/Asian British origin had the lowest ratio
- Greenwell PCN had the highest rate of referrals over the last 5 years, with South Southall, NGP and North Southall PCNs showing significantly lower rates vs Ealing overall
- 44% of admissions were for females and 56% for males (vs 51% and 49% respectively, in Ealing general population)
- when compared to the proportion of the total Black/Black British population in Ealing (10.8% according to the Census in 2021), this ethnic group is over-represented when it comes to MH admissions for both males (27.7%) and females (25.1%)
- over the last 5 years, amongst the population aged 18-24, young Black men have had the highest proportion of MH inpatient admissions – nearly two in five (37.5%) of all admissions for males in this age group was for young Black men and for the young women in the same age group, ethnicity and over the same period, 36.7%
- Greenwell PCN had the highest rate of inpatient admissions over the last 5 years, with South Southall and NGP PCNs having significantly lower rates than Ealing overall
- Ealing has had an increasing trend in people sectioned under the Mental Health Act since 2018, which started before the COVID-19 Pandemic; Ealing's rate also appears significantly higher than those for England or London
- the number of 136 sections used by the police since February 2018 shows a significant increase in the monthly average since the start of the pandemic (+40% in 2020/21)
- the police also noted that the average time police were waiting in ED for 136 sections was 7:57 min in July, compared with 1:25 min in 2020
- Ealing's suicide rate of 9.8 per 100,000 in 2019-21 period was statistically similar to England rate (10.4), but significantly higher than the London average (7.2) and was the 4th highest rate in London
- the coroners' audit shows the place of birth for victims of suicide; Although 5.1% of Ealing population were born in Poland, 17% of suicide cases were Polish nationals
- Ealing's self-harm rate of 299.5/100,000 in 2020/21 is fourth highest in London and significantly higher than London average, although still significantly below the national rate of 401.8/100,0

4. Long Term Mental Health Conditions : Recommendations for Ealing

- further exploration to understand the reasons for the low levels of common mental disorders, but higher levels of serious mental illness
- West London Trust to conduct a deep dive into their referral, admissions and detained under the Mental Health Act data to gain further insight in understanding the over and under representation in referrals and admissions particularly in the Black/Black British and Asian/Asian British population
- to conduct a deep dive to inform service improvements and address inequalities that are faced by the diverse populations of Ealing
- to adopt a life course approach in tackling inequalities that lead to poor mental health and funding more preventative services
- to increase the capacity and availability of out of hours crisis services, recognising that crisis can happen at any time
- to invest in self-harm initiatives particularly for young people and develop awareness raising with local schools and or colleges and university
- to develop a local suicide prevention plan that is fully funded and supported by partners across the system, particularly in tackling the risk factors and “at risk” groups
- to develop a secondary prevention, offer for Ealing resident focussed around psychoeducation

5. Risk Factors: Employment, Housing and Asylum seekers

Risk Factors for poor mental health

The list of risk factors associated with poor mental health is complex, extensive and often confounding. They may include isolation, substance misuse, unemployment, poverty, violence, environmental deprivation, physical health conditions, abuse or trauma, and many more. Figure 42 shows the proportion of adults in contact with secondary care who are in stable accommodation. Figure 43 illustrates the gap in % employment for those in contact with secondary care compared with the general public. This has increased by 10 points over the past decade, with Ealing at 69.1, statistically similar to London and England.

Figure 44 shows the trend in number of supported asylum seekers. In 2018 Ealing had emerged as an outlier (9.4/10,000), supporting significantly more asylum seekers than the London (5.8) and English average (6.3). As of March 2022, there are now 510 supported asylum seekers in Ealing. London's number of asylum seekers has also nearly doubled from 5,610 to 10,129 (2018-22) [13].

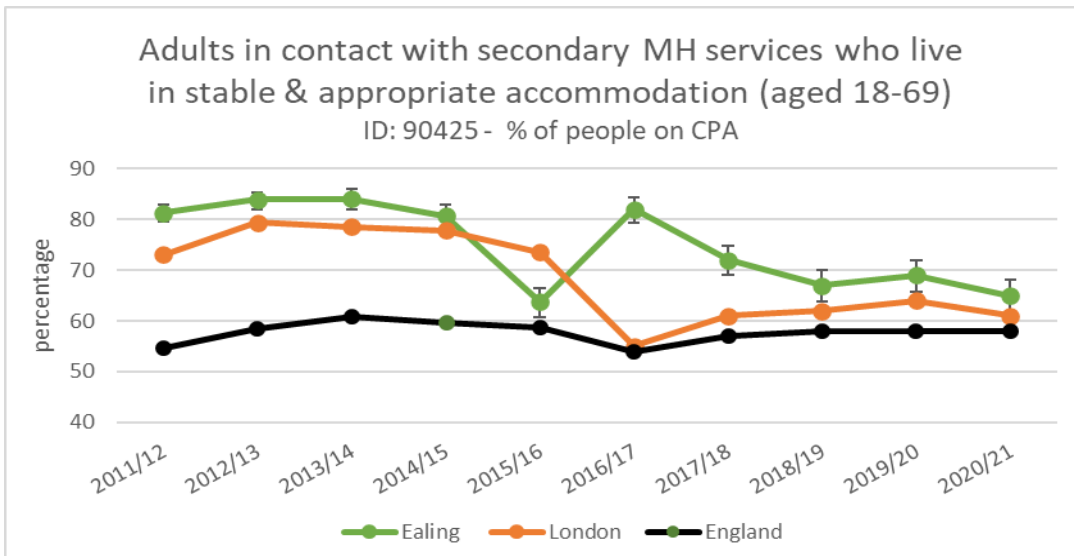


Figure 42 - OHID, using NHS Digital data- [1]

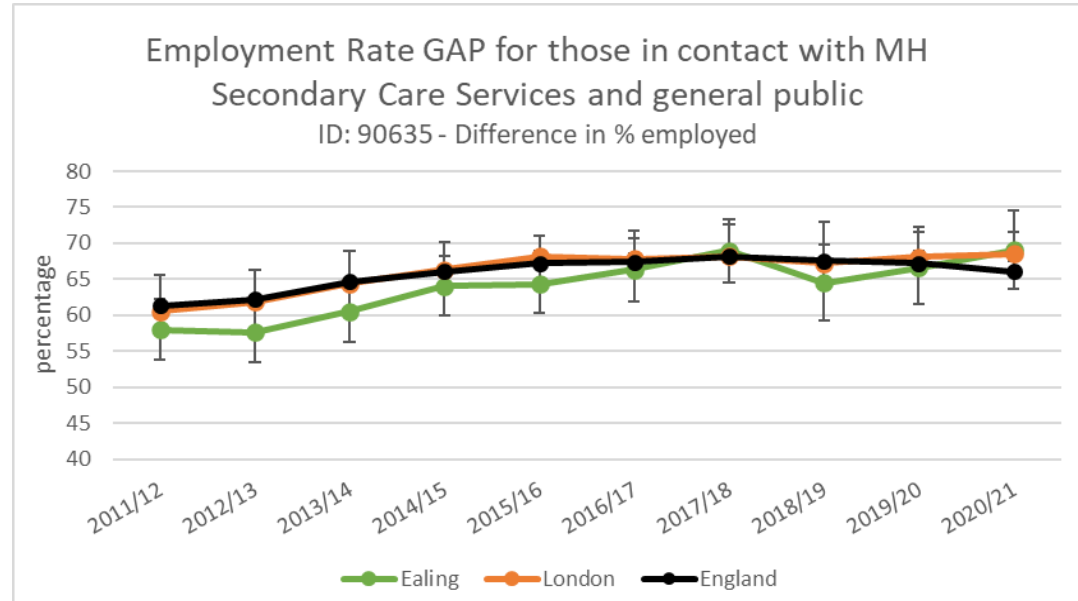


Figure 43 - OHID, using NHS Digital data- [1]

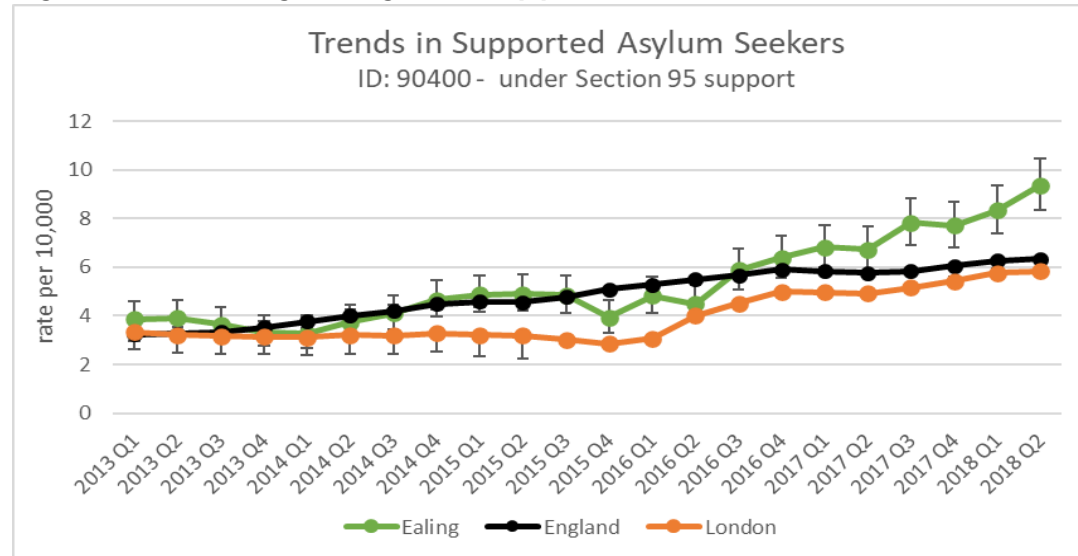


Figure 44 - Home Office- [1]

5. Risk Factors: Domestic Abuse and Alcohol admissions

Risk Factors for poor mental health ... continued

Domestic abuse is defined as threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults aged 16 and over, who are or have been intimate partners or family members, regardless of gender or sexuality. Figure 45 shows an increasing trend of reported domestic abuse offences across London, with a sharper rise in Ealing – there were 4,091 offences in Ealing in 2022 (rate of 12.0/1,000). This is higher than NWL and London rate (both at 10.7/1,000) for the same year.

However, according to England & Wales Crime Survey, there hasn't been a significant change in prevalence of domestic abuse and effectively, any rise is primarily due to improved recording practices and increased willingness of victims to report these incidents.

Alcohol is a depressant, which can disrupt the balance of neurotransmitters in a person's brain and affect their feelings, thoughts and behaviour. Figure 46 shows that Southall wards* had the highest ratio of alcohol related admissions in the last 5 years (Ealing's ISR was 108.2 vs England's 100).

Ealing's overall admission rate (496/100,000 in 2020/21) has consistently been the highest in London and it is the only London borough with significantly higher rate than the national figure (456/100,000).

*Please note, some of the displayed ward names were in use until May 2022 only. However, the latest NHS Digital published data is not available by the new ward boundaries and or names at the time of writing this JSNA.

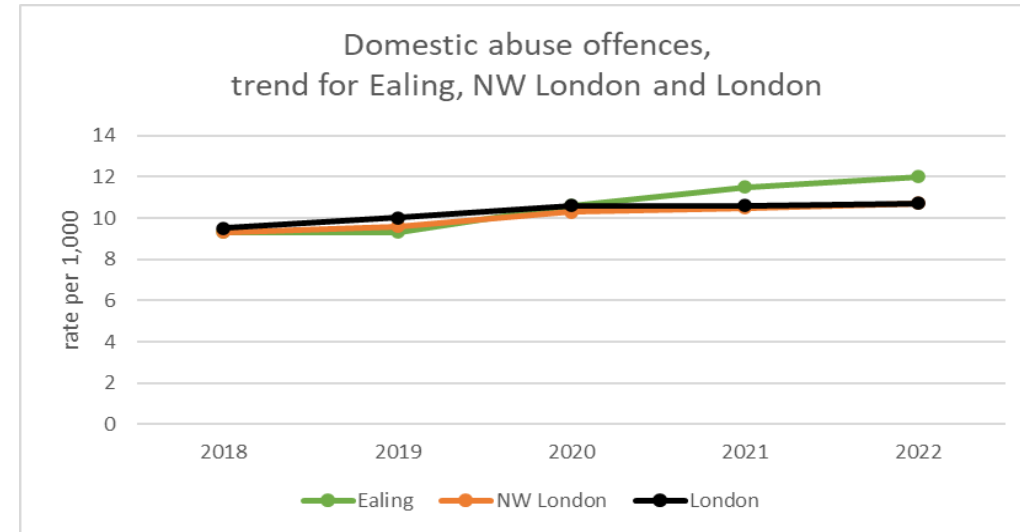


Figure 45 – Met Police Data, Crime Dashboard

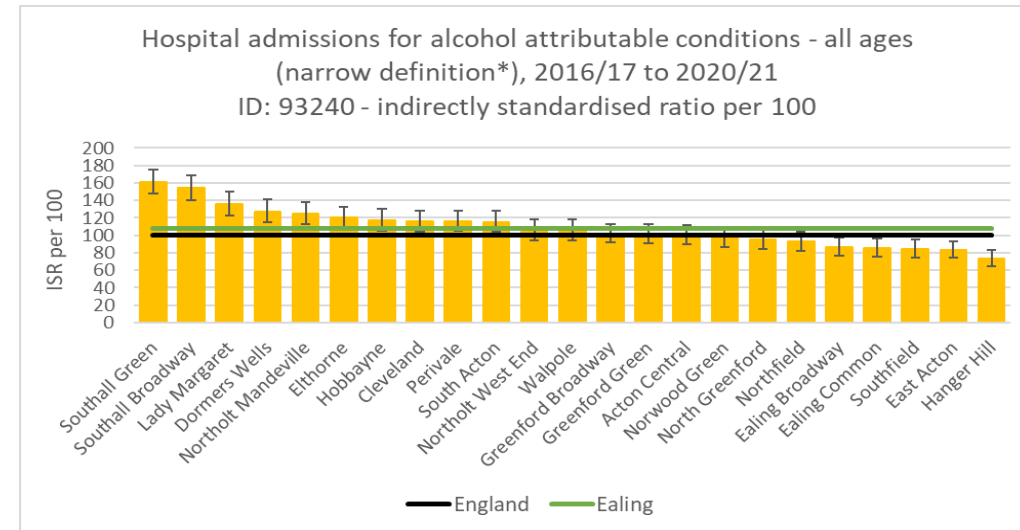


Figure 46 – HES, NHS Digital ; * admissions to hospital where the primary diagnosis is an alcohol-related condition, or a secondary diagnosis is an alcohol-related external cause

5. Risk Factors: Primary Care Mental Health population and co-morbidities

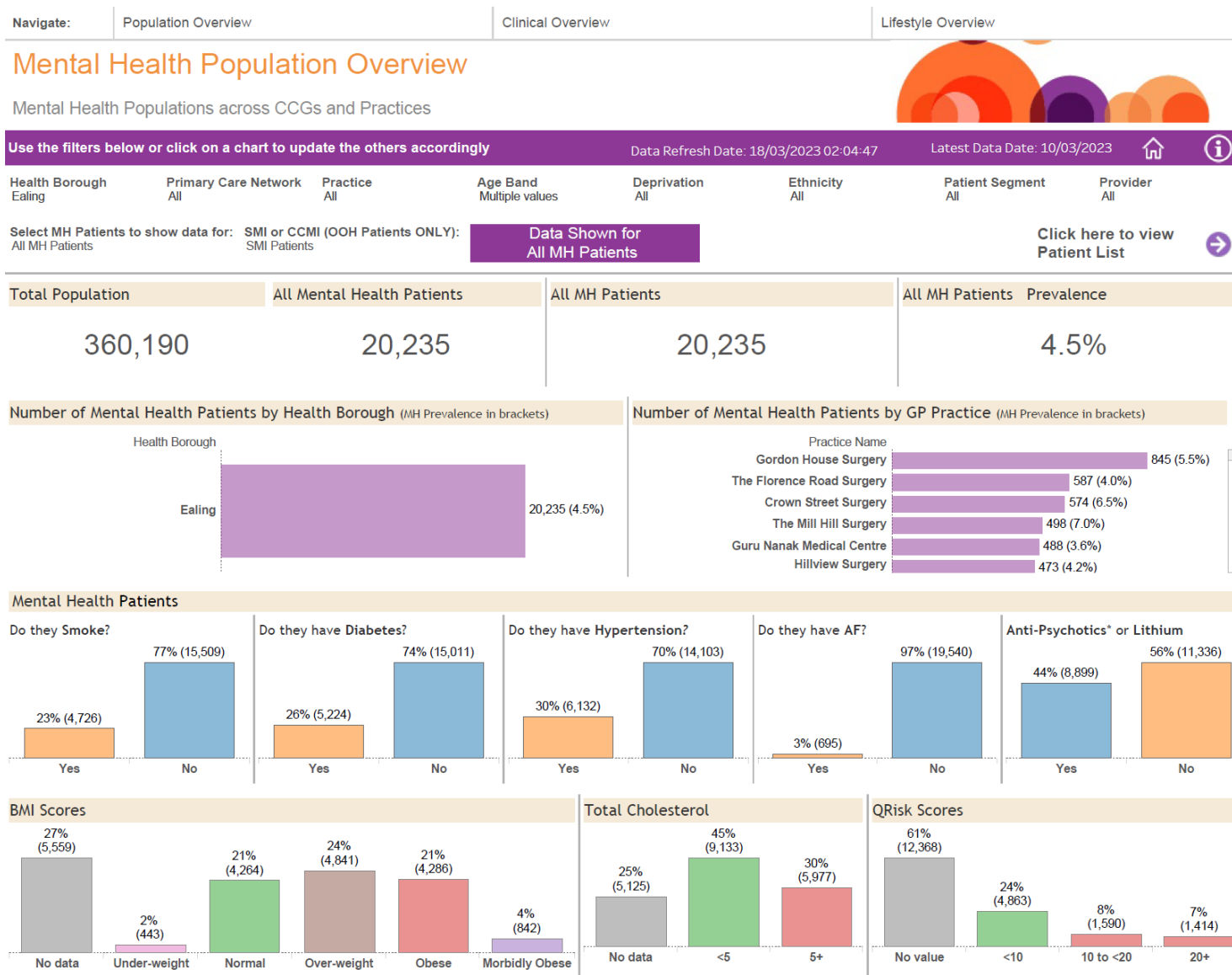


Figure 47 – WSIC data extract from 18th March 2023

Ealing Primary care recorded prevalence of Serious Mental Health Illness (SMI) is 4.5%.

The percentage of SMI patients who smoke in Ealing is 23%. Amongst those MH patients with a known weight, those who are over-weight, obese or morbidly obese account for 49%.

There is also a high prevalence of co-morbidity amongst this group of patients. 26% are diabetic, 30% have hypertension and 30% are known to have high cholesterol. 44% are on anti-psychotics or lithium prescribed therapy.

5. Risk Factors: Smoking prevalence and CVD in adults with SMI

Exacerbated physical health risks

Better mental health is one of the 10 priorities for the PHE 2020-2025 Strategy. This includes the aim to reduce inequalities in premature mortality for people with long term and severe mental health problems. People with contact with mental health services are 5 times more likely to die from liver disease, and 4.7 times for respiratory disease, and 3.3 for cardiovascular disease [14], [15]. People with SMI are more likely to have diabetes, obesity and smoke.

Figure 48 shows all cause mortality in those with SMI vs the general population, and Figure 49 shows the same but for cardiovascular disease. Excess mortality for those with SMI in Ealing was 345% higher than those without a SMI. This was statistically just below London (389%) and England (390%) at 95% CI. Excess mortality due to CVD however has trended upwards since 2015 and now is at 285%, statistically similar to London (327%) and England (307%). Finally, Figure 50 shows there has been a slow downward trend in smoking prevalence amongst those with long term MH conditions, with Ealing at 25%.

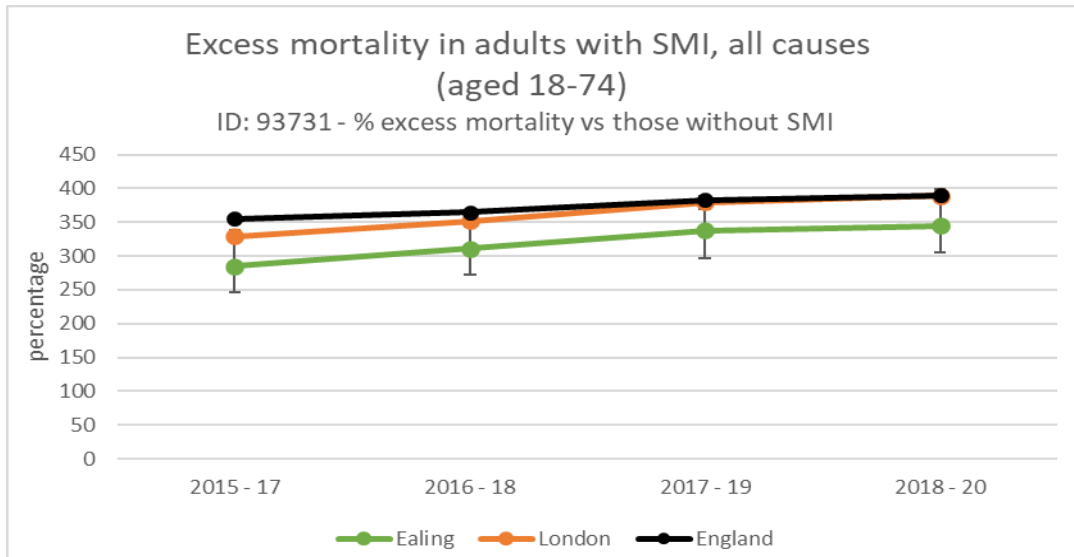


Figure 48 - NHS Digital Mental Health Services Data Set – [1]

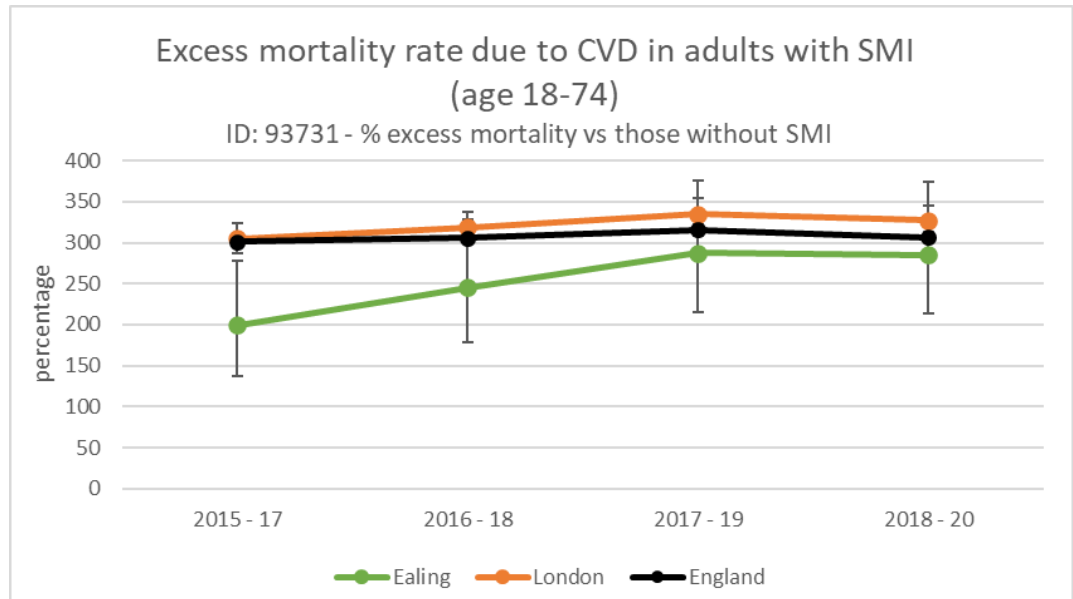


Figure 49 - Digital Mental Health Services Data Set – [1]

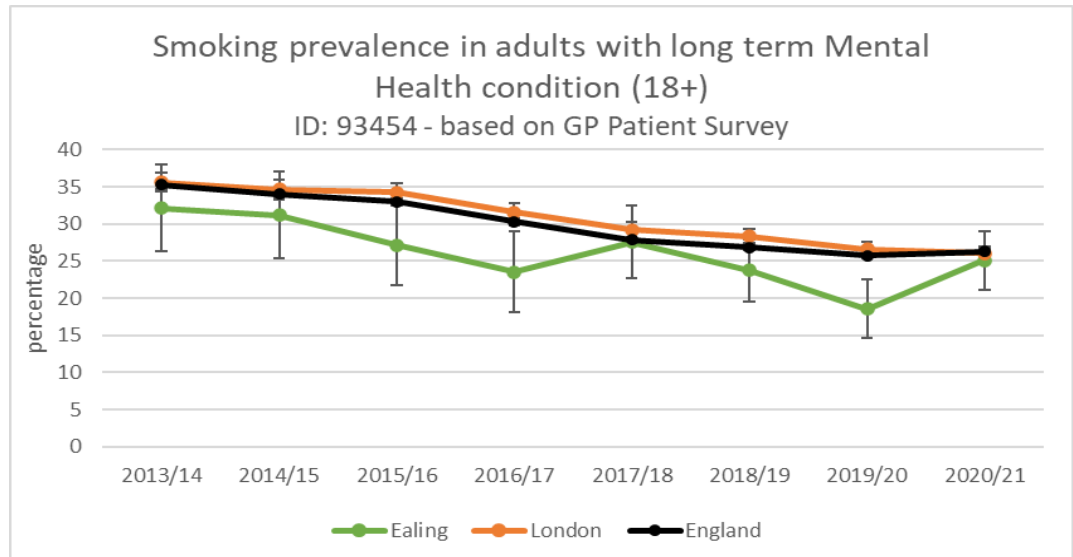


Figure 50 - GP Patient Survey – [1]

5. Risk Factors: Drugs and Alcohol

Exacerbated risk with concurrent substance misuse

Substance misuse has a well-established link to poor mental health and can lead to long-term mental health problems. Equally, people who suffer with mental health issues may self-medicate with recreational drugs [17].

Figure 51 shows the number of adults in Ealing entering drug and or alcohol treatment in 2020-21 who were also identified as having a mental health treatment need (372 of 686). This varies depending on the substance category, with the biggest non-opiates being crack cocaine followed by cannabis. Figure 52 shows the proportion of people with an SMI who also have a record of alcohol consumption. Ealing (88%) and London (86%) are just above England (81%).

Figure 53 shows the trend in deaths from drug misuse. Where Ealing was previously below the London and English averages in 2006-08, between 2016 and 2020 Ealing has significantly increased to 5.6 per 100,000 and is now above the London average (3.5 per 100,000).

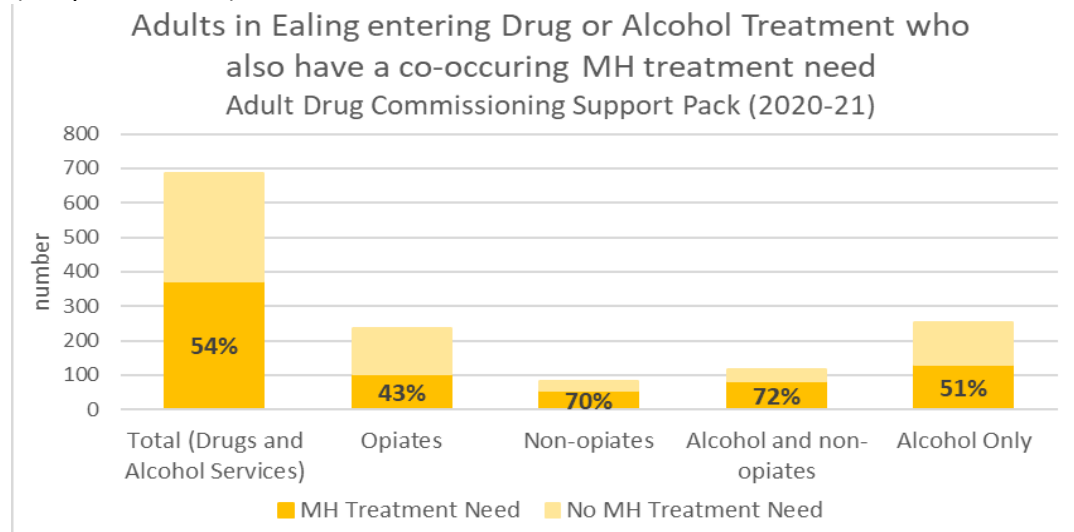


Figure 51 - Adult Drug and or Alcohol commissioning Pack - [16]

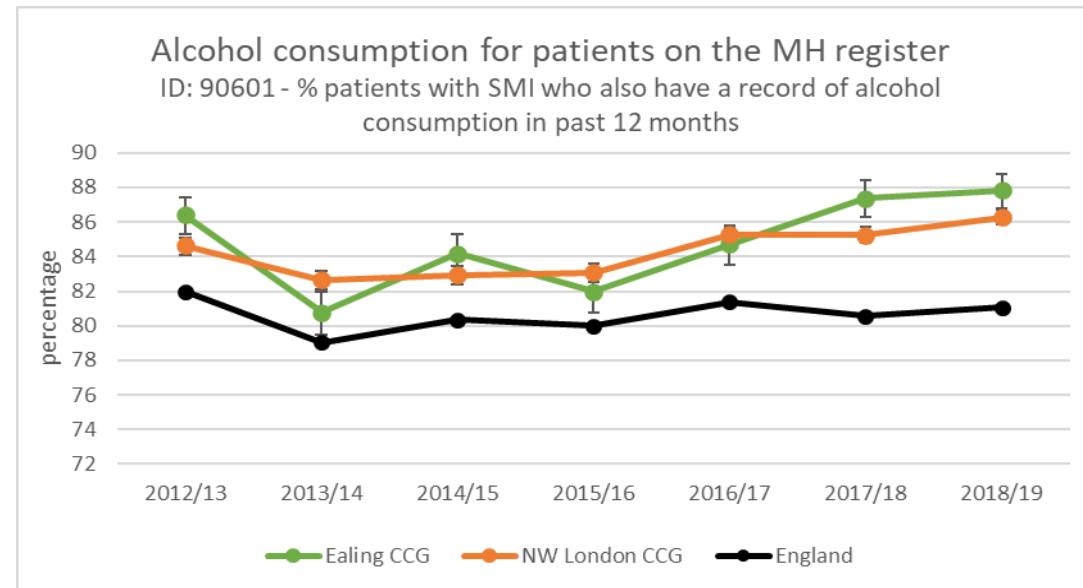


Figure 52 - Quality Outcomes Framework QOF – [1]

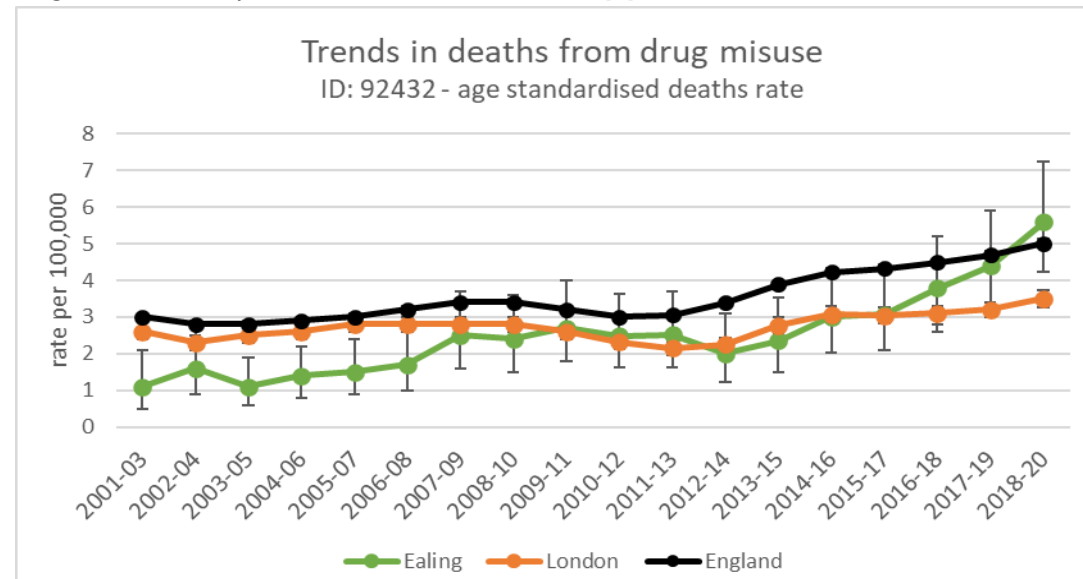


Figure 53 – ONS - [16]

5. Risk Factors: Summary of the key points for Ealing

- the 2018 Ealing trend in number of supported asylum seekers, Ealing had emerged as an outlier (rate of 9.4/10,000), supporting significantly more asylum seekers than the London (5.8) and English average (6.3)
- increasing trend of reported domestic abuse offences across London, with a sharper rise in Ealing – there were 4,091 offences in Ealing in 2022 (rate of 12.0/1,000); This is higher than NWL and London rate (both at 10.7/1,000) for the same year
- the Southall wards have had the highest ratio of alcohol related admissions in the last 5 years (Ealing's ISR is 108.2 vs England's 100); Ealing's overall admission rate (496/100,000 in 2020/21) has consistently been the highest in London and it is the only London borough with significantly higher rate than the national figure (456/100,000)
- the percentage of SMI patients who smoke in Ealing is 23%; From the SMI patients with a known weight, those who are over-weight, obese or morbidly obese account for 49%
- there is also a high prevalence of co-morbidity amongst the MH patients; 26% are diabetic, 30% have hypertension and 30% have been diagnosed with high cholesterol; 44% are on anti-psychotics or lithium prescribed therapy
- the trend in deaths from drug misuse in Ealing was previously below the London and English averages in 2006-08, between 2016 and 2020 Ealing rate has significantly increased to 5.6 per 100,000 and is now above the London average (3.5 per 100,000)

5. Risk Factors: Recommendations

- to review the Mental Health offer for refugee and asylum seekers particularly around access and trauma informed services
- to ensure mental health is considered in whole systems work around housing and homelessness
- to ensure there are robust services mental health services for those experiencing domestic abuse
- to explore ways to reduce the smoking rates in people with severe mental illness
- to improve uptake and delivery of Health checks for those with SMI
- explore ways to improve detection of mental illness and treatment outcomes in people who are in treatment for drug or alcohol misuse

6. Mental Health services in Ealing: Prevention Pyramid

Prevention Pyramid

Tertiary Care

Supporting independence and recovery in people with serious mental illness

Secondary Services

Identifying and supporting people With mild to moderate mental health problems

Universal Prevention

Promoting good mental health and Wellbeing for all and reducing stigma



6. Mental Health services in Ealing: Overview

Ealing's Mental Health Services

KEEPING MENTALLY HEALTHY

NHS, Council and Third Sector Services working together to promote good mental health, prevent mental health problems and provide helpful information

- MINT (Mental Health Integrated Network Teams)
- Advice and Information Service
- Community Champions
- Community Support
- Recovery Hub
- Libraries
- Community Centers
- Faith Groups



COMMON MENTAL HEALTH PROBLEMS

Talking Therapies - West London Trust
Talking Therapies - VCS Provision
Solace Center
Wellbeing & Recovery College
Advocacy Services



SERIOUS MENTAL ILLNESS

Support in hospital and in the community delivered by teams of Psychologists, Psychiatrists, Mental Health Nurses and Occupational Therapists

Community Mental Health Teams
Early Intervention in Psychosis Services
Specialist Mental Health Services
Supported Accommodation
Rehab and Recovery Service
Employment Support Services

SPECIALIST MENTAL HEALTH SUPPORT

Medical and Social Support for people with ongoing needs

Inpatient Care Services
Community Based Mental Health Services •
Psychological Services •
Complex Emotional Needs
Specialist Psychosis Teams
Community Rehab
Clozapine Clinic
Forensic Community Services
Liaison Psychiatry Service
Maternity Trauma and Loss Care
Perinatal Mental Health
Eating Disorders Services
Supported Accommodation
Secure Units

MENTAL HEALTH CRISIS

Services that provide a rapid response

- Crisis Cafés
- Approved Mental Health Professions
- Crisis Assessment and Treatment Teams (CATT)
- Crisis Recovery House
- Emergency Duty Team
- Single Point of Access



7. Stakeholder and service user consultation: What our stakeholders said

What does mental wellbeing mean to you?

needs-hierarchy
balanced-life
understanding-triggers
resourceful
contentment
resilience
relationships
holistic-manner
self-care
thankful
support
personal-resources
no-pill
wellbeing

These themes were drawn from the semi-structured interviews

What are the strengths and or assets in Ealing that promote mental wellbeing?

The consultation started on the 1st August 2022 and closed on 1st February 2023;

15 semi-structured interviews were completed with staff and representatives from the statutory and voluntary sector;

5 focus groups were delivered across the community, service users and VCS staff;

diverse-community
voluntary-sector
community
informal-resources
potential
diversity
free-events
connectedness
ealing-assets
elizabeth-line
green-spaces
southall-blacksisters
festivals
community-groups
togetherness
belonging-sense

7. Stakeholder and service user consultation: What our stakeholders said

Demand, capacity and funding

- rising need and demand amidst workforce recruitment and retention issues, under a backdrop of funding pressures
- cost of living impact on workforce as well as community
- burnout and stress for staff
- lower grade staff decision making – lack of skills and experience which impact hugely on clinical decision making
- long waiting lists across all services
- continuity of care and follow-up from discharge sub-optimal

Transformation and service delivery

- referral process is complicated and not easy to navigate for example. primary care to secondary care have challenges
- services still feel fragmented through primary, secondary and tertiary services
- MINT is co-located but not integrated
- lack of integration in data sharing and clinical systems
- no in-patient unit in Ealing

Inequalities

- cultural and or language barriers accessing services
- more Culturally appropriate therapies and psychological interventions
- stigma around mental health, which may be more marked in certain cultures
- risk of losing children, if disclosed mental health issues
- cultural beliefs regarding mental health
- lack of community based culturally specific support
- not enough professional understanding of cultural issues for community and or groups
- services not taking time to understand what mental health means to the diverse community
- no specific services to meet the needs of refugee and or asylum seekers who flee from war and require trauma services
- outreach into community setting limited across all services
- many BAME communities not accessing mental health services
- prejudices and or stigma facing certain groups such as rough sleepers, asylum seekers etc

These themes were drawn from four focus groups with service users across the voluntary community sector

Accessibility

- language barriers
- digital exclusion – virtual appointment
- long waiting lists
- police have difficulty accessing services OUT OF HOURS
- Ealing a large borough to get around
- services not culturally competent

Wider Determinants

- anti-social behaviour
- economic crisis
- refugee asylum seeking trauma
- gang culture
- housing needs
- rough sleepers and or homeless
- domestic abuse

7. Stakeholder and service user consultation: What our service users said

What does mental wellbeing mean to you?



These themes were drawn from five focus groups with service users across the voluntary community sector

What are the strengths and or assets in Ealing that promote mental wellbeing?

The consultation started on the 1st August 2022 to 1st February 2023.

15 semi-structure interviews were completed with staff and representatives from the statutory and voluntary sector

5 focus groups were delivered across the community, service users and VCS staff



7. Stakeholder and service user consultation: What our service users said

Accessibility

- where to go – services exist but information not available
- people don't know that services exist, particularly the underserved group
- digitalisation excludes so many people.
- self-referral doesn't help people in deep depression
- SPA – made no difference, has made things more difficult
- inaccessibility of support or means of undertaking due to inflexible services
- primary care is inaccessible as can't get an appointment
- improve crisis services
- huge gap between when you present with GP and getting help when you need it

Transformation and service delivery

- IT self-services are very complicated, need IT classes first as lack of knowledge
- GP community referral not working
- MINT service – worse now and no faith in service
- transformation has led to fragmentation of services
- want to talk to a real person and not a machine.
- I don't have the minutes to wait on the waiting line
- additional MIND Cafes
- community based provision model is needed, including community participation
- balance between Digital and face to face services
- funding should be increased for the VCS sector

Inequalities

- language is a huge barrier to accessing services
- services and intervention are tailored for the "White British" population
- cultural needs are not prioritised in service delivery for example. IAPT, came out of IAPT feeling more depressed
- assumptions and lack of understanding about different cultures across services
- stigma around poor mental health wellbeing and suicide which stops people from accessing support and help
- reasoning for poor mental well-being attributed to cultural beliefs for example. person may be possessed
- services do not reach out to communities to design services that meet their needs
- awareness of availability of services in refugee and asylum-seeking communities
- people who have no legal status in the UK are scared to access help and support for fear of being deported
- meeting some community needs, not equal across the board
- services are not listening to our needs
- GP just hands out anti-depressants
- lack of trust and confidence in services
- more training for staff in cultural awareness
- holistic approach for assessment, for a tailored approach
- parents of 18–24-year-olds included in decision making

These themes were drawn from four focus groups with service users across the voluntary community sector

Demand, capacity and funding

- huge demand (demand is very high)
- lack of funding for Mental Health services
- workforce don't reflect the population, people you see don't look like them or understand them. Therefore, can't relate to them
- see multiple different temporary staff each time I go, re-tell my story every time
- demand for VCS increasing
- under fuelled, understaffed – deprioritise people
- staff not adequately trained to deal with issues
- GP access so overwhelming, they can't give people time and support needed
- no crisis supports for people of Ealing
- leadership has to be changed before changes take place
- in-balance between demand and capacity
- mental Health workers need to be embedded in local centres – community, youth and leisure facilities
- training and capacity building for all professionals and community workers
- trauma informed services

7. Stakeholder and service user consultation: Summary of the key points

- rising need and demand amidst workforce recruitment and retention issues, under a backdrop of funding pressures
- lower grade staff decision making – lack of skills and experience which impact hugely on clinical decision making
- more culturally appropriate therapies and psychological interventions required
- stigma around mental health, which may be more marked in certain cultures
- language is a huge barrier to accessing services
- stigma around poor mental health wellbeing and suicide which stops people from accessing support and help
- assumptions and lack of understanding about different cultures across services
- reasoning for poor mental well-being attributed to cultural beliefs for example person may be seen as ‘possessed’
- SPA – made no difference, has made things more difficult
- primary care is inaccessible as can’t get an appointment
- MINT service – worse now and no faith in service
- services and intervention are tailored for the “White British” population
- under fuelled, understaffed – deprioritises people
- transformation has led to fragmentation of services
- community based provision model is needed, including community participation
- parents of 18–24-year-olds should be included in decision making
- cultural needs are not prioritised in service delivery for example. IAPT, came out of IAPT feeling more depressed
- IT self-services are very complicated, need IT classes first as there is a lack of required skills
- workforce don’t reflect the population, professionals you see don’t look like them or understand them
- training and capacity building for all professionals and community workers required

7. Stakeholder and service user consultation: Recommendations for Ealing

- assess the gap between need and access to mental health services and explore ways to reduce it. Consider work to explore the barriers to seeking mental health treatment
- to improve the capacity and capability of local mental health services workforce, by conducting a workforce needs assessment and ensuring that the workforce represents the population it services
- promote a culture of understanding equality and diversity and the impact of inequalities within all staff working in mental health (including executive members) and consider developing a mandatory training programme for all staff
- to ensure all services can be accessible so anyone whose first language isn't English or has a disability can access the local services
- independent review of mental health services to understand if they are culturally competent and actions for improvement locally
- taking a contextual approach to understand the stigma and embarrassment associated with mental health in all communities, particularly around language and values
- to consider commissioning local community and VCS organisation to provide frontline support to those struggling with their mental health
- to improve the MINT and talking therapies offer locally, ensuring that it is accessible and culturally competent
- to embed a workplace wellbeing offer in all employers including anchor institutions, large, medium and small business in Ealing
- consider commissioning services for those that face trauma and ensuring that all our frontline services are trauma informed
- ensure that those who are not digitally literate have access to information about mental health resources, particularly older people, and those in with learning disabilities
- to take a family approach to those in crisis, particularly for those between the ages of 18-24

8. Evidence Base: What works - effective interventions

The body of evidence on effective actions and interventions that can be undertaken to prevent mental health problems and promote good mental health is growing rapidly. The prevention concordat for mental health reviewed various sources of evidence and divided the actions and interventions into the following categories:

1. **Whole population approaches**
2. **Targeted prevention approaches**
3. **Life stage specific approaches**

1. Whole population approaches	
<p>Description</p> <p>Considering how to support good mental health across a whole population by strengthening individuals and communities, creating healthy places and addressing wider determinants</p>	<p>Example</p> <p>Create and protect green spaces within neighbourhoods to generate better physical and mental health outcomes for individuals and communities. Accessing green spaces can not only encourage physical activity, but also offer other benefits such as greater community cohesion and less social isolation; opportunities for meaningful volunteering experiences</p>
2. Targeted prevention approaches	
<p>Description</p> <p>Consider how to target support to groups facing higher risk, Individuals with signs and symptoms and people living with mental health problems</p>	<p>Example</p> <p>Work jointly to deliver the local elements of the National Suicide Prevention Strategy, including developing a joint local suicide prevention plan aimed at a 10% reduction in incidents of suicide. These plans should set out targeted actions in line with PHE guidance and draw on local evidence around suicide, including a strong focus on primary care, alcohol and drug misuse</p>
3. Life stage specific approaches	
<p>Description</p> <p>Considering how to support good mental health across the life course, from family formation and pregnancy through adulthood and later life</p>	<p>Example</p> <p>Children and families</p> <p>Insuring families at greater risk can access evidence-based support, such as provision of family-based interventions that are showing promising results, including: the Solihull Approach; Mellow Parenting; Strengthening Families, Strengthening Communities; and Incredible Years</p> <p>Working age</p> <p>Work with local business leaders and employers to embed a whole workplace approach, such as supporting them to adopt the Workplace Wellbeing Charter 130 and *undertaking interventions to prevent stress, depression and anxiety problems</p> <p>Older adults</p> <p>Develop physical activity programmes for older people and ensure that these are accessible – for example, through social prescribing – including partnerships with local leisure facilities, community centres and allotment associations.</p>

8. Evidence Base: NICE Guidance

NICE Guidance

NICE aims to improve outcomes for people using the NHS, public health and social care services by producing evidence-based guidance and advice for health, public health and social care practitioners. NICE has set a range of recommended guidance, pathways and quality standards for Mental Health services. These help set the thresholds for how services should be run locally and provide a set of indicators that services can be measured against.

Mental Health and Wellbeing

This set of guidance provides evidence-based recommendations for mental health and well-being services across the life course from antenatal, workplace and independence in older people. The Quality standards within this guidance provide recommendations for patient safety, experience, and clinical effectiveness across all ages and vulnerable groups to include service users, looked after children, people with learning disabilities and BAMER communities.

Mental Health and Behavioural conditions

This section provides evidence-based guidance on condition-based topics - for example addiction, bi-polar and self-harm. The guidance provides evidence based recommendations about identification, management and therapeutic options. It also includes key broader clinical guidelines on “common mental health problems: identification and pathways to care” and “psychosis and schizophrenia: prevention and management”.



9. The Impact of Covid-19

The impact of COVID-19 on mental health

COVID-19 has had a significant impact on people's mental health, as they have grappled with health, social and economic impact of the pandemic. Plenty of us became more anxious; but for some COVID-19 has sparked or amplified much more serious mental health problems. A great number of people have reported psychological distress and symptoms of depression, anxiety or post-traumatic stress.

Some groups of people have been affected much more than others. Faced with extended school and university closures young people have been left vulnerable to social isolation and disconnectedness which can fuel feelings of anxiety, uncertainty and loneliness and lead to affective and behavioural problems. For some children and adolescents being made to stay at home may have increased the risk of family stress or abuse, which are risk factors for mental health problems. Women have similarly faced greater stress in homes, with one rapid assessment reporting that 45% of women had experienced some form of violence, either directly or indirectly during the first year of the pandemic ([World Health Organisation](#), 2022).

In the spring of 2021, [MIND](#) conducted a survey of nearly 12,000 people with MH problems in England and Wales (10,023 adults aged 25+ and 1,756 young people aged 13-24) (Report: "Coronavirus: the consequences for mental health", July 2021). On the question of the pandemic impact on their mental health over the previous year, the results showed that lack of personal contact with loved ones, loneliness and worries about getting or spreading coronavirus made people's mental health worse. Loneliness hit young people's mental health hardest – nearly nine in ten (88%) young people said it made their mental health worse. Young people (53%) and people receiving benefits (48%) were most likely to say that thoughts about money had a negative impact on their mental health.

When asked about their coping mechanisms during the pandemic, spending time outside was the most popular way to cope – three quarters (75%) of adults and young people have coped by going outside. However, young people were most likely to use negative ways to cope. A third (32%) of young people have self-harmed, making them more than twice as likely to have coped by self-harming than adults (14%). Also, over three quarters (76%) of adults and young people (78%) have been over or under-eating to cope with the pandemic.

More than a quarter (26%) of adults and 18% of young people who took part in the survey experienced mental distress for the first time during the pandemic.

[Ealing's Annual Public Health Report 2022](#) has more details on the impact of the pandemic locally.

*"Coronavirus delayed the help I needed to receive and made a lot of things either online or via phone which worsened my anxiety".
(Young person survey participant)*

Figure 54 – 'Coronavirus: the consequences for mental health' report, MIND

*"I have never suffered with mental health issues, but felt close to a breakdown recently."
(Adult survey participant)*

Figure 55 – 'Coronavirus: the consequences for mental Health' report, MIND

*"The lockdown made the world a less busy place and allowed me more time with nature and peace from other people."
(Adult survey participant)*

Figure 56 – 'Coronavirus: the consequences for mental Health' report, MIND

Appendix A: References 1

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Introduction section

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What works – effective interventions

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1.1 - Mental health and wellbeing: what works - effective interventions

EACS

Maria, a 32 year-old British woman of mixed heritage, attended 44 sessions of psychotherapy at EACS over the course of a year. She had a history of violent sexual abuse in her teens and following a recent sexual assault, she had made a suicide attempt and received support from the Crisis Team and Women and Girls network. She wanted to explore her past trauma further as she felt deeply confused and partly blamed herself. She found it difficult to sustain healthy relationships and to open up with friends as she feared being a burden. She often dissociated and had flashbacks and nightmares.

Her initial aim was to reach a point where she could open up with her friends about her past and trust that they would not reject her. However, whenever she attempted to speak about her distressing memories in therapy, she became overwhelmed and frequently dissociated during the sessions. Her counsellor helped her come back to herself and to contact her senses. They worked together to help her become more aware of her triggers and warning signs without re-traumatising herself. They also worked with her feelings of being a burden on her counsellor and how this paralleled her difficulty in trusting she could open up to her friends. Her suicidal ideation fluctuated over the course of the year but she developed a crisis plan with her counsellor and was in regular contact with her GP.

Through the work, Maria became more aware of the different parts of her – the part that wanted to take her own life for fear that others would not take her seriously and the part that wanted to live and be supported. Gradually, she was able to bring her authentic anger about the abuse to therapy and to feel compassion for herself, realising she was not to blame. Towards the end of the year, she began a new relationship which she described as supportive and reported being able to speak more freely to friends. Although she was aware of the part of her that could still do harm to herself, she was clearer in her mind that she wanted to live.

Community Activity Project Ealing (CAPE)

CAPE is a dynamic organisation that has been reaching out and bridging the gap in provision for those with complex mental health issues in Ealing for over 25 years.

By its very nature, CAPE is required to change as the needs of the people with complex mental health issues in our communities change and the external environment evolves. Over our 25-year history, every aspect of our services has developed and been adapted to meet the articulated needs of our client group. We have been brave and creative in testing and piloting new models of working and support individuals through: strength based 1-2-1 psychological support focused Therapeutic Services (psychotherapy) and therapy groups, signposting & reconnecting into the community.

At CAPE our vision is for a world where individuals experiencing complex and enduring mental ill health build their emotional resilience and can live a fulfilled life. We value the potential of every individual. Their skills, capacity, knowledge, potential and connections to live the life they choose. We promote collaborative models of working for individuals - enabling each to become their own co-producer of positive mental health.

CAPE works with up to 300 people per annum of which 100% are comorbid (more than one mental health diagnosis). Paranoid schizophrenia, followed by complex depression are our highest presenting diagnosis. We work alongside our health and voluntary sector partners to ensure we get to and support those most in need to stay well in our communities.

Quote from client 'I was on a life support machine that had been unplugged, coming to CAPE has meant my life support has been plugged back in and I am alive'

Quote from client 'You are the best thing that has come from my diagnosis

- Mental health and wellbeing: what our stakeholders said

RAMHP Report for Presentation (GD)

West London NHS Trust provides the Mental & Physical Healthcare services for Rough Sleepers within the tri Borough area of Ealing, Hammersmith & Fulham and Hounslow.

The Team went live on 31st March 2020.

The Rough Sleepers Team specialises in providing community mental and physical health care via outreach for street homeless people in the three Boroughs.

Services are provided on the streets via overnight and early morning out of hours shifts where engagement is found to be most productive. Physical healthcare checks are also offered as well as urgent registration with a GP.

The Team is part of the Community and Recovery Service pathway in West London and part of a wider network of statutory and 3rd sector organisations supporting homeless healthcare across the three Boroughs.

Our principal partners are the St Mungo's & Thamesreach Outreach Services which operate in all three Boroughs.

RAMHP offers assessments of mental health, physical health and social care needs for accepted referrals, with a range of possible interventions for the clients we work with.

Update since beginning of Service

Since launch we have assisted or provided interventions in three Boroughs for 550 people. Of these 110 met the criteria for Hospital admission. Two people have returned to rough sleeping due to a deterioration in their mental health and we continue to work with them.

Many of those were rough sleeping for 5 – 20 years. Our interventions have given an opportunity to re engage and reconnect with a range of health based services which provide benefits in many ways. Some have also received support and assistance reconnecting with families.

Lets go Southall

The Lets Go Southall (LGS) is a community led initiative established to enable people and the communities who live, work in Southall, or have local connections to promote **social movement** as a way of leading healthier lives and making Southall a better place to live. Funded by Sport England and driven by Ealing Council, we have brought together a cross range of local community stakeholders and partners, to help residents make lasting changes to their lifestyles, benefit from local support networks and develop how they can lead their people.

It is a co-designed approach that empowers Southall residents – through providing skills, knowledge and opportunities to get involved. The campaigns we run are here for the whole community, individuals, families, teachers, leaders, all ages and all backgrounds.

It is grounded in the **community** as a movement working towards improving some of the inequalities that Southall faces. Establishing where inequalities impact people the most, we have been developing autonomy, capacity and resources needed for them to become happier and healthier. We are creating a whole systems approach which considers the way in which we can all benefit and embed community led change.

We deliver a wide range of free activities and interventions, aimed at improving wellbeing at an individual and community level. Coming together to take part in fun, free activities make people feel a sense of belonging and with our local **Active Communities Team** made up of local residents, the large amount of people who are not active are more likely to get involved.

Southall is pioneering the way forward in local people taking action in changing the world around them for the better. By developing the change agency that local people have we are influencing wider system change to consider physical activity as a global intervention that creates solution to shaping the local and national health policies of the future.

Let's Ride Southall - Free Bike Giveaway- Climate Action

One of our campaign areas is to improve Southall as a place to live and work. towards as a community tackling the climate emergency and need to improve our mental and physical wellbeing. Let's Ride Southall is an initiative to promote healthy, active habits through cycling within Southall.

To encourage Southall residents, we are providing **free bicycle and maintenance training, along with providing 2500 free bicycles to the residents of Southall (including thirty-five bespoke adaptable bicycles)**. We have been collaborating with schools, faith leaders, health partners that work in Southall to get involved in creating more active travel behaviours.

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Chaudhury Rasool - Business Information Manager

Also:

Mental Health JSNA Steering Group

Mental Health and SP Board

West London Trust

Ealing Borough Based Partnership

Ealing Public Health/Commissioning and Intelligence Teams

Voluntary/Community Sector

GOSAD

Let's Go Southall

EACH