

Adult Mental Health Strategy 2019-2024

Working together to improve
the mental health and wellbeing
of Tower Hamlets residents



Foreword

Welcome to the Tower Hamlets Mental Health Strategy. Statistically, one in four of us will experience a mental health problem in any given year, and in Tower Hamlets there is evidence to suggest this figure may be higher still. Many of us, then, have direct personal experience of mental ill health, or are close to someone who has. Despite this, the stigma surrounding mental health still lingers and can have a devastating impact on people's lives. For people who need support, there is a need to ensure that services are accessible, personalised and joined up; in short, people should be able to get the right help at the right time.

What we do to support people with mental health problems is a key component of this strategy, but it is not the whole picture. The term 'mental health' is broad and encompasses a spectrum of positive and negative mental health states. Mental health – like physical health – is a fundamental part of all our lives. So this strategy is both for people who have or are at an increased risk of mental health problems, and for the general population in terms of their mental health and wellbeing.

The strategy focuses on mental health amongst our adult population. Our approach to supporting good mental health for children and young people in the borough is crucial, and is articulated through our Children's and Families Strategy 2019 - 2024 and Local Transformation Plan for Children and Young People Mental Health and Emotional Wellbeing 2018-2019 – the relationship between this strategy and those is described later in this document.

Overall, our aim, is to make a difference to the mental health and wellbeing of everyone who lives, works or studies in Tower Hamlets. To do this, we have brought together those who are in a position to help make that difference. This includes local councillors, the council (including social

care, education, housing, environment, public health and employment services), the NHS, community groups, other key partners (including housing providers and the police), and, most importantly, organisations which represent the voice of local people, such as Healthwatch Tower Hamlets. The strategy is focused around three main themes:

1. To raise awareness and understanding of the importance of good mental health and wellbeing
2. To ensure early help is available particularly in times of crisis
3. To ensure the provision of high quality mental health care and treatment

We know we face some big health challenges in Tower Hamlets but also that by working together across services - and with our local communities - we can make a positive difference to everyone's mental health and wellbeing in Tower Hamlets. The strategy sets out what we know from research and feedback, what we want to achieve, and what we will do in order meet these goals.



**John Biggs,
Executive Mayor
of Tower Hamlets**



**Councillor Amina Ali,
Cabinet member for
Adults, Health and
Wellbeing and Chair
of the Health and
Wellbeing Board**

Why we need a mental health strategy

Mental health problems are a significant issue in Tower Hamlets



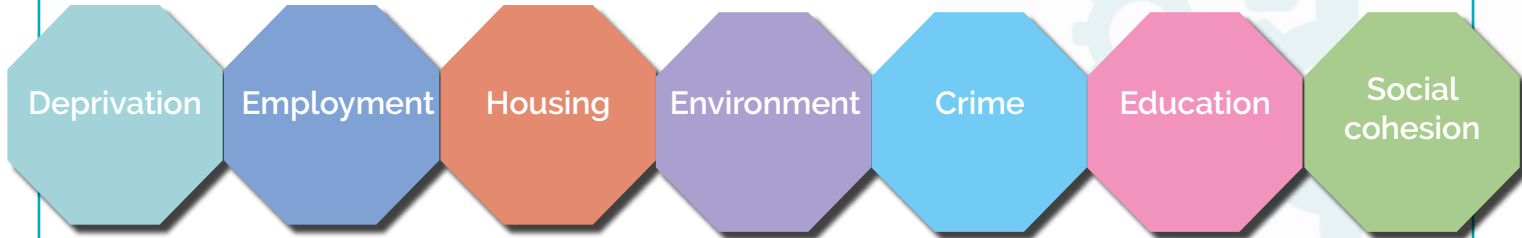
- ▶ About 50,000 adults in Tower Hamlets are managed in primary care with depression, anxiety or serious mental illness based on 2018 GP registers.
- ▶ Adults in Tower Hamlets have reported having the highest levels of depression and anxiety (16.1%) in London and the 4th highest levels of long term mental health problems (9.8%) (2017/18).
- ▶ GP registers show that the adult population in Tower Hamlets has higher levels of severe mental illness (1.34%, 4334 patients) than London (1.11%) or England (0.94%).
- ▶ Tower Hamlets has the 2nd highest levels of secondary mental health service use for adults of working age in the country.
- ▶ GP prescribing for drugs for psychosis are the highest in London.
- ▶ Older people in Tower Hamlets are predicted to be the most at risk of loneliness in London and England.
- ▶ Dementia prevalence, as a proportion of 65 year olds in Tower Hamlets, is the second highest in London at 5.25% and is significantly higher than the London prevalence of 4.49% (Sept 2017).
- ▶ People with mental health problems are more likely to have physical health problems. Those with severe mental illness will have a lower life expectancy than the general population: on average women die 15 years earlier and men die 20 years earlier than the general population.



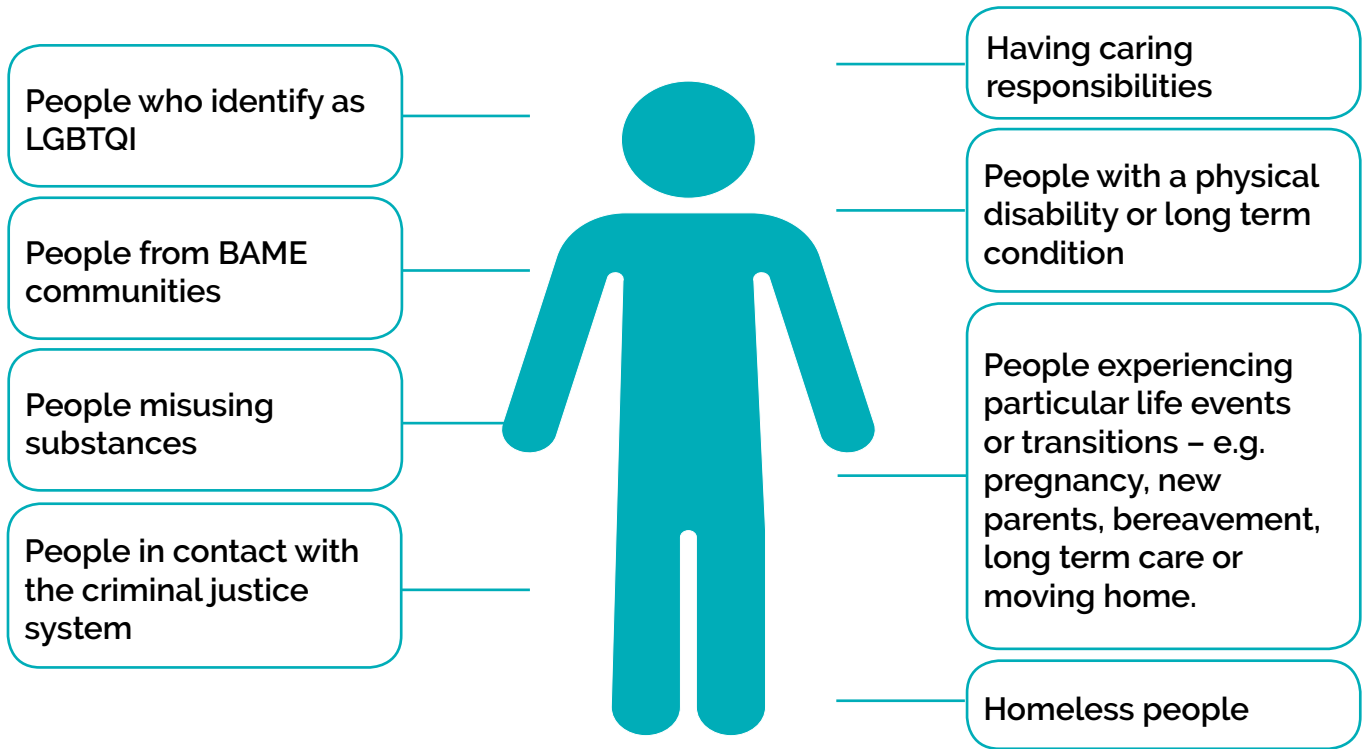
The information in this section has been taken from the 2019 Joint Strategic Needs Assessment on Mental Health. For more information, visit www.towerhamlets.gov.uk

This is likely to be linked to wider issues and 'risk factors' facing people in the borough

The 'wider determinants' of mental health include:



The 'personal risk factors' for poorer mental health are:



There are significant challenges in the borough that are likely to impact on people's mental health, and tackling these was one of the main messages we heard from residents in developing this strategy. Later in the strategy, we describe in more detail what the challenges are and what we will do about them.

The 'groups' listed on the right are more likely to experience particular mental health problems or experience mental health services in different ways. There are likely to be a complex set of reasons behind this. Later in the strategy, we describe what we will do to target work to improve mental health for these groups.

The significant use of local services reflects this growing need

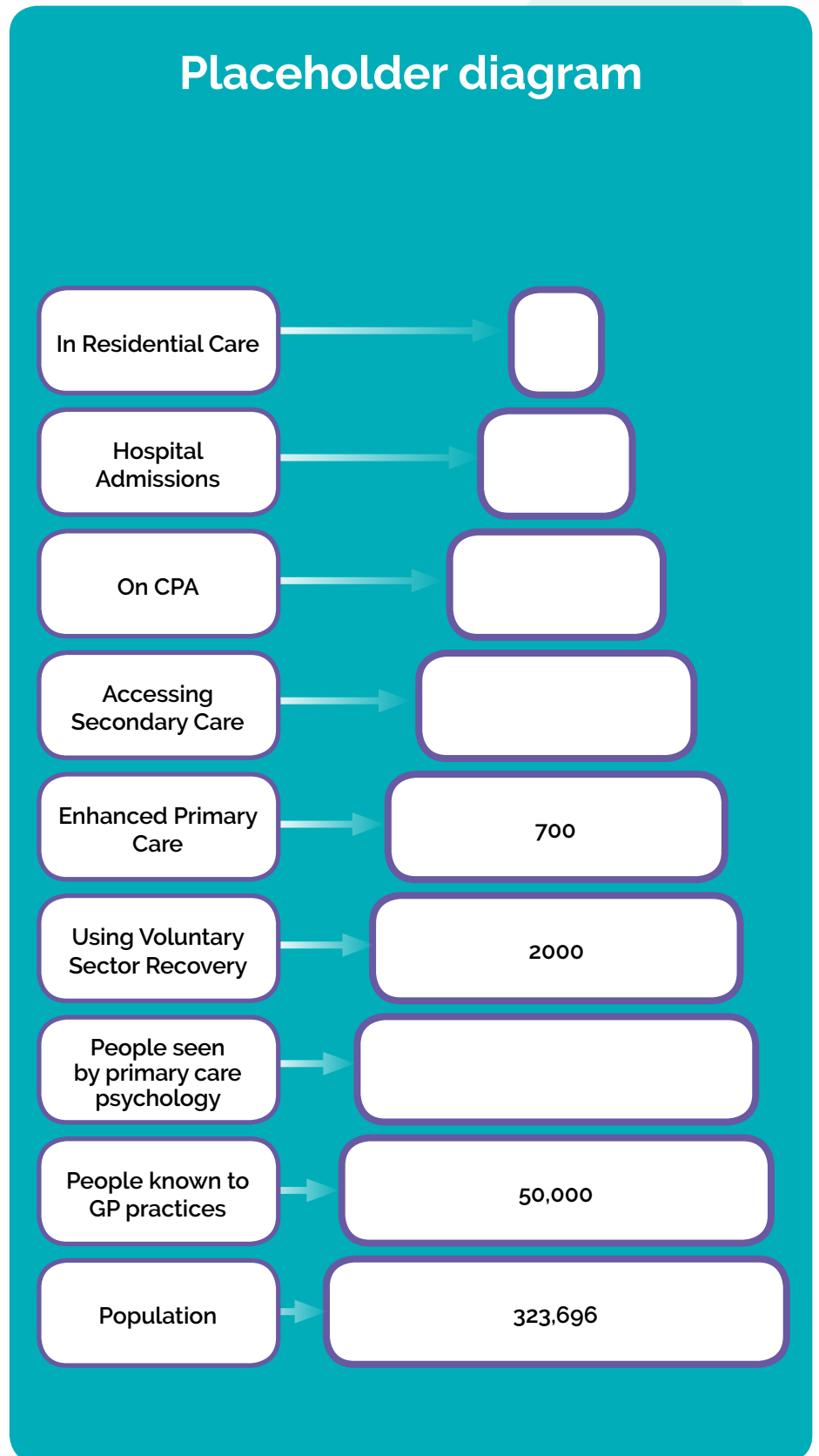
Tower Hamlets is a uniquely vibrant borough, with a young and diverse population, with an established sense of itself as a set of connected communities and neighborhoods.

The population of Tower Hamlets has grown more than any borough in England in recent years. The largest community by ethnicity in the borough are Bangladeshi (32%), followed by White British (31%) and 14% White Other. There is high population mobility, with an estimated 230 per 1000 people moving into or out of the borough each year. In terms of the future, the growth in the population is set to continue.

The growth and structure of the population is important when planning mental health services: We need to ensure that services are able to meet demand, to meet the population's language and cultural needs, and to ensure that it is appropriately balanced to the age profile and particular needs of the population already highlighted.

Service use is high. There are approximately 50,000 adults estimated to be accessing local services due to concerns about their mental health.

A summary of current numbers of adults using services is in the table opposite:



Spend on Mental Health across Tower Hamlets

2018-19 Mental Health (MH) spend in Adult Social Care (ASC)	2018-19 MH spend (£'000)
In-house day Centre (Pritchard's Road)	277
MH teams	2,709
Other	11
Social care - day care	117
Social care - direct payments	528
Social care - home care	1,774
Social care - housing	3,247
Social care - meals	104
Social care - nursing	474
Social care - prevention and support	2,054
Social care - residential	5,948
Social care - support for carers	208
Social care - supported living	876
Social care - user-led grants	70
Transport	88
Grand Total	18,487

The response so far – London and England

The importance of mental health has been increasingly recognised in recent years in legislation, national strategies and plans. Collectively, these changes emphasise the importance of mental health achieving parity of esteem with physical health, and viewing mental health as a broad spectrum of positive and negative mental states rather than solely focusing on mental ill health. The way we talk about and understand mental health is also changing in tandem, as public and professional awareness and understanding improves. Some of the main laws or publications that are driving this change are described below:

1983 Mental Health Act

Describes the rights of people with mental health problems in relation to assessments and treatment

2005 Mental Capacity Act

Sets out the rights of people who do not have the capacity to make decisions for themselves

2011 'No Health Without Mental Health' national strategy

Aims for mental health to be viewed in the same way as other health problems

2012 Health and Social Care Act

Required the NHS to deliver standards of care for people with mental health problems as good as those with physical health needs

2014 Mental Health Crisis Care Concordat

A joint statement about how public services should work together to respond to people who are in mental health crisis

2016 NHS Five Year Forward View for Mental Health

Sets out priorities for the NHS including promoting healthy communities, prevention and better care

2017 'Thrive Ldn'

Supported by the Mayor of London and London Health Board Partners, it is described as a movement to improve the mental health and wellbeing of all Londoners

2019 NHS Long Term Plan

Prioritises mental health, with a wide range of significant proposals that include improving access to support and increasing investment

The response so far in Tower Hamlets

Our last Mental Health Strategy covering 2014 -2019 set out how we would work with our partners to promote mental health and well-being in our communities, prevent residents from developing more significant mental health problems, and ensure that when people needed them, mental health services would be of the highest possible quality, proactively supporting people to recover.

Some of our main successes include the following:

- 1 Challenged stigma and increased awareness through our time to change and mental health first aid training roll out across the borough
- 2 Reduced waiting times to health and care services
- 3 "Outstanding" local mental health support and treatment (rated by the Care Quality Commission)
- 4 Improved Crisis Pathways through the development of a Crisis House as an alternative to hospital admission
- 5 Award winning dementia pathways, expanded dementia cafes and a dementia diagnosis rate within the top 3 in London
- 6 Developed Primary Care Mental Health Services to enable more people to receive their care and treatment from their GP
- 7 Increased the availability of peer support throughout our health and care services and embedded the principles of co-production
- 8 A recovery approach embedded within all of our services, developing voluntary sector wellbeing and recovery services, including our award winning Recovery College delivered in partnership with people that use our services
- 9 Increased access to talking therapies
- 10 Expanded accommodation resettlement and rehabilitation pathways supporting more people in community settings

How children and young people's mental health fits into this strategy

The focus of this strategy is on adults, however we know that the mental health of children, young people and families is a key issue. Children and young people in Tower Hamlets are estimated as having a higher prevalence of mental health problems (10.8%) than in London or England (2015) and that the proportion of primary school children with social, emotional and mental health needs in Tower Hamlets puts the borough in the highest quartile of need in England (2017/18).

To address these issues, Tower Hamlets has two main strategic documents relating to children and young people's mental health:

- **Children's and Families Strategy 2019 - 2024²**
- **Local Transformation Plan for Children and Young People Mental Health and Emotional Wellbeing 2018-2019³**

While the present strategy focusses on adult mental health for people aged 18 years and over, we recognise the crucial interface between services for children and adults. Some of the priorities from the two strategic documents as they relate to children and young people's mental health are:

- We will improve mental and emotional support in schools to ensure that children are given the skills and resources to develop their resilience and emotional wellbeing throughout their educational journey
- We will provide early intervention in the community to deal with an anticipated increase in demand
- We will assess local need and consider opportunities to procure an online counselling service that can be accessed from phones and computers
- We will transform services to create a new 'CAMHS Community Crisis' team, providing outreach and community-based support along with hospital support
- We will strengthen coordination of targeted mental health services with SEND planning and behaviour support
- We will ensure education, health and care plans adequately address the mental health needs of children and young people

As well as our specific commitments on mental health, Tower Hamlets partners have also articulated their commitment to improving the health and wellbeing of residents in the Tower Hamlets Plan and in the current Health and Wellbeing Strategy.

Understand our work to improve mental health and wellbeing, we need to look at how we are addressing the wider determinants of mental health and the risk factors associated with poorer mental health. The next section of the strategy describes our three themes for the next three years, outlining what we want to achieve and how we will do this.

²https://www.towerhamlets.gov.uk/Documents/Consultation/Children_and_families_strategy/Children_and_Families_Strategy_2019_2024.pdf

³https://democracy.towerhamlets.gov.uk/documents/s140617/ITEM%204%20-%20202%20CYP%20MH%20LTP%20refresh%202018-19_Draft.pdf

Theme One: To raise awareness and understanding of the importance of mental health and wellbeing

We want people who live, work and study in Tower Hamlets to be supported to understand mental health, aspire to have improved mental health and develop broader resilience.

What we know:

Deprivation

Tower Hamlets is the 10th most deprived local authority in England. Deprivation levels are high but also vary greatly between different areas of the borough. Likewise, there is a lot of variation in diagnosed mental health conditions across the borough.



Employment

We have high levels of unemployment, with 21% of households being 'workless' in 2017. 44% of claimants in Tower Hamlets cited mental health related issues as the reason for their incapacity in 2011. There can be barriers to maintaining work that are linked to stigma and understanding.



Environment

Green space is limited: In 2016, there was half the national average of green space per 1,000 people. Over 15% of the population are exposed to high noise levels from transport during the daytime.



Housing

19% of adults living in poor quality housing in England have poor mental health outcomes. The availability of affordable and quality of housing in Tower Hamlets is a significant issue, with high levels of overcrowding and a long housing waiting list (almost 19,000 people as of December 2018).



Crime

Crime was the top concern for people in the borough in the 2018 Annual Residents Survey, with 41% rating it one of their top three concerns.



Social cohesion

Tower Hamlets is a diverse borough where most people (86%) feel that people from different backgrounds get on well together. However, we know that a lot of people come and go in Tower Hamlets, with an estimated 23% of our population moving each year. Estimates as to the prevalence of loneliness in the borough are also high.



Stigma and discrimination

Despite progress in recent years, there is still a strong social stigma attached to mental ill health, and many misconceptions persist. Nationally 87% of service users reported that stigma and discrimination had a negative impact on their lives.



Assets

We are a vibrant, diverse borough with a strong sense of community and culture. We have 22 art galleries, 6 museums, and 58 conservation areas. We are well connected, with 31 bus stations and 46 bus routes. To improve mental health in Tower Hamlets, we not only need to combat the significant problems related to wider determinants, but also capitalise on our assets.



Everyday mental health

There are things that everyone can do to promote their mental health. For example, there is a close relationship between sleep, physical activity and mental health.



What we want to achieve

What action we will take

Fewer people to experience mental health stigma and discrimination

- Have a dedicated campaign to tackle stigma and raise awareness, working with those with experience of mental health problems to do this

People to have a good understanding of what mental health is and how to promote it

- Provide information to staff and residents on mental health and self-care
- Target information to the groups that are at a greater risk of developing mental health problems
- Participate in the 'Thrive London' programme to improve the health and wellbeing of all Londoners

Local employers understand and commit to promoting the mental health and wellbeing of their workforce

- A campaign to tackle stigma and raise awareness, working with those with experience of mental health problems to do this

The wider determinants of mental health – deprivation, employment, environment, housing, crime, cohesion, loneliness and education – are addressed

- Influence the strategies, boards and programmes of work linked to wider determinants
- Work to improve air quality and biodiversity as this is linked to wellbeing
- Review street lighting coverage to improve people's sense of safety, enabling people to get out and about more
- Encourage landlords to sign-up to our licensing scheme, improving wellbeing and security in private rented tenancies
- Make use of open spaces, community activities, outdoor gyms, community greening and growing projects to foster community cohesion and improve health and wellbeing

Tower Hamlets is a safe and welcoming place when it comes to mental health

- A campaign to tackle stigma and raise awareness, working with those with experience of mental health problems to do this

Theme Two: To ensure early help is available particularly in times of crisis

We want the people who need it to get early help with their mental health and related needs quickly and effectively.

What we know

Risk factors

The risk factors for poorer mental health include homelessness, substance misuse, people who identify as LGBTQI, unpaid carers, people with a physical health condition and BAME groups. Other risk factors arise from changes in people's lives, such as bereavement, job loss or being a victim of violence.



Risk factors in Tower Hamlets

We have particular challenges in some of the risk areas – for example, the estimated prevalence of opiate and/or crack cocaine use is higher than London and England averages.



Digital information and advice

The annual residents survey 2018 shows that 92 per cent of Tower Hamlets residents have internet access. There is also interest locally and nationally to develop how digital technology is used in health and care.



Access

Not knowing where to go or how to access services are some of the barriers that can prevent people from seeking or getting help. These barriers can be exacerbated by language barriers and other vulnerabilities. Feedback is that not everyone knows where to go to access support for mental health, or where to refer people to.



Social prescribing

There is emerging evidence that social prescribing can lead to improvements in mental wellbeing and levels of depression and anxiety (Kings Fund, 2017).



Suicide

Suicide is the leading cause of death in people aged 20-34 in the UK, and we know that preventative measures can work (Tower Hamlets Suicide Prevention Strategy).



Early Intervention Services

We know that early intervention services offer an evidence-based outcome approach to supporting people with first time psychosis. Our Early Intervention Team, along with the Early Detection Service are critical to supporting people experiencing symptoms of psychosis for the first time.



Crisis care

We know that getting the right support at the right time is vital for individuals to achieve a good outcome. The CQC survey of crisis care found that only 14% of adults surveyed considered they had been provided with the right response when in crisis.



Perinatal Services

1 in 5 new mothers suffers from depression, anxiety or in some cases psychosis during pregnancy or in the first year following child birth. Suicide is the second leading cause of maternal death following cardiovascular disease.



What we want to achieve

How we will do this

Individuals and communities are enabled to help themselves, help each other and know when and where to access support

- Offer Mental Health First Aid training to staff across the partnership so staff are able to identify and respond to the first signs of mental ill-health. We will ensure all front line housing staff receive training in this and suicide prevention

Mental health-related information and advice is easily available, including but not only online

- Provide improved advice on mental health, and give people more chances to interact with health and care services digitally
- Target information and advice at groups we know are at an increased risk of poorer mental health

People experiencing crisis have 24/7 access to the mental health support they need, with round the clock advice and support and treatment available in accessible settings

- Provide a single point of access, 24-hour crisis response in a non-hospital setting
- Work to increase the availability of intensive home treatment, particularly out of current operational hours
- Continue to ensure people are able to access a timely dementia diagnosis and early help, extending provision of crisis and community support
- Enhance the pathway for residents in mental health crisis

No-one takes their own life

- Continue to carry out the Suicide Prevention Plan, overseen by the Suicide Prevention Steering group. Actions include a commitment to offer suicide prevention training to more staff and residents

People have access to high quality, NICE-compliant early intervention services including those for expectant and new mother

- Expand the provision of perinatal services for new and expectant mothers from pre-conception up to 24 months post-birth

More people access NICE-compliant psychological and talking therapies particular those from BME groups who have been under represented, and those with longer term physical health conditions

- Review talking therapies pathways across all providers of talking therapy services to inform future commissioning
- Consider access to talking therapies for older people and people from BAME communities

The family, friends and loved ones of people with mental health problems are supported

- Continue to proactively identify carers and continue to provide services to support them

The barriers to the most vulnerable at risk groups accessing support— e.g. homeless and rough sleeping, people identifying as LGBTQ - are addressed

- Develop integrated mental and physical health services for rough sleepers and those who are homeless as well as expanding access to specialist homeless mental health support for rough sleepers
- Carry out more analysis on the experience of the most vulnerable at risk groups

Theme Three: To ensure the provision of high quality mental health care and treatment

We want people with mental health problems to experience person-centered care, at the right time and in the right setting.

What we know

Demand

The number of people admitted under the Mental Health Act has increased. There is pressure to maintain safe levels of inpatient bed occupancy which is set to increase in line with population growth over the coming years.



Recovery based provision

A recovery-oriented approach enables people to achieve greater independence and enhance their prospects of sustained recovery.



Employment

Employment is a key route to recovery but people who experience severe and enduring mental health problems have one of the lowest employment rates. Only one in five users of specialist mental health services either has paid work or is in full-time education.



Co-production

Another clear message arising from services and people who have experience of mental health services is the importance of co-production in the design and delivery of health, social care and voluntary services.



Transitioning into adulthood

Transition from childhood to adulthood is a key area to achieving longer term recovery and independence. Particular attention must be paid to achieving both a seamless and positive experience for the young person.



Resource

Whilst there have been a number of recent commitments to invest in mental health, a number of public services are experiencing a restriction in resources in real terms, presenting a key challenge going forward.



Care and support in the community

Nationally and locally, there is a drive towards providing new models of community care and support that eliminate the barriers that exist in traditional stepped care arrangements.



Residential Care

In Tower Hamlets, we want more people who are currently in out-of-borough care homes to have the opportunity to return to the borough, with the right support.



Joint working

Staff and people who have experience of mental health services have told us that services need to work better together. Integrating care and health services is a key priority both locally and nationally.



Dual diagnosis

Alcohol or drug misuse and mental health problems are closely inter-related and can lead to a vicious cycle, in which greater addiction increases mental health problems, leading to greater substance misuse for self-medication.



Physical health

People with mental health problems, particularly those that are severe, are more likely to have physical health problems. Those with a long term condition, and this group are two to three times more likely to have a mental health problem.



Life expectancy

People with severe mental illness have a lower than average life expectancy compared to the general population.



What we want to achieve

How we will do this

People to be able to access mental health care and support in a timely manner when they most need it

- Work to ensure waiting times for mental health services are minimised, publishing waiting times for key services as part of our commitment
- Ensure advocacy services are available so that people with a serious mental health issue who use our services know what choices are available to them locally, what they are entitled to and who to contact when they need support
- Review our referral and diagnostic pathway for people with Autism Spectrum Disorder who are not eligible for mental health services, expanding access to those with a prior diagnosis in need of support
- Offer Mental Health First Aid training to staff across the partnership so staff are able to identify and respond to the first signs of mental ill-health. We will ensure all front line housing staff receive training in this and suicide prevention

Better and improved access to community based mental health support

- Review the existing model for day provision and information and advice community services to increase personalisation and the integration of health and social care
- Review our resettlement and rehabilitation team pathways to ensure our supported housing, residential and nursing care providers for people with mental health problems - including dementia - have access to specialist support

People to have access to good quality inpatient services when they need them

- Work across East London with our partners to consider the current in-patient footprint, identifying any options for the future design of services that optimise safety and outcomes for service users
- Review the current in-patient services for older adults with continuing health care needs related to dementia so that, where appropriate, we reduce the length of a hospital stay through adequate and appropriate community services and care homes that are able to meet the needs of people with dementia

Support to be personalised and recovery orientated, with people having greater access to peer support and employment

- Expand access to support for people with mental health issues to access and sustain employment
- Expand the provision of peer support in all of our statutory and voluntary sector services
- More firmly embed peer support for people with Autism Spectrum Disorder who are not eligible for mental health services

People to experience more holistic treatment of their mental and physical health and more people with mental health problems to have good physical health

- Develop new integrated models of primary and community care, increasing access to a greater number of people with mental health issues to ensure people's holistic needs are met in one place
- Increase the number of people with serious mental illness who access enhanced physical health checks; ensuring we target initiatives to promote physical health to those in most need

More young people transitioning from Child and Adolescent Mental Health Services into adulthood to have a positive experience of services

- Improve and expand the transition pathway for children and young people into adult mental health services
- Improve and expand access to support for young people who do not go on to access adult secondary mental health services

Mental health care and support to be co-designed and delivered by the people who use them

- Work with partners and our voluntary sector groups to embed co-production in the design and delivery of our services
- Plan, carry out and monitor this strategy with people who have experience of mental health problems

Improved support for people with a dual diagnosis of substance misuse and mental health problem

- Work with the Drug and Alcohol Action Team, to consider the design of future support for people with a dual diagnosis including a serious mental illness and a substance misuse and/or alcohol problem

How did you develop this strategy?

- 56 people – many of whom have experience of services – completed an online survey to inform the strategy. We met with a number of groups and people who have experience of mental health services, including service user attendees at the Mental Health Partnership Board. Their views have shaped the priorities and driven the content of the strategy. We also made sure that recent feedback given by residents and service users in relation to mental health (for example, feedback given to Healthwatch) was fully utilised.
- A number of professionals spanning 22 different organisations and services gave their views, including views from the community and voluntary sector, housing associations, health service, employment support services, housing services and substance misuse services. Findings have been used to inform this strategy.
- Evidence, data and research at a national, regional and local level was analysed and used to inform this strategy.

What were the main messages from residents, service users and professionals?

- The three themes coming from everyone – from residents, service users and professionals – was around the need to tackle stigma, the need to have an increased focus on prevention, and to strengthen the way services work together to provide holistic support for people with their mental health.
- For residents and service users, the ability of people to support themselves financially and the importance of tackling loneliness and social isolation were also highlighted as key issues to be addressed in order to promote good mental health. The interplay between mental health and employment was another key theme, with a number of people feeling that employers and managers need to understand more about mental health.
- In terms of mental health services, feedback highlighted the importance of having a clear place to go for people in a state of crisis, and a clear explanation of who could access what support. Feedback on improving access to talking therapies for people who have experienced trauma was also raised, as was the importance of enabling more flexible support to people who live more chaotic lives.
- Finally, the importance of co-producing services with people who use mental health support was also strongly highlighted.

How will you put this strategy into place?

The 2019-24 Mental Health Strategy will be delivered through an annual action plan, monitored by the Mental Health Partnership Board and overseen by the Tower Hamlets Health and Wellbeing Board. We are committed to co-delivering this strategy with people who have experience of mental health problems or support services, and will ensure that this is an integral part of how the strategy is put into place.