Newham London

Mental Health Needs Assessment (2016-18)

NHS
Newham
Clinical Commissioning Group

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Executive Summary

The aim of this MHNA is to provide an accurate, intelligent data-based description of mental health & mental illness in Newham, in order to:

- Support local authority and CCG commissioning,
- Inform statutory organisations and their employees,
- Provide a reliable source document for public, community, student and media use.

It has been produced by senior officers from Newham public health, policy & research and adult social care directorates and senior representatives from Newham CCG. Data sources include national data, local surveys, NHS data (GP, community and specialised services), adult social care, employment and housing.

Key findings include:

General wellbeing and resilience

- The majority (77%) of Newham residents report being satisfied with their lives. Satisfaction with life is not necessarily the same as being mentally healthy but is related. Satisfaction varies by area, age, presence of disability and income.

Common mental illnesses (CMI)

- Approximately 70,000 Newham residents experience a common mental health problem each year and 29,000 residents are affected by anxiety and depression at any one time.

- The total number of people recorded as having common mental illness by Newham GPs is lower than that predicted by national surveys.

- It is not clear to what extent these differences are due to fewer people coming forward for help, under-diagnosis or under-recording of common mental illness or a combination of these factors. Given Newham's socio-economic profile it is unlikely to be due to actual lower levels of illness.

- Common mental illness is almost twice as common in women than in men.

- Common mental illness occurs in all ethnic groups. Newham GP data shows lower than expected levels of common mental illness for Black residents and particularly lower levels in the female Asian or Asian British ethnic groups.

- The Newham GP data confirms a clear correlation between higher levels of both common and severe mental illness and worse socio-economic conditions, as measured by income, employment rates, housing, etc.

Severe mental illnesses (SMI)

- The number of people recorded as having a severe mental illness (SMI) by Newham GPs is higher than that predicted from national surveys.

- There is a higher prevalence of severe mental illness in the Black ethnic group in Newham.

- The Newham GP data shows a clear association between the socio-economic environment and the prevalence of severe mental illness, with higher levels of illness in more deprived communities.

- The gap in mortality (death) rates between the general population in Newham and those with a severe mental illness is increasing.

Employment & mental illness

- Employment rates among people with a mental illness in Newham remain lower than for the general population. One third of working age Newham residents with a mental illness are employed, compared to two-thirds of the general working age population in Newham.

Access to services

- Audits of outpatient Newham mental health services have shown:
- under-representation of almost all Asian groups
- over-representation of White British clients
- under-representation of Black African clients in almost all services
- over-representation of 'Other Ethnic Groups'.

- Audit of Mental Health Act (MHA) detainees shows apparent under-representation of Asian groups (with the possible exception of the Bangladeshi community) and over-representation of Black or Black British groups. The majority of MHA detentions are for those with a psychotic illness.

Suicide and self-harm

- Whilst Newham has a lower suicide rate for both men and women, compared to the national suicide rate, there are still about 20 potentially preventable local deaths from suicide each year.

Key areas for action and further investigation

Considering the findings of the Needs Assessment, and the recommendations of the NHS Five Year Forward View for Mental Health, key areas for action include:

- employment and mental illness
- ethnicity and mental illness
- equitable access to appropriate services
- higher death rates in people with severe mental illness
- suicide prevention

Further work is also required to understand the following issues:

- dual diagnosis (mental illness & alcohol and/or drug misuse)
- crisis services
- perinatal mental illness & services

It is also important to know how accurate our recording of mental illness is by GPs and other services so that we can measure any changes in the mental health of Newham residents and whether our interventions are working or not.

Acknowledgements

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1 Background

1.1 Introduction

Mental Health is a fundamental component of all our lives. It affects our relationships, how we function day to day, and our ability to cope with and navigate challenges. Nationally, poor mental health represents around a quarter of the total burden of ill health, and can represent a significant barrier to gaining and maintaining employment. Improving mental health and wellbeing for residents is therefore a core part of Newham's goal to build resilience.

While the majority of clinical services are commissioned by the NHS, we know that mental health issues do not occur in isolation and some of the most effective things we can do to improve mental health are to address wider social, economic and environmental conditions.

In addition to its statutory duties in caring for people with a significant mental disorder, working closely with the NHS, the London Borough of Newham (LBN) has an important role to play in promoting good mental health and preventing mental illness.

1.2 What does it mean to have a mental illness?

We all have mental health and physical health. Both change throughout our lives and like our bodies, our minds can become unwell. The best way to try to understand what mental health and illness means to people, and how it affects us and those around us, is to hear it in our own words:

Common mental health disorders
Anxiety
Depression
OCD
Phobias
Panic attacks
PTSD
Psychosis

MIND - Your Stories
Time to Change - Personal Stories
Specialist mental health services 1
Specialist mental health services 2

1.3 Types of mental health problems / illnesses

Mental health includes our emotional, psychological, and social wellbeing. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.[1]. We all experience fluctuations in our emotional state or mood but for many of us, at certain periods in our life, this can be to such an extent that we can be defined as having a diagnosed mental illness.

The majority of us who experience mental health problems can get over them or learn to live with them, especially if we get help early on.

Most mental health symptoms have traditionally been divided into groups of either 'neurotic' or 'psychotic' symptoms. 'Neurotic' covers those symptoms which can be regarded as severe forms of normal emotional experiences, such as depression, anxiety or panic. These conditions are now more frequently referred to as 'common mental health problems' or 'common mental illnesses' (CMI).

Less common are 'psychotic' symptoms, which interfere with a person's perception of reality, and may include hallucinations such as seeing, hearing, smelling or feeling things that no one else can. These types of conditions are referred to as severe mental illness (SMI).

Although certain symptoms are common in specific mental health problems, no two people behave in exactly the same way when they are unwell. Additionally people may have more than one diagnosed mental illness concurrently. Many people who live with a mental health problem, or are developing one, try to keep their feelings hidden because they are afraid of other people's reactions – stigma is still a reality for many.

Like other illnesses such as diabetes, heart disease or a broken leg — one can live with mental illness and to varying extents recover from it. Most people with mental illnesses who are diagnosed and treated will respond well and live productive lives. There is a range of effective treatments for most mental illnesses and many people will never have the same problem again.

Recovery is not an end state; it does not mean that the individual no longer has depression, schizophrenia or another mental illness. Recovery means that the person has stabilised and regained their role in society.[2]

[1] http://www.mentalhealth.org/basics/what-is-mental-health

[2] http://wmhp.cmhaontario.ca/workplace-mental-health-core-concepts-issues/what-is-mental-health-and-mental-illness

1.4 How common are mental health illnesses?

Mental health illness is very common. About a quarter of the population experience some kind of mental health problem in any one year. Anxiety and depression are the most common problems, with 1 in 10 people affected at any one time. Anxiety and depression can be severe and long-lasting and have a big impact on people's ability to get on with life.

Between one and two in every 100 people experience a severe mental illness, such as bi-polar disorder or schizophrenia. People affected may hear voices, see things no one else sees, hold unusual or irrational beliefs, feel unrealistically powerful, or read particular meanings into everyday events.

Key statistics[3]:

- Most adults with CMI or SMI experience their first episode of mental illness before the age of 16.
- Adversity in childhood increases the likelihood of mental illness in adulthood: e.g. non-consensual intercourse before the age of 16 increases the odds of psychosis in adulthood 10-fold.
- People with extensive experience of physical and sexual abuse both as a child and as an adult are 15 times more likely to have multiple mental disorders than people without such experiences.
- In England, at any one time, about 1 person in six (18%) aged 16–64 will have had a common mental illness (such as anxiety or depression) in the past week.
- Common mental illnesses are more likely in women (22%) than men (14%) of working age. This is also true of eating disorders.
- Common mental disorders tend to be highest in midlife, among particular black and minority ethnic groups, and in those living in low-income households.
- Psychotic disorders also arise more commonly in black and minority ethnic communities; e.g. schizophrenia is five times more common in black communities.

[3] CMO Annual Report 2013 Chp 7
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413196/CMO_web_doc.pdf

- People living in cold homes and those who are in debt have higher chances of developing mental illness, even after controlling for low income.

- Common mental disorders are twice as frequent in carers who are caring more than 20 hours a week than in the general population.

- A quarter (24%) of people with common mental disorders were in receipt of some kind of mental health medication or therapy. Some 76% were not.

- Mental health problems represent up to 23% of the total burden of ill health – the largest single cause of disability.

1.5 What causes mental health problems and / or illnesses? [4] [5]

Mental health problems can have a wide range of causes. In most cases, no one is sure precisely what the cause of a particular problem is. We can often point to things that trigger a period of poor mental health but some people tend to be more deeply affected by these things than others.

When the demands placed on any individual exceeds their resources and coping abilities (resilience), their mental health will be negatively affected.

The following factors may increase your risk of developing mental health problems:

Pregnancy and childhood

- experiences in the womb — for example, maternal exposure to viruses, toxins, drugs or alcohol during pregnancy
- poor maternal mental health and/or maternal stress during pregnancy
- genetic / familial factors
- low birth weight
- poor parenting skills
- childhood abuse, trauma, violence or neglect.

Socioeconomic

- social disadvantage, poverty or debt
- homelessness or poor housing
- unemployment.

[4] http://www.mind.org.uk/media/619080/understanding-mental-health-problems-2014.pdf

[5] http://www.mayoclinic.org/diseases-conditions/mental-illness/basics/risk-factors/con-20033813

Circumstantial

- levels of personal and workplace stress
- stressful life situations, such as financial problems, the death of someone close to you or a divorce
- social isolation, loneliness or discrimination - having few friends or few healthy relationships
- a previous mental illness
- caring for a family member or friend
- a long-term physical health condition, such as a disability or cancer
- lifestyle and health behaviours –including the use of legal & illegal drugs
- significant trauma as an adult, such as military combat, being involved in a serious accident or being the victim of a violent crime
- physical causes – for example, a head injury or a condition such as epilepsy can have an impact on behaviour and mood.

Many aspects of people's lives are woven together and are linked with mental illness in adulthood.[6] These include:

- **adversity in childhood** (such as experience of child sexual abuse and presence of emotional and conduct disorders in childhood)
- **demographics** (being female; in midlife; belonging to particular ethnic groups; and lacking educational qualifications)
- **socio-economic context** (living in social housing; on a low income; in debt; poor housing conditions; and lacking employment or in stressful working conditions)
- **social relationships** (separation or divorce; living as a one-person family unit or as a lone parent; and experience of violence or abuse)
- **health, disability and health behaviours** (low predicted IQ; impaired functioning; physical health conditions; nicotine, alcohol and illicit drug consumption).

[6] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413196/CMO_web_doc.pdf Chp 7

2 National drivers and policies

The most recent summary of UK national mental health policy is to be found in The Five Year Forward View for Mental Health, published in February 2016 with the corresponding NHS England Implementation Plan.[7]

This report highlighted the need for:

- **Parity of esteem**[8] between mental and physical health at all ages
- Equitable **access to good quality** mental health **care**
- Decent places to **live**, **jobs** or good **quality relationships** within local communities
- Tackling the **inequalities** arising from mental health problems disproportionately affecting people living in **poverty**, those who are **unemployed** and who already face **discrimination.**

More specific policy issues identified included:

- Although **psychological therapies** such as counselling or other 'talking therapies' have expanded , only 15% of people who need it currently get care .
- More action is needed to help people with anxiety and depression to **find or keep a job**.
- Ensure that people with **long-term conditions** have their physical and mental health care needs met.
- People with mental health problems receive **poorer physical health care**.
- At present only half of the country offers a **24/7 community-based mental health crisis service.**
- Only a minority of A&E departments currently have **24/7 liaison mental health services,** even though peak hours for people presenting to A&E with mental health crises are 11pm-7am.
- One in five mothers suffers from mental health problems during pregnancy or in the first year after childbirth, yet fewer than 15% of areas have the necessary **perinatal mental health services** and more than 40% provide none at all.
- **Suicide** is rising after many years of decline.

Local data relating to many of these policy issues will be included in Chapter 8 of this report.

[7] https://www.england.nhs.uk/mentalhealth/2016/02/15/fyfv-mh/
[8] Parity of esteem = giving equal importance to mental and physical health.

3 Newham context

Newham is different to many local authorities in terms of its demography which impacts on the risk and resilience factors described above in section 1. LINK TO NEWHAM JSNA ONCE LINK AVAILABLE

There are some important differences in Newham's population compared with England which impact on levels of health, including mental health. Newham's population is 332,600 residents (GLA 2014 round population projection for 2015)[9] and 378,000 patients registered with Newham GPs (April 2015).[10]

Population growth: Newham's population has been growing rapidly and continues to do so with a predicted rise of 72,000 people (22%) between 2015 and 2030. In the next five years between 2015 and 2020 there are predicted to be an additional 27,500 people (8.2% increase) living in the Borough. The growth in the population is not uniform in terms of geography or age, with the greatest numerical increases by 2030 in the 5-year age-bands between 35-49.

Deprivation & Income: Levels of deprivation are falling (improving since 2010 scores), but Newham is still the 25th most deprived borough in England. Over the last decade (up to 2012/13), the median income in Newham has increased by 60%. However the median incomes in Newham were historically low therefore the current median income is still lower than London and all London comparators. The 2015 IMD[11] summary measure of income deprivation reported that there were 53,200 (22%) of the population who were income deprived, defined as being in receipt of a range of benefits.

Housing: The IMD 2015 data ranked Newham as the worst in the country for barriers to housing and services. The underlying indicators within this domain for housing include overcrowding, affordability and homelessness. Newham had the highest rate of overcrowding in England with a quarter of all households overcrowded compared with 4.5% for England. In terms of people, 44% (140,000) of adults in the borough were in overcrowded households.

Turnover and churn: Turnover (the total number of people moving in and out of the borough) is 46/1,000 which is slightly higher than London and the average for England districts. However; churn, which includes movements within the borough as well as movements in and out, was

[9] GLA 2014 round population projection, strategic housing and land availability assessment (SHLAA)-based short-term migration assumption, capped household size model.
[10] 91% of the people registered with a GP in Newham have a Newham address and 98% of people who live in Newham are registered with a Newham GP.
[11] Index of Multiple Deprivation

much higher at 321/1,000 in 2014. This is likely to reflect the young age of the population and high number of people in rented properties. High churn puts services under additional pressure due to repeated GP and service registrations and loss of contact with services.

Age: The average age in Newham is 31 years compared with 40 years in England.

Gender: There are 14,000 more men (52%) in Newham than women (48%).

Ethnicity: Newham is the most diverse local authority in the UK, with no single ethnic group in the majority. The largest population group is Asian and is predominantly in the north and east of the borough. Population growth is predicted to be highest amongst middle aged and older Asians.

Specific risk and resilience factors for mental illness and mental health are summarised in the graphic below:[12]

Risk and resilience factors in mental health

Levels	Risk Factor		Resilience Factor
Individual Attributes	Low self-esteem	⟷	Self-esteem, confidence
	Cognitive/emotional immaturity	⟷	Ability to solve problems and manage stress or adversity
	Poor communication skills	⟷	Good communication skills
	Physical illness, alcohol and substance abuse	⟷	Physical health, fitness
Families and Social Circumstances	Use of alcohol/tobacco/drugs during pregnancy	⟷	Good antenatal maternal health
	Early neglect, family conflict looked after child	⟷	Good parenting/secure attachment
	Difficulties or failure at school	⟷	Educational achievement
	Exposure to violence/abuse	⟷	Physical security and safety
	Loneliness, bereavement	⟷	Relationships, social support, family and friends, social connectedness
	Low income and poverty	⟷	Economic security
	Work stress, unemployment	⟷	Satisfaction and success at work
Community Factors	Isolation	⟷	Connected communities, social cohesion, strong voluntary sector
	Lack of influence/control	⟷	Local community influence and participation
	Crime, fear of crime and anti-social behaviour	⟷	Physical security and safety
	Poor quality, poorly maintained local environment	⟷	Pleasant physical surroundings that support community integration
Environmental Factors	Poor access to basic facilities (housing, jobs, open space)	⟷	Equality of access to basic facilities
	Poor access to health/mental health services	⟷	Easy, equitable access to health services
	Injustice and discrimination	⟷	Social justice, tolerance, integration
	Social and gender inequalities	⟷	Social and gender equality

[12] SHINE - a London mental health 2020 roadmap and a citywide conversation on mental health. London Health Board, Greater London Authority, 2016.

Some of Newham's demographic differences represent risk factors for mental illness, such as the higher levels of deprivation and prevalence of some specific ethnic groups.

Newham Council is committed to building **resilience** across the borough to address these differences and thereby to protect against the development of further mental illness.

"For us resilience is much more than just being able to bounce back from a single damaging event. It is about possessing the skills and having access to the resources that allow us to negotiate challenges, overcome the more difficult circumstances we may experience, and take up opportunities that come our way. Thriving and getting the most out of our lives requires a mix of community, personal, and economic resilience." [13]

There are a number of reasons and benefits why a local authority should work closely with NHS commissioners and seek to invest in the mental health of its residents:

- The 2012 Health and Social Care Act gave each local authority a duty to take such steps, as it considers appropriate, to improve the health of residents.[14]

- There is increasing evidence to show that good mental health contributes to the resilience, sustainability and improved social and economic outcomes for communities, which in turn enhances their mental and physical health.[15]

- Almost all areas of a local authority's responsibility have the potential to contribute to good mental health and wellbeing. Decisions about housing, planning, transport, leisure and green spaces and other community services all directly affect mental health.[16]

[13] https://www.newham.gov.uk/Pages/Services/Resilience.aspx
[14] http://www.legislation.gov.uk/ukpga/2012/7/section/12/enacted
[15] http://www.local.gov.uk/c/document_library/get_file?uuid=b6638d50-5edc-43f3-a9dc-05bce132bc7d&groupId=10180
[16] https://www.mind.org.uk/media/343118/No_Health_Without_Mental_Health_Local_Authorities.pdf

Benefits of improved mental health		
Individuals	**Local authority**	**Business**
Reduced ill-health Improved life expectancy Improved educational attainment Improved employment prospects Improved income Improved productivity Improved physical health	Reduces the impact of mental illness and poor wellbeing Delivers economic savings and benefits Reduces health and social inequalities Less crime Increased community resilience & support Increased volunteering	Less sickness absence Improved productivity Improved recruitment & retention

Together with Newham's Health and Wellbeing Board; Newham Clinical Commissioning Group and Newham Council have committed to improving the wellbeing and outcomes for people with mental health problems, through promoting good mental health, preventing mental illness and caring for people, as published in the Newham joint mental health strategy in 2015.[17]

[17] https://www.newham.gov.uk/Pages/Services/Strategies-and-plans.aspx

4 Data sources

This report uses a number of data sources throughout:

Data type	Description	Advantages	Disadvantages	Example
Modelled data	Applying the results of national surveys or research to the Newham population	Robust studies Allows comparison between areas Free	National survey sample may not be representative of local population and therefore the findings may not be accurate for Newham Surveys may be less recent	Adult Psychiatric Morbidity Survey[18]
Local surveys	Asking Newham residents directly	Give local specific results	Costs (time & money) Comparison with other areas not always possible	Newham Household Panel Survey[19]
NHS information	Information collected from clinical contacts with residents	Direct information on local needs National coding system, allowing comparisons	Variability in coding can make comparisons difficult Data incomplete Time-consuming to access and analyse	GP information systems Hospital & other specialist services information systems
Local authority information	Information collected from service contacts with residents	Direct information on local needs	Data incomplete Can be time-consuming to access and analyse	Adult social care, housing, employment support services
Other	Information collected from service contacts with residents	Direct information on local needs	Can be time-consuming to access and analyse	Voluntary sector, police, probation

In all of these settings, this information is recorded as part of personal services delivered to individuals and is fully confidential. Anonymised extracts from these information systems are used to assist in the planning of better services. No individual can be identified from this use of the information. This is the case for all of the information used in this report.

[18] *The Adult Psychiatric Morbidity Survey - Survey of Mental Health and Wellbeing, England, 2014* http://content.digital.nhs.uk/catalogue/PUB21748

[19] Newham Household Panel Survey (NHPS) "Understanding Newham" https://www.newham.gov.uk/Pages/Services/Our-research.aspx

5 Common mental illness (CMI)

5.1 How many residents experience common mental illness in Newham?

It is hard to get a totally accurate picture of the number of people in Newham with a common mental illness.

As already described in Section 1.4 above, national surveys indicate that about a quarter of the population experience some kind of mental health problem in any one year. Anxiety and depression are the most common problems, with around 1 in 10 people affected at any one time.

In crude terms this would equate to approximately 70,000 Newham residents experiencing a mental health problem each year and 29,000 affected by anxiety and depression at any one time.

However using the data sources described above in Section 4 can help us get a better idea of how many residents experience common mental illness in Newham.

5.2 Local surveys

Newham has invested in a number of surveys which look at the lives and experiences of our residents.[20] This research is important as it helps us to:

- understand what residents think and want on a range of issues
- make better decisions for our residents
- provide the best services possible
- develop policies to improve the lives of residents
- evaluate policies and services to make sure they are performing.

This section looks at what the latest survey tells us about the mental health and wellbeing of people in Newham.

Newham Household Panel Survey (wave 8 - 2015)[21]

The latest Newham Household Panel Survey was undertaken in 2015 (wave 8) and includes information on general wellbeing – for example, 77 per cent of residents say they are satisfied with their life overall. In addition, as part of delivering one of the Council's core objectives to strengthen residents' personal resilience, the survey allowed an assessment of how able people are to recover from stress or to 'bounce back' from stressful situations.

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[20] Newham Household Panel Survey (NHPS) "Understanding Newham" https://www.newham.gov.uk/Pages/Services/Our-research.aspx

[21] https://www.newham.gov.uk/Documents/Misc/Research-HouseholdSurvey8.pdf

The survey found that 21 per cent of residents could be said to have low resilience to stress, 74 per cent have medium resilience and five per cent have high resilience.[22] Social contact increases the likelihood of bouncing back from stressful and difficult situations.[23] This may partly explain why older people and those with long-term health conditions are less likely to cope with stressful situations.

Despite this finding, having access to one-to-one advice does not appear to have a very strong link with resilience. Residents who have access to advice from someone in their neighbourhood are equally as likely as those with no access to have low resilience to stress (20 and 21 per cent respectively).

Older residents and those with a limiting health condition or disability are more likely to have low resilience to stress: almost a third of residents who are 65 or older (32 per cent) and almost two-in-five of those with a long-term health condition (39 per cent) have a low resilience to stressful situations (compared with 21 per cent of all residents).

Those with no formal qualifications are more likely to have a tough time dealing with stress (28 per cent compared with 21 per cent of residents overall). Ethnicity does not appear to have a strong link with resilience to stress, with no significant difference between residents from different ethnic backgrounds.

In terms of poverty, a quarter of residents (27 per cent) who are in poverty (after housing costs are included) have a low resilience to stress. This compares with 16 per cent of those who are not in poverty (after housing costs are included). Housing costs are likely to be the key factor here, because if housing costs are excluded from the poverty measure there is no significant difference in resilience between those within poverty and those outside it.

Self-reported levels of wellbeing are clearly linked to residents' levels of resilience. For example, those more likely to be dissatisfied with their life overall are also more likely to display low levels of resilience (37 per cent compared with just 17 per cent of residents who report being satisfied with their life overall).

Similarly, residents who report being dissatisfied with their health are less resilient to stress compared with those who are satisfied with it (33 vs. 18 per cent), as are residents who are dissatisfied with their social life (31 per cent vs. 17 per cent who are satisfied with it).

[22] It is worth noting that the Brief Resilience Scale has not been tested on a population similar to Newham before. As such it may be the case that the threshold for the high resilience group may be set too high for example, which may account for the low proportion of residents in this group.

[23] Seventeen per cent of residents who meet up with friends or family at least twice a week have low resilience, rising to 27 per cent among those who meet friends and family only once or twice a month, and 40 per cent amongst residents who meet with friends and family less often than once a month or never.

5.3 General practice data

Not everyone with a mental health problem will go to see their general practitioner (GP) although many will for diagnosis, treatment or referral on to another service. These clinical contacts are recorded and the anonymised data can then be used to indicate how many people have seen Newham GPs because of a mental health issue.[24]

The following table shows the number (and percentage) of adult patients in Newham who have been diagnosed and recorded by GPs as having that specific mental illness diagnosis.[25] The information shows whether the patient has EVER had that diagnosis, except for depression, where the figures refer only to those who have been diagnosed with depression in the past 15 months.

Diagnosis	Number (women)	Number (men)	Total	% (women)	% (men)	Total %
Anxiety*	14017	9240	23257	10	6	8
Depression	2660	1804	4464	2	1	2
Phobias	364	270	634	<1	<1	<1
OCD	411	350	761	<1	<1	<1
CMD NOS**	5985	3694	9679	4	2	3
All CMI ^	22398	14174	36572	18	11	14

* Includes the diagnoses of Anxiety, General anxiety, Social anxiety and Health anxiety.

** In APMS 2014 CMD NOS is used (CMD not otherwise specified). Previously this category was referred to as 'mixed anxiety/depression'.

^ All common mental illnesses (CMI) = Mixed anxiety and depressive disorder/ Generalised anxiety disorder/ Depressive episode/ All phobias/ Obsessive compulsive disorder/ Panic disorder / Post Traumatic Stress Disorder (PTSD). Does not sum all of above as individuals may have more than one diagnosis.

NB patients may have more than one diagnosis so the total number for CMI could be an overestimate.

The following tables compare what Newham GPs have recorded (CEG data) in 2015-16 with modelled or predicted data from the national Adult Psychiatric Morbidity Survey (APMS).[26] In summary, this is looking at whether the GP data shows the expected numbers of people with these diagnoses in Newham or whether there are differences to what we might expect from applying the national APMS survey data to Newham:

[24] Newham primary care medical information systems, received from Clinical Effectiveness Group (CEG) June 2016.
[25] Adults (16+) registered with Newham GPs – data for year April 2015 – March 2016.
[26] http://content.digital.nhs.uk/catalogue/PUB21748

Women

Diagnosis	CEG - women	%***	APMS (predicted) women	%***
Anxiety*	14017	10%	8950	7%
Depression	2660	2%	4850	4%
Phobias	364	<1%	4500	3%
OCD	411	<1%	2100	2%
Panic disorder	-	-	1100	<1%
CMD NOS**	5985	4%	12800	10%
ALL CMI^	22398	18%	27600	21%
Difference between APMS & CEG data for 'ALL CMI'	**Approx. 5200**			

Men

Diagnosis	CEG - men	%***	APMS (predicted) men	%***
Anxiety*	9240	6%	7500	5%
Depression	1804	1%	4200	3%
Phobias	270	<1%	2900	2%
OCD	350	<1%	1600	1%
Panic disorder			400	<1%
CMD NOS**	3694	2%	8800	6%
ALL CMI^	14174	11%	19900	13%
Difference between APMS & CEG data for 'ALL CMI'	**Approx 5700**			

* Includes the diagnoses of Anxiety, General anxiety, Social anxiety and Health anxiety.

** In APMS 2014 CMD NOS is used (CMD not otherwise specified). Previously this category was referred to as 'mixed anxiety/depression'.

*** % rounded to nearest whole number

^ All common mental illnesses (CMI) = Mixed anxiety and depressive disorder/ Generalised anxiety disorder/ Depressive episode/ All phobias/ Obsessive compulsive disorder/ Panic disorder/ Post Traumatic Stress Disorder (PTSD). Does not sum all of above as individuals may have more than one diagnosis.

NB caution should be exercised when comparing these two data sets as definitions and time frames may vary.

All persons

Diagnosis	CEG - all persons	%***	APMS (predicted) all persons[27]	%***
Anxiety*	23257	8%	16,550	6%
Depression	4464	2%	9,150	3%
Phobias	634	<1%	7,450	2%
OCD	761	<1%	3,850	1%
Panic disorder			1,600	<1%
CMD NOS**	9679	3%	21,950	8%
ALL CMI^	36572	14%	48,050	17%
Difference between APMS & CEG data for 'ALL CMI'	**Approx 11,500**			

* Includes the diagnoses of Anxiety, General anxiety, Social anxiety and Health anxiety.

** In APMS 2014 CMD NOS is used (CMD not otherwise specified). Previously this category was referred to as 'mixed anxiety/depression'.

*** % rounded to nearest whole number

^ All common mental illnesses (CMI) = Mixed anxiety and depressive disorder/ Generalised anxiety disorder/ Depressive episode/ All phobias/ Obsessive compulsive disorder/ Panic disorder/ Post Traumatic Stress Disorder (PTSD)

NB caution should be exercised when comparing these two data sets as definitions and time frames may vary.

In summary, local GP data suggests that in Newham there are approximately:

- 22400 women with a common mental illness,
- 14200 men with a common mental illness.

However the predicted levels of common mental illness in Newham derived from the APMS 2014 are between 25-40% higher:

- 27600 women with a common mental illness (23% higher),
- 19900 men with a common mental illness (40% higher).

Given that Newham has a higher rate of risk factors for mental illness (see previous sections) and a younger population (see below), it is likely that these APMS estimates are in fact lower than might be expected and the differences even greater.

[27] NB APMS columns do not sum to totals as participants may have more than one CMI. The measure used from the APMS is the total derived from summing the % prevalence data from each age group by gender rather than using the all age prevalence rate. This adjusts for Newham's younger population to some extent.

These differences between local data and predictions based on national data could be due to the following:

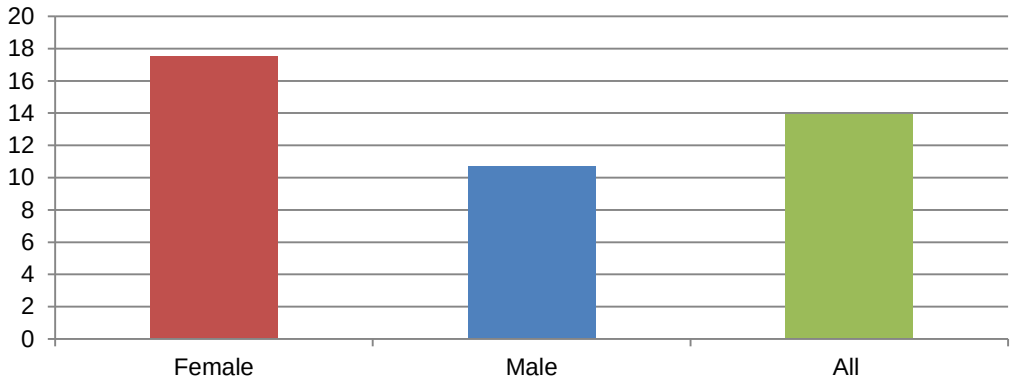
- true differences in the prevalence of mental illness,
- differences in the diagnosis of mental illness,
- differences in the coding or recording of mental illness within primary care,
- differences between the national and local populations (e.g. in terms of age, socioeconomic status, ethnic group),
- different time periods being considered.

As stated previously, given that our local population has a higher rate of risk factors for mental illness, it is less likely that Newham has an actual lower prevalence of mental illness. Further analysis is necessary to determine which of these possible reasons are the most significant contributors to these differences.

Gender [28]

Common Mental Illness in Newham: % by gender (18+) as at 1st April 2016

Source: CEG data analysed by Public Health Newham



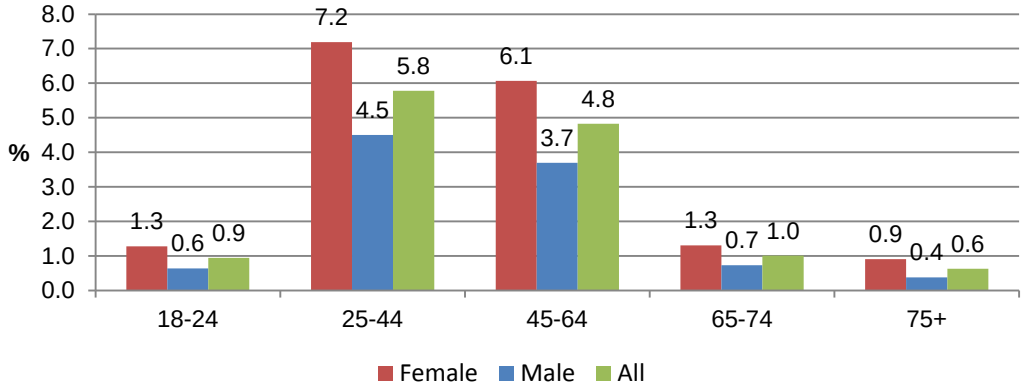
In keeping with national data, common mental illnesses are more commonly identified in women than in men. The all persons rate of 1 in 7 is similar to the national rate of 1 in 6 experiencing a common mental illness at any one time.

[28] In these charts, Common Mental Illness = the CEG categories of Common Mental Illness plus Post Traumatic Stress Disorder.

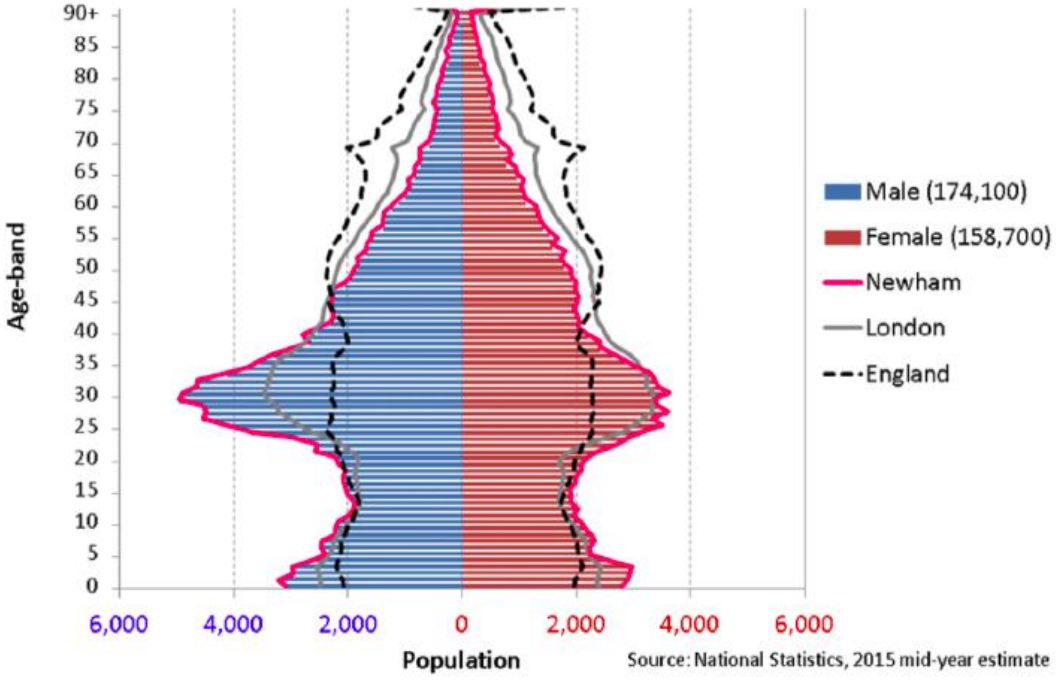
Age

Common Mental Illness in Newham: % by age group and gender as at 1st April 2016

Source: CEG data analysed by Public Health Newham



Although the majority of adults experience their first episode of mental illness before the age of 16, in Britain, and in Newham, the prevalence of mental illness peaks among people in their middle years (forties and fifties) as problems persisting from youth accumulate with new onsets. Prevalence is lowest among those in their sixties and seventies.[29]



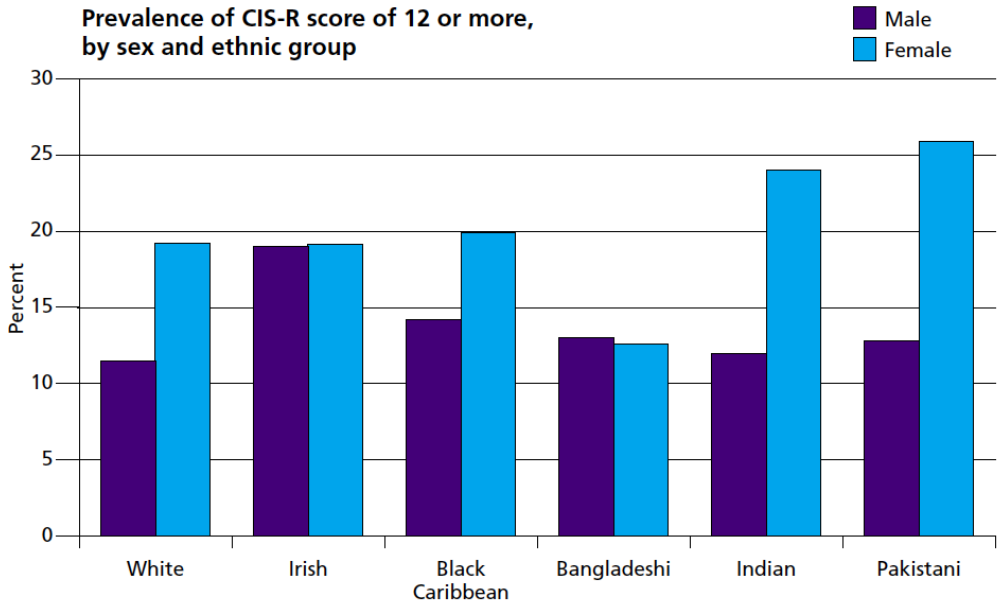
Newham has a young population relative to England as shown in the population 'pyramid' above. The 'bulge' in the population aged 20-40 years is similar to the peak prevalence for common mental illness. This implies that Newham should have a higher prevalence of mental illness than England. The prevalence of mental illness will not change as this 'bulge' ages but the absolute numbers will.

[29] https://www.gov.uk/government/publications/chief-medical-officer-cmo-annual-report-public-mental-health

Ethnicity

Nationally, there are disparities by ethnic group in the incidence rate of a number of mental illnesses, with several conditions being more common in some ethnic groups.[30]

National prevalence of common mental disorders by gender and ethnic group[31]



Source EMPIRIC (Sproston and Nazroo, 2002)

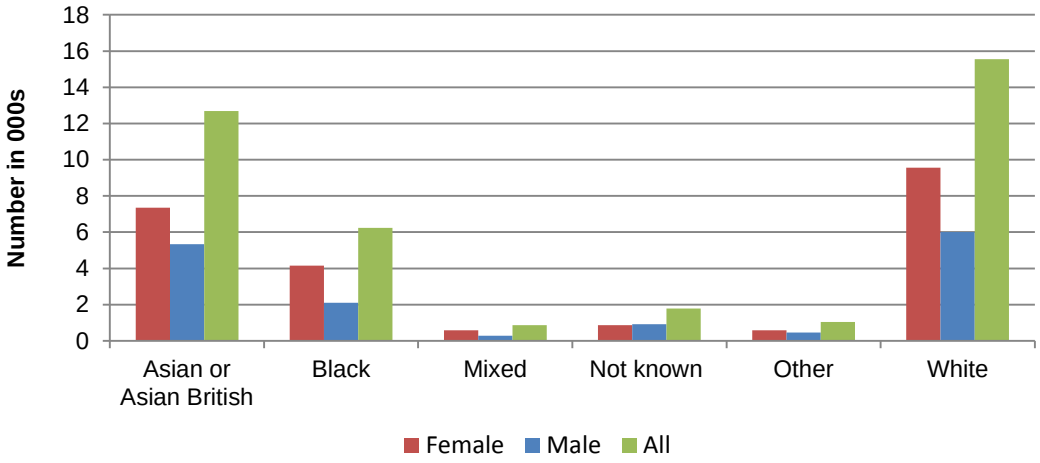
Compared with white counterparts, the national prevalence of common mental disorders (CMI) was higher among Irish and Pakistani men aged 35–54 years; and this was despite adjusting for differences in socio-economic status. Higher rates of CMI were also observed among Indian and Pakistani women aged 55–74 years, compared with white women of similar age. The prevalence of CMI among Bangladeshi women was lower than among white women, although this was restricted to those not interviewed in English. There were no differences in rates between black Caribbean and white samples.[32]

Ethnicity – GP services

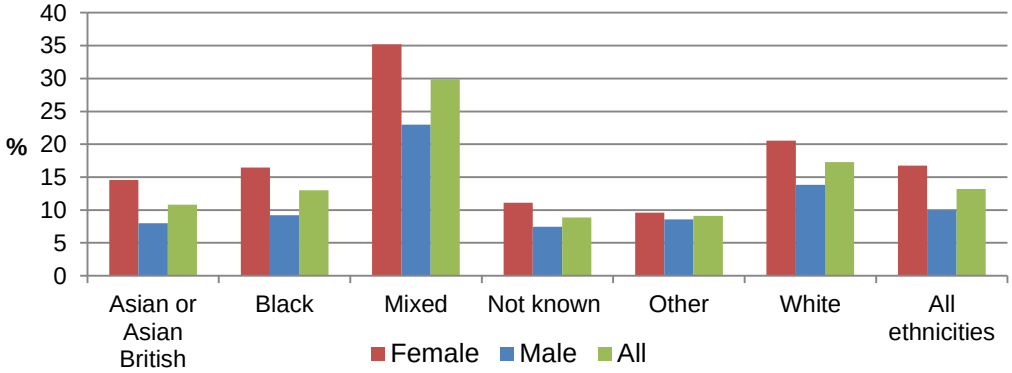
The Newham GP data on CMI is shown in the following two charts; firstly, the absolute numbers of people by ethnic group, and secondly, the proportion of each ethnic group with a CMI. They show a different picture to the national prevalence in the chart above, with lower than expected levels in Black residents and particularly lower levels in the female Asian or Asian British group.

[30] https://www.gov.uk/government/publications/chief-medical-officer-cmo-annual-report-public-mental-health
[31] CIS-R is an interviewer administered structured interview schedule used to identify CMD symptoms in the week prior to interview. A score of 12 or more indicates symptoms warranting clinical recognition, a score of 18 or more is considered severe and requiring intervention.
[32] Weich S, Nazroo J, Sproston K, McManus S, Blanchard M, Erens B, et al. Common mental disorders and ethnicity in England: the EMPIRIC study. Psychol Med 2004 Nov;34(8):1543-51.

Common Mental Illness in Newham: number in 000s by gender and ethnicity as at 1st April 2016
Source: CEG data analysed by Public Health Newham



Common Mental Illness in Newham: % by gender within each ethnic group as at 1st April 2016
Source: CEG data analysed by Public Health Newham



These lower than expected prevalence rates could be:

- a true reflection of the level of illness in these groups
- due to people from these communities not accessing GP services
- due to people from these communities not being diagnosed.

5.4 Deprivation

Nationally, people living in low income households are more likely to experience mental illness. For example, people in England living in households with the lowest income are more than three times more likely to have mental illness. [33]

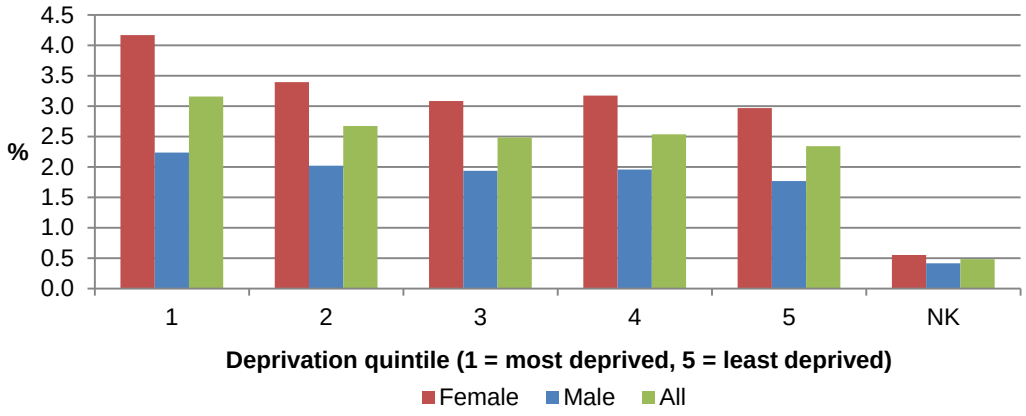
[33] https://www.gov.uk/government/publications/chief-medical-officer-cmo-annual-report-public-mental-health

Major depressive disorders are more frequent and persistent in less socially advantaged groups. CMI is less clearly socially patterned but in general are associated with social disadvantage. Both low income and debt are associated with mental illness, but the effect of income appears to be mediated largely by debt.

The Newham data on CMI also shows a clear correlation between the prevalence of mental illness and worse socio-economic conditions, as measured by levels of deprivation of where residents live:

Common Mental Illness in Newham: % by deprivation quintile as at 1st April 2016

Source: CEG data analysed by Public Health Newham



5.5 Geography & comparisons

The following charts are from the Public Health England Common Mental Health Profiles site and compare the rates of CMI across the London boroughs, benchmarked also against the rate for England overall. [34] For Newham, these show:

- a lower than national rate of depression (also lower than London average) as recorded by GPs,
- a lower rate of those reporting a long-term mental health problem (similar rate to London average)
- a similar rate of those reporting depression and anxiety combined (similar rate to London average)

[34] http://fingertips.phe.org.uk/profile-group/mental-health/profile/cmhp/ These profiles will be replaced by new Mental Health JSNA profiles by early 2017.

Depression: QOF incidence (18+)[35]

Area	Value	Lower CI	Upper CI
England	1.2	1.2	1.2
London NHS region	0.9	0.9	0.9
NHS Camden CCG	1.2	1.2	1.3
NHS Islington CCG	1.2	1.1	1.2
NHS Southwark CCG	1.2	1.1	1.2
NHS Lambeth CCG	1.1	1.1	1.2
NHS City And Hackney CC...	1.1	1.1	1.2
NHS West London (K&C &...	1.1	1.1	1.2
NHS Sutton CCG	1.1	1.0	1.1
NHS Bromley CCG	1.1	1.0	1.1
NHS Tower Hamlets CCG	1.0	1.0	1.1
NHS Hillingdon CCG	1.0	1.0	1.1
NHS Lewisham CCG	1.0	1.0	1.1
NHS Merton CCG	1.0	1.0	1.1
NHS Haringey CCG	1.0	0.9	1.0
NHS Hammersmith And Ful...	1.0	0.9	1.0
NHS Wandsworth CCG	0.9	0.9	1.0
NHS Barnet CCG	0.9	0.9	1.0
NHS Enfield CCG	0.9	0.9	0.9
NHS Brent CCG	0.9	0.8	0.9
NHS Central London (Wes...	0.8	0.8	0.8
NHS Croydon CCG	0.8	0.7	0.8
NHS Waltham Forest CCG	0.8	0.7	0.8
NHS Newham CCG	0.7	0.7	0.8
NHS Greenwich CCG	0.7	0.7	0.8
NHS Hounslow CCG	0.7	0.7	0.8
NHS Ealing CCG	0.7	0.7	0.8
NHS Barking And Dagenha...	0.7	0.7	0.7
NHS Kingston CCG	0.7	0.6	0.7
NHS Bexley CCG	0.6	0.6	0.6
NHS Redbridge CCG	0.6	0.6	0.6
NHS Harrow CCG	0.6	0.6	0.6
NHS Richmond CCG	0.6	0.5	0.6
NHS Havering CCG	0.6	0.5	0.6

Source: Quality and Outcomes Framework, NHS Health and Social Care Information Centre

[35] This indicator looks at the number of new cases of depression recorded on practice systems during the 2012/13 financial year.

Depression: Recorded prevalence (aged 18+)[36]

Area	Value	Lower CI	Upper CI
England	7.3	7.3	7.3
London NHS region	-	-	-
NHS Islington CCG	7.5	7.4	7.6
NHS Sutton CCG	7.1	7.0	7.3
NHS West London (K&C &...	6.9	6.8	7.0
NHS Bromley CCG	6.9	6.8	6.9
NHS City And Hackney CC...	6.6	6.5	6.7
NHS Lewisham CCG	6.4	6.3	6.5
NHS Lambeth CCG	6.3	6.2	6.4
NHS Camden CCG	6.3	6.2	6.4
NHS Southwark CCG	6.3	6.2	6.4
NHS Hillingdon CCG	6.1	6.0	6.2
NHS Hammersmith And Ful...	5.8	5.7	5.9
NHS Tower Hamlets CCG	5.7	5.6	5.8
NHS Merton CCG	5.7	5.6	5.8
NHS Barnet CCG	5.5	5.4	5.6
NHS Wandsworth CCG	5.3	5.2	5.3
NHS Haringey CCG	5.1	5.0	5.2
NHS Greenwich CCG	5.0	4.9	5.1
NHS Bexley CCG	4.9	4.8	5.0
NHS Croydon CCG	4.9	4.8	4.9
NHS Hounslow CCG	4.8	4.8	4.9
NHS Enfield CCG	4.8	4.7	4.9
NHS Waltham Forest CCG	4.8	4.7	4.9
NHS Kingston CCG	4.6	4.5	4.7
NHS Brent CCG	4.5	4.5	4.6
NHS Central London (Wes...	4.4	4.3	4.5
NHS Redbridge CCG	4.2	4.1	4.3
NHS Ealing CCG	4.1	4.1	4.2
NHS Barking And Dagenha...	4.1	4.0	4.2
NHS Newham CCG	4.1	4.1	4.2
NHS Harrow CCG	4.1	4.0	4.2
NHS Richmond CCG	4.0	3.9	4.1
NHS Havering CCG	3.6	3.5	3.7

Source: Quality and Outcomes Framework, NHS Health and Social Care Information Centre

It is estimated that in UK general practices, 50% of attending patients with depressive disorders do not have their symptoms recognised.[37] The previous two indicators have looked at the incidence and prevalence of depression, as recorded on GP systems. In contrast, the next two indicators examine the prevalence of mental illness among patients responding to a national General Practice survey:

[36] The percentage of patients aged 18 and over with depression, as recorded on practice disease registers, up to 2014-15.
[37] http://fingertips.phe.org.uk/profile-group/mental-health/profile/cmhp/

% reporting a long-term mental health problem[38]

Area	Value	Lower CI	Upper CI
England	5.1	5.0	5.1
London NHS region	-	-	-
NHS Camden CCG	6.5	5.7	7.4
NHS City And Hackney CC...	6.3	5.6	7.2
NHS Islington CCG	6.2	5.4	7.1
NHS West London (K&C &...	6.1	5.3	6.9
NHS Richmond CCG	5.9	5.1	7.0
NHS Central London (Wes...	5.9	5.0	6.8
NHS Lambeth CCG	5.6	5.0	6.2
NHS Lewisham CCG	5.5	4.9	6.3
NHS Hammersmith And Ful...	5.5	4.7	6.5
NHS Tower Hamlets CCG	5.4	4.7	6.2
NHS Greenwich CCG	5.0	4.4	5.8
NHS Waltham Forest CCG	4.9	4.2	5.6
NHS Bromley CCG	4.7	4.1	5.4
NHS Sutton CCG	4.6	3.8	5.6
NHS Bexley CCG	4.6	3.9	5.4
NHS Southwark CCG	4.5	3.9	5.2
NHS Haringey CCG	4.3	3.7	5.0
NHS Croydon CCG	4.2	3.7	4.8
NHS Newham CCG	4.2	3.6	4.9
NHS Barking And Dagenha...	4.1	3.4	5.0
NHS Enfield CCG	4.0	3.4	4.6
NHS Redbridge CCG	3.8	3.3	4.5
NHS Hounslow CCG	3.8	3.2	4.5
NHS Kingston CCG	3.8	3.1	4.6
NHS Hillingdon CCG	3.8	3.2	4.4
NHS Wandsworth CCG	3.6	3.1	4.2
NHS Brent CCG	3.5	3.0	4.0
NHS Ealing CCG	3.4	3.0	4.0
NHS Barnet CCG	3.4	2.9	3.9
NHS Merton CCG	3.4	2.8	4.1
NHS Havering CCG	3.3	2.7	4.0
NHS Harrow CCG	2.8	2.3	3.5

Source: GP patient survey, NHS England

Compared with benchmark Lower Similar Higher Not compared

Quality and Outcomes Framework data shows that 0.84% of patients in England have a recorded diagnosis of serious mental illness. The above table shows the percentage of patients responding to a national GP patient survey reporting that they had a long-term mental health problem – a much higher prevalence of 4.5%. This may reflect a likelihood for people with mental or physical illnesses to participate in patient surveys, but it could also indicate under-recording GP computer systems. Additionally, respondents may have been referring to CMI as well as SMI, depending on their interpretation of the question. [39]

[38] Long-term mental health problem among people visiting GP: Proportion of people completing GP patient survey who report that they have a long-term mental health problem.
[39] National GP patient survey - Percentage of all respondents to the question "Which, if any, of the following medical conditions do you have?" who answered "Long-term mental health problem".

The prevalence of depression and anxiety identified in this patient survey is also much higher than is recorded on GP systems (12.0% across England), perhaps because patients who have chronic conditions are more likely to respond (although results are weighted for known factors such as age). However, differences in the two prevalence estimates might also reflect under-diagnosis of depression in general practice.

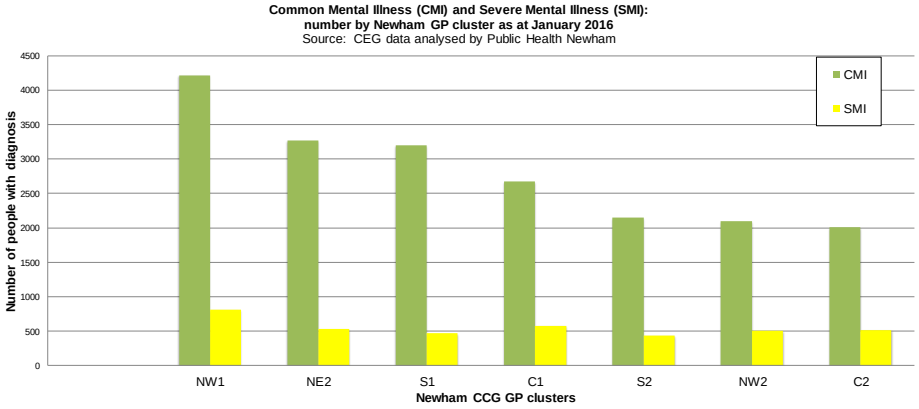
Depression and anxiety prevalence (GP survey)[40]

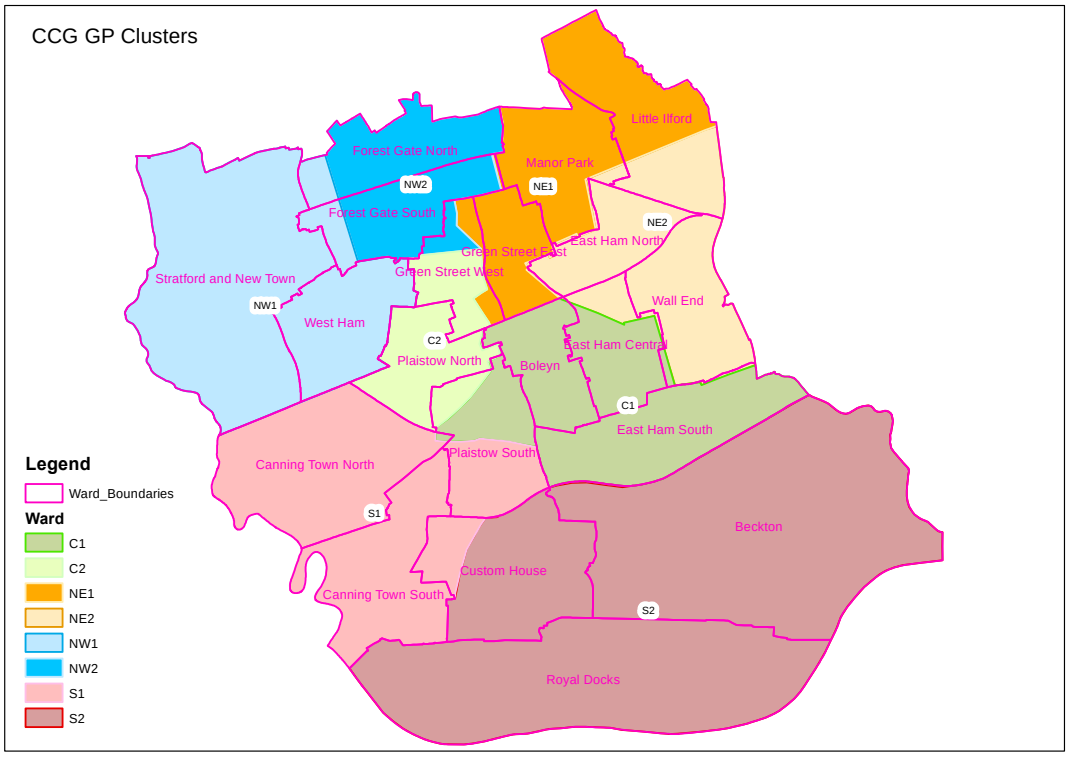
Area	Value	Lower CI	Upper CI
England	12.4	12.4	12.5
London NHS region	11.7*	-	-
NHS Camden CCG	15.1	13.9	16.3
NHS Islington CCG	14.9	13.7	16.1
NHS Central London (Wes...	14.8	13.5	16.1
NHS City And Hackney CC...	14.4	13.4	15.6
NHS West London (K&C &...	14.3	13.1	15.4
NHS Southwark CCG	13.4	12.4	14.5
NHS Bexley CCG	13.3	12.2	14.5
NHS Lewisham CCG	13.3	12.3	14.3
NHS Haringey CCG	13.0	12.0	14.1
NHS Tower Hamlets CCG	12.8	11.8	13.9
NHS Waltham Forest CCG	12.3	11.3	13.3
NHS Lambeth CCG	12.1	11.2	13.0
NHS Brent CCG	11.6	10.8	12.5
NHS Newham CCG	11.6	10.7	12.6
NHS Greenwich CCG	11.6	10.6	12.6
NHS Redbridge CCG	11.4	10.5	12.4
NHS Hammersmith And Ful...	11.3	10.2	12.5
NHS Barking And Dagenha...	11.2	10.1	12.5
NHS Enfield CCG	11.2	10.2	12.1
NHS Hounslow CCG	11.0	10.1	12.0
NHS Bromley CCG	10.7	9.9	11.6
NHS Wandsworth CCG	10.7	9.9	11.6
NHS Croydon CCG	10.7	9.9	11.6
NHS Richmond CCG	10.6	9.5	11.8
NHS Ealing CCG	10.5	9.8	11.4
NHS Merton CCG	10.5	9.5	11.6
NHS Sutton CCG	10.3	9.2	11.5
NHS Havering CCG	10.0	9.0	11.0
NHS Hillingdon CCG	9.9	9.0	10.8
NHS Barnet CCG	9.8	9.0	10.6
NHS Kingston CCG	9.5	8.4	10.6
NHS Harrow CCG	9.1	8.2	10.1

Source: GP patient survey, NHS England

[40] Depression and anxiety among people visiting GP: Proportion of people completing GP patient survey who report that they feel moderately or extremely anxious or depressed.

Geographical variations within the borough for both CMI and SMI are shown in the following chart. The higher rates are in the more deprived areas except for NW1 which is the Stratford and West Ham area. It should be remembered that Newham is ranked as the 25th most deprived local authority area in England.





5.7 Parental illness

Parental illness (including mental illness) impacts on the mental health and wellbeing of children within the household.[41] Newham appears to have a higher rate of parental illness than England and London.

% of households with dependent children where at least one person has a long term health problem or disability[42]

Area	Value	Lower CI	Upper CI
England	4.62	4.61	4.63
London region	5.00	4.98	5.02
Newham	7.48	7.32	7.64
Barking and Dagenham	7.17	6.98	7.36
Redbridge	6.55	6.40	6.71
Brent	6.16	6.02	6.30
Enfield	6.10	5.97	6.24
Harrow	5.98	5.82	6.14
Hillingdon	5.82	5.67	5.96
Waltham Forest	5.76	5.62	5.91
Greenwich	5.69	5.55	5.83
Tower Hamlets	5.67	5.53	5.81
Hounslow	5.53	5.38	5.67
Croydon	5.52	5.40	5.64
Hackney	5.51	5.37	5.65
Haringey	5.50	5.37	5.65
Ealing	5.46	5.33	5.58
Lewisham	5.13	5.00	5.26
Barnet	4.92	4.81	5.04
Southwark	4.87	4.75	5.00
Bexley	4.78	4.65	4.92
Islington	4.55	4.42	4.69
Sutton	4.46	4.31	4.60
Lambeth	4.37	4.26	4.49
Havering	4.29	4.16	4.42
Merton	4.19	4.05	4.33
Bromley	4.10	3.99	4.21
Camden	4.02	3.89	4.14
Kingston upon Thames	3.91	3.76	4.07
Westminster	3.52	3.41	3.64
Hammersmith and Fulham	3.49	3.36	3.61
Wandsworth	3.28	3.18	3.37
Richmond upon Thames	3.01	2.89	3.13
Kensington and Chelsea	2.59	2.48	2.70
City of London	1.62	1.29	2.04

Source: 2011 Census

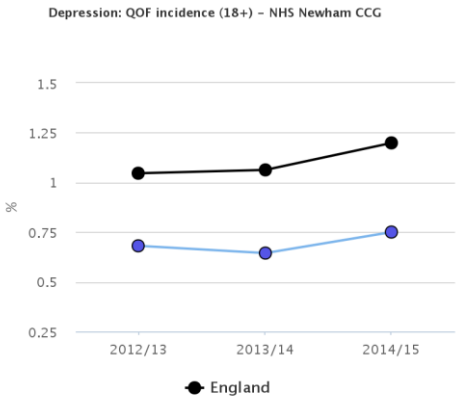
Compared with benchmark Lower Similar Higher Not compared

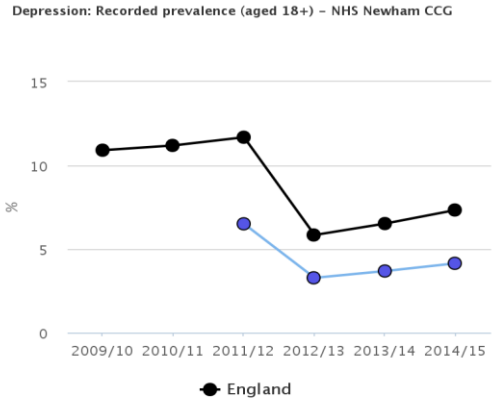
[41] Chapters 6, 7 & 17 of https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413196/CMO_web_doc.pdf

[42] https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/3/gid/1938132752/pat/6/par/E12000007/ati/102/are/E09000025/iid/91150/age/-1/sex/4

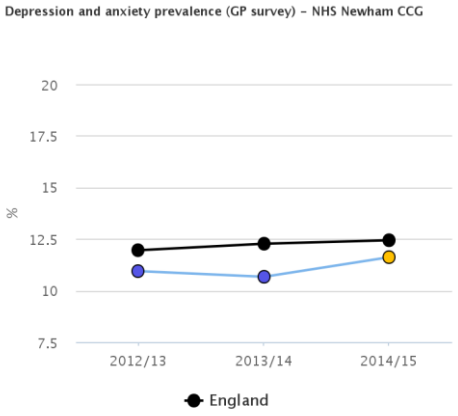
5.7 Trends

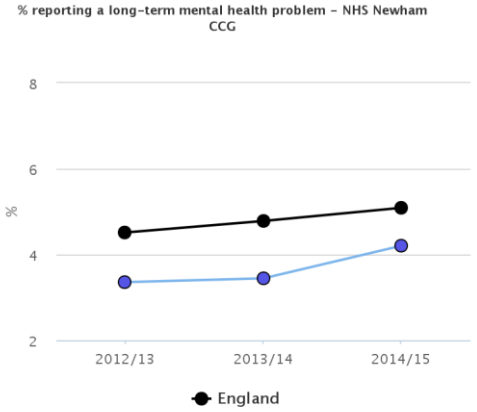
Trend data is limited but the following are taken from the Public Health England common mental health profiles site:[43]





[44]



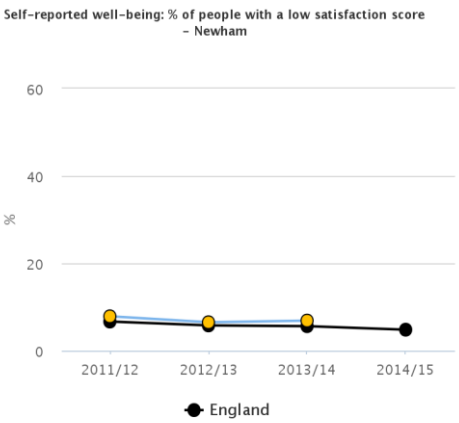


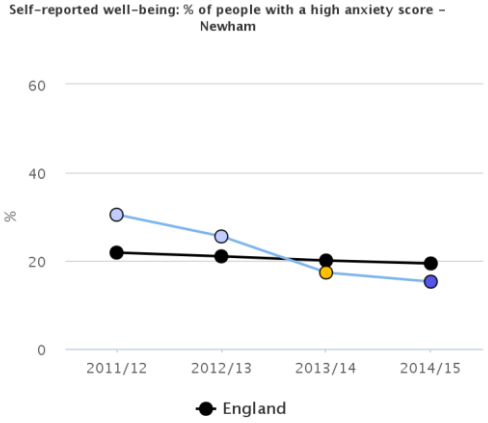
These appear to show a slight increase in the recorded incidence and prevalence of depression on GP systems and also a slight increase in mental illness reported by the national GP patient survey. However, given the known national under-recording on GP systems, this may be better recording rather than a true increase in prevalence.

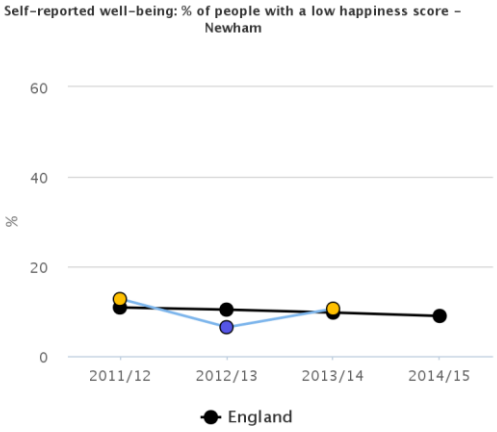
The following trend charts also appear to indicate an improvement in Newham residents' broader health and mental-wellbeing over a three-year period:

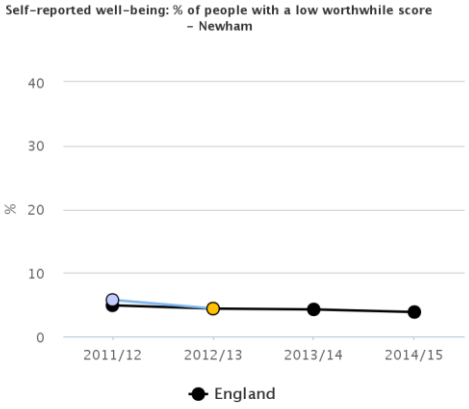
[43] http://fingertips.phe.org.uk/profile-group/mental-health

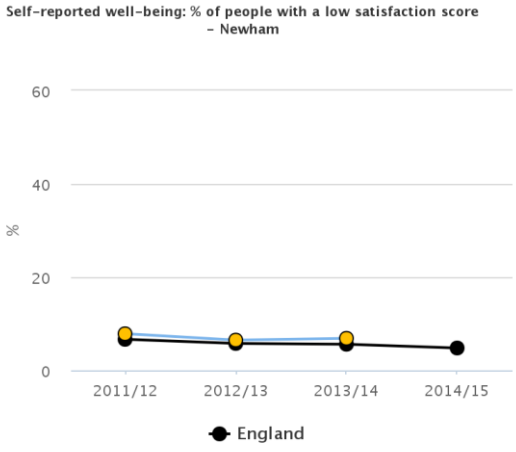
[44] NB the apparent fall in the prevalence of depression between 2011/12 and 2012/13 is a data artifact and not a real decrease.


Self-reported well-being: % of people with a low satisfaction score - Newham
60
40
20
0
%
2011/12
2012/13
2013/14
2014/15
England


Self-reported well-being: % of people with a high anxiety score - Newham
60
40
20
0
%
2011/12
2012/13
2013/14
2014/15
England


Self-reported well-being: % of people with a low happiness score - Newham
60
40
20
0
%
2011/12
2012/13
2013/14
2014/15
England


Self-reported well-being: % of people with a low worthwhile score - Newham
40
30
20
10
0
%
2011/12
2012/13
2013/14
2014/15
England


Self-reported well-being: % of people with a low satisfaction score - Newham
60
40
20
0
%
2011/12
2012/13
2013/14
2014/15
England

5.8 Projections

The population of Newham is predicted to grow by 72,000 people (22%) between 2015 and 2030, with the growth focused on a number of areas (Stratford and New Town and Royal Docks) and ages (the greatest numerical increases by 2030 are in the 5-year age-bands between 35-49).

The impact of this population growth on the level of mental illness in Newham is hard to determine, as it depends upon the characteristics of those individuals who constitute the growth. If they were of a similar nature to the current population, we could assume a similar 'pattern' of mental illness, with the 'amount' uplifted by the growth in population, e.g. by 22% by 2030.

However the growth is unlikely to be representative of the current population, thus making projections difficult. This adds strength to the argument for regular recording and assessment of the mental health of the population, allowing for consideration of trends and planning action to respond to any changes in needs.

Overall between 2015 and 2030 the Asian and Black population groups are predicted to increase by 26% compared with a predicted increase of 9% in the White population. The overall increase in the population of Newham is predicted to be 21%. The Asian population is predicted to rise the most by 30-36%, with the Indian population increasing most by 36% and the Pakistani population growing least by 30%.[45] Given the higher expected prevalence of CMI in these ethnic groups, this suggests an increase in mental illness in Newham.

Additionally, it is predominantly the middle aged and older Asian population that will increase rather than children. More than 80% of the increases are predicted in the 40-49 year age-band and the 65-90 year age-band, the former of which is peak prevalence for CMI.

[45] An increase of 42,000 people from Indian, Pakistani and Bangladeshi ethnic groups is projected to occur in Newham from 2015 to 2030.

CMI - Key findings & interpretation

Key finding
Approximately 70,000 Newham residents (1 in 4 adults) experience a common mental health problem each year and 29,000 residents are affected by anxiety and depression at any one time. Common mental illness is almost twice as common in women than in men.

Key finding
The majority (77%) of Newham residents are satisfied with their lives. Satisfaction with life is not necessarily the same as being mentally healthy but is related. However this means there are still significant proportions of the population who are dissatisfied with life

Satisfaction varies by area, age, presence of disability and income.

Key finding
Personal resilience shows a similar pattern, with the majority (79%) being resilient but significant proportions (1 in 5 adults) having a low level of resilience. Low resilience is more common where there is:

- social isolation
- long-term illness and/or disability
- in elderly age groups
- for those in poverty, especially where there are unmanageable housing costs.

There appears to be a strong correlation between measures of personal and community resilience.

Key finding
Although the majority of adults experience their first episode of mental illness before the age of 16, the prevalence of mental illness peaks among people aged 24-64, as problems persisting from youth accumulate with new onsets of illness.

Key finding
Common mental illness occurs in all ethnic groups. The Newham GP data shows lower than expected levels of common mental illness for Black residents and particularly lower levels in the female Asian or Asian British ethnic groups.

Key finding
The Newham GP data on common mental illness also shows a clear correlation between an increased level of mental illness and worse socio-economic conditions (as measured by the level of deprivation).

Key finding
The number of people recorded in 2015-16 as having a common mental illness by Newham GPs is lower than that predicted from national surveys. It is not known if this is due to under-identification or recording of mental illness or other factors.

Key finding
Comparative data show that Newham has a lower than national rate of depression as recorded by GPs, a lower rate of those self-reporting a long-term mental health problem and a similar rate of those self- reporting depression and anxiety combined.

Key finding
Limited trend data is inconclusive. In order to monitor trends and to aid projections and planning, the levels of mental illness in Newham should be routinely measured and reported, using existing routine information sources, where possible, such as the Community Mental Health Profiles.

Key finding
Newham has a relatively young population. Further modeling using the latest needs assessment of children and young peoples' mental health should be undertaken to address the issues around transition to adult life.

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6 Severe mental illness (SMI)

6.1 How many residents experience severe mental illness in Newham?

Common mental illness significantly impacts the lives of those with it, to an extent dictated by fluctuations in the severity of illness over time. This affects wellbeing, relationships with family and friends, social interactions and employment experiences and opportunities.

Severe mental illness (such as schizophrenia or bipolar disorder) is thankfully less common but still affects significant numbers of people in Newham. Severe mental illness also fluctuates in severity over time, at its worst interfering with a person's perception of reality and severely affecting wellbeing, daily activities and employment prospects.

6.2 General practice data

The following table compares what Newham GPs have recorded (CEG data[46]) with modelled or predicted data from the national Adult Psychiatric Morbidity Survey (APMS).[47]

In summary, this is looking at whether the GP data shows the expected numbers of people with these diagnoses in Newham or whether there are differences to what we might expect from applying the national APMS survey data to Newham:

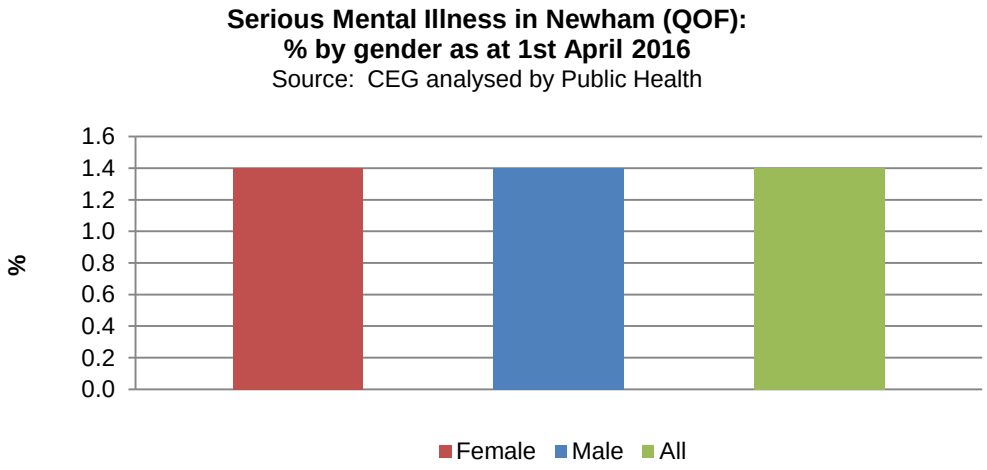
Diagnosis	Newham GP data (women)	APMS predicted (women)	Newham GP data (men)	APMS predicted (men)	Newham GP data (all persons)	APMS predicted (all persons)
Schizophrenia	1089	750 [a] 950 [b]	1403	650 [a] 950 [b]	2492	1400 [a] 1900 [b]
Difference between GP & APMS data for schizophrenia	**140-340**		**450-750**		**590-1100**	
Bipolar	578	2250 (lifetime screen positive – not prevalence)	416	2950 (lifetime screen positive – not prevalence)	994	5200 (lifetime screen positive – not prevalence)
All psychoses (schizophrenia + bipolar disease)	1667		1819		3486	
SMI (CEG)	1365		1612		2977	
SMI (QOF)*	1939		2169		4108	

[a] APMS data = psychosis in past year.
[b] APMS data = probable psychosis (includes 'psychosis in past year' group).
*SMI conditions are routinely measured by the Quality and Outcomes Framework (QOF) and are also recorded locally by CEG. However, caution should be used in directly comparing figures obtained from these two sources as each use a different definition. In broad terms, the QOF definition contains more conditions than CEG, as CEG defines SMI as schizophrenia and bipolar disorder only. This means that the estimated prevalence of SMI using CEG data will be lower than using QOF data.

[46] Newham primary care medical information systems, received from Clinical Effectiveness Group (CEG) June 2016.
[47] http://content.digital.nhs.uk/catalogue/PUB21748

The prevalence of schizophrenia as recorded by Newham GPs is higher than the number predicted by the APMS. This is not likely to be due to over-diagnosis so indicates a higher prevalence of SMI in Newham.

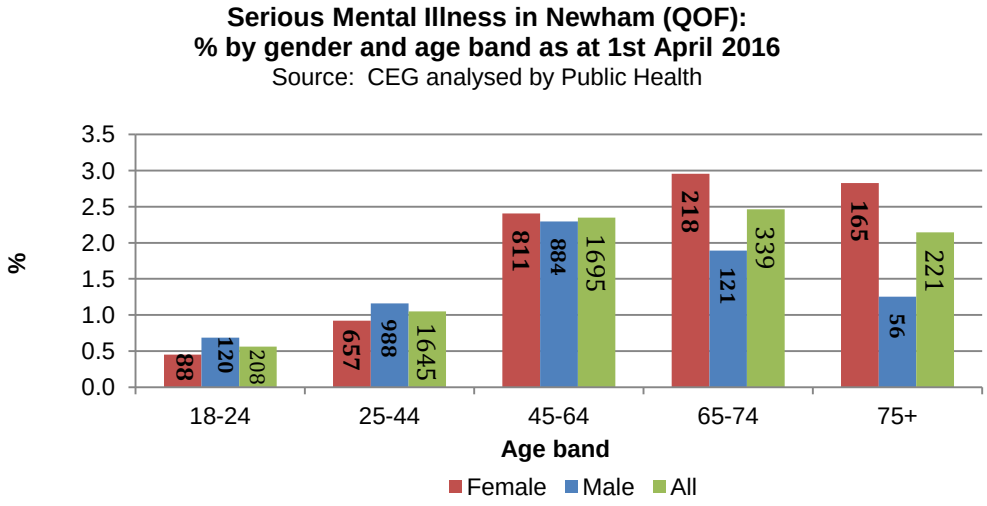
Gender



Actual number of people with SMI in each group = 1939 females, 2169 males (4108 total).

The overall national prevalence of probable psychosis remains stable at around 0.5% of the population and has done for the past 60 years. Men and women are equally affected. This same pattern of gender equality is shown in the Newham data but the prevalence for both genders appears to be approximately three times higher at 1.4%.

Age

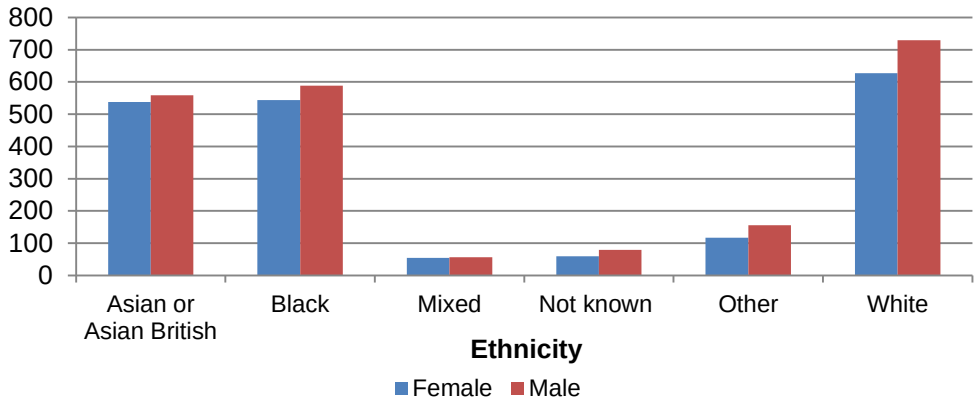


Numbers in black within bars = actual number of people with SMI in each gender and age group.

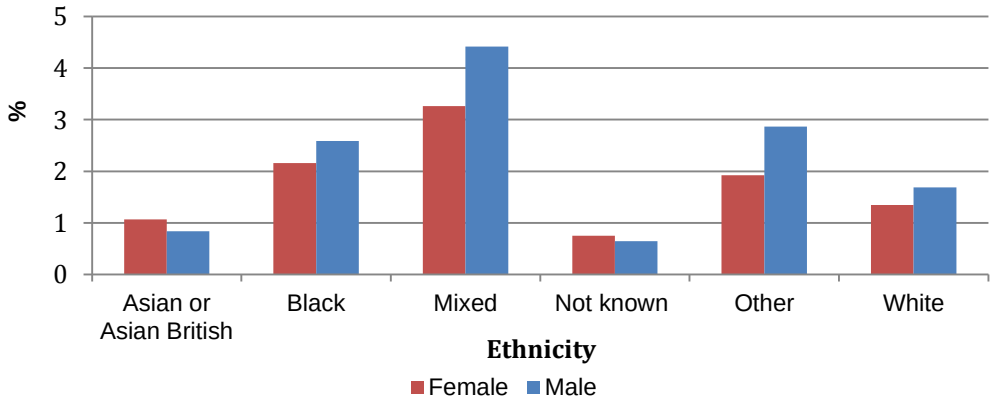
National data shows the highest prevalence for SMI is observed in those aged 35 to 44 years (0.7% men and 1.1% women). Newham has a younger population than the national average and whilst in the chart above, the highest rates are in the older age groups, the majority of people with SMI are in the 25-64 age bands. This is what we would expect, given that schizophrenia is most often diagnosed between the ages of 15 and 35.

Ethnicity

Serious Mental Illness in Newham (QOF): number by gender and ethnicity as at 1st April 2016
Source: CEG data analysed by Public Health



Serious Mental Illness in Newham (QOF): % by gender and ethnicity as at 1st April 2016
Source: CEG data analysed by Public Health



The data recorded by Newham GPs in the above charts shows a higher prevalence of SMI in the Black ethnic group in Newham, when compared to the White and Asian or Asian British groups.

Psychotic disorders, such as schizophrenia, have been reported as arising more commonly in the black Caribbean community in the UK since the mid-20th century. Many reasons for this have been proposed but, even after confounding factors are accounted for, such as

controlling for socio-economic status, the findings remain robust as studies have become more sophisticated. [48] [49]

Women of Pakistani and Bangladeshi origin have been found to be at elevated risk of schizophrenia after adjustment for socio-economic status [50], although the last APMS surveys in 2007 and 2014 found no significant variation by ethnicity among women. [51]

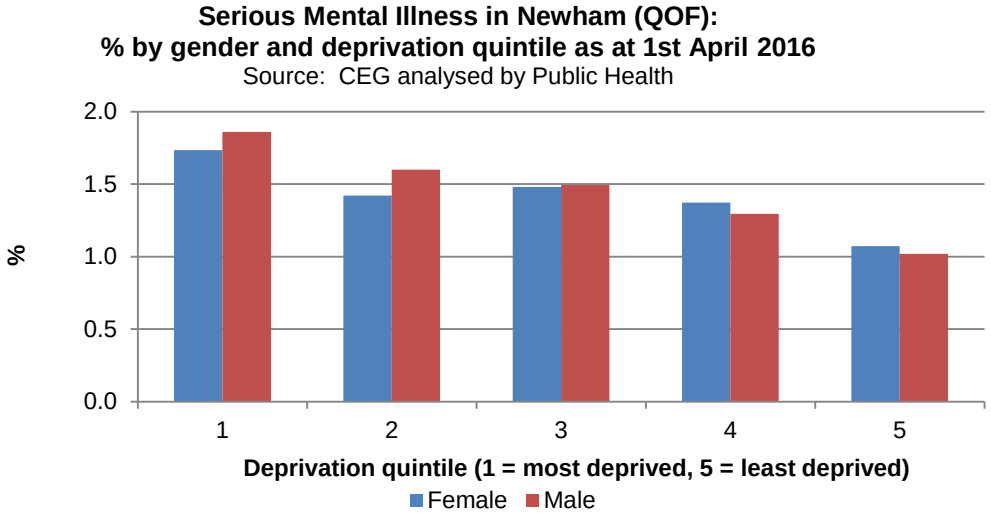
The Newham GP data shows apparent under-representation of Asian groups (with the possible exception of the Bangladeshi community) and over-representation of Black or Black British groups. The majority of MHA detentions are for those with a psychotic illness. This is a similar pattern to that which has been found previously in the UK.

Completion of a detailed six month scoping exercise on overall access to Newham secondary care psychological services for black and ethnic minority clients has shown: under-representation of almost all Asian groups and over-representation of White British clients; under-representation of Black African clients in almost all services; over-representation of 'Other Ethnic Groups' which may reflect a real increase in groups not currently recorded with more specificity, for example refugee and asylum seekers of Arabic ethnic background (see above under CMI for detail).

More specifically, referrals of Bangladeshi, Pakistani and African service users from CMHTs to Newham psychological therapies service indicated an under-representation of these groups in comparison to an over-representation of referrals of CMHT service users from 'Other Ethnic' and 'Other White' groups.

[48] Kirkbride, J.B. et al. (2008). Psychoses, ethnicity and socio-economic status. The British Journal of Psychiatry, 193(1), pp.18–24. Available at: http://bjp.rcpsych.org/content/193/1/18.abstract
[49] Annual Report of the Chief Medical Officer 2013 https://www.gov.uk/government/publications/chief-medical-officer-cmo-annual-report-public-mental-health
[50] Kirkbride, J.B. et al. (2008). Psychoses, ethnicity and socio-economic status. The British Journal of Psychiatry, 193(1), pp.18–24. Available at: http://bjp.rcpsych.org/content/193/1/18.abstract
[51] http://digital.nhs.uk/pubs/psychiatricmorbidity07

6.3 Deprivation

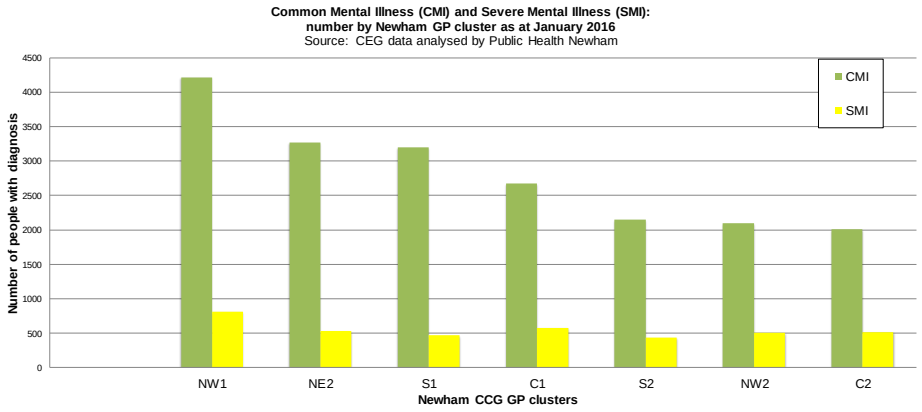


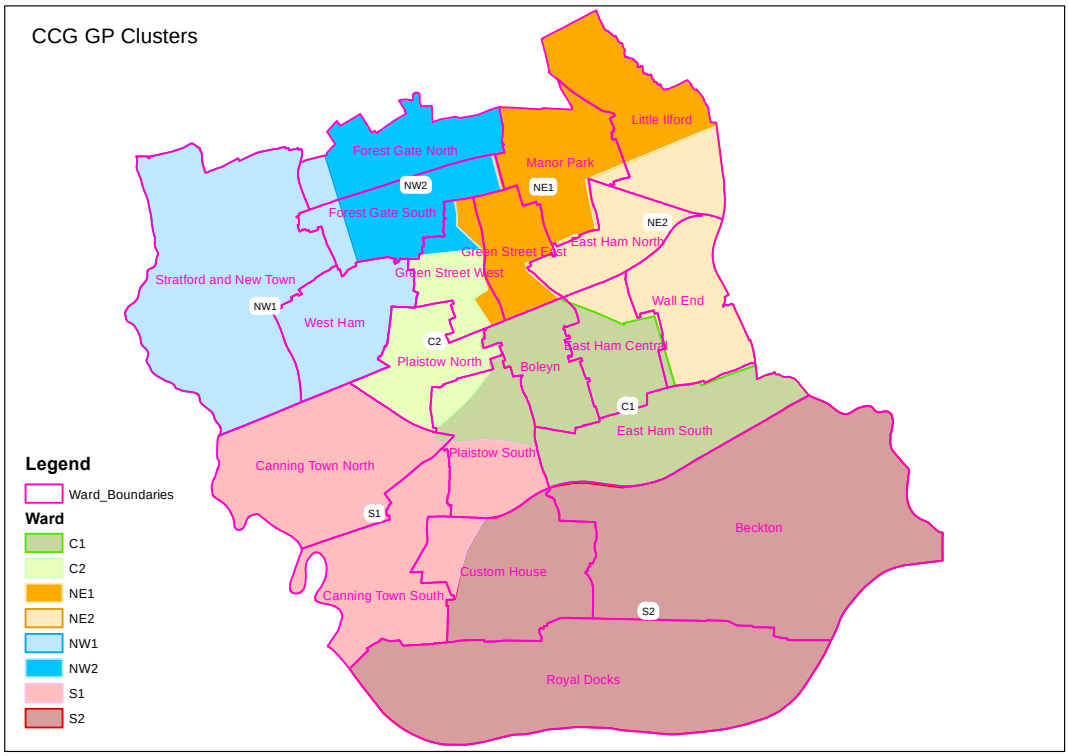
As is the case for CMI, based upon where people live, there is a clear association between the socio-economic environment and the severity of SMI, with higher levels of illness in the more deprived communities.

Nationally, the prevalence of psychotic disorder varies by household income, increasing from 0.1% of adults in the highest income quintile to 0.9% of adults in the lowest income quintile. This trend is more prominent among men than women.

6.4 Geography & comparisons

Geographical variations within the borough for both CMI and SMI are shown in the following chart. The higher rates are in the more deprived areas except for NW1 which is the Stratford and West Ham area. It should be remembered that Newham is ranked as the 25th most deprived local authority area in England on the extent of deprivation measure.





The following charts are from the Public Health England Common Mental Health Profiles site and compare the rates of SMI across the London boroughs, benchmarked also against the rate for England overall.[52]

For Newham, these show:

- higher than national rate of SMI mental health problems,
- a similar rate of SMI to the London average,
- a higher rate of new cases of psychosis than both the England and London averages.

[52] http://fingertips.phe.org.uk/profile-group/mental-health/profile/cmhp/data#page/3/gid/8000053/pat/46/par/E39000018/ati/19/are/E38000113/iid/848/age/168/sex/4

Mental health problem (SMI): QOF prevalence (all ages)

Area	Value	Lower CI	Upper CI
England	0.88	0.88	0.88
London region	1.07*	-	-
NHS West London (K&C &...	1.51	1.46	1.56
NHS Islington CCG	1.50	1.45	1.55
NHS Camden CCG	1.39	1.34	1.43
NHS City And Hackney CC...	1.36	1.32	1.41
NHS Tower Hamlets CCG	1.32	1.28	1.37
NHS Hammersmith And Ful...	1.31	1.26	1.36
NHS Lambeth CCG	1.29	1.26	1.33
NHS Central London (Wes...	1.29	1.24	1.34
NHS Lewisham CCG	1.28	1.24	1.32
NHS Haringey CCG	1.27	1.23	1.31
NHS Southwark CCG	1.22	1.18	1.26
NHS Brent CCG	1.17	1.14	1.21
NHS Greenwich CCG	1.14	1.11	1.18
NHS Waltham Forest CCG	1.10	1.07	1.14
NHS Croydon CCG	1.07	1.04	1.11
NHS Newham CCG	1.07	1.03	1.10
NHS Ealing CCG	1.05	1.02	1.08
NHS Enfield CCG	1.01	0.98	1.05
NHS Barnet CCG	1.00	0.97	1.03
NHS Harrow CCG	0.96	0.92	1.00
NHS Wandsworth CCG	0.96	0.93	0.99
NHS Sutton CCG	0.89	0.85	0.93
NHS Merton CCG	0.86	0.82	0.90
NHS Redbridge CCG	0.86	0.83	0.89
NHS Hounslow CCG	0.83	0.80	0.86
NHS Richmond CCG	0.82	0.78	0.86
NHS Bromley CCG	0.81	0.78	0.84
NHS Kingston CCG	0.81	0.77	0.85
NHS Hillingdon CCG	0.77	0.74	0.80
NHS Barking And Dagenha...	0.76	0.73	0.80
NHS Bexley CCG	0.74	0.71	0.78
NHS Havering CCG	0.65	0.62	0.68

Source: QOF

Compared with benchmark Lower Similar Higher Not compared

New cases of psychosis: Estimated incidence per 100,000 aged 16-64

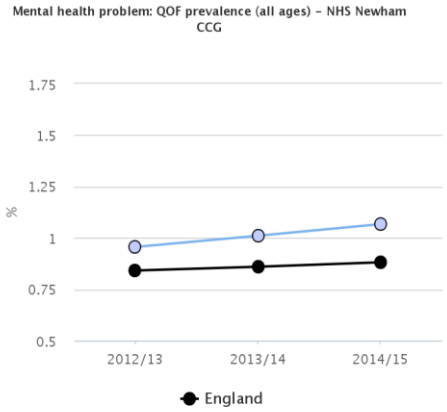
Area	Value	Lower CI	Upper CI
England	24.2*	23.8	24.7
London region	40.6*	-	-
Hackney	71.9*	57.9	86.6
Newham	68.8*	56.6	81.4
Tower Hamlets	59.7*	47.8	71.7
Lambeth	53.5*	43.5	64.4
Islington	51.9*	39.9	64.4
Haringey	50.9*	40.4	62.1
Southwark	50.6*	40.5	61.2
Lewisham	49.4*	39.5	60.2
Waltham Forest	48.5*	38.3	59.1
Brent	46.2*	36.6	56.1
Hammersmith and Fulham	42.7*	31.5	55.0
Barking and Dagenham	41.0*	30.4	54.1
Greenwich	40.4*	31.2	50.3
Westminster	40.0*	30.2	50.5
Kensington and Chelsea	39.6*	28.7	51.2
Camden	39.2*	29.8	50.3
Croydon	37.3*	29.6	45.9
Enfield	37.2*	28.5	46.2
Ealing	37.2*	29.6	45.9
Wandsworth	36.6*	28.4	45.8
Redbridge	33.2*	25.2	42.1
Harrow	32.5*	24.2	41.9
Merton	32.3*	23.2	42.8
Hounslow	31.8*	23.9	40.4
Barnet	30.1*	23.0	37.9
Hillingdon	29.0*	21.4	37.4
Kingston upon Thames	26.3*	17.4	36.6
City of London	26.1*	0.0	69.9
Bexley	24.2*	16.3	33.3
Sutton	24.0*	16.0	33.6
Bromley	22.3*	15.8	29.5
Richmond upon Thames	21.4*	13.6	30.5
Havering	21.4*	13.9	29.9

Source: www.psymaptic.org

Compared with benchmark Lower Similar Higher Not compared

6.5 Trends

The chart below shows a possible slight increase in the prevalence of SMI over the past few years.



6.6 Projections

See section above under CMI.

SMI - Key findings & interpretation

Key finding
The number of people recorded as having a severe mental illness (SMI) by Newham GPs is higher than that predicted from national surveys.

Key finding
There is a higher prevalence of SMI in the Black ethnic group in Newham, when compared to the White and Asian or Asian British groups.

Key finding
As is the case for CMI, there is a clear association between the socio-economic environment and the severity of SMI, with higher levels of illness in the more deprived communities.

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7 Mental health in context / Responding to the NHS Five Year Forward View for mental health

The most recent summary of UK national mental health policy is to be found in the NHS Five Year Forward View for Mental Health, published in February 2016 with the corresponding NHS England Implementation Plan.[53] This report highlighted the need for:

- **Parity of esteem**[54] between mental and physical health at all ages
- Equitable **access to good quality** mental health **care**
- Decent places to **live**, **jobs** or good **quality relationships** within local communities
- Tackling the **inequalities** arising from mental health problems disproportionately affecting people living in **poverty**, those who are **unemployed** and who already face **discrimination.**

More specific policy issues identified included:

- Although **psychological therapies** such as counselling or other 'talking therapies' have expanded, only 15% of people who need it currently get care
- More action is needed to help people with anxiety and depression to **find or keep a job**
- Ensure that people with **long-term conditions** have their physical and mental health care needs met
- People with mental health problems receive **poorer physical health care**
- At present only half of the country offers a **24/7 community-based mental health crisis service**
- Only a minority of A&E departments currently have **24/7 liaison mental health services,** even though peak hours for people presenting to A&E with mental health crises are 11pm-7am
- One in five mothers suffers from mental health problems during pregnancy or in the first year after childbirth, yet fewer than 15% of areas have the necessary **perinatal mental health services** and more than 40% provide none at all
- **Suicide** is rising after many years of decline

This section will address the issues of **housing, homelessness and mental illness** and **ethnicity and mental illness** before addressing the more specific policy issues identified above.

[53] https://www.england.nhs.uk/mentalhealth/2016/02/15/fyfv-mh/
[54] Parity of esteem = giving equal importance to mental and physical health.

Mental illness & homelessness

National data

A national audit looking at the health of homeless people in England was published in 2014.[55] The results are summarized below:

- 73% of homeless people reported physical health problems, 41% said this was a long-term problem.
- 80% of respondents reported some form of mental health issue, 45% had been diagnosed with a mental health issue.
- 39% said they take drugs or are recovering from a drug problem, while 27% have or are recovering from an alcohol problem.
- 35% had been to A&E and 26% had been admitted to hospital over the past six months.

Most participants were staying in hostels or supported accommodation at the time of this audit.

Local support needs data for rough sleepers specifically (a sub-group of the wider homeless population) is derived from assessments made by those working in the homelessness sector.[56] [57]

London Outer Boroughs (2014-15)			**Newham (2014-15)**	
Assessed need	**Number**	**%**	**Number**	**%**
All alcohol	630	42	27	30
All drugs	461	31	15	17
All mental illness	731	49	37	41
None of the above	362	24	29	32
NB numbers & % do not sum due to overlapping categories				
Assessed	1493	61	90	41
Not assessed	954	39	131	59
Total	**2447**	**100**	**221**	**100**

Not all identified rough sleepers had a support needs assessment recorded (in 39% of cases overall in the London outer boroughs and none recorded in 59% of the Newham rough sleepers).

[55] Unhealthy state of homelessness – Health Audit Results, Homeless Link 2014 http://www.homeless.org.uk/sites/default/files/site-attachments/The unhealthy state of homelessness FINAL.pdf

[56] CHAIN Annual Report – Outer Boroughs, 2014 - 2015

[57] The latest monitoring shows that the needs of the rough sleeping population have remained fairly consistent over the last 12 months.

Approximately 25-30% of rough sleepers had no assessed needs, related to alcohol or drug misuse or to mental illness, but:

- 30-40% had an alcohol-related need
- 20-30% had a drug-related need
- 40-50% had a mental illness-related need [58]

8% had all three areas of need:

- mental illness, alcohol and drug-related,
- approximately 18-24 rough sleepers[59] per year in Newham.[60]

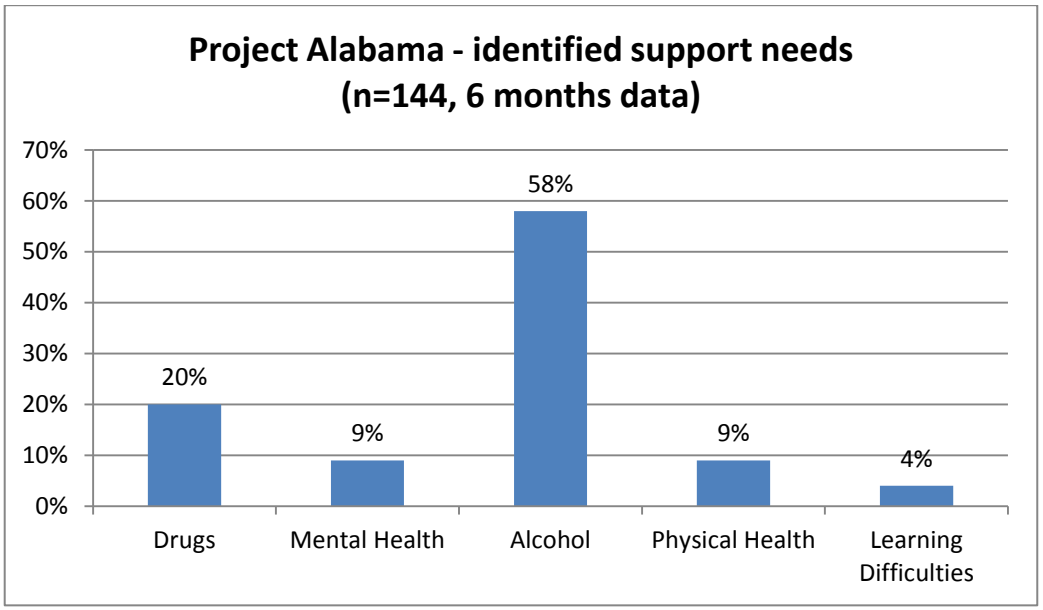
15% had more than one identified needs – equating to a further 33-45 rough sleepers per year in Newham:

- 7% - alcohol & mental illness-related,
- 4% - alcohol & drug-related needs,
- 4% - drug & mental illness-related.[61]

Including all dual and triple diagnoses, there are between 50-70 rough sleepers per annum in Newham with more complex needs.

Local data - Project Alabama [62]

Almost 60% (84 people) of the rough sleepers met in Newham presented with alcohol-related needs, 20% with drug support needs (28 people), and 9% physical (13 people) and 9% mental health (13 people) needs.



[58] These ranges are based upon data for Newham and for all Outer Boroughs
[59] 18-24 of the 220-300 rough sleepers per year in Newham
[60] CHAIN Annual Report – Greater London, 2014 - 2015
[61] These percentages are based upon data for all Outer Boroughs (not available separately for Newham)
[62] Operation Alabama is Newham Council's partnership with Thames Reach, the Metropolitan Police, and others to help rough sleepers and address related anti-social behaviour

The proportion with alcohol and drug-related needs is much higher than for mental health needs. This is in contrast to most studies of homeless people and probably relates to the unique characteristics of this specific group of rough sleepers in Newham.

Local data - primary care prevalence data
Data recorded on routine primary care patient information systems by GPs in Newham indicates the following prevalence rates for certain illnesses, both for those coded as 'homeless' and the general practice population overall. This group of 'homeless' will include the wider homeless population as well as rough sleepers.

Compared to the general population in Newham, homeless patients, as expected, have higher rates of:

- Common mental illnesses (21% v 9% - both may be under-recorded)
- Serious mental illness (6% v 2%)
- Alcohol and/or substance misuse (20% v 2%)

Apart from the Newham transitional practice with over 200 current homeless patients (registered within the past 12 months), most GP practices have fewer than five patients registered as 'homeless'.

Homeless people presenting to Newham University Hospital
In 2014-15, there were between 77-109 unique homeless people admitted as an emergency to Newham University Hospital (NUH). [63] [64] Approximately 75% of patients admitted were aged 25-54 years and half of patients admitted (53%) were of White ethnicity.[65]

The top three causes of emergency admissions[66] were:

- Injury and / or poisoning[67]
- Mental and behavioural disorders[68]
- Other[69]

Mental and behavioural disorders accounted for 17% of emergency admissions for homeless people, a rate 15 x higher than for admissions in the general population of Newham (1.1%). The proportion of admissions for injury and/or poisoning was at least three times higher than for the general population, at 17% compared to 6%.

[63] 'homeless' defined as living in hostel accommodation, registered with one of the transitional GPs or having 'no fixed abode' recorded on the case records.
[64] It was not possible to determine whether the people in each group were unique, hence the range given for the possible number of homeless people.
[65] White includes White – British / White – Irish / White – Other (mostly EEC).
[66] Based on primary diagnosis & therefore no double counting. Diagnoses for attendances were not available
[67] ICD-10 Chapter XIX: Injury, poisoning and certain other consequences of external causes.
[68] ICD-10 Chapter V: Mental and behavioural disorders
[69] ICD-10 Chapter XVIII - Signs, symptoms and abnormal clinical and laboratory findings not elsewhere classified.

Mental illness or disability can be a reason for a local authority to prioritise a case of homelessness. In 2015-16, there were 173 homelessness approaches made to Newham Council, where the requested reason for priority was mental illness or disability. The majority of the approaches were male (119, 69%) and with the following ethnicity and age distribution:

Ethnicity	Number	%
Black	66	38%
Asian	46	27%
White	44	25%
Mixed	2	1%
Other	8	4%
Not Stated	7	4%
Total	**173**	**100.0%**

Age Range	Number	%
16 to 24 years	25	14%
25 to 44 years	94	54%
45 to 59 years	45	26%
60 to 64 years	6	3%
65 to 74 years	3	2%
Total	**173**	**100%**

Not all approaches result in a 'homelessness decision' but of those which do, the following decisions were taken:

Decision	Number	%
1. ACCEPT	93	74%
2. INTENTIONALLY HOMELESS	14	11%
3. NOT PRIORITY	5	4%
4. NOT HOMELESS	14	11%
Total	**126**	**100%**

Likewise, the gender of acceptances was very similar to that of all approaches (67 males, 72% and 26 females, 28%) and the age profile was skewed slightly towards the older middle age range:

Age range	Number	%
18-24	6	6%
25-44	49	53%
45-59	37	40%
60-64	1	1%
Total	**93**	**100%**

Ethnicity

National data

The APMS 2014 survey showed that among people with CMI, those who were female, White British, or in midlife were more likely than others to receive treatment. There were demographic inequalities in who received treatment. After accounting for differences in level of need between groups:

- People who were White British, female or in mid-life (especially aged 35 to 54) were more likely to receive treatment than others,
- People in the Black/ Black British group had particularly low treatment rates.

Local data

The following table describes the ethnicity of Newham service users seen by an ELFT psychological therapist over an 18-month period. [70] It compares the client ethnicity profile with that of the Newham population overall, in order to identify ethnic groups who are over or under represented.

Ethnicity Description	Number of clients	Client proportion %	Population proportion %
White - British	12	17.1	16.7
White - Irish	13	0.0	0.7
White - Any other background	14	8.6	11.6
Mixed - White & Black Caribbean	15	1.4	1.3
Mixed - White & Black African	16	1.4	1.1
Mixed - White & Asian	17	0.0	0.9
Mixed - Any other mixed background	18	0.0	1.3
Asian or Asian British - Indian	19	7.1	13.8
Asian or Asian British - Pakistani	20	2.9	9.8
Asian or Asian British - Bangladeshi	21	10.0	12.1
Asian or Asian British - Any other background	22	2.9	6.5
Black or Black British - Caribbean	10	14.3	12.3
Black or Black British - African	11	15.7	4.9
Black or Black British - Any other background	5	7.1	2.4
Other Ethnic Groups - Chinese	0	0.0	1.3
Other Ethnic Groups - Any other Ethnic Group	6	8.6	3.3
Not Stated	2	2.9	
Total	**70**	**100%**	**100%**

[70] Mental Health SPR Meeting – May 2016 - Psychological therapies quarterly report and dashboard – reporting period to March 2016

Completion of this scoping exercise on overall access to Newham secondary care psychological services for black and ethnic minority clients has shown:

- under-representation of almost all Asian groups and
- over-representation of White British clients;
- under-representation of Black African clients in almost all services;
- over-representation of 'Other Ethnic Groups' which may reflect a real increase in groups not currently recorded with more specificity, for example refugee and asylum seekers of Arabic ethnic background.

More specifically, referrals of Bangladeshi, Pakistani and African service users from CMHTs to Newham psychological therapies service indicated an under-representation of these groups in comparison to an over-representation of referrals of CMHT service users from 'Other Ethnic' and 'Other White' groups.

Consultation with stakeholders has highlighted broad systemic as well as service specific barriers to access to therapy. Following consultation a range of potential interventions addressing both access and quality of service provision have been developed.

LBN accepted that they had a statutory homelessness duty for 93 people where mental illness or disability was the reason for priority. These had the following ethnicity profile, which is very similar to the ethnicity profile for all approaches:

Ethnicity of those accepted	Number	%
Black	34	37%
Asian	25	27%
White	18	19%
Mixed	1	1%
Other	6	6%
Not Stated	9	10%
Total	**93**	**100%**

Ethnicity of Newham clients using ELFT

Ensuring equitable access to services is important to ensure that all population groups receive the necessary treatment and support, according to their needs. The following sections illustrate how successful this is in selected areas of care.

Ethnicity – Mental Health Act detainees [71]

(as at 31st March 2016)

Ethnicity Description	Number of clients	Client proportion %	Population proportion %
White - British	12	17.1	16.7
White - Irish	13	0.0	0.7
White - Any other background	14	8.6	11.6
Mixed - White & Black Caribbean	15	1.4	1.3
Mixed - White & Black African	16	1.4	1.1
Mixed - White & Asian	17	0.0	0.9
Mixed - Any other mixed background	18	0.0	1.3
Asian or Asian British - Indian	19	7.1	13.8
Asian or Asian British - Pakistani	20	2.9	9.8
Asian or Asian British - Bangladeshi	21	10.0	12.1
Asian or Asian British - Any other background	22	2.9	6.5
Black or Black British - Caribbean	10	14.3	12.3
Black or Black British - African	11	15.7	4.9
Black or Black British - Any other background	5	7.1	2.4
Other Ethnic Groups - Chinese	0	0.0	1.3
Other Ethnic Groups - Any other Ethnic Group	6	8.6	3.3
Not Stated	2	2.9	
Total	**70**	**100%**	**100%**

This shows apparent under-representation of Asian groups with the possible exception of the Bangladeshi community and over-representation of Black or Black British groups. The majority of MHA detentions are for those with a psychotic illness. This is a similar pattern to that which has been found previously in the UK.

Psychotic disorders, such as schizophrenia, have been reported as arising more commonly in the black Caribbean community since the mid-20th century. Many reasons for this have been proposed but, even after confounding factors are accounted for, the findings remain robust as studies have become more sophisticated. Moreover, excess incidence rates of other serious mental illnesses, such as depressive psychosis and bipolar disorder, have been found in BME groups too. For example, the incidence rate of schizophrenia was over five times more common in the black Caribbean communities studied; nearly five times in the black African population; and doubled in South Asian groups in England. Such differences appear to be partly driven by socio-economic characteristics but unique factors related to being from a BME group remain important in understanding this health inequality and present a target for policy and intervention.[72]

[71] KPI SEQ-02: A breakdown by ethnicity of service users detained under the MHA, compared to the ethic profile of the borough - ELFNT - as reported to Mental Health SPR Meeting – May 2016

[72] Annual Report of the Chief Medical Officer 2013

Improving Access to Psychological Therapies (IAPT)

"Although **psychological therapies** such as counselling or other 'talking therapies' have expanded, only 15% of people who need it currently get care."

In the year 2015-16, approximately 8000 referrals were made in Newham under the IAPT initiative, as shown in the following table:

Geography	April 2015 – March 2016		
	Referrals received	**Referrals entering treatment[73]**	**Referrals finishing a course of treatment**
England	1,399,088	953,522 (68% of referrals)	537,131 (56% of those entering treatment)
NEWHAM CCG	8,240	5,390 (65% of referrals)	2,895 (54% of those entering treatment)

Source: Psychological Therapies: Annual Report on the use of IAPT services - England, 2015-16[74]

Of these referrals, approximately two-thirds entered treatment and of these, approximately half completed the course of treatment. These are similar proportions to those experienced across IAPT overall in England.

Given that there are approximately 37-48,000 people in Newham with a common mental illness, these 8,000 referrals represent approximately 17-22% of people who might be expected to benefit from this therapy. Considering the 5,000 who started treatment, this equates to 11-15% of the population in Newham with CMI.

Not all people with CMI will require such therapy each year, having been given skills to manage their illness, so at this rate of referral the entire CMI population could be covered within 5 years.

[73] 'not entering treatment' may be because the therapy was not suitable or by personal choice.
[74] http://content.digital.nhs.uk/searchcatalogue?productid=23241&q=iapt&sort=Relevance&size=10&page=1#top

Problem descriptor	Referrals received	% of referrals by problem descriptor	Referrals entering treatment	% referrals entering treatment (by problem)	Referrals finishing a course of treatment	% finishing course (of those entering treatment)
Depression	1,925	23%	1,880	98%	795	42%
All anxiety and stress related disorders	2,185	27%	2,180	100%	1,165	53%
Other mental health problems	310	4%	300	97%	85	28%
Other recorded problems	70	1%	65	93%	25	38%
Unspecified	3,755	46%	965	26%	825	85%
Total	8,245	100%	5,390	65%	2,895	54%

Source: Psychological Therapies: Annual Report on the use of IAPT services - England, 2015-16[75]

There were a large number of referrals with the mental health illness or problem unspecified (46%) but only one quarter of these progressed to entering treatment and so may not have had a common mental illness amenable to therapy. Other diagnoses generally progressed to treatment.

Of the various anxiety and stress-related disorders, the majority were not otherwise differentiated although 15% were described as PTSD. Completion of the course of therapy was similar for all anxiety diagnoses, with the exception of OCD, which had a higher completion rate of 85%.

[75] http://content.digital.nhs.uk/searchcatalogue?productid=23241&q=iapt&sort=Relevance&size=10&page=1#top

Problem descriptor	Referrals received	% of referrals by problem descriptor	Referrals entering treatment	% referrals entering treatment (by problem)	Referrals finishing a course of treatment	% finishing course (of those entering treatment)
Agoraphobia	20	1%	20	100%	10	50%
Generalised Anxiety Disorder	510	23%	495	97%	250	51%
Mixed anxiety and depressive disorder	545	25%	570	105%	370	65%
Obsessive-compulsive disorder (OCD)	60	3%	55	92%	45	82%
Other anxiety or stress related disorder	390	18%	375	96%	160	43%
Panic disorder	195	9%	200	103%	95	48%
Post-traumatic stress disorder (PTSD)	330	15%	330	100%	150	45%
Social phobias	95	4%	90	95%	50	56%
Specific (isolated) phobias	45	2%	45	100%	30	67%
ALL anxiety and stress related disorders	2190	100%	2180	100%	1160	53%

Source: Psychological Therapies: Annual Report on the use of IAPT services - England, 2015-16[76]

[76] http://content.digital.nhs.uk/searchcatalogue?productid=23241&q=iapt&sort=Relevance&size=10&page=1#top

Specialist psychological therapy services are delivered to Newham residents by East London NHS Foundation Trust. The following table indicates the type of mental illness which they are treating:

Severity of disease (by cluster definition)	Descriptor	%	Notes
1-3	Common Mental Health Problems (Low Severity) Common Mental Health Problems (Low Severity with Greater Need) Non-Psychotic (Moderate Severity)	0%	This specialist service is not aimed at lower levels of need.
4	Non-Psychotic (Severe)	4%	-
5-7	Non-Psychotic Disorders (Very Severe) Non-Psychotic Disorder of Over-Valued Ideas Enduring Non-Psychotic Disorders (High Disability)	39%	Most in specialist psychological therapies service.
8	Non-Psychotic Chaotic and Challenging Disorders	14%	Seen in personality disorder services.
10	First Episode Psychosis	7%	Seen in early intervention services
11	Ongoing Recurrent Psychosis (Low Symptoms)	3%	
12-17	Ongoing or Recurrent Psychosis (High Disability) Ongoing or Recurrent Psychosis (High Symptoms and Disability) Psychotic Crisis Severe Psychotic Depression Dual Diagnosis Psychosis and Affective Disorder (Difficult to Engage)	30%	Seen mostly in CMHTs and on wards (and are in transit for step down or enhanced primary care services)
Other	-	3%	-

The total number of service users from Newham in treatment in the ELFT Secondary Care Psychology Service at mid-April 2016 was 845.

NB approx. 11-12% DNA rate for psychological services.

Employment

"More action is needed to help people with anxiety and depression to **find or keep a job."**

National data

The proportion of working age adults (18-69) who are receiving secondary mental health services and who are on the Care Programme Approach and who are recorded as being employed (%) is shown in the table below. People not on CPA are not included in this data, so the percentage of ALL adults in contact with secondary mental health services in paid employment could be lower. These data indicate little progress in increasing employment for this group, either locally or nationally.

	2012-13	2013-14	2014-15	2015-16
Newham	5.4	4.9	4.6	5.3
London	6.9	6.1	6.8	5.0
England	8.8	7.7	6.7	6.7

Source: 1F: The proportion of adults in contact with secondary mental health services in paid employment ASCOF data 2012-2016. Source: NHS Digital 2016.

The difference in employment rate between the population overall and people self-reporting as having mental illness is shown in the next table.[77] The indicator value is the difference between the employment rates, which are expressed as percentages.

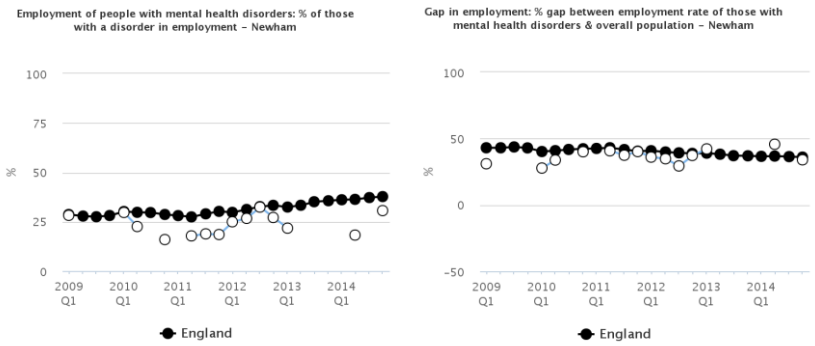
Year	Quarter	Employment rate of Newham residents with mental illness (%)	Employment rate of population of Newham (%)	Indicator value = gap (%)
2016	2	29.4	65.7	36.3
2016	1	26.7	69.7	43.0
2015	4	23.4	67.7	44.2
2015	3	19.4	66.5	47.2
2015	2	*	65.4	*
2015	1	*	65.2	*
2014	4	30.6	64.6	34.0
2014	3	*	60.9	*
2014	2	18.2	63.9	45.7
2014	1	*	64.4	*

NHS Outcomes Framework - Indicator 2.5.i Employment of people with mental illness Statistic: The difference in employment rate between the England population and people with mental illness.

This indicates some progress as the gap in rates of employment between the general population and those with a mental illness has fallen slightly, although the gap is still very significant.

[77] The percentage point difference between the rate of employment in the general working age population (aged 16-64) and the rate of employment amongst those working age adults self-reporting a mental illness. https://indicators.hscic.gov.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_2_S.pdf

This trend in the gap is presented graphically below:



Local data

LBN also collects and measures the employment status of people aged 18-64 who are allocated to one of its Mental Health Social Care teams. In 2015-16 11/413 (2.7%) were in employment and for the period April to October 2016, these figures were 12/337 (3.6%).

Workplace is the LBN job brokerage service created in 2007. It delivers localised and personalised support to residents and employers.

In 2014, LBN ASC published an employment strategy which set out proposals to target individuals identified as being disabled or disadvantaged to gain and sustain jobs. This was in response to poor performance in these areas compared to other boroughs. As a result, the **Workplace** Supported Employment Team (SET) was commissioned by ASC in September 2014.

The team delivers employment services to the following groups; learning disabilities, substance misuse issues, sensory, visual, physical or hearing impairments; autism spectrum disorder; young people in transition; unstable or fluctuating physical and long-term health conditions and all carers.

	2014-15 (Sep-Mar)	**2015-16**	**2016-17 (Apr-Sep)**
Target into work	20 (5 pro-rata)	31	21
Number into work	21	64	62

Table 2: Supported Employment Team data 2016

Although people with mental health conditions were not a primary target of the SET, many candidates were presenting with mental health issues secondary to their diagnosis.

NCCG through ELFT directly commissions Newham Talking Therapies (NTT), the Improving Access to Psychological Treatments (IAPT) service. NTT sub-contract PeoplePlus who provide two Employment and Welfare Advisors for primary care patients. These are people with common mental illness such as, anxiety, low mood, stress etc. The targets include:

- 370 employment referrals per year
- 60 to be retained in work per year
- 148 into paid employment (50% to remain in employment at 3 months)

East London NHS Foundation Trust (ELFT) provide two Employment Advisors who sit within the recently re-named Community Mental Health Team, now called the Recovery Team (one for north and one for south of the borough). This service provides one to one and group support for patients accessing secondary care.

- Maximum case load per advisor of 20-25
- Target of 13 patients into employment per advisor per year (26 total)

Jobcentre Plus is the Department for Work and Pensions (DWP) funded employment agency and social security office. It provides resources to enable job-searchers to find work, offer information about training opportunities and administer claims for benefits such as Income Support, Incapacity Benefit, and Jobseeker's Allowance. The support offer includes access to their Disability Employment Advisors (DEA), who are trained to provide additional support to customers who have a health condition or a disability that affects their ability to work. There is currently one DEA per Jobcentre Plus office (Stratford, Canning Town, Plaistow and East Ham).

Long-term conditions

"Ensure that people with **long-term conditions** have their physical and mental health care needs met."

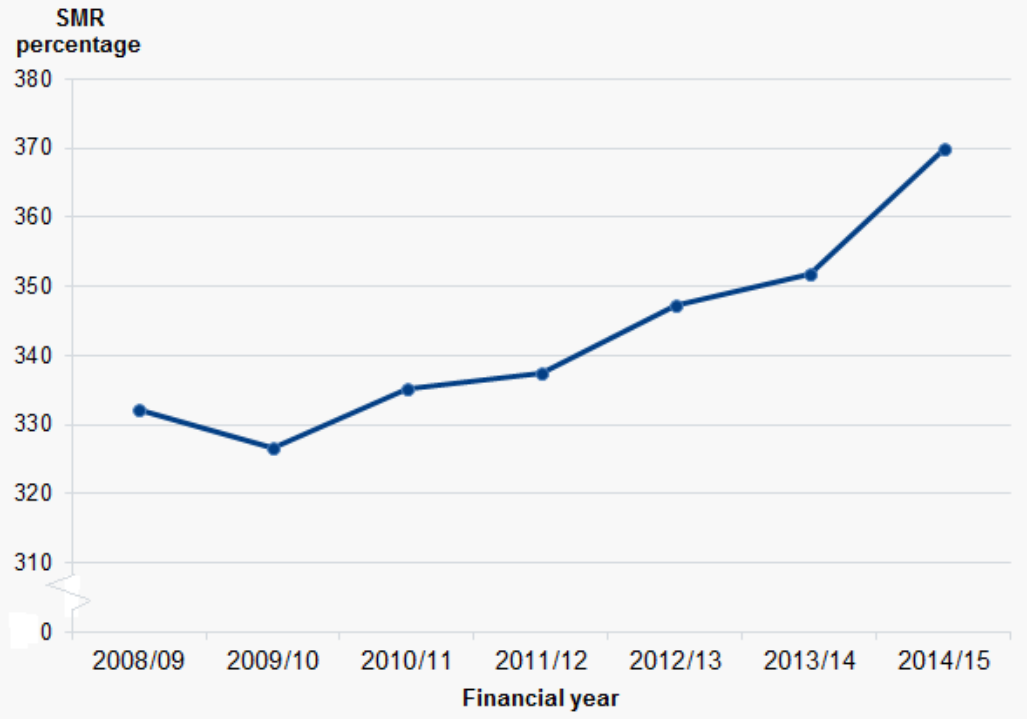
Physical illness / parity of esteem

"People with mental health problems receive **poorer physical health care."**

There is extensive published evidence that people with severe mental illness such as schizophrenia die between 15 and 25 years earlier than the average for the general population. This is a serious inequality of outcome for a vulnerable group and bodies such as the Disability Rights Commission have called upon the government to act.

The chart below shows that nationally the gap between the mortality rate of the general population and the population with a serious mental illness has been growing. The 2014/15 value of 370 means that, per 100,000 population, for every 100 deaths in the general population, there were 370 deaths in those with a serious mental health condition.

Standardised mortality ratio (SMR) between general adult population and individuals with a serious mental illness (indicator 1.5.i) by year, 2008/09 to 2014/15



Source: Mental health data linked over years and to the Primary Care Mortality Database (PCMD). ONS mortality data and ONS mid-year population estimates

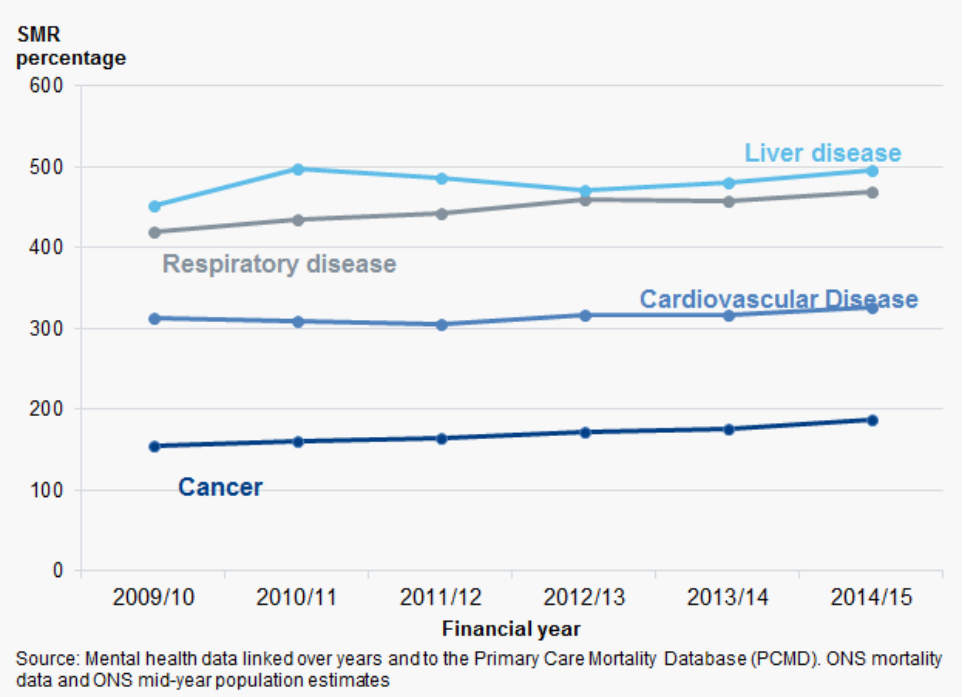
The **standardised mortality ratio (SMR) between general adult population and individuals with a serious mental illness in Newham for the past 6 years is shown below. This shows a similar increase in the gap between the general mortality rates and the rate for those with a serious mental illness:**

Year	General population mortality rate	Mental health DSR	Indicator value
2014/15	229.6	815.3	364.0
2013/14	231.4	770.8	338.3
2012/13	243.3	734.1	340.6
2011/12	251.4	760.0	344.4
2010/11	272.8	782.3	333.0
2009/10	291.7	723.3	301.6

Source: [78]

This disparity in life expectancy is predominantly due to higher levels of physical illness, specifically liver disease, lung disease, heart disease & stroke and cancers. The chart below shows how SMRs have varied for the four main causes of death over the course of the time series:

Standardised mortality ratio (SMR) between general adult population and those with a serious mental illness (indicator 1.5.i) by condition, 2009/10 2014/15 (national data)



[78] Indicator 1.5.i from NHS OF Nov 2016 quarterly release http://content.digital.nhs.uk/catalogue/PUB22426

While all conditions saw an increase in the SMR between 2013/14 and 2014/15 only cancer saw a significant increase. The cancer SMR rose from 175.6 in 2013/14 to 186.2 in 2014/15, an increase of 6.0 per cent.

Over the six year time series cancer and respiratory disease saw significant increases in the SMR while liver and cardiovascular disease saw no significant change.

Despite this, liver disease remains the condition with the largest inequality between the general population and individuals with a serious mental illness. The SMR for liver disease in 2014/15 was 496.3 meaning the mortality rate for liver disease in those with serious mental illness was 396.3 per cent higher than for the general population.

CCG OIS 1.23 Smoking rates in Newham residents with serious mental illness (SMI) The percentage of people aged 18 and over with SMI, identified on GP systems, who are current smokers.

Reporting period	Number of people with SMI	Number of people with SMI who smoke	Percentage
2014/15	2,346	834	36%

Smoking rates among people with SMI in Newham are still very high.

CCG OIS 1.12 People with Serious Mental Illness (SMI), identified on GP systems, who have received the complete list of physical checks.

Reporting period	Number of people with SMI	Number of people with SMI receiving physical checks	Percentage
2014/15	2,355	1,147	49%
2013/14	2,612	1,841	71%

Performance on delivering physical health checks to people with SMI in Newham varies.

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Crisis service

"At present only half of the country offers a **24/7 community-based mental health crisis service."**

Crisis services are provided in Newham by the home treatment team and/or recovery teams, operating 7 days per week.

24/7 liaison service

"Only a minority of A&E departments currently have **24/7 liaison mental health services,** even though peak hours for people presenting to A&E with mental health crises are 11pm-7am."

The Rapid Assessment, Interface & Discharge (RAID) service model is operational in Newham University Hospital on a 24 hour / 7 day basis.

Perinatal mental health services

"One in five mothers suffers from mental health problems during pregnancy or in the first year after childbirth, yet fewer than 15% of areas have the necessary **perinatal mental health services** and more than 40% provide none at all."

A perinatal mental health community team is based at Newham University Hospital and has a revised model that includes a mental health midwife and IAPT (improved access to psychological therapy) service. The team provides specialist care for women with mental health problems who are pregnant or in the first post-partum year, or who are considering pregnancy.

Suicidal thoughts, suicide attempts and self-harm

"Suicide is rising after many years of decline".

National data

Suicide prevention is a major goal for local authorities and central government. Self-reported suicidal thoughts, suicide attempts and self-harming (without suicidal intent) are associated with great distress for the people who engage in them, as well as for the people around them. They are strongly associated with mental illness, and help to identify people at increased risk of taking their own life in the future.

The APMS 2014 national survey data indicates: [79]

- A fifth of adults (21%) reported that they had thought of taking their own life at some point.
- In 2014, 5.4% of 16 to 74 year olds reported suicidal thoughts in the past year, a significant increase on the 3.8% reporting this in 2000.
- Particular subgroups have experienced more pronounced increases over time. For example, in people aged 55 to 64 suicidal thoughts (2% in 2000; 5% in 2014) and suicide attempts (0.1% in 2000; 0.6% in 2014) at least doubled in rate since 2000. This was evident both in men and women.
- The proportion of the population who report having self-harmed has increased from 2 per cent of 16 to 74 year olds in 2000 to 4 per cent in 2007, and 6 per cent in 2014. This increase is evident in both men and women and across age-groups. Greater awareness of self-harming is probably a factor in the increased reporting.
- One in four 16 to 24 year old women (26 per cent) surveyed has self-harmed, more than twice the rate than in young men (10 per cent) and women aged 25 to 34 (13%). The gap between young men and young women has grown over time.
- Self-harm in young women mostly took the form of self-cutting. The majority reported that they did not seek professional help afterwards.
- Some groups in the population were more likely than others to report these thoughts and behaviours, such as those who lived alone or were out of work (either unemployed or economically inactive). Benefit status identified people at particularly high risk:

[79] *The Adult Psychiatric Morbidity Survey - Survey of Mental Health and Wellbeing, England, 2014* http://content.digital.nhs.uk/catalogue/PUB21748

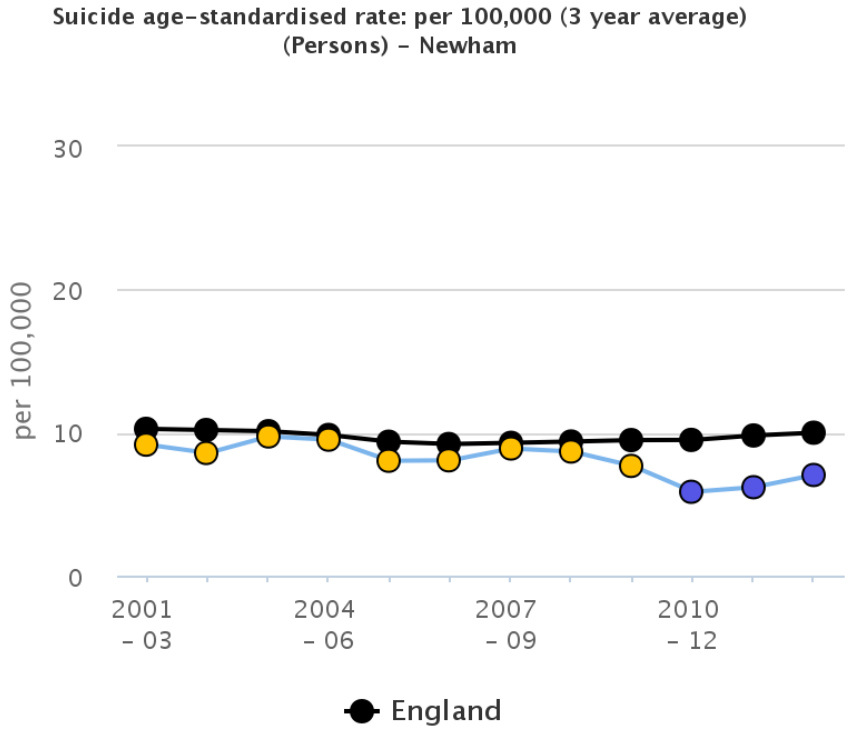
two-thirds of Employment and Support Allowance (ESA) recipients had suicidal thoughts (66.4%) and approaching half (43.2%) had made a suicide attempt at some point.

- Overall, half of people who attempted suicide sought help after their most recent attempt (50.1%). About a quarter sought help from a GP, a quarter went to a hospital or specialist medical or psychiatric service, and a fifth tried to get help from friends or family.

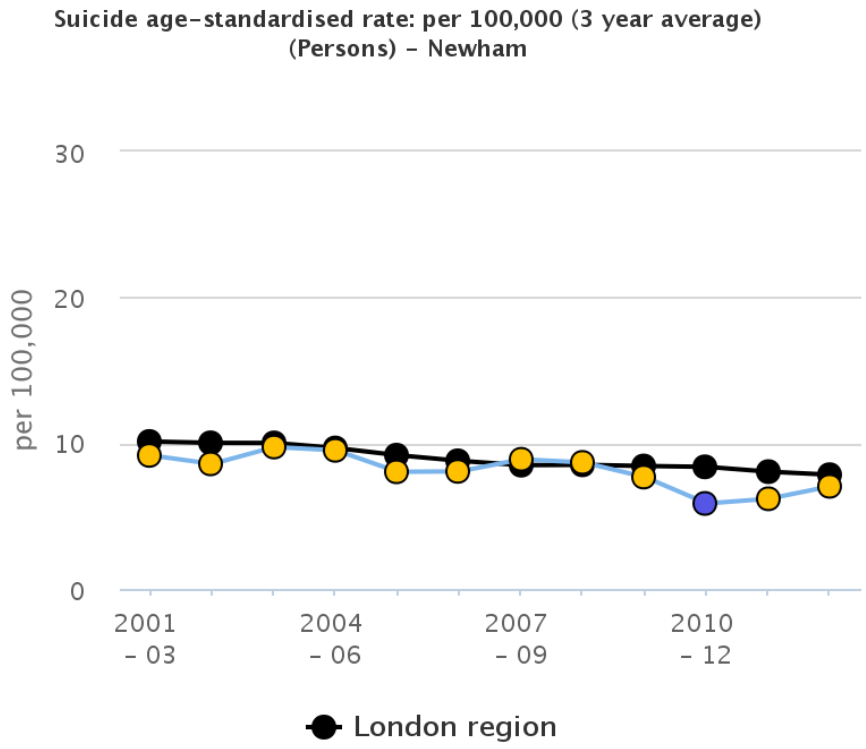
- Men and women were equally likely to seek help after a suicide attempt. Older people were more likely to seek help from a hospital or specialist medical or psychiatric service than younger people; the latter were more likely to turn to family and friends. Using GPs as a source of support following a suicide attempt was equally common across age-groups.

Local data

Newham has a lower suicide rate for both men and women, compared to the national suicide rate. The rate is similar to the average suicide rate for London.[80]



[80] http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/4/gid/1938132828/pat/6/par/E12000007/ati/102/are/E09000025/iid/41001/age/285/sex/4



Self-harm results in approximately 110,000 inpatient admissions to hospital each year in England, 99% are emergency admissions. Self-harm is an expression of personal distress and there are varied reasons for a person to harm themselves irrespective of the purpose of the act. There is a significant and persistent risk of future suicide following an episode of self harm.

Newham has a lower than national rate of admissions due to self-harm but ranks relatively high within London as shown in the following chart:

Emergency Hospital Admissions for Intentional Self-Harm, directly age-sex standardised rate, all ages, Persons. 2014-15 data

Area	Value	Lower CI	Upper CI
England	191.4	190.3	192.6
London region	-	-	-
Sutton	186.7	168.0	207.0
Croydon	140.5	128.9	152.8
Hounslow	136.5	122.2	151.9
Hillingdon	124.5	111.8	138.2
Newham	120.1	107.1	134.2
Barking and Dagenham	118.9	103.6	135.8
Islington	118.6	103.6	135.0
Bromley	118.6	106.8	131.3
Merton	112.6	97.8	128.8
Ealing	105.3	94.3	117.3
Lewisham	105.0	93.1	118.0
Richmond upon Thames	104.2	89.5	120.6
Hackney	103.1*	88.9	118.6
Barnet	99.0	89.1	109.6
Southwark	95.9	84.6	108.3
Haringey	94.1	82.6	106.7
Lambeth	92.7	81.3	105.0
Hammersmith and Fulham	89.7	75.5	105.7
Bexley	89.4	77.9	102.1
Camden	87.8	75.5	101.4
Havering	85.0	73.8	97.5
Enfield	83.1	73.5	93.6
Wandsworth	80.2	69.4	92.2
Westminster	79.5	67.4	93.0
Waltham Forest	78.6	68.0	90.5
Redbridge	75.5	65.6	86.4
Tower Hamlets	74.9	64.4	86.4
Kingston upon Thames	74.0	61.7	88.1
Greenwich	74.0	63.7	85.4
Harrow	71.4	61.2	82.9
Kensington and Chelsea	63.5	51.2	77.9
Brent	58.9	50.6	68.1
City of London	*	-	-

Source: Hospital Episode Statistics (HES), Health and Social Care Information Centre for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England. Analysis uses the single year of age grouped into quinary age bands, by sex.

Dual diagnosis

Direct indicators of dual diagnosis are currently largely unavailable. However, mental health problems are very common among those using opiates and/or crack cocaine.

Information about the prevalence of opiate and/or crack cocaine use is an essential part of the evidence base used to formulate policy, inform service provision, and assess the wider population impact of interventions. Although direct enumeration is not possible, indirect techniques can provide estimates of drug misuse prevalence. This research uses data sources that are available at the local and national level to estimate the prevalence of opiate and/or crack cocaine use.

Newham's rate is higher than the London and national averages.

Estimated prevalence of opiate and/or crack cocaine use 2011/12 — Crude rate - per 1000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	293,879	8.4	8.3	8.6
London region	–	54,985	9.6	9.4	10.1
Tower Hamlets	–	3,561	18.5	16.5	20.6
Islington	–	2,623	16.7	14.8	20.6
Westminster	–	2,550	15.6	13.9	18.3
Hackney	–	2,617	14.4	12.4	16.5
Camden	–	2,212	13.6	11.9	15.5
Lambeth	–	3,074	13.4	11.3	15.2
Southwark	–	2,829	13.1	11.2	15.1
Newham	–	2,924	13.1	11.5	16.9
Lewisham	–	2,438	12.4	11.1	14.6
Ealing	–	2,583	10.9	9.8	12.6
Greenwich	–	1,888	10.7	8.7	12.8
Hammersmith and Fulham	–	1,390	10.1	8.3	11.9
Haringey	–	1,847	10.0	8.2	11.9
Kensington and Chelsea	–	1,065	9.2	7.2	11.1
Barking and Dagenham	–	1,079	8.9	7.5	10.9
Waltham Forest	–	1,603	8.8	7.1	10.7
Brent	–	1,834	8.3	6.4	10.2
Redbridge	–	1,504	8.0	6.6	12.2
Croydon	–	1,914	7.8	6.0	9.8
Enfield	–	1,545	7.4	5.3	9.4
Hounslow	–	1,280	7.1	6.4	8.4
Wandsworth	–	1,634	7.1	5.2	9.0
Hillingdon	–	1,226	6.6	4.6	8.6
Sutton	–	807	6.3	5.2	8.8
Barnet	–	1,492	6.2	5.3	7.7
Merton	–	795	5.7	4.6	8.3
Harrow	–	898	5.6	3.5	7.5
Bromley	–	1,117	5.6	4.5	7.1
Havering	–	852	5.5	4.4	9.6
City of London	–	30	5.2	3.5	7.1
Richmond upon Thames	–	649	5.1	4.0	7.3
Kingston upon Thames	–	522	4.7	3.9	6.9
Bexley	–	605	4.0	3.3	5.4

Source: Various sources (drug treatment, probation, police and prison data) to derive estimates; ONS mid-year population estimates

Compared with benchmark Lower Similar Higher Not compared

This next indicator shows the proportion of people who, when assessed for drug treatment, were receiving treatment from mental health services for reasons other than substance misuse.

The measure is indicative of levels of co-existing mental health problems in the drug treatment population. However, it should not be regarded as a comprehensive measure of dual diagnosis as it only captures whether a person is receiving mental health treatment at a given point in time.

Newham's rate is lower than the London average.

Concurrent contact with mental health services and substance misuse services for drug misuse 2014/15 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	15,907	21.0	20.7	21.3
London region	-	4,020	28.1	27.3	28.8
Hillingdon	-	197	46.9	42.2	51.7
Croydon	-	222	39.6	35.6	43.7
Barnet	-	160	38.7	34.2	43.5
Islington	-	201	37.4	33.4	41.5
Hackney	-	254	36.9	33.3	40.5
Enfield	-	184	34.9	31.0	39.1
Lambeth	-	209	34.8	31.1	38.7
Southwark	-	216	33.4	29.9	37.2
Kensington and Chelsea	-	93	30.7	25.8	36.1
Brent	-	185	30.6	27.1	34.4
Greenwich	-	142	30.6	26.6	34.9
Camden	-	209	29.6	26.4	33.1
Ealing	-	190	27.6	24.4	31.1
Haringey	-	155	27.6	24.0	31.4
Sutton	-	74	26.7	21.8	32.2
Tower Hamlets	-	206	26.0	23.1	29.2
Hammersmith and Fulham	-	94	25.9	21.7	30.6
Bexley	-	74	25.0	20.4	30.2
Waltham Forest	-	110	24.9	21.1	29.1
Richmond upon Thames	-	61	23.9	19.1	29.5
Havering	-	73	23.2	18.9	28.1
Newham	-	113	22.6	19.2	26.5
Westminster	-	113	22.1	18.7	25.9
Bromley	-	54	22.0	17.3	27.6
Harrow	-	56	21.9	17.2	27.3
Merton	-	34	21.4	15.7	28.4
Wandsworth	-	83	18.6	15.2	22.4
Barking and Dagenham	-	75	17.9	14.6	21.9
Redbridge	-	42	16.2	12.2	21.2
Lewisham	-	79	15.9	12.9	19.3
Kingston upon Thames	-	27	15.2	10.6	21.2
Hounslow	-	34	9.1	6.6	12.4
City of London	-	.	*	.	.

Source: National Drug Treatment Monitoring System

Compared with benchmark Lower Similar Higher Not compared

This indicator shows the proportion of people who, when assessed for alcohol treatment, were receiving treatment from mental health services for reasons other than substance misuse.

This measure is indicative of levels of co-existing mental health problems in the alcohol treatment population but it should not be regarded as a comprehensive measure of dual diagnosis as it only captures whether a person is receiving mental health treatment at a given point in time.

Newham's rate is similar to the London and national averages.

Concurrent contact with mental health services and substance misuse services for alcohol misuse 2014/15

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	11,386	20.0	19.7	20.3
London region	–	2,124	25.7	24.8	26.6
Hillingdon	–	123	50.2	44.0	56.4
Camden	–	142	40.6	35.6	45.8
Croydon	–	105	37.6	32.2	43.5
Sutton	–	106	35.6	30.4	41.2
Barnet	–	84	35.1	29.4	41.4
Lambeth	–	122	34.4	29.6	39.5
Enfield	–	80	33.1	27.4	39.2
Bexley	–	68	32.7	26.7	39.3
Haringey	–	86	30.5	25.4	36.1
Greenwich	–	84	30.3	25.2	36.0
Southwark	–	83	29.2	24.2	34.8
Newham	–	57	28.6	22.8	35.3
Ealing	–	142	28.2	24.4	32.3
Kensington and Chelsea	–	37	26.4	19.8	34.3
Harrow	–	42	26.4	20.2	33.8
Tower Hamlets	–	72	24.2	19.6	29.3
Richmond upon Thames	–	45	23.4	18.0	29.9
Lewisham	–	54	23.2	18.2	29.0
Merton	–	50	22.2	17.3	28.1
Havering	–	34	21.7	15.9	28.7
Brent	–	66	20.6	16.6	25.4
Hammersmith and Fulham	–	42	20.6	15.6	26.7
Waltham Forest	–	47	20.2	15.5	25.8
Westminster	–	43	18.3	13.9	23.7
Barking and Dagenham	–	51	17.6	13.7	22.5
Islington	–	50	17.3	13.4	22.1
Kingston upon Thames	–	25	16.6	11.5	23.3
Redbridge	–	29	15.7	11.1	21.6
Bromley	–	23	15.6	10.7	22.4
Hackney	–	49	15.3	11.8	19.7
Wandsworth	–	59	14.1	11.1	17.7
Hounslow	–	22	7.3	4.8	10.7
City of London	–	-	*	-	-

Source: National Drug Treatment Monitoring System

Compared with benchmark Lower Similar Higher Not compared

Mental health problems are common among those needing treatment for alcohol misuse and alcohol misuse is common among those with a mental health problem. Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions.

Admissions to hospital in Newham for mental and behavioural disorders due to alcohol are higher than the national and London averages.

Admission to hospital for mental and behavioural disorders due to alcohol 2013/14 Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	46,120	87	87	88
London region	-	6,490	83	81	85
Hackney	-	280	144	126	164
Lambeth	-	355	136	121	153
Southwark	-	330	126	111	142
Hammersmith and Fulham	-	185	125	106	145
Islington	-	215	122	105	141
Lewisham	-	295	109	96	123
Camden	-	205	105	91	121
Waltham Forest	-	270	104	92	118
Sutton	-	205	103	89	118
Newham	-	295	102	90	115
Croydon	-	365	97	87	108
Wandsworth	-	240	96	83	110
Tower Hamlets	-	175	92	77	109
Ealing	-	300	92	81	103
Haringey	-	190	85	72	99
Westminster	-	180	85	72	99
Merton	-	155	83	70	98
Barking and Dagenham	-	130	80	66	96
Bexley	-	180	78	67	90
Greenwich	-	190	74	63	86
Richmond upon Thames	-	135	73	61	87
Hillingdon	-	200	73	63	85
Brent	-	205	73	63	84
Kensington and Chelsea	-	105	68	55	82
Redbridge	-	180	67	57	78
Hounslow	-	155	63	53	75
Bromley	-	200	63	54	72
Harrow	-	115	47	39	57
Kingston upon Thames	-	65	45	35	58
Barnet	-	150	44	38	52
Havering	-	105	44	36	53
Enfield	-	130	43	36	51
City of London	-	-	*	-	-

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the Health and Social Care Information Centre - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Five year forward view – Key findings & interpretation

Key finding
Rough sleepers in Newham, as expected, exhibit significantly higher levels of unplanned hospital admissions, common mental illnesses, /severe mental illnesses and alcohol and substance misuse, than the general population of Newham.

Key finding
Audits of Newham mental health services have shown:

- under-representation of almost all Asian groups
- over-representation of White British clients
- under-representation of Black African clients in almost all services
- over-representation of 'Other Ethnic Groups'.

Key finding
Employment rates among people with a mental illness in Newham remain lower than for the general population. One third of working age Newham residents with a mental illness are employed, compared to two-thirds of the general Newham working age population.

Key finding
The gap in mortality (death) rates between the general population in Newham and those with a severe mental illness is increasing.

Key finding
Whilst Newham has a lower suicide rate for both men and women, compared to the national suicide rate, there are still about 20 potentially preventable local deaths from suicide each year.

Key finding
Further work is required to understand the extent of dual diagnosis in Newham.

8 Services in Newham

National data

The APMS 2014 survey indicated that one person in three with CMI was in receipt of treatment. Treatment was defined as current receipt of psychotropic medication and/or counselling or other psychological therapy. The more severe people's current symptoms of CMI were, the more likely it was that they were using treatment. Treatment rates were higher for some disorders than others. The majority of people identified with psychotic disorder were in treatment, and around half of those with depression, obsessive compulsive disorder (OCD), phobias, GAD, a positive screen for PTSD, or signs of dependence on drugs other than cannabis.

The proportion of people with CMI using treatment increased. People with CMI were more likely to use treatment in 2014 than at any time in the survey series. This was driven by steep increases in the use of psychotropic medication since 2007. Increased use of psychological therapies was also evident among people with more severe symptoms.

Changes in data collection methodology could have played a part in this increased reporting of medication. However, this is unlikely to account for all of the rise. Furthermore, this increase is consistent with other data sources, for example analyses of prescribing data.[81]

Local data

Data shows that approximately 8000 Newham adult residents with mental health illness are in contact with the NHS specialist mental health service (East London Foundation Trust – ELFT) each year.[82] During the year 2015-16, the following numbers of unique patients were seen in the following settings:

Adult Inpatient	1077
Adult community teams (see below for detail)	7690

Whilst these are the numbers of unique patients within each setting, any individual could feature in both inpatient and community settings during the year, so the minimum number of individuals in contact with ELFT would be 7690 and the (theoretical) maximum would be approximately 8800.

[81] Spence R, Roberts A, Ariti C, Bardslev (2014) Focus On: Antidepressant prescribing. Trends in the prescribing of antidepressants in primary care. Health Foundation and Nuffield Trust. www.qualitywatch.org.uk/focus-on/antidepressant-prescribing/about

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Inpatients	Unique Patients	Direct Admissions
Inpatients	Unique Patients	Direct Admissions
Adult acute	964	1,209
PICU	113	35
Adult acute Total	**1,077**	**1,244**

CMHTs	Unique Patients
NH North East Community Treatment Team	530
NH North West Community Treatment Team	681
NH South East Community Treatment Team	867
NH South West Community Treatment Team	808
CMHT Total	**2,886**

Other community listed teams	Unique Patients
Home Treatment Teams	3,747
Assertive Outreach Teams	158
Early Intervention Services	281
Community Rehab and Recovery	-
Community Peri-natal	335
Personality Disorder	68
Dual Diagnosis	-
Chronic Fatigue	-
Institute of Psychotrauma	-
Clozapine Clinic	215
Other community listed teams - TOTAL	**4804**

Care Clusters

Some information on the types of illnesses of those in contact with specialist mental health services can be inferred from Care Clusters data. Care Clusters are predominantly a finance-based currency, which were designed to aid the commissioning and contracting of specialist mental health services.

Number of Newham service users on CPA by diagnostic cluster (excluding dementia) – ELFT
Period end date: 31 March 2016 ?? SNAPSHOT OR YEAR TO THIS DATE??

Cluster Services	Number of service users on CPA	Number of service users not on CPA	Total number of service users	Percentage on CPA	Percentage not on CPA
Care Cluster 0: Variance	0	2	2	0%	100%
Care Cluster 1: Common Mental Health Problems (Low Severity)	0	1	1	0%	100%
Care Cluster 2: Common Mental Health Problems (Low Severity with Greater Need)	0	0	0		
Care Cluster 3: Non-Psychotic (Moderate Severity)	1	60	61	2%	98%
Care Cluster 4: Non-Psychotic (Severe)	1	208	209	0%	100%
Care Cluster 5: Non-Psychotic Disorders (Very Severe)	25	299	324	8%	92%
Care Cluster 6: Non-Psychotic Disorder of Over-Valued Ideas	2	48	50	4%	96%
Care Cluster 7: Enduring Non-Psychotic Disorders (High Disability)	26	405	431	6%	94%
Care Cluster 8: Non-Psychotic Chaotic and Challenging Disorders	28	207	235	12%	88%
Care Cluster 10: First Episode Psychosis	136	16	152	89%	11%
Care Cluster 11: Ongoing Recurrent Psychosis (Low Symptoms)	16	132	148	11%	89%
Care Cluster 12: Ongoing or Recurrent Psychosis (High Disability)	142	410	552	26%	74%
Care Cluster 13: Ongoing or Recurrent Psychosis (High Symptoms and Disability)	218	251	469	46%	54%
Care Cluster 14: Psychotic Crisis	8	10	18	44%	56%
Care Cluster 15: Severe Psychotic Depression	0	7	7	0%	100%
Care Cluster 16: Dual Diagnosis	11	22	33	33%	67%
Care Cluster 17: Psychosis and Affective Disorder (Difficult to Engage)	11	12	23	48%	52%
99: Unclustered Patients	26	304	330	8%	92%
Total	**651 (21%)**	**2394 (79%)**	**3045 (100%)**	**21%**	**79%**

Source[83]

Do these data tie in with the I/P & O/P data above?

[83] Appendix 8 Report 3 - East London NHS Foundation Trust. Period end date: 31/03/2016 23:59:59

Overall, one fifth of users are 'on the Care Programme Approach (CPA)' which may be viewed as a proxy for severity or acuity of need. As expected, the proportion 'on CPA' is higher for those classified in the more severe Care Cluster groups (e.g. Care Clusters 5, 10, 13 & 14).

Registered Service Users (month end snapshot) ELFT – Newham April 2015 – March 2016		
Cluster Services	**Average users per month by Cluster**	**% by Cluster**
Care Cluster 0: Variance	7	<1%
Care Cluster 1: Common Mental Health Problems (Low Severity)	2	<1%
Care Cluster 2: Common Mental Health Problems (Low Severity with Greater Need)	6	<1%
Care Cluster 3: Non-Psychotic (Moderate Severity)	71	2%
Care Cluster 4: Non-Psychotic (Severe)	233	7%
Care Cluster 5: Non-Psychotic Disorders (Very Severe)	337	10%
Care Cluster 6: Non-Psychotic Disorder of Over-Valued Ideas	48	1%
Care Cluster 7: Enduring Non-Psychotic Disorders (High Disability)	425	13%
Care Cluster 8: Non-Psychotic Chaotic and Challenging Disorders	230	7%
Care Cluster 10: First Episode Psychosis	159	5%
Care Cluster 11: Ongoing Recurrent Psychosis (Low Symptoms)	166	5%
Care Cluster 12: Ongoing or Recurrent Psychosis (High Disability)	626	19%
Care Cluster 13: Ongoing or Recurrent Psychosis (High Symptoms and Disability)	512	16%
Care Cluster 14: Psychotic Crisis	23	1%
Care Cluster 15: Severe Psychotic Depression	5	<1%
Care Cluster 16: Dual Diagnosis	43	1%
Care Cluster 17: Psychosis and Affective Disorder (Difficult to Engage)	38	1%
99: Unclustered Patients	316	10%
Total	**3246**	**100%**

Approximately two fifths of registered users have a psychotic illness. The next two largest diagnostic groups are non-psychotic diseases, which would include severe depression and / or anxiety, with severe disruption to everyday living.

The Care Cluster data for new service users is not as useful as two-thirds are not classified into diagnostic clusters by the time the end of month snapshot is taken.

ELFT performance data indicates the following information on admissions, length of stay and discharges.

Length of stay (LOS) April 2014 – March 2016

Description	Target	Achieved
Average LOS (all wards)	22 days	11.7
Average LOS (all wards excluding triage ward)	22 days	18.4
Average LOS (Ruby triage ward)	3 days	3.6
Length of stay < 72 hours	%	44%
Length of stay 3 – 5 days	%	32%
Length of stay 5- 7 days	%	12%
Length of stay > 7 days (trigger)	%	12%
Ward bed occupancy (locality)	<85%	84%
Triage bed occupancy	%	67%
Patient transfer – triage to locality wards	%	49%
Re-admission to triage within 28 days	%	10%
Re-admission to triage between 28 to 56 days	%	3%
Reduction in admission to locality wards	%	82%
Discharge to home address	%	66%

Source: MH SPR May Page 225 (Part 3)

Two fifths of triage ward patients stay for less than three days and three quarters have been discharged within five days.

Acute Admissions / Discharges (April 2014 – March 2016)

Admissions	Apr-Mar 2014-15	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total 2015-16
Acute Wards	99	22	4	5	4	8	6	8	16	23	30	45	60	231
Ruby Triage Ward	1136	90	90	86	104	95	91	70	88	67	72	72	63	988
Total	**1235**	**112**	**94**	**91**	**108**	**103**	**97**	**78**	**104**	**90**	**102**	**117**	**123**	**1219**

Discharges	Apr-Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Acute Wards	591	68	56	47	46	28	66	39	60	60	60	69	88	687
Ruby Triage Ward	634	54	36	56	51	40	49	31	44	39	28	49	46	523
Total	**1225**	**122**	**92**	**103**	**97**	**68**	**115**	**70**	**104**	**99**	**88**	**118**	**134**	**1210**

Admissions Known/Unknown Analysis

The table below shows that three fifths of admitted patients are previously known to inpatients at any time prior to admission.

	Apr-Mar 2014 -15	%	Apr-Mar 2015 -16	%
Previously known	670	59%	589	60%
Previously not known	468	41%	399	40%
Grand Total	**1138**	**100%**	**988**	**100%**

Triage Ward Admission Time

The table below shows when people are admitted throughout the day. Two thirds of admissions are outside working hours.

	Apr-Mar 2014-15	%	Apr-Mar 2015-16	%
00:00 – 09:00	356	31	345	35%
09:01 – 17:00	443	39	364	37%
17:01 – 24:00	339	30	279	28%
Total	**1138**	**100%**	**988**	**100%**

Admission Source and Time

This table shows admissions by source and time of day, with the prime sources being Newham hospital emergency department (49%), police (23%) and CMHTs (11%), in total accounting for 83% of admissions.

Admission Source	00:00 - 09:00	09:01 - 17:00	17:01 - 24:00	Grand Total	%
Newham ED	428	288	323	1039	49%
Police (all MHA sections 136, 135, etc.)	173	158	154	485	23%
CMHT	13	183	39	235	11%
PACT	11	93	16	120	6%
Royal London ED	11	10	19	40	2%
Whipps Cross Hospital	11	10	6	27	1%
Goodmayes	11	8	5	24	1%
Assertive outreach team	1	14	4	19	<1%
Early intervention service	3	13	2	18	<1%
Homerton Hospital	6	4	2	12	<1%
Total	668	781	570	2019	95%
Others	33	26	48	107	5%
Grand Total	**701**	**807**	**618**	**2126**	**100.0%**

Presentations at Newham emergency department

On average, 15% of people presenting to Newham emergency department with a mental illness are admitted to the triage ward.

Month 2015-16	Total number presenting at ED	Number admitted to triage ward	% admitted to triage ward
Apr-15	311	48	15%
May-15	302	48	16%
Jun-15	278	42	15%
Jul-15	269	53	20%
Aug-15	303	47	16%
Sep-15	248	41	16%
Oct-15	248	30	12%
Nov-15	293	40	14%
Dec-15	303	42	14%
Jan-16	288	41	14%
Feb -16	293	39	13%
Mar -16	352	43	12%
Grand Total	**3488**	**514**	**15%**

Primary Diagnosis for those admitted to triage ward 2014 - 2016

One third of admissions to the triage ward are for psychotic disorders, with a further fifth due to mood disorders. Just over 1 in 10 are due to disorders secondary to substance misuse.

Diagnosis	Total	%
Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	681	32.0%
Mood [affective] disorders	425	20.0%
Mental and behavioural disorders due to psychoactive substance use	265	12.5%
No Diagnosis	250	11.8%
Disorders of adult personality and behaviour	243	11.4%
Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders	174	8.2%
Others (<0.5% each diagnosis)	45	2.1%
Behavioural and emotional disorders with onset usually occurring in childhood and adolescence	31	1.5%
Observation for suspected mental and behavioural disorders	12	0.6%
Grand Total	**2126**	**100%**

Discharge/Transfer Location

Two fifths of patients admitted to the triage ward were discharged home and another two fifths were transferred to other inpatient specialist mental health services wards.

Place of Transfer/Discharge	Grand Total	%
Home	929	44%
Opal	249	12%
Emerald	215	10%
Topaz	211	10%
Sapphire	178	8%
Crystal	76	4%
Temporary Accommodation (B&B)	63	3%
Unknown - NFA	36	2%
PACT	18	<1%
Tower Hamlets	13	<1%
Prison	11	<1%
Newham General Hospital	10	<1%
Others	117	6%
Grand Total	**2126**	**100%**

Service	Run by	Who do they see?	What does it do?	Referral
Assessment and Brief Treatment Team (Newham)	NHS ELFT	Schizophrenia Bi-polar Disorder Severe depression Other mental health conditions where the person is in crisis or distress.	The Assessment and Brief Treatment Team are the single point of access for all mental health referrals. This team offers advice and onward referral and also assess and provide brief treatment for up to 6 months where appropriate.	Referrals and enquiries for any resident of Newham who is thought to require a secondary mental health service can be directed to the Assessment and Brief Treatment team which is the single point of contact on 020 3288 5100. East Ham Memorial Building 1st/2nd Floors, 298 Shrewsbury Road, East Ham, London E7 8QP
Psychiatric Acute Community Treatment Team (PACT)	NHS ELFT	Adults with severe mental health problems who are in crisis and who live in the London Borough of Newham.	PACT is a community-based multi-disciplinary team who provide a short-term, intensive, safe and effective assessment and brief treatment service. The service provides an alternative to inpatient care, providing Acute Day Hospital admission and also a small Home Treatment provision.	Referrals by telephone only for service users experiencing an acute mental health crisis aged 18-65 years and Resident of Borough of Newham. Tel: 020 7540 6782 (open 9am-8pm, 7 days a week)
Emergency Department Liaison Team	NHS ELFT	All patients who present with mental health difficulties to Newham University Hospital Emergency Department.	The Emergency Department Liaison Team is a part of PACT and offers a 24 hour service.	Directly via Newham University Hospital Emergency Department.
Recovery Team North (Newham)	NHS ELFT	All mental health conditions.	The Recovery team will provide care coordination and ongoing support and intervention for people with significant mental health support needs who require a longer term service. The expectation is that this intervention will be time limited and recovery focused. The aim will be to transfer patients back to the care of their GP and primary care services when they are stabilised and have a supportive plan in place.	Referral is via the Assessment and Brief Treatment team. Recovery Team North Tel: 020 8475 8000 Recovery Team South Tel: 020 3288 5080 Both teams are based at Passmore Edwards Building First Floor, 304 Shrewsbury Road East Ham, London E7 8QR
Recovery Team South (Newham)	NHS ELFT			

Service	Run by	Who do they see?	What does it do?	Referral
Newham Primary Care Liaison Service	NHS ELFT		This service bridges the gap between adult mental health and GP services. Patients are seen at their local GP practices.	Via consultant or GP for a referral. This service is open from 9:00am to 5:00pm Monday to Friday (Excluding Bank Holidays).
Criminal Justice Mental Health Liaison Service (East London)	NHS ELFT	All mental health presentations.	The Criminal Justice Mental Health Liaison Team aims to identify, screen and assess vulnerabilities including mental health, learning disabilities, autism-spectrum disorders, substance misuse and other related social problems for people of all ages when they first come into contact with the criminal justice system under suspicion of having committed a crime.	For advice, or to make a referral or consider doing so, contact is via 079 854 385 13 or 079 844 741 78 or _LiaisonDiversion@elft.nhs.uk
Secondary Care Psychology Service (Newham)	NHS ELFT	Anxiety, depression, dementia, schizophrenia, drug and alcohol problems and any other mental health or psychological problem	The Department of Psychological Medicine provides an integrated mental health liaison service to people aged 16 years or over in Newham. The service provides mental health assessment to patients who attend the A&E department and to inpatients at Newham University Hospital. The service is based on the RAID (Rapid Assessment, Interface & Discharge) model.	Referrals from Newham University Hospital: Urgent Care Centre, Emergency and Observation Departments and wards; Self-referrals; Referrals from informal carers with patient's consent.
Home Treatment Team (Newham)	NHS ELFT	All mental health conditions. The Home Treatment Service provides assessment and treatment to people who are experiencing a mental health emergency of a nature or	The team provide prompt, intensive support to people at the time they most need help, aiming to avoid further deterioration and alleviate distress as quickly as possible. Where appropriate, this service can provide an alternative to hospital admission, enabling people to receive treatment and care in their own home. By remaining in their own community, the disruption to	Referrals accepted from GPs and secondary mental health services. The service is available 24 hours 7 days per week.

Service	Run by	Who do they see?	What does it do?	Referral
		severity that would otherwise require admission to inpatient services.	their lives and the lives of those caring for them is minimised.	
Newham Acute Day Hospital	NHS ELFT	All mental health conditions. The Acute Day Hospital provides assessment and treatment to people who are experiencing a mental health emergency of a nature or severity that would otherwise require admission to inpatient services.	The team provide prompt, intensive support to people at the time they most need help, aiming to avoid further deterioration and alleviate distress as quickly as possible. Patients can receive care and support during the day but retain links with their families, pets and wider community in the evenings. The service is an alternative to hospital admission, enabling people to receive treatment and care as a day patient.	Referrals are accepted from GPs and secondary mental health professionals
Early Intervention Services (Newham)	NHS ELFT	Psychosis.	The Newham Early Intervention Service (NEIS) assesses and works with people between the ages of 18 to 40 who are experiencing, or are at risk of developing, early onset psychosis, and with their families. Clinical care is provided to clients who are showing signs of a first episode of psychosis or suspected first episode of psychosis and are in the first three years of an untreated psychosis.	Self referral. The Appleby Centre 63 Appleby Road, Canning Town London E16 1LQ Tel: 020 3288 5800
Ruby Triage Ward	NHS ELFT		A 15 bedded triage ward which is the single point of admission for all people requiring admission to acute inpatient care in Newham. The ward is the first stop for all service users admitted to the unit where they will	Referrals via Psychiatric Liaison Service, PACT team or CMHT

Service	Run by	Who do they see?	What does it do?	Referral
			undergo initial assessment and monitoring. They will then be transferred to another ward or discharged to another service appropriate to their needs. The ward has separate male and female sleeping areas, and communal areas.	
Crystal Ward Newham	NHS ELFT	For service users requiring a higher level of nursing intervention in a more secure environment.	10-bedded adult Psychiatric Intensive Care Unit (PICU). For male service users only.	N/A
Emerald Ward	NHS ELFT	All mental health conditions.	18 bed acute adult inpatient ward for people in the south east of the borough.	CMHTs, GPs, A&E, accepts all emergency referrals for South east Sector.
Opal Ward	NHS ELFT	All mental health conditions.	18-bedded acute inpatient service for people in the east and south of the borough.	CMHTs, GPs, A&E, accepts all emergency referrals for East and South Sector.
Sapphire Ward	NHS ELFT	All mental health conditions.	15-bedded acute ward for people in the west and north of the borough.	CMHTs, GPs, A&E, accepts all emergency referrals for West and North Sector.
Topaz Ward	NHS ELFT	All mental health conditions.	15-bedded adult acute inpatient ward for people in the north east of the borough.	CMHTs, GPs, A&E, accepts all emergency referrals for North east Sector.
Perinatal Mental Health Team (Newham)	NHS ELFT	The Perinatal Mental Health Team provides specialist care for women with mental health problems who are pregnant or in the first post-partum	The team holds outpatient clinics in a number of locations around the borough, and provides a liaison service to the maternity wards at Newham General Hospital. Inpatient beds are available at the Homerton Mother and Baby Unit. Home visits can be arranged in late pregnancy and the early postpartum	

Service	Run by	Who do they see?	What does it do?	Referral
		year, or who are considering pregnancy.	period.	
Occupational Therapy Newham	NHS ELFT	All mental health conditions.	The OT service provides assessment and treatment via the use of specific purposeful activities to promote independence and quality of life, in the areas of self-care, work and leisure.	As Per MDT where OT is based. No direct referral. Occupational Therapists are based within most of the East London NHS Foundation Trust teams that provide mental health services in Newham.
Clozapine Clinic	NHS ELFT	The Clozapine clinic is for service users who have been prescribed the drug, Clozapine.	A clinic nurse provides mental health and physical health assessment, monitoring and support.	
Personality Disorder Service	NHS ELFT	The team offers specialised psychological therapy for the treatment of self harm and personality disorder.	The therapy consists of two hours per week of skills group training and one hour of individual therapy, and out of hours crisis coaching. The team provides peer group supervision and care co-ordination.	Referrals from secondary health care services and GP. Also accept self-referral.
Newham Talking Therapies (Shrewsbury Road)	NHS ELFT	This service is open to anyone that is 18 years+ and either lives in Newham or has a Newham-based GP or family doctor.	Newham Talking Therapies offers a range of free and confidential talking therapies. Our philosophy is to help people get the psychological services they need quickly and easily. We offer a range of therapies, which can be provided in a variety of ways depending on what you and your therapist agree on.. You may be supported by phone or have face-to-face sessions.	The easiest way to arrange an appointment is to self refer via our on line self referral form on our website. Or you can call us on 0208 475 8080 or alternatively visit your GP. www.newhamtalkingtherapies.nhs.uk
Newham Talking Therapies (Vicarage Lane)	NHS ELFT			
Adult Mental Health Access and Assessment Team (MHAAT)	LBN	To be eligible you must have a mental illness AND	The Adult Mental Health Access and Assessment Team is the new single point of access for all referrals to Mental Health Social Care. After acceptance of a	If you are already receiving a service from the NHS for your mental illness (The East London NHS Foundation Trust) talk to your Doctor, Community Psychiatrist Nurse, or other mental health professional about getting social care help.

Service	Run by	Who do they see?	What does it do?	Referral
		As a result of your illness you are unable to achieve two or more of the daily tasks listed in the LBN ASC eligibility criteria.	referral, a Worker will be allocated to conduct an assessment and devise a plan of support to meet the individual needs (subject to Care Act criteria). If someone does not qualify for services, the team will enable them to access local services in the community who may be able to deal with the presenting problem.	To contact the Adult Mental Health Access and Assessment Team please call 020 3373 0733 or AdultMentalHealthAccess @newham.gov.uk
Recovery Team	LBN	As above	There are four Recovery Teams. Referrals into the Recovery Teams are via MHAAT and will be allocated to a case manager for assessment on a case by case basis. Recovery Teams work alongside someone where they are already receiving treatment and support for a mental health issue and allocated a Care Coordinator.	If you would like a referral into the Recovery Team please contact MHAAT.
Approved Mental Health Professionals Service (AMHPs)	LBN		Approved mental health professionals (AMHPs) are trained to implement elements of the Mental Health Act 1983, as amended by the Mental Health Act 2007, in conjunction with medical practitioners. AMHPs are responsible for organising, co-ordinating and contributing to Mental Health Act assessments. It is the AMHP's duty, when two medical recommendations have been made, to decide whether or not to make an application to a named hospital for the detention of the person who has been assessed.	The AMHP service will operate Mon – Sun 24 hours a day. The email address for making an referral is AMHP@Newham.gov.uk or for phone enquiries: 0203 373 0560. The arrangements for referring to the AMHP service out of office hours will remain unchanged – please make an referral via Newham Control Room 0208 430 2000.
Complex Care Team	LBN	The inclusion criteria will mirror the criteria for the LBN Recovery Service and MHAAT but	The team sits within LBN Recovery services offer intensive support to customers with Severe and Enduring Mental Health Support needs. The team covers the whole of the	For referral, please contact MHAAT (details above) to discuss.

Service	Run by	Who do they see?	What does it do?	Referral
		with the following additional features: Have complex needs with comorbidity issues Suffer from a severe and enduring psychotic mental illness Be at significant risk of self-harm or violence towards others, or self-neglect or exploitation by others Be at risk of significant deterioration of mental state or behaviour Have a history of poor, intermittent or chaotic engagement with services and failed packages or placements.	London Borough of Newham and is operational 5 days per week 9am to 5pm Monday to Friday.	
Mental Health Matters Employment Support Service	LBN		Employment support - structured advice and guidance for people with primary care mental health needs seeking support in their search for employment, education and training.	Newham Psychological Services Employment Team Address: 121 Balaam Street, Plaistow, London E13 8AF Tel: 020 8458 5500 Fax: 020 8548 5570 Email: newham@mentalhealthmatters.co.uk
NB voluntary / neighbourhood / community services are not currently included in this table				

9 Key findings and interpretation

CMI - Key findings & interpretation

Key finding
Approximately 70,000 Newham residents (1 in 4 adults) experience a common mental health problem each year and 29,000 residents are affected by anxiety and depression at any one time. Common mental illness is almost twice as common in women than in men.

Key finding
The majority (77%) of Newham residents are satisfied with their lives. Satisfaction with life is not necessarily the same as being mentally healthy but is related. However this means there are still significant proportions of the population who are dissatisfied with life

Satisfaction varies by area, age, presence of disability and income.

Key finding
Personal resilience shows a similar pattern, with the majority (79%) being resilient but significant proportions (1 in 5 adults) having a low level of resilience. Low resilience is more common where there is:

- social isolation
- long-term illness and/or disability
- in elderly age groups
- for those in poverty, especially where there are unmanageable housing costs.

There appears to be a strong correlation between measures of personal and community resilience.

Key finding
Although the majority of adults experience their first episode of mental illness before the age of 16, the prevalence of mental illness peaks among people aged 24-64, as problems persisting from youth accumulate with new onsets of illness.

Key finding
Common mental illness occurs in all ethnic groups. The Newham GP data shows lower than expected levels of common mental illness for Black residents and particularly lower levels in the female Asian or Asian British ethnic groups.

Key finding
The Newham GP data on common mental illness also shows a clear correlation between an increased level of mental illness and worse socio-economic conditions (as measured by the level of deprivation).

Key finding
The number of people recorded in 2015-16 as having a common mental illness by Newham GPs is lower than that predicted from national surveys. It is not known if this is due to under-identification or recording of mental illness or other factors.

Key finding
Comparative data show that Newham has a lower than national rate of depression as recorded by GPs, a lower rate of those self-reporting a long-term mental health problem and a similar rate of those self- reporting depression and anxiety combined.

Key finding
Limited trend data is inconclusive. In order to monitor trends and to aid projections and planning, the levels of mental illness in Newham should be routinely measured and reported, using existing routine information sources, where possible, such as the Community Mental Health Profiles.

Key finding
Newham has a relatively young population. Further modeling using the latest needs assessment of children and young peoples' mental health should be undertaken to address the issues around transition to adult life.

SMI - Key findings & interpretation

Key finding
The number of people recorded as having a severe mental illness (SMI) by Newham GPs is higher than that predicted from national surveys.

Key finding
There is a higher prevalence of SMI in the Black ethnic group in Newham, when compared to the White and Asian or Asian British groups.

Key finding
As is the case for CMI, there is a clear association between the socio-economic environment and the severity of SMI, with higher levels of illness in the more deprived communities.

Five year forward view – Key findings & interpretation

Key finding
Rough sleepers in Newham, as expected, exhibit significantly higher levels of unplanned hospital admissions, common mental illnesses, /severe mental illnesses and alcohol and substance misuse, than the general population of Newham.

Key finding
Audits of Newham mental health services have shown:

- under-representation of almost all Asian groups
- over-representation of White British clients
- under-representation of Black African clients in almost all services
- over-representation of 'Other Ethnic Groups'.

Key finding
Employment rates among people with a mental illness in Newham remain lower than for the general population. One third of working age Newham residents with a mental illness are employed, compared to two-thirds of the general Newham working age population.

Key finding
The gap in mortality (death) rates between the general population in Newham and those with a severe mental illness is increasing.

Key finding
Whilst Newham has a lower suicide rate for both men and women, compared to the national suicide rate, there are still about 20 potentially preventable local deaths from suicide each year.

Key finding
Further work is required to understand the extent of dual diagnosis in Newham.

Newham London

Mental Health Needs Assessment (2016-18)

NHS
Newham
Clinical Commissioning Group