



A summary of the draft  
**Tower Hamlets  
Mental Health Strategy**  
Tell us what you think

# Foreword from London Borough of Tower Hamlets



Lutfur Rahman  
Mayor

As the first directly elected Mayor of Tower Hamlets, I am determined to make a positive difference to the lives of people in our community who are vulnerable, whether this is through ill health, economic hardship or any other kind of disadvantage.

One of the most vulnerable groups in our community are those who face mental ill-health and I believe that all partners in the borough have a duty to improve services and life outcomes for this group.

This is why the Health and Wellbeing Board has identified mental health as one of its four key priority areas, and why we are now consulting on this, our mental health strategy, as the vision and approach through which we will aim to work together to improve mental health support over the next three years.

This strategy takes a life course approach. This means that it focuses on the needs of children and young people, adults of working age, and older people. I believe strongly that to support our community to flourish in the future, we have to invest now in our children and young people, and that supporting children to develop the resilience that they can carry through into later life is key, as is supporting families when they have difficulties, including where the parent has a mental health problem.

Two priorities for this strategy are tackling the wider determinants of mental ill-health and challenging the stigma and discrimination around mental health.

With Public Health now part of the Council, we have an opportunity to work together to target the other areas which affect mental health, for example working to improve poor housing, tackling crime, and improving educational outcomes. It will be our aim, in the Council, to ensure that mental health really is everybody's business.

In 2012 I signed the Time to Change pledge, a national anti-stigma programme, spear-headed by MIND and Rethink. I signed the pledge out of a deeply held conviction that the Council can make a real difference to the stigma and discrimination that people with mental health problems still too often experience.

I am very pleased indeed that we will be closing the consultation on this strategy with an event to mark the next stage of our work to reduce stigma and discrimination in the Borough, at an event on 10th October 2013, World Mental Health Day, when the Health and Wellbeing Board as a body, with major local stakeholder organisations, will be signing the Time to Change pledge together.

I believe this strategy and approach demonstrates our collective commitment in Tower Hamlets to make a real difference to the lives of people with mental health problems and their families. I would very much welcome your comments on the strategy.

# Foreword from NHS Tower Hamlets Clinical Commissioning Group



**Dr. Sam Everington**  
Chair



**Dr Judith Littlejohns**  
Mental Health Lead

Mental health is something that affects us all — how we think and feel about ourselves and others, how we cope with difficult situations and how we manage our lives. NHS Tower Hamlets Clinical Commissioning Group understands how widespread mental health problems are — from someone experiencing a period of depression due to a personal hardship, to an individual living with long-term psychosis. This is why improving mental health outcomes for local people remains one of our top priorities.

Stigma and discrimination often means that mental health problems are not openly talked about. However, illnesses linked to mental health account for a third of GP consultations, and research shows mental health issues are closely associated with poorer outcomes for employment, personal relationships and physical health. This is why the CCG, including our GP members, is committed to working with partners in the borough, to improve the way in which people with mental health problems are supported and cared for in Tower Hamlets.

We know that improving life experiences of people with mental health issues is not something that can be managed just within the NHS. Instead, we must work with other health and social care agencies, the voluntary sector, patients, carers and the public, to look at services needed to enable people to live stable and happier lives, where they feel supported and in control of their own mental health and recovery.

This means ensuring that mental health becomes a part of everyday conversation and is something that everybody is aware of and cares about, whether it is a midwife supporting a mother through the birth of a child, a school nurse helping children to develop emotional literacy, or a member of staff in our new integrated community health and social care teams. It also means making sure we remain focused on quality, safety and patient choice, sharing decisions between service users and clinicians so that people receive the responsive care they need, in the right place, at the right time.

Our strategy also sets out our commitment to improve mental health services and support for children and young people. This is because stakeholders have told us that this needs to be a priority. The evidence is clear — if we want to make a real difference to the future mental health of the local community, we need to lay good foundations. This begins with helping children and young people to build resilience, emotional awareness and self-regulation at an early age. This approach is incredibly effective; it has been shown to improve educational outcomes, result in stronger relationships and produce greater employment opportunities for the future.

We are committed to improving the mental health of people in Tower Hamlets and look forward to working together with you to make this vision a reality.

# About this document



The Tower Hamlets Health and Wellbeing Board, NHS Tower Hamlets Clinical Commissioning Group and the London Borough of Tower Hamlets have developed a draft **Tower Hamlets Mental Health Strategy**.

This document summarises the strategy and asks for your views.

The strategy sets out a three-year vision for improving the quality of life of people with mental health problems in Tower Hamlets. We believe that by working together, across health, social care, education, the voluntary sector and with service users and carers, we can more effectively develop and deliver support for people with mental health problems in Tower Hamlets.

The strategy shows how we will:

- work together to promote mental health and wellbeing in our communities
- prevent Tower Hamlets residents from developing more significant mental health problems
- ensure that when people do need mental health services, they are of the highest possible quality
- proactively support people to recover.

The strategy demonstrates our ambition to meet the requirements of the national outcomes framework for mental health in **No Health Without Mental Health** (Department of Health, 2011), the national mental health strategy. The strategy also outlines how we will aim to ensure that our services are efficient and productive.

In preparing the strategy, we have spoken to a wide range of people, including children and young people, parents, adults of working age, older people, service users, carers and families, and clinicians and practitioners from a variety of services. We spoke to senior leaders in key organisations (not just those that have a direct interest in mental health), voluntary sector groups and other local organisations with an interest in mental health such as schools, housing and faith groups.

We now want to hear from you on what you think about the strategy. Please let us have your views using the form at the back of this document, or by emailing us at [mentalhealth@towerhamletscg.nhs.uk](mailto:mentalhealth@towerhamletscg.nhs.uk).

If you need help with translating this document, please see page 15 for further details.

We would be grateful for responses by **11th October 2013**.



# Summary of the mental health strategy

## Depression<sup>1</sup>

MIND note that In its mildest form, depression can mean just being in low spirits. It doesn't stop you leading your normal life, but makes everything harder to do and seem less worthwhile. At its most severe, major depression (clinical depression) can be life-threatening, because it can make you feel suicidal or simply give up the will to live.

[http://www.mind.org.uk/mental\\_health\\_a-z/7980\\_depression](http://www.mind.org.uk/mental_health_a-z/7980_depression)

## Psychosis<sup>2</sup>

MIND note that psychosis is a psychiatric term, which describes experiences, such as hearing or seeing things or holding unusual beliefs, which other people don't experience or share. For many people, these experiences can be highly distressing and disruptive, interfering with everyday life, conversations, relationships, and finding or keeping a job.

[http://www.mind.org.uk/mental\\_health\\_a-z/8043\\_psychotic\\_experiences](http://www.mind.org.uk/mental_health_a-z/8043_psychotic_experiences)

## Dementia<sup>3</sup>

The Alzheimer's Society note that the term 'dementia' describes a set of symptoms which include loss of memory, mood changes, and problems with communication and reasoning. These symptoms occur when the brain is damaged by certain diseases, including Alzheimer's disease and damage caused by a series of small strokes.

[http://www.alzheimers.org.uk/site/scripts/documents\\_info.php?documentID=106](http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=106)

## Why do we need a mental health strategy?

Nationally, one in four people will experience a mental health problem at some point in their lifetime and one in six adults have a mental health problem at any one time.

Half of people who experience a mental health problem at some point in their lives first experience symptoms by the age of fourteen. Mental health problems in children and young people can have a profound effect on their family relationships, education, and future employment.

Among people under 65, nearly half of all ill health is mental ill-health. Over a third of GP consultations relate to mental health, with depression<sup>1</sup> and anxiety a very common condition. Illnesses involving psychosis<sup>2</sup>, commonly referred to as "serious mental illness" affect roughly 1 in 100 people nationally, and people with a serious mental illness often experience a range of health and social problems that have a significant effect on their life chances: people with a serious mental illness are known to have much poorer physical health than the general population and often experience social isolation, stigma and discrimination.

Around 1 in 17 people aged over 65 have dementia<sup>3</sup> in England. Dementia can have a devastating effect on individuals and their carers and families, which is why there is currently significant national attention on improving services for people with dementia and their carers.

Tower Hamlets has amongst the highest levels of mental health need in the country. Whilst our growing and diverse population has many factors that protect individuals and communities from mental health problems, we also face many of the issues common to other inner city boroughs, like poverty, a high population turnover, and alcohol and substance misuse, all of which can have a significant impact on the mental health of the population. As a result, demand for mental health services in the borough is high.





The Health and Wellbeing Board wants to make the most of recent changes in the NHS and the Council to work together to improve the mental health of local people. This is an opportunity to develop our approach to mental health, to try new and innovative ways to make improvements, to help people to manage their own mental health and wellbeing, and to ensure that there are high quality, safe and effective mental health services to meet the needs of Tower Hamlets residents.

## About the national mental health strategy

The national strategy, **No Health Without Mental Health** defines the outcomes that health and social care organisations must seek to achieve for their populations, along with a series of recommendations for action. Most importantly, the recent **Health and Social Care Act (2012)** requires the NHS to work to deliver “parity of esteem” between mental and physical health. This means that the NHS is required to deliver standards of care for people with mental health problems that are at least as good as those for people with physical health problems.

**No Health Without Mental Health** requires health and social care organisations to show how they will deliver better outcomes for people with mental health problems, as follows:

### NO HEALTH WITHOUT MENTAL HEALTH OUTCOMES

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

In particular, the national strategy says that health and social care organisations should:

- take a life course approach, with a strong focus on laying the foundations of good mental health for later life in children and young people
- Address stigma and discrimination
- Promote early intervention
- Address health inequalities experienced by disadvantaged communities
- Improve access to talking therapies, including for children and young people and people with a serious mental illness
- Improve the mental health of offenders
- Develop a recovery culture in mental health services
- Ensure that mental health is everybody’s business.

# About Tower Hamlets

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Tower Hamlets has a young, diverse and rapidly growing population. 32% of the population is of Bangladeshi origin, and 31% White British, with smaller but significant Somali, eastern European, and Chinese and Vietnamese communities.

Approximately 55% of people aged under 19 are of Bangladeshi origin. There is high population mobility, with a turnover in GP practice registers of around 19% every year, and around 15,000 new national insurance registrations per year (i.e. people who are new to the country settling in Tower Hamlets).

When planning mental health services, there is a need to ensure that services are commissioned to meet demand, to meet the population's language and cultural needs, and to ensure that it is appropriately balanced to the age profile of the population. There is some variability in take up of services by our different communities, and the strategy sets out our commitments to trying to understand and tackle this.



## Mental health in Tower Hamlets

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Tower Hamlets has a high prevalence of risk factors that can contribute to the development of mental health problems in individuals, such as child poverty, long term unemployment, older people living in poverty, overcrowded households, population density, homelessness, crime including hate crime against specific communities, carers working over 50 hours per week and harmful alcohol use.

While the borough has a comparatively high number of people actively participating in religious practice (a protective factor for mental health problems), the borough also has limited green space, and poor levels of physical activity.

Tower Hamlets has a high prevalence of mental health problems. We have the fourth highest proportion of people with depression in London, the fourth highest incidence of people experiencing psychosis for the first time, and the highest incidence of psychosis in east London according to GP registers.

There are approximately 30,000 adults estimated to have symptoms of a common mental health problem in the borough, with around 15,900 people known to their GP to have depression, and 3,300 known to have a serious mental illness, with about 1150 people with dementia. Over 45% of people claiming unemployment benefits due to ill-health in Tower Hamlets do so because of a mental health problem.

Use of mental health services in Tower Hamlets is high. We have the second highest proportion of adult service users in touch with secondary care mental health services in London, a high number of people on the **Care Programme Approach\***, and the third highest number of emergency admissions for psychosis. We also have a high prescribing rate for anti-psychotic and anti-depressant medication.

Mental health problems can have a wide ranging impact for individuals in a number of areas of their lives including housing, education, training, employment, physical health and relationships with family and friends. It affects people of all ages and all cultural backgrounds.



### Care Programme Approach\*

The national framework for mental health services assessment, care planning, review, care co-ordination, and service user and carer involvement focused on recovery.





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## About current mental health services

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In recent years Tower Hamlets health and social care organisations have worked hard to improve the range and quality of services for people with mental health problems in the borough. From awareness raising, to primary care mental health support, talking therapies, voluntary sector services and more specialist services for people with more serious mental health problems, we believe that many of our mental health services are now working effectively, with better access and higher quality.

However we believe that there are significant opportunities for improvement, to deliver better health and social care outcomes for service users, to improve experience, and to improve efficiency. The strategy lays out the things we think we need to do to improve the mental health system further.



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## About what people have told us

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In preparing the strategy, we have spoken to a wide range of people, including children and young people, parents, adults of working age, older people, service users, carers and families, and clinicians and practitioners from a variety of services. We spoke to senior leaders in key organisations (not just those that have a direct interest in mental health), voluntary sector groups and other local organisations with an interest in mental health such as schools, housing and faith groups.

People have fed back overwhelmingly that they would like the strategy to focus on the mental health of children and young people, to think about how we support children and young people at risk of developing mental health problems, and to ensure high quality seamless access into care and support.

Service users have told us that the quality of services, and in particular the quality of relationships with staff, is absolutely key. They have told us that they want to have better information, better communication, better access to services, and more choice and control over their care and a focus on recovery. The stigma and discrimination people with mental health problems have experienced is a major area in which people would like to see concerted action.

Across all age ranges, people have told us that one of the most important things is to have joined up services that address the range of health and social care needs people might have. We call this integrated care, and it is one of the major areas of focus of the strategy. In addition, people have also told us that they place great value on the support that they receive from voluntary sector services.



# Our vision

“Our vision is to commission integrated mental health services that are safe and effective, with friendly staff that inspire confidence in the people and families using them, and which help people to take control of their own lives and recovery.”

Our strategy is summarised in the diagram below. It is focussed on the three pillars of building resilience in our population and promoting mental health and wellbeing for all, ensuring high quality treatment and support for people who need it, and supporting people to live well with a mental health problem. More details on the diagram can be found in the full strategy document.

## Taking a life course approach to mental health and wellbeing

Building resilience: mental health and wellbeing for all	High quality treatment and support	Living well with a mental health problem	Improved outcomes
Fewer people experiencing stigma and discrimination	Mental health awareness in health and social care and education workforce	A recovery culture	
More accessible and accurate information	Specialist support for general settings like schools and hospitals	Peer support	
Improved mental health awareness across our communities, schools and employers	Primary care and community based mental health services for people with common mental health problems	Self-directed support	
Streamlined preventative support	Early intervention	Connections and relationships	
Support for families and carers	Integrated approaches to mental and physical health and social care	Support into employment	
Good transitions	Timely access to high quality specialist services	Improving accommodation options	
Support for at risk communities	Timely crisis resolution, close to home		
<b>Shared values: a whole person approach</b>			
Mental health is everybody's business			
Focus on quality			
Commissioning with commitment			

## Our commitments: across the life course



The strategy takes a life course approach. This means that throughout the strategy we commit to improving outcomes for people with, or at risk of, mental health problems whatever their age. It means understanding the impact of poor mental health and wellbeing from birth and through childhood, into adulthood and into older age.

We know that stigma and discrimination is a major issue for many people with mental health problems, whether it is in the playground, at work, or on the street. To tackle this, we will develop further our partnership commitment to tackling stigma and discrimination through the Health and WellBeing Board signing the Pledge on World Mental Health Day in October 2013. We will aim to develop a strategic partnership across the public and private sector to combat discrimination, encouraging local statutory organisations and local employers to sign the Time to Change pledge, and become mindful employers.

We know that many people think that information about mental health support is not very accessible. To improve this, we will develop a new web resource that will provide easily accessible information on mental health services for children and young people, adults, and older people.

At the heart of the strategy is the substantial evidence that prevention works in mental health, if approaches to prevention are properly joined up across statutory and voluntary sectors, communities and individuals. We will therefore ensure that the range of interventions we commission to improve the wellbeing of residents, such as healthy living, healthy families and healthy schools projects, all take mental health into account. As part of our public mental health work we will collect information about how far people at higher risk of mental illness are using the services of all ages, so we can join them up more effectively, including for vulnerable children, people who are homeless, people from BME and LGBT communities, and people who are in touch with the criminal justice system.

## The life course approach

### Wider determinants of health

Deprivation, Education, Employment, Housing, Air Quality, Open Spaces, Regeneration, Business and Development, Community Cohesion, Road Safety.



**Before birth**



**Growing up:  
The early years**

## The Francis Report

The Francis Report is a high profile review of the care provided at Mid Staffordshire Foundation Trust. The review makes a number of recommendations for ensuring that the NHS provides high quality and safe care for patients.

## NICE

NICE (the National Institute for Health and Care Excellence) provides national guidance on the evidence base to support particular kinds of care and treatment.

A key principle of the strategy is that it takes a whole person approach. This means that we want to commission services that work with people, not just the symptoms of mental illness. We will place importance on the role of service users as co-producers, not only in terms of input to service development and review, but also in shared decision making about their care and treatment.

We are committing through this strategy to make mental health everybody's business. From children's centres, schools and nurseries, through to the way we work as employers, and the care and support we commission and provide for people with multiple health problems, we want to make sure that mental health becomes part of an everyday conversation, and that staff have good mental health awareness, both as colleagues and, where appropriate, as health or social care professionals. In particular, we will ensure that through our already established joint Carer's Plan, we will provide information and training for carers of people with severe and enduring mental health problems and ensure that carers are able to access appropriate psychological care, with any mental health needs (as well as physical health needs) identified at assessment or review, or through the carers' health checks.

Our delivery of this Strategy will be supported by a sustained focus on quality and outcomes. Our approach is driven both by the findings of the Francis Report, but also our overriding commitment to improving standards, including where there are national quality standards in place, for example NICE guidelines. In particular, we will aim to develop a strong focus on quality improvement across the system as the main focus of our performance management of the variety of mental health contracts we hold, using the levers available to us to continually drive up the quality of services.



**Growing up: Children and young people**



**Adulthood**



**Growing older**

# Our commitments



## Children and young people

In many ways, the single biggest action that we can take to secure better outcomes for the people and communities who live in Tower Hamlets for the future is to support children and young people, their parents, families and communities, to develop the building blocks of good mental health through building resilience, laying the foundations of good mental health for later life.

Our strategy therefore consciously places a very high emphasis on the mental health of children and young people and their parents, and says that we will start a piece of work to examine how we can improve mental health support for children and young people so that they and their parents understand what help is available, and receive the right support as quickly as possible. This will involve working across the NHS and the Council, including public health, to consider how we can develop services for children and young people, including in schools and other settings. It will also involve thinking about how we can improve services for families where there is a parent with a mental health problem.







## Adults of working age

The strategy suggests that mental health services for adults of working age are broadly stable at the present time. However there are opportunities for further improvement and development.

In particular we will continue to work to develop the relationship between GPs and secondary care mental health services, developing more services in primary care where this is appropriate. We also want to ensure that talking therapy services are working effectively across the range of current providers.

We want to ensure that crisis services are working as effectively and efficiently as possible, so that people in crisis are supported as close to home as possible, but that when they do need to go to hospital, it is a safe, high quality and cost-effective service.

We also want to ensure that all mental health services work together to promote choice and control for service users and carers. This will mean adopting some of the activities that are commonly referred to as “the recovery approach”, including compassion respect and dignity, shared decision making, and a culture that encourages and embraces hope and trust. We will also want to look at our rehabilitation and accommodation services to ensure that they provide effective support.

As part of the implementation of the strategy, we will consider evidence based approaches to commissioning for recovery, including peer support, the recovery college approach, and our day opportunities and support services.

Critically, we want to make mental health everybody’s business.

The evidence about the poor physical health experienced by people with mental health problems is overwhelming, and we want to work concertedly across all the NHS and the Council to do our very best to change this, to really work towards “parity of esteem” between mental and physical health. This will mean reviewing our current physical health workstreams to ensure that they properly take account of mental health.





## Older people

We believe our community services for people with dementia are currently working effectively. However we want to ensure that people with dementia and their carers have more choice and control, better access to peer support, and to personalised support options at home. We also want to ensure that people with dementia who live in care homes receive the best possible care, and will consider how we can do this most effectively.

We also want to ensure that older people with mental health problems other than dementia receive the best possible support, including access to talking therapies.

Most importantly for older people, we want to ensure that the support they receive is properly integrated and wrapped around the person. This means that we will want to make sure that mental health is right at the heart of the work we are doing to develop integrated health and social care teams across the borough.



# Tell us what you think

## We want your views

The draft mental health strategy has been developed through listening to the views of local stakeholders, analysing local need and reviewing local and national guidance and information.

It sets out our plans for the future delivery of mental health and wellbeing services in Tower Hamlets. By working across the life course, with a commitment to achieving parity of esteem, enhancing recovery and sharing a common set of values about promoting high quality, outcome-driven services, we believe we can achieve change.

We are now asking people to comment on the strategy before we refine our vision and agree the necessary actions for the years ahead.

Mental health is something that affects us all — how we think and feel about ourselves and others, how we cope with difficult situations and how we manage our lives. We will use your feedback to make sure our focus reflects what local people want.

1. Are you responding as a:

- Service user
- Local resident
- Other
- Carer
- Health or social care professional
- Prefer not to say

2. Do you agree with our vision?

- Yes
- No

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3. Do you agree with our commitments regarding children and young people?

- Yes
- No

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4. Do you agree with our commitments regarding adults of working age?

- Yes
- No

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5. Do you agree with our commitments regarding older people?

- Yes
- No

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6. Do you have any comments on the specific proposals detailed in the main strategy document?

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7. Do you think there are any important areas the strategy hasn't covered? If so, please let us know what.

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# About you

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*(This section is not compulsory)*

Please tell us a little about yourself. If you wish to remain anonymous, your views will still be taken into account, however we would be grateful if you would fill this in so we can assess what sections of the community are represented and whether there different groups of people give different answers.

Please share your comments with us by **Friday 11 October 2013**.

Name:

.....

1. Do you live or work in Tower Hamlets?

Yes  No

2. Are you employed by the NHS or by the London Borough of Tower Hamlets?

Yes  No

3. Would you like to be kept up to date with information about the NHS, including this strategy?

Yes  No

If yes, please give us your email or postal address:

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4. Are you:

Male  Female

5. Age:

18–35  36–50  51–65  65+

Prefer not to say

6. How would you describe your ethnic origin?

**Asian or Asian British**

Bangladeshi  Indian  Pakistani  Any other Asian background

**Black or Black British**

African  Caribbean  Any other Black background

**Mixed**

White & Asian  White & Black African

White & Black Caribbean  Any other mixed background

**White**

British  Irish  Any other White background

**Other Ethnic Groups**

Chinese  Any other ethnic group

Prefer not to say

7. What best describes your sexuality?

Lesbian  Gay  Bisexual  Heterosexual

Prefer not to say

8. What is your religion or belief?

Atheism  Buddhism  Christianity  Islam

Jainism  Sikhism  Hinduism  Judaism

Other  Prefer not to say

9. Do you consider yourself to have a disability?

Yes  No

Prefer not to say



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# We would like to hear from you

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## **Write to**

Mental Health Commissioning Team  
NHS Tower Hamlets Clinical Commissioning Group  
2nd Floor Alderney Building  
Mile End Hospital  
Bancroft Road  
London E1 4DG

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## **Email**

mentalhealth@nhstowerhamletscg.nhs.uk

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**To access the Tower Hamlets Mental Health Strategy consultation documents please go to**  
<http://onel.nhs.sitekit.net/ONELTowerHamlets/Get-involved/mental-health-consultation.htm>

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## **For general information visit our websites**

[www.towerhamletscg.nhs.uk](http://www.towerhamletscg.nhs.uk)  
[www.towerhamlets.gov.uk](http://www.towerhamlets.gov.uk)

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## **The NHS belongs to the people**

It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.

The NHS is founded on a common set of principles and values that bind together the communities and people it serves – patients and public – and the staff who work for it.

## **The NHS Constitution**