

# Towards a 2019/24 Mental Health Strategy for Tower Hamlets

# What is mental health?

- Mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” (WHO)
- Mental illness refers to diagnosable mental disorders involving
  - significant changes in thinking, emotion, and or behaviour
  - distress and/or problems functioning in social, work or family activities
- Mental health problems include depression, anxiety, sleep disorders, eating disorders, personality disorders, mania, bipolar conditions, psychosis, schizophrenia
- A **mild** mental health problem is when a person has a small number of symptoms that have a limited effect on their daily life.
- A **moderate** mental health problem is when a person has more symptoms that can make their daily life much more difficult than usual.
- A **severe** mental health problem is when a person has many symptoms that can make their daily life extremely difficult.
- A person may experience different levels at different times.

# Mental health in Tower Hamlets Headlines and determinants

Life circumstances	Impact on mental wellbeing	Estimated prevalence of mental health conditions*	Service , issues, activity and outcomes*
<ul style="list-style-type: none"> <li>•Poverty</li> <li>•Adversity and vulnerability in childhood</li> <li>•Crime</li> <li>•Violence</li> <li>•Substance misuse</li> <li>•Housing conditions</li> <li>•Overcrowding</li> <li>•Unemployment</li> <li>•Job insecurity</li> <li>•Social isolation</li> <li>•Migration</li> </ul>	<ul style="list-style-type: none"> <li>•<b>Foundations of mental wellbeing relate to core needs around</b></li> <li>•<b>Safety</b></li> <li>•<b>Satisfaction</b></li> <li>•<b>Connection</b></li> <li>•<b>The high prevalence of life circumstances that impact on the extent to which these needs are met are linked to the higher levels of mental health issues experienced by people in the borough</b></li> </ul>	<ul style="list-style-type: none"> <li>•<b>Prevalence of wellbeing? (9% report low happiness)</b></li> <li>•650 to 1,300 with mental health problems in pregnancy</li> <li>•<b>4,300 of 5-16 year olds with mental health disorders (1<sup>st</sup>)</b></li> <li>•31,000 with common mental health disorders</li> <li>•<b>16% of practice population report depression and anxiety (1<sup>st</sup>)</b></li> <li>•<b>6.4% report long term mental health problems (4<sup>th</sup>)</b></li> <li>•4,200 recorded as having severe mental illness (7<sup>th</sup>)</li> <li>•High incidence of new cases of psychosis (3<sup>rd</sup> but data old)</li> <li>•1100 with dementia</li> </ul>	<ul style="list-style-type: none"> <li>•Under diagnosis</li> <li>•<b>Mental health conditions in children</b></li> <li>•<b>Common mental health disorders</b></li> <li>•Severe mental illness</li> <li>•Stigma</li> <li>•IAPT</li> <li>•Levels of anxiety and depression at start of treatment amongst highest</li> <li>•Physical health of people with SMI (eg 43% smoke)</li> <li>•6<sup>th</sup> highest admissions for mental health</li> <li>•<b>Employment of people with mental health issues amongst lowest</b></li> <li>•Evidence good diagnosis rate dementia (2<sup>nd</sup> highest observed to expected)</li> </ul>

\* = compared to London

# The Headlines - Mental Health Need in Tower Hamlets

- ❖ Tower Hamlets has a **high level of prevalence** of both common mental illness and severe mental illness:
  - Highest levels of self-reported depression and anxiety in London
  - 6th highest proportion of people with severe mental illness on our GP registers in London.
  - 3rd highest incidence of first episode psychosis across London
- ❖ Tower Hamlets has a disproportionately young population and high levels of mental health problems indicating **future increase in need**
  - Highest in London for estimated prevalence of mental health disorders in population age 5-16
  - Amongst highest in London for school pupils with social, emotional and mental health needs
- ❖ High levels of mortality for people with SMI
- ❖ Amongst highest levels of secondary mental health service use for adults in the country, high number of emergency admissions

## 2014/19 Mental Health Strategy Outcomes : A life course approach to mental health and wellbeing

The last Tower Hamlets Mental Strategy took a life course approach to mental health and wellbeing :

- ❖ A whole person approach.
- ❖ Mental is everybody's business.
- ❖ Focus on quality.
- ❖ Commissioning with commitment.
- ❖ Building resilience: mental health and wellbeing for all
- ❖ High quality Treatment and Support.
- ❖ Improving access

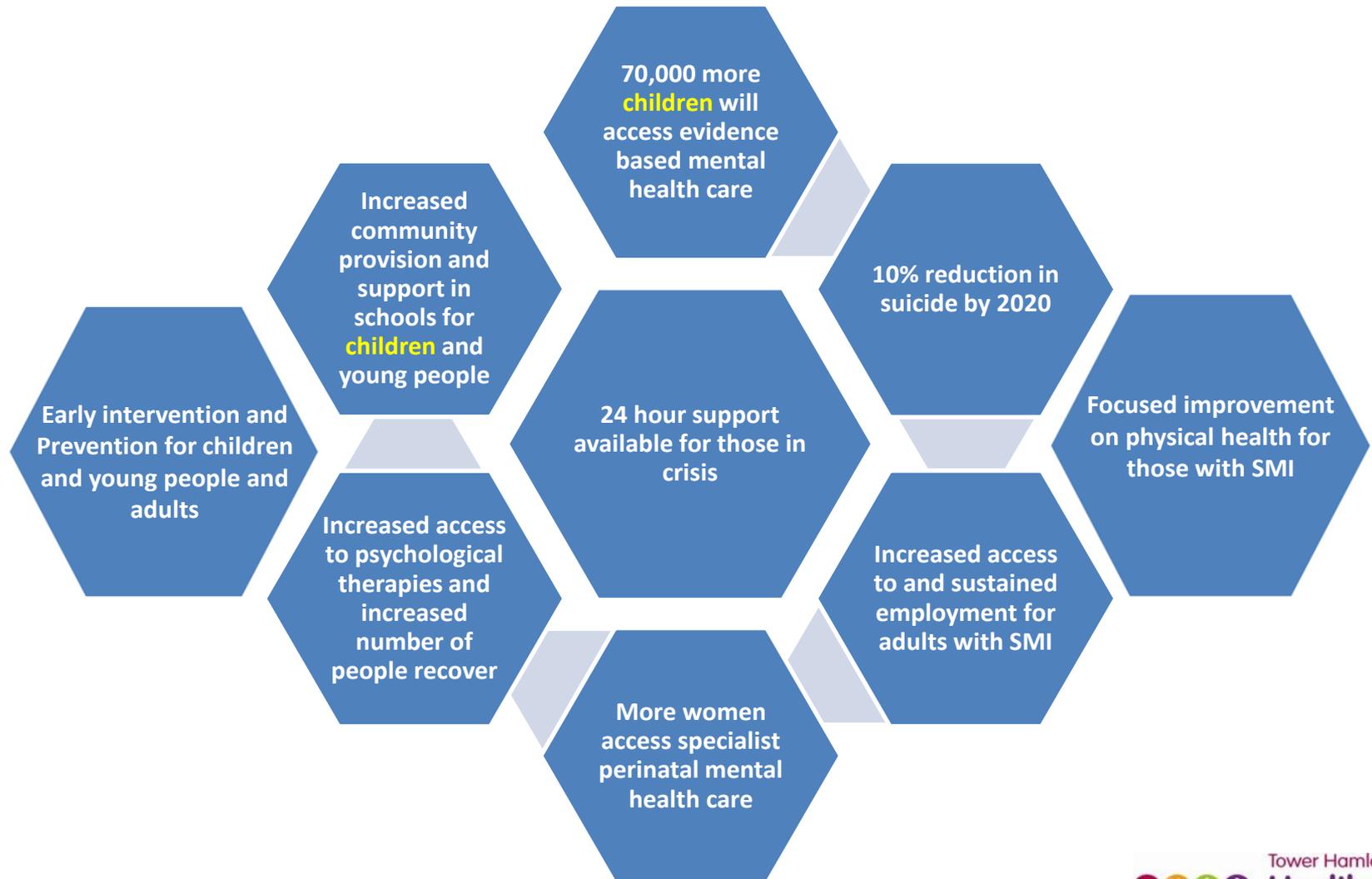
# 2014/19 Mental Health Strategy Outcomes : A life course approach to mental health and well-being

Building resilience: mental health and wellbeing for all	High Quality Treatment & Support	Living well with a mental health problem
Fewer people will experience stigma and discrimination	People in general settings like schools and hospitals will have access to mental health support	People will feel that mental health services treat them with dignity and respect, and inspire hope and confidence
People will have access to improved information on what services are available	People will have access to high quality mental health support in primary care, including GP practices and primary care psychology	People will have access to support from peers and service user led services
Mental health awareness across our communities, schools and employers and in the health, social care and education workforce will improve	People will receive a diagnosis and appropriate support as early as possible	People will be able to make choices about their care, including through personal budgets
People will have access to a range of preventative and health promotion services	People will have timely access to specialist mental health services	People will feel supported to develop relationships and connections to mainstream community support
Families and carers will feel more supported	People will be able to access timely crisis resolution, close to home	People will have access to support to find employment, training or education
People will experience smooth transitions between services	When they need to access multiple services, people will feel that they are joined up	People will have access to accommodation that meets their needs, in the borough
At risk communities will have access to targeted preventative support	People with a mental health problem will have high quality support with their physical health	
<b>Shared values: a whole person approach</b>		
Mental health is everybody's business		
Focus on quality improvement		
Commissioning with commitment		

## Key Achievements and developments over the last 5 years

- ❖ Accommodation resettlement and rehabilitation pathways
- ❖ Est London Foundation Trust rated as Outstanding
- ❖ Recovery and Wellbeing model and Recovery College
- ❖ Crisis Pathways and Crisis House
- ❖ Dementia pathways, dementia cafes and diagnosis rates top 3 in London
- ❖ Primary Care mental Health Services
- ❖ Increased peer support offer and coproduction
- ❖ Improved Children's Mental Health and services, training for schools, new crisis response for CYP and CYP Eating disorders service.
- ❖ New Adults Eating Disorders Service
- ❖ Reduced waiting times
- ❖ Challenging Stigma and increasing awareness –time to change
- ❖ Increased access to perinatal services
- ❖ Increased access to talking therapies

# Developing a new Plan – The Must Do's



## What people with lived experience have told us is important to them over the coming 2 years.

- Long Term (maybe life long) access to continuous support without constant re application. E.g. a person with life long conditions or in crisis may need support 3 or 4 times a year.
- Crisis out of hours support duty weekend support from GP, Psychiatrist. NOT A&E focused.
- Psychiatry referrals instant. EPC every 3 months – more regular contact with people who can support./follow up support whilst in-between support
- Better Wait times for Therapy appointments
- When we are involved (consultation/co-production) in strategic decision making feedback and acting on that engagement needs to happen. – e.g. present somewhere about experiences we don't hear back.
- Understanding empathy about how other medical conditions can impact mental health and taking responsibility on routine appts and not referring back to MH practitioner or GP
- Training for health care professionals in mental health

## Our involvement

When we are involved e.g co-production consulted etc it is essential that we are told

- What was done with the ideas
- What you are doing about them
- Why you are not doing anything

Involved through co-production in plan design implementation and review of the changes they bring.

We have a lot of lived worked and trained experience to offer.

# Developing a new MH plan – further issues to consider

- ❖ **NHS Five Year Forward View for Mental Health and New NHS Plan**
- ❖ **Parity of esteem** between mental and physical health for all.
- ❖ **Thrive London** – Thrive LDN is a citywide movement to improve the mental health and wellbeing of all Londoners, supported by the Mayor of London
- ❖ **Dementia** - continues to be an area of need.
- ❖ **Employment** - Need to improve employment outcomes for people with a mental health issue
- ❖ **Stigma** – Continued need to raising awareness and reduce stigma.
- ❖ **Resilience and self management** – Building resilience and wellbeing particularly in children and young people.
- ❖ **Separate CYP Transformation Plan** - Continued focus on transformation of CYP pathways and services – strong links to schools

# Developing a new MH plan - Draft Timescales

**High level plan** - supplemented by a more detailed annual action plan, overseen by the Mental Health Partnership Board.

Adults Mental health Plan	
Needs assessment carried out	Autumn 2018
Engagement and coproduction with partner agencies, residents and stakeholders	November – March 2019
Final draft for approval	June 2019

Children and Young People Transformation Plan	
Needs assessment carried out	Summer 2018
Engagement and coproduction with partner agencies, residents and stakeholders	October – December 2019
Final draft for approval	January 2019