

# **Mental health and wellbeing in Kensington and Chelsea, and Westminster**

Joint Strategic Needs Assessment (JSNA) Report

**Summary Report – FINAL DRAFT**

## 1. Introduction

Good mental health and wellbeing is important for us to lead happy, healthy lives. It has a positive impact on our relationships and how we cope and engage with the world around us. Research shows that good mental health and wellbeing promotes our physical health, supports recovery from illness, and improves life expectancy. It also has a positive impact on better educational achievement, reduction in risky health behaviours, improved employment rates, and higher levels of social interaction and participation.

Mental health and wellbeing is a determinant of and consequence of physical health and wellbeing, and is closely linked with physiological processes. The risk factors for poor physical and mental health and wellbeing often overlap, and the effect of social and environmental determinants on physical health can also have an influence on resilience. People with severe mental illness, for example, are at higher risk of obesity, asthma, diabetes, chronic obstructive pulmonary disease, and cardiovascular disease. Also, many people with long-term physical health conditions experience poor mental health and wellbeing. These can lead to significantly poorer health outcomes and reduced quality of life.

The foundations for good mental health and wellbeing are established in childhood and adolescence. Unfortunately, at least one in four people will experience a mental health problem at some point in their lifetime, with one in six adults and one in ten children (aged five to sixteen years) suffering at any one time. Around 75% of mental health conditions are established by the age of 24. This indicates the importance of prevention and early intervention, and addressing the childhood determinants of mental health and wellbeing. Of these, family relationships are pre-eminent, as positive attachments result in good emotional and social development for children, equipping people with the necessary skills and knowledge to achieve resilience and positive mental wellbeing in adulthood.

Mental illness represents up to 23% of the total burden of ill health in the UK – the largest single cause of disability – with estimates suggesting that the cost of mental health problems in England is close to £105 billion per year, including costs of lost productivity and wider impacts on wellbeing and treatment costs. These are expected to double by 2030.

This JSNA seeks to improve our understanding of the mental health and wellbeing landscape within our communities, understand how poor mental health and wellbeing affects our local health and social care economy, and recommend areas for action.

## 2. The national and local context

Both national and local strategy and guidance emphasise the benefits of promoting positive mental wellbeing to the individual and society, and the importance of shifting the focus to preventing mental ill-health. One important recent example of investment in prevention is that of the implementation of Mental Health Support Teams in schools and colleges following the green paper on Transforming Children and Young People's Mental Health Provision.

The prevention agenda is a key policy driver for the local authority, Adult Social Care, Public Health, the NHS and other key partners, as has been highlighted in the recent publication of the *NHS Long Term Plan*<sup>1</sup>. The plan sets out a vision for the NHS not just to treat illness but also to support people to live healthily, and to help people with long-term conditions to self-manage and prevent emerging problems from worsening.

Both the *Joint Health and Wellbeing Strategies*<sup>2,3</sup> for Kensington and Chelsea, and Westminster make a commitment to preventing mental illness and promoting good mental wellbeing across the life course. Both strategies also align with the ambitions set out in the *Like Minded* vision for North West London - that by working together, North West London can be a place where people say:

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<sup>1</sup> [NHS Long Term Plan](#)

<sup>2</sup> [Kensington and Chelsea Joint Health and Wellbeing Strategy 2016-21](#)

<sup>3</sup> [Health and Wellbeing Strategy for Westminster 2017-22](#)

- “My wellbeing and happiness is valued”
- “I am supported to stay well”
- “My care is delivered at the place that is right for me”
- “The care and support I receive is joined up”
- “As soon as I am struggling, help is available

While much of the data available for this JSNA focusses on mental ill health, it also reports on many of the factors that impact on mental health and wellbeing, and mental wellbeing data is included where available.

### ***Grenfell and North Kensington***

The fire at Grenfell Tower on June 14, 2017 had a devastating impact on many people. 71 people lost their lives in the fire and another resident died later. Many others have experienced trauma, loss and displacement.

Over time this is likely to affect wider mental health, physical health, and in turn cause a range of social challenges including family breakdown, educational and employment challenges. This will have an impact on the mental health and wellbeing of those affected by the fire.

A separate health needs assessment – The Journey to Recovery - has been undertaken which considers the primary impacts on health and wellbeing, including mental health and wellbeing, of those affected by the Grenfell disaster. Public Health are currently leading on a survey across the North Kensington area to monitor the health and wellbeing needs of communities over the long term.

This JSNA report does not attempt to duplicate the needs assessment and should be read in conjunction with The Journey to Recovery document. However, services that have been put in place to meet the additional needs of the survivor's, bereaved and the wider community are included in Section 8.8.8. of the main report

### 3. Purpose and scope of this JSNA

This JSNA report responds to a recommendation in the annual report of the Director of Public Health to undertake a needs assessment of mental health and wellbeing in two boroughs. It has been undertaken to provide **an evidence base to inform and support strategy development, commissioning decision making and action planning** to improve mental health and wellbeing and reduce inequalities across the Bi-borough.

The key questions for the JSNA were developed at a workshop held with key stakeholders in July 2018. These are;

- a) What do we mean by mental health and wellbeing?
- b) What is the local prevalence and characteristics of mental health and wellbeing across the life course?
- c) What are the local determinants and factors (risk and protective) for poor mental wellbeing and illness across the life course?
- d) What local services and assets in the community are available to meet these needs?
- e) What works to promote or protect mental wellbeing across the life course?
- f) What are the views and experience of both residents and patients accessing services?
- g) What are the potential gaps or areas of unmet need which require local action?

The full report contains a detailed picture of mental health and wellbeing across the life course and follows the format recommended in the *Mental Health JSNA Toolkit*. Each chapter addresses the above questions by describing what we know about prevalence and incidence, risk and protective factors, what works, and details of local service and assets, and the views of residents and service users. These are summarized in the following sections.

## 4. Understanding People and Place

### People

This chapter in the full report describes the local population, the levels of wellbeing, the prevalence and incidence of mental health conditions, and the demographic characteristics of the population of the two Boroughs (for example, size, age and gender) which may drive demand for mental health services now and in the future. It also looks at important causes and consequences of mental health and wellbeing such as health behaviours like smoking and physical activity and misuse of alcohol and drugs. An overview of some of the key data and messages is provided below.

### Well-being in the Boroughs

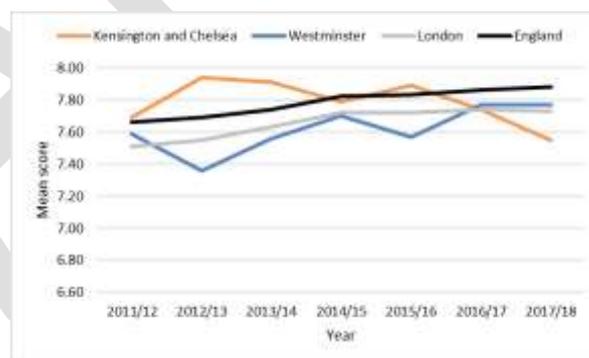
Over the past 7 years well-being scores for happiness, finding life worthwhile and life satisfaction have increased in Westminster, but declined for Kensington and Chelsea. Scores for anxiety have remained relatively stable.

In 2017/18 Westminster scored higher than the London average on measures of well-being: happiness, finding life worthwhile and life satisfaction, while Kensington and Chelsea scores were lower. Anxiety scores for both boroughs were slightly higher than the London average.

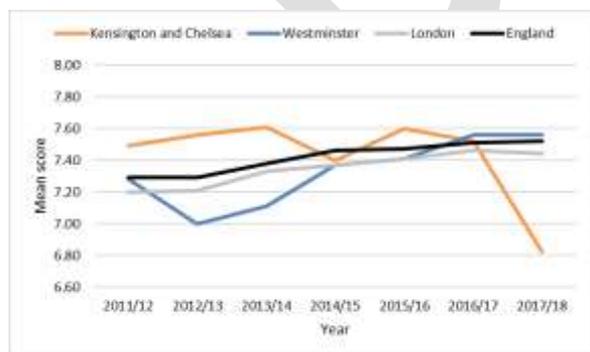
**Chart 1: Life satisfaction trend**



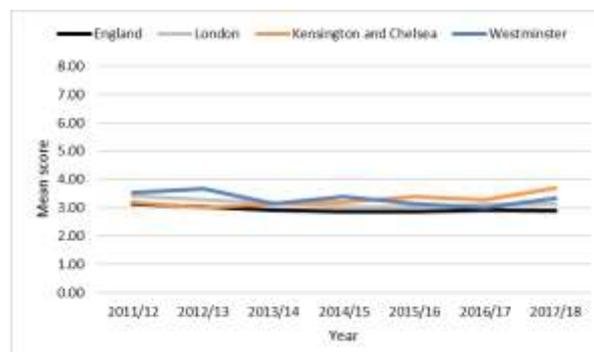
**Chart 2: Life worthwhile trend**



**Chart 3: Happiness trend**



**Chart 4: Anxiety trend**



## Mental illness in the Boroughs

The Adult Psychiatric Morbidity Study (APMS) provides estimates for the population level prevalence of mental illness (diagnosed and undiagnosed). While this study does not provide prevalence rates at borough level, adjusted estimates of prevalence are provided for the London region. The table below shows the estimated number of cases of mental illness, by borough, should London estimates prevail.

**Table 1: Estimated numbers affected by mental illness by borough, 16+, 2018, London region estimates**

Illness/ presentation	Borough	Rate	Count
Common Mental Disorders	RBKC	18.0%	23,943
	WCC	18.0%	38,484
CMD Unspecified	RBKC	8.7%	11,572
	WCC	8.7%	18,601
General Anxiety Disorders	RBKC	5.9%	7,848
	WCC	5.9%	12,614
Depressive episodes	RBKC	3.3%	4,390
	WCC	3.3%	7,055
Phobias	RBKC	2.5%	3,325
	WCC	2.5%	5,345
OCD	RBKC	2.0%	2,660
	WCC	2.0%	4,276
Panic Disorder	RBKC	0.8%	1,064
	WCC	0.8%	1,710

Illness/ presentation	Borough	Rate	Count
Personality Disorders	RBKC	17.0%	22,613
	WCC	17.0%	36,346
PTSD	RBKC	4.0%	5,321
	WCC	4.0%	8,552
Bipolar disorder	RBKC	3.3%	3,102
	WCC	3.3%	4,986
Self-harm	RBKC	6.4%	8,507
	WCC	6.4%	13,674
Suicidal thoughts	RBKC	20.5%	27,218
	WCC	20.5%	43,748
Suicide attempts	RBKC	6.1%	8,098
	WCC	6.1%	13,016

In addition, GP registers give us further data on the prevalence and incidence of mental health illness:

**Table 2: GP recorded incidence and prevalence**

Indicator	Period	Rate				Count	
		RBKC	WCC	London	England	RBKC	WCC
Depression incidence <sup>a</sup>	2017/18	1.2%	1.1%	1.2%	1.6%	1,994	2,636
Depression prevalence <sup>a</sup>	2017/18	8.5%	5.7%	7.1%	9.9%	14,341	13,562
Severe Mental Illness <sup>a</sup>	2017/18	1.5%	1.4%	1.1%	0.9%	3,851	3,215

Rates of depression recorded by GP practices in Kensington and Chelsea are above the London average, while rates in Westminster are below the London average. The recorded prevalence of serious mental illness is higher than the London average in both boroughs.

## Population demographics

The Bi-borough population is unusual in that it has larger proportions of working age adults and fewer children. There are high levels of international migration and cultural diversity, with around half the population born abroad. While both boroughs have a lower percentage of BME residents, there are a higher proportion of mixed ethnicity residents compared to the London average. Rich and poor live side by side in the Boroughs. Further data on the local population characteristics and the impact on mental health and wellbeing can be found in the full JSNA.

## Place

One of the aims of the JSNA is to understand the determinants of health in an area and consider social and contextual factors that affect mental health and wellbeing, such as employment, crime, safety and housing. The health and wellbeing of each individual is influenced by their social setting, such as having the ability to earn enough money and feeling part of a community. Analysis of data for the local population indicates that of the wider determinants of mental health and wellbeing, key challenges in the two boroughs include deprivation, poverty and homelessness.

**Table 3: Local determinants of mental health and wellbeing**

Determinant	Local picture
People in <b>deprived areas</b> are more likely to need mental healthcare but less likely to access support and to recover following treatment.	23.6% of RBKC and 28.6% of WCC residents live in the 20% most deprived areas (higher than London and England average)
<b>Poverty</b> can be both a causal factor and a consequence of poor mental wellbeing and mental ill health	20.1% of children and young people (under 20) in RBKC and 28.5% in WCC live in poverty (higher than London and England average)
<b>Homelessness and poor quality housing</b> are both risk factors for mental health problems.	While the boroughs have lower levels of family homelessness (3.1 per 1,000 households for both Boroughs), they also both have higher rates for households in temporary accommodation (28.1 per 1,000 households in RBKC; and 20.7 per 1,000 in WCC)
Stable and rewarding <b>employment</b> is a protective factor for mental wellbeing and can be a vital element of recovery from mental health problems.	While employment rates are lower than the London average at 65.4% (RBKC) and 64.4% of 16-64 year olds (suggesting unemployment rates are higher), long-term unemployment rates are comparable with the London average (0.31% RBKC; 0.35% WCC; 0.39% London)
<b>Education</b> is a key determinant of health and wellbeing into adulthood and later life.	Educational outcomes are good with children from both boroughs achieving a higher rates of GCSE A-C passes compared to the London average (65% RBKC; 63.6% WCC; 61.3% London)

## 4.1 Perinatal mental health and wellbeing

The physical and mental wellbeing of the mother, and the family environment during pregnancy, infancy and childhood is of fundamental importance to mental health. A parent's ability to bond with and care for their baby, their parenting style and the development of a positive relationship can predict numerous physical, social, emotional and cognitive outcomes through to adulthood.

During pregnancy and the year after birth, many women experience common mild mood changes. Some women can be affected by common mental health problems, including anxiety disorders (13%) and depression (12%). The risk of developing a severe mental health condition is low, but increases after childbirth. The impact of poor mental health can be greater during this period, particularly if left untreated.

### Prevalence

Literature based estimates suggest that perinatal mental illness will occur in 20% of births. In 2018 this equate to 335 cases in Kensington and Chelsea and 533 in Westminster. Of perinatal mental illnesses, the most common disorders are adjustment disorders and distress in the perinatal period and mild to moderate depressive illness and anxiety in the perinatal period.

### Risk and protective factors

Key risk factors for perinatal mental ill health include a history of mental health problems, childhood abuse and neglect, domestic violence, unplanned or unwanted pregnancy, still birth and infant death, inadequate support, alcohol and substance misuse, and lone parenthood.

**Table 4: Local factors for perinatal mental health and wellbeing**

Factor	Local picture
Rates of infant mortality	3.2 (RBKC) and 3.1 (WCC) per 1,000 births, which is <u>comparable with the London average</u> (3.3 per 1,000)
Single parenthood	Both boroughs have <u>lower percentage of lone parent households</u> than the London average (4.9% RBKC; 5.7% WCC; 8.5% London)
Children aged < 18 years on a child protection plan	Both boroughs have <u>lower proportion of children (under 18s) on a protection plan</u> than the London average (22 per 10,000 RBKC; 27.8 WCC; 40.6 London)
Rate of parents in drug treatment	<u>Westminster has more parents in drug treatment than the London average</u> (137.2 per 100,000 WCC; 104.1 per 100,000 London). Kensington and Chelsea (81.6 per 100,000) is lower than the London average
Rate of parents in alcohol treatment	<u>Kensington and Chelsea has more parents in alcohol treatment than the London average</u> (134.7 per 100,000 RBKC; 108.2 per 100,000 London). Westminster (91.5 per 100,000) is lower than the London average
Still births	Both boroughs have <u>similar still birth rates to the London average</u> (4.3 per 1,000 RBKC; 5.0 WCC; and 4.9 for London)

## What works

There is high quality evidence that home visiting and peer support interventions for women at high risk of postnatal depression are effective. Home visiting programmes are effective in promoting positive parenting and infant mental health.

There is moderate quality evidence that the following are effective:

- Programmes that involve men's active participation with their children can improve the father-child relationship
- Antenatal classes can improve parental wellbeing, parent-child attachment, parenting and problem-solving skills
- Skin to skin contact can improve attachment and mother-child interaction

Parenting support is also one of the recommended interventions outlined in the *Better Mental Health for All* (2016) summary of interventions.

### Case study... Perinatal Mental Health Pathway

In 2015, Central & West London CCGs undertook a review of perinatal mental health services with a view to enhancing the existing service and developing a community based model of care that meets the needs of all women who experience perinatal mental health problems. The new perinatal mental health care pathway commenced in April 2018.

The pathway aims to take a holistic approach to addressing the bio- psychosocial wellbeing of mothers, infants, partners and families, drawing on evidence from national guidelines and standards for the treatment and management of perinatal mental illness.

The tiered model of care has an integrated care pathway for each level of need; Standard Care (low risk), Enhanced Care (medium risk), Specialist Care (high risk). The 'spokes' of the service are established across the community, at Children's Centres, GP practices, Maternity Units, wherever it is most appropriate for families.

The outcome for GPs is that they:

- are more aware of mental health issues during the perinatal period,
- know where to refer and are making more referrals
- know they can also access advice from a psychiatrist as to what action they can take to care for a patient knowing that they will be supported

Since its introduction, the pathway has seen a 53% increase in new assessments, and has successfully initiated partnerships with a variety of agencies to deliver multidisciplinary, evidence based care.

*"The new service is good at delivering care for women who services are aware of at the start of their pregnancy, may need extra specialist care. However, there is still work to look at ensuring that the mental health needs of others who do not have prior mental health issues are picked up e.g. by the health visiting service."*

- Local GP

## 4.2 Children and young people’s mental health and wellbeing

Building resilience and promoting good mental wellbeing in children and young people is critical. Research tells us that mental health issues frequently develop in our early and teenage years with half of all mental health problems emerging before the age of 14 and three quarters by age 24.

There are numerous opportunities across the life course to help promote positive mental health and wellbeing and to build resilience of children and young people. Early intervention to address the childhood determinants of mental health and wellbeing is vitally important to promote good mental wellbeing and build resilience in children and young people.

Of these determinants, family relationships are pre-eminent, as promoting positive attachments results in good emotional and social development for children, equipping people with the necessary skills and knowledge to achieve resilience and positive mental wellbeing in adulthood.

The recently published annual report of the Director of Public Health<sup>4</sup> cast a spotlight on the health and wellbeing aged 14-25 in the Bi-borough area. A recurring theme throughout the report is mental health and wellbeing, the daily pressures and challenges that young people face, and also the significant impact of social media. A growing body of research suggests that social media can have both a positive and negative impact - while it can provide a gateway to advice, help or support, and encourage young people to develop social skills and a sense of belonging within an online community, there are also risks associated with excessive internet use. These range from cyberbullying, to sharing of personal information, and access to harmful content, such as websites which promote self-harm. As one young person said “it’s a gift and a curse”

This chapter considers the prevalence of mental illness in children and young people, risk and protective factors, and what works to promote mental health and wellbeing in children and young people.

### Prevalence

Estimates from the Mental Health of Children and Young People Survey suggest 12.8% of children and young people aged 5 to 19 years will have a mental, emotional or behavioural disorder. The London prevalence is slightly lower at 9.0%. Based on the London estimate, in 2018, 2,137 children and young people from Kensington and Chelsea and 3,416 children and young people from Westminster were estimated to have a mental, emotional or behavioural disorder.

### Risk and protective factors

The figure below summarises the known risk factors associated with children and young people developing mental illness.

**Figure 1: Risk factors for children and young people’s mental health and wellbeing**



<sup>4</sup> Our health, our wellbeing: young people growing up in Kensington and Chelsea, and Westminster.

**Table 5: Local factors for children and young people’s mental health and wellbeing**

Factors	Local picture
<i>Child level</i>	<ul style="list-style-type: none"> <li>• There is a clear contrast between the child level risk factors between boroughs: in general, children in Kensington and Chelsea demonstrate lower rates of child level risk factors compared to London, while children in Westminster experience higher rates.</li> <li>• Exceptions include the rate of learning disabilities; children aged 15 years with a diagnosed illness, disability or medical condition; GCSE performance and looked after children’s average difficulties score – both boroughs perform better than London on these indicators.</li> <li>• Both boroughs perform worse than the London average on school readiness.</li> </ul>
<i>Family</i>	<ul style="list-style-type: none"> <li>• Rates of looked after children and children subject to a child protection plan are lower than the London average in both boroughs. However, in Kensington and Chelsea, the percentage of children subject to repeat child protection plan is higher than the London average</li> <li>• Both boroughs have lower rates of children in need and looked after children for abuse or neglect compared to London. However, both boroughs also have higher rates of children in need due to family stress, family dysfunction or absent parenting and children in need due to parental disability or illness compared to London. Westminster, also has a higher rate of looked after children for family stress, family dysfunction or absent parenting</li> <li>• Both boroughs have higher rates of children in need due to parental disability or illness, however rates of children and young people providing care were lower than the London average in 2011.</li> </ul>
<i>School</i>	<ul style="list-style-type: none"> <li>• Both boroughs have higher rates of secondary school fixed period exclusions and school absences compared to the London average. Westminster also demonstrates higher rates of fixed period exclusions for disruptive behaviour and primary school fixed period exclusions than London, a finding not made in Kensington and Chelsea. In addition, Kensington and Chelsea is shown to have higher rates of bullying at age 15.</li> <li>• Generally, both boroughs have lower rates of risky behaviour at age 15 compared to the London average. The exception is Kensington and Chelsea which has a higher rate of current smokers at age 15 and higher rates of alcohol specific hospital admissions among under 18’s, compared to London</li> <li>• Rates of children and young people in the youth justice system are lower than the London average in both boroughs</li> </ul>
<i>Community</i>	<ul style="list-style-type: none"> <li>• Both boroughs have a higher percentage of children aged under 16 and under 20 years living in poverty and children receiving free school meals compared to the London average.</li> <li>• Both boroughs have lower rates of family homelessness</li> </ul>

## Spotlight on Social Isolation and Loneliness

Loneliness and social isolation are commonly perceived as issues affecting older people, but it can impact at any stage of our lives. Indeed recent evidence from the Office for National Statistics<sup>5</sup> suggests that young people are the most likely age group to report that they often feel lonely. Loneliness is harmful to our health with research indicating that lacking social connections is as damaging to our health as smoking 15 cigarettes a day. Evidence suggests it increases the likelihood of early death and is a significant risk factor for a wide range of physical and mental health problems, including depression, heart disease and stroke, high blood pressure, sleep problems, reduced immunity and cognition in the elderly.

There are some challenges that our Boroughs face which can influence loneliness and social isolation. There is a particularly high 'churn' rate (particularly in Westminster), with large numbers of people moving in and out of the Boroughs making it more difficult to establish social connections. Although feeling loneliness does not only affect those living alone, there is a correlation and 45% of all households in Westminster and 47% of Kensington and Chelsea households are one-person households. Nationally, it is estimated that around 10% of the population aged over 65 is lonely, and in particular Kensington and Chelsea has a large population of older adults.

Both boroughs' Health and Wellbeing Strategies express their commitment to tackling loneliness and social isolation, and the recent national strategy (the first of its kind) highlights that significant change is required in order to build a socially connected society. Social prescribing is a cornerstone of this national strategy.

Evidence of what works to reduce loneliness and social isolation is limited, and most studies relate to older adults. However, most reviews recognize the importance of community-led initiatives and social networks. Befriending programmes, Community Navigator style approaches, and group interventions (such as art activities, discussions, group exercise) demonstrate some evidence in tackling loneliness and reducing social isolation.

### *What works*

Prevention and early intervention are key at this stage in life. Mental health promotion activities can help children develop positive mental health and wellbeing and prevent mental illness. Pre-school and early education programmes are highlighted in the Under 5's Healthy Child Programme and results in improvements in cognitive skills, school readiness, academic achievement and family outcomes, including siblings. They are also effective in preventing emotional and conduct disorder.

As children grow older, whole school approaches to mental health promotion interventions can improve wellbeing, with resulting benefits for academic performance, social and emotional skills and classroom behaviour. They can also result in reductions in anxiety and depression. Targeted Mental Health Support in Schools (TaMHS) is also effective.

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<sup>5</sup> ONS. Loneliness – what characteristics and circumstances are associated with feeling lonely?

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10>

### **Case study...School Health Service**

Mary, a 17 year old young person with a diagnosis of anorexia (eating disorder) was discharged from an inpatient unit and had returned to her school. The school noted that Mary was still very unwell, both physically and psychologically. The Head of Sixth Form approached their school nurse to write a Care Plan for the young person and wanted advice on how to manage Mary's illness whilst she was in school.

After speaking to the School Health Service's Emotional Health and Wellbeing lead, the school nurse was advised that Mary had just been discharged from hospital, and would need to have community care from her local CAMHS service. At this point CAMHS were not aware of the young person's discharge. The school nurse was then able to act as a link between the school and CAMHS and contributed to the school's plan for ensuring that this young person was safe and supported in the school environment.

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### 4.3 Working age adults mental health and wellbeing

Adulthood is a time of greater independence and control over life, and is a particularly important point in the life course because of the influence adults have on others through their various roles as partner, co-worker, parent and carer. Many people become parents and the quality of relationships in the home with partners, if present, and children has a very strong influence on parents' mental health.

Family relationships matter to adults as well as children, and being in a stable relationship is more strongly associated with both physical and mental health benefits, including lower levels of smoking and drinking, and greater life satisfaction.

However, many adults may be required to take on the role of caring for a spouse or family member who is ill or has a disability. This can have a negative impact on their mental health and wellbeing, due to feeling increasingly isolated and unsupported. Unpaid carers make a significant contribution to the health and care system and account for 1.2% (RBKC) and 1.6% (WCC) of the population, compared to the London average of 1.8%. It is important to note that carers can be of any age (including young carers) and provide care for people of any age.

Experiencing two or more adverse life events in adulthood is associated with mental illness, and for some this can have a cumulative effect following on from adverse life experiences in childhood. Work, or lack of it, matters greatly as well as the quality of the working environment. People in Great Britain who are unemployed are between four and ten times more likely to develop anxiety and depression.

Access to community resources, such as friendship networks, facilities for children, opportunities for exercise, the quality of the environment and social inequity, stigma and discrimination all impact on adult mental health. The neighbourhood environment is an important factor in the health and functioning of adults.

For service users, research indicates that the transition from children's services to adult services can be a particular challenge, with many young people falling through the gaps. Differences in service thresholds and age appropriateness of services mean that it is at this point young people previously receiving services may fall out of the mental health system. There is a suggestion that funding could be redirected from adult services into CAMHS to allow CAMHS provision to continue until the young person is 25 (when they would then transition to adult mental health services). There are concerns that such a model would merely delay transition, although evidence suggests it could prevent premature disengagement and more serious problems developing later on.

#### *Prevalence*

The estimated prevalence of mental illness in working age adults was taken from the Adult Psychiatric Morbidity Survey (APMS 2014). This survey found common mental disorders to be the most prevalent at 18%. Locally this translates to an estimated 20,529 residents of Kensington and Chelsea and 34,673 residents of Westminster. Further details are given in the full JSNA report.

#### *Risk and protective factors*

As we grow into adulthood we start to experience additional challenges to our mental health and wellbeing. We may experience the loss of loved ones, job or housing insecurity, financial worries and the stresses of everyday life. Building close relationships with friends, family and our communities is incredibly important as is looking after our workplace health. Drawing on local data the following may be challenges for the Boroughs.

**Table 6: Local factors for working age adult mental health and wellbeing**

Factors	Local picture
Relationships	<ul style="list-style-type: none"> <li>rates of marital break-up are high in both Boroughs (11.4% for both RBKC and WCC compared to 10.6% in London)</li> <li>persons living alone are higher than the London average (23.4% in RBKC, 22.5% in WCC, 12.8% in London)</li> </ul>
Substance misuse	<ul style="list-style-type: none"> <li>both boroughs are expected to have the same rate of alcohol dependence as the London average (1.4%), however both boroughs have higher rates of hospital admissions for mental and behavioural disorders due to the use of alcohol (59.8 per 100,000 people for RBKC, 60.4 for WCC, and 55.8 for London)</li> <li>Kensington and Chelsea has a higher rate of substance misuse related hospital admissions among young adults, (73.2 per 100,000 people aged 15-24) while Westminster has a lower rate (51.2), compared to the London average (67.2). In addition, the prevalence of opiate and/or crack cocaine use among adults is higher than the London average in both boroughs (11.3% in RBKC, 13.2% in WCC; 8.9% in London)</li> </ul>
Social isolation	<ul style="list-style-type: none"> <li>social isolation among some service users is indicated to be higher, with a lower percentage of Adult Social Care clients reporting enough social contact compared to the London average (35.8% for RBKC; 34.3% WCC; 41.4% London).</li> </ul>

However, we also know from local data that:

- both boroughs have higher rates of self-reported life satisfaction and happiness compared to the London average
- both boroughs have lower rates of people with a learning disability or long-term health problem or disability compared to the London average
- the long-term unemployment rate is on a par with the London average
- both boroughs have comparable rates of dementia among GP registered patients to the London average

Physical and mental health are inexorably linked, with robust evidence that being physically active can improve your mental wellbeing and is a key protective factor. Uptake of physical activity is estimated to be better than the London average in both boroughs. Being active is one of the Five Ways to Wellbeing – an evidence-based framework for improving our wellbeing – Be Active; Keep Learning; Take Notice; Give; and Connect<sup>6</sup>.

#### *What Works*

As we have seen housing is a key determinant of health and wellbeing, and so meeting the housing needs for at-risk adults is an area that supports mental health and wellbeing outcomes. Housing interventions may include re-housing; supported housing for high-risk groups and families; and interventions that address fuel poverty.

The following also have good evidence that they promote mental health and wellbeing in adults:

- physical activity is associated with reductions in depression, improved wellbeing, and better cognitive function
- access to green and open spaces
- positive psychology interventions and mindfulness promote positive thoughts and emotions

<sup>6</sup> 'Roads to Wellbeing': Annual Report of the Director of Public Health 2016-17 <https://www.jsna.info/roadstowellbeing>

- secure employment, support for unemployed people, and work based mental health and stress management interventions

### Case study... Queen's Park Community Theatre – Community Champions



The Queens Park Community Theatre is a weekly theatre workshop aimed at people with long term low level mental health conditions, with public performance every quarter. By thinking about mental health creatively and in the context of characters in a theatre production, service users feel more able to challenge their assumptions and test out different coping strategies in a way they are not able to when thinking directly about their own mental health.

One participant's wife died two years ago. He recently disclosed that since then he has found that he did not want to live without her. He opened up to the group, some of whom are Mental Health First Aid trained. They were able to provide mental health first aid and ongoing support. The resident has fed back that he is now enjoying parts of his life and its very much thanks to being part of the group. Through speaking to the Community Champions, he has been sign posted to many other things which he now uses. He has created his own script and is very much looking forward to performing at the upcoming community theatre performance.

**“it has made me less isolated much more hopeful, meeting lovely people...it is a fantastic project that is helping and changing people's lives... this project is healing”**

### **Spotlight on ... suicide prevention**

Every day in England around 13 people take their own lives. The impact of suicide is far-reaching - for every person who dies 10 people are directly affected. The effects can reach into every community and have a devastating impact on families, friends, colleagues and others.

2015-17 pooled data show suicide rates in Kensington and Chelsea to be higher than the London average at 9.5 deaths/100,000 of the population, while in Westminster rates are comparable at 8.3 deaths /100,000.

Three in four deaths by suicide are by men, and the highest suicide rate in England is among men aged 45-49. People in the lowest socio-economic group and living in the most deprived geographical areas are 10 times more at risk of suicide than those in the highest socio-economic areas group living in the most affluent areas.

Preventing suicide requires the combined actions by local authorities, mental health and health care services, primary care, community based organisations and voluntary agencies, employers, schools, colleges and universities, the police, transport services, prisons and others.

Local action to prevent suicide is led by a multi-agency Steering Group and has focussed on:

- Reducing risk in high-risk groups – in particular, men aged 15-59; those who have attempted suicide; and those misuse substances
- Tailoring approaches to improve mental health in specific groups – schools and early years; easily accessible service information; better understanding of population needs; specialist mental health promotion for targeted groups
- Provide better information and support to those bereaved or affected by suicide
- Promotion of a multi-agency approach

#### 4.4 Older adults mental health and wellbeing

Our mental health and wellbeing can be challenged by events outside of our control as we grow older, such as the loss of a loved one and reduced mobility. The Mental Health Foundation and Age Concern said:

*“promoting mental health and well-being in later life will benefit the whole of society by maintaining older people’s social and economic contributions, minimising the costs of care and improving quality of life”*

Life satisfaction, the feeling of being worthwhile, and happiness all increase in the years leading up to and during the first few years of retirement, however so do feelings of anxiety. It is in the later years of retirement, 74 and older, that anxiety stays continuously high, but happiness, life satisfaction and feeling worthwhile decrease.

Mental health problems in later life can be under-identified by health professionals and by older people themselves, this can be when the impacts of poor mental health and adversity throughout life become evident. To promote mental wellbeing for all it is vital to prevent, identify and effectively treat mental health problems in later life.

Many older adults will suffer from physical ill health and this can lead to mental health problems. The risk of developing depression is over 7 times higher in those with two or more chronic physical problems.

##### *Prevalence*

National estimates applied to the local population of older adults suggest that 2,527 older adult residents of Kensington and Chelsea and 3,170 older adult residents in Westminster experience a common mental health disorder. The most common of specified disorders was general anxiety disorder, affecting 819 older residents in Kensington and Chelsea, and 1025 in Westminster

Should the England prevalence of mental illness prevail in the both boroughs and remain constant, and population of each borough grow as projected by the Greater London Authority, the number of cases of mental illness in older adults (not including dementia) in 2028 will grow to 3162 in Kensington and Chelsea and 4071 in Westminster.

##### *Risk and protective factors*

Levels of discrimination, presence of meaningful activities and relationships, physical health condition and poverty are key factors that affect the mental health and wellbeing of older people. In addition factors such as recent bereavement, caring responsibilities, family breakdown, loss of mobility and loss of independence (giving up driving, unemployment, age-related disability) all present risk factors.

Some groups of older people are at increased risk of mental health problems. Those who are lonely have a higher risk of developing dementia and depression and older people in a caring role may struggle to get the support they need.

**Table 7: Local factors for older adults mental health and wellbeing**

Factor	Local picture
Dementia	<ul style="list-style-type: none"><li>The rate of diagnosed dementia among the GP registered population is slightly lower than the London average in Kensington and Chelsea (4.3% of patients aged 65+), while rates in Westminster (4.9%) are above the London average (4.5%)</li></ul>
Deprivation	<ul style="list-style-type: none"><li>Both boroughs have a higher percentage of residents aged 60 years and over living in income deprivation compared to the national average (21.6% in RBKC; 24.9% WCC; 16.2% England)</li></ul>
Living alone	<ul style="list-style-type: none"><li>In both boroughs the percentage of older people living alone is above the London average (5.3% in RBKC; 5.2% in WCC; 3.9% in London)</li><li>and the percentage of social care users with enough social contact is lower than the London average (35.8% for RBKC; 34.3% WCC; 41.4% London)</li></ul>

There is limited comparative data specifically focused on protective factors in older adults. However, some data is already included in risk factors that relate to adults (not just older adults). From this we know for example, that levels of life satisfaction and happiness in the boroughs are higher than the London average, as are physical activity levels.

Health related quality of life for residents aged 65 years and over is higher than the London average in Kensington and Chelsea and similar to the London average in Westminster. However, the quality of life for carers (for people with dementia) is reported as lower than the London average in both Boroughs.

#### *What Works*

There is evidence that the following interventions can have a beneficial effect on mental health and wellbeing in older adults:

- befriending programmes
- volunteering opportunities
- addressing sensory impairment such as hearing loss
- physical activity programmes
- interventions to promote household warmth
- Interventions to prevent social isolation

NICE recommend a range of activities for older people including support sessions to assist with daily routines and self-care, community based physical activity programmes, walking schemes and training for practitioners.

### **Case study... Befriending Plus- Sue**

Sue was referred to the Befriending Plus scheme following a spell of anxiety and depression. She had recently lost her husband, sister and a close friend all in a very short space of time. All her children live further out and visit every other month. Sue was enthusiastic to try new things but didn't feel confident on her own.

Sue has been with a Volunteer Befriender who is very tender, has a calming manner and is an extremely good listener. Her befriender has encouraged Sue to join local Open Age club for different activities. To begin with, they tried the Mindfulness class, followed by Painting and Drawing.

Sue has felt less anxious and has focused on incorporating a routine into her week with attending Open Age activities and re-joining her local church group. Since joining art classes, she has discovered a new skill which she enjoys putting into practice.

### **Spotlight on ... dementia**

Dementia is a term used to describe a range of cognitive and behavioural symptoms that can include memory loss, problems with reasoning and communication, change in personality, and a reduction in a person's ability to carry out daily activities (such as shopping, washing, dressing and cooking).

The most common types of dementia are Alzheimer's disease, vascular dementia, mixed dementia, dementia with Lewy bodies and frontotemporal dementia.

Dementia is a progressive condition, which means that the symptoms will gradually get worse. This progression will vary from person to person and each will experience dementia in a different way – people may often have some of the same general symptoms, but the degree to which these affect each person will vary (Dementia Gateway, Social Care Institute for Excellence).

Dementia mainly affects people over the age of 65 (one in 14 people in the UK in this age group have dementia), and the likelihood of developing dementia increases significantly with age.

Based on the Dementia JSNA<sup>7</sup>, current estimates of the number of people living with dementia in the local population are ca. 1,500 in RBKC and 1,800 in Westminster. Approximately half of the population with dementia are aged 85+. Through population projections, the number of people living with dementia is estimated to rise by 70% for Kensington & Chelsea; and by 45% for Westminster by 2030. Diagnostic, treatment and care service provision may need to expand proportionately to meet this increasing need.

A dementia strategy for Westminster and Kensington and Chelsea is currently in development informed by the Dementia JSNA, the North West London Strategic Review of Dementia 2015 as well as new developments in national policy guidance and research. Work is also being informed through a programme of engagement with people who are affected by dementia commencing in January 2019.

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<sup>7</sup> Dementia JSNA. <https://www.jsna.info/document/dementia>

## 5. Identifying gaps and opportunities

Drawing on the evidence and data contained within the JSNA, the following analysis of current strengths, areas for future development, opportunities and potential challenges was undertaken by the Mental Health and Wellbeing JSNA Steering Group, involving key local stakeholders from the Councils, NHS, third sector and Healthwatch. This has informed the development of the themes and recommendation.

<p><b>Current strengths</b></p>	<ul style="list-style-type: none"> <li>• Thriving community and voluntary sector supporting and promoting mental wellbeing</li> <li>• Specialist clinicians and centres of excellence</li> <li>• Clear perinatal mental health pathway, specialist pathways, suicide strategy, and specialist homelessness services</li> <li>• Strong Healthy Schools Partnership and Healthy Early Years</li> <li>• Development of models such as Primary Care Plus and Community Living Well</li> <li>• Relatively well funded with strategic commitment to mental health and wellbeing</li> </ul>
<p><b>Areas for development</b></p>	<ul style="list-style-type: none"> <li>• Develop a strategic vision with clear delivery plan for mental health and wellbeing with clarity on leadership and specific roles</li> <li>• Develop visible care pathways to recovery for children and adults</li> <li>• Build trust and confidence in the capacity and skills within primary care to better manage mental health and wellbeing</li> <li>• Waiting times can be lengthy and exacerbate mental health conditions</li> <li>• Better communication and clarity needed on services and assets, and how to navigate the system</li> <li>• Local issues affecting our population include high numbers of homelessness, population churn, and high number of residents experiencing trauma</li> <li>• Looked after children are placed out of Borough which brings specific challenges</li> </ul>
<p><b>Potential challenges</b></p>	<ul style="list-style-type: none"> <li>• Potential danger of overburdening universal services with mental health referrals</li> <li>• Working within the existing financial envelope, there is a tension between maintaining current investment in treatment services in order to meet needs and the shift required to invest in prevention</li> <li>• This is particularly important when levels of future funding are uncertain and in the context of an increasing demand for mental health services</li> <li>• There is a particular challenge for children &amp; young people with mental health needs who are not accessing education</li> </ul>

**Opportunities**

- The JSNA builds on the current national and local conversation on mental health and wellbeing, and could provide a good platform for developing creative and collaborative partnerships of key stakeholders, and setting ambitions for the mental health and wellbeing of our population
- Existing and potential work with social housing providers to support residents with mental health conditions and to promote community resilience, address loneliness, and promote mental wellbeing.
- Opportunities to identify best practice in developing peer support models
- Work with residents and services users to co-produce pathways and services to promote mental health and wellbeing
- Build on existing social prescribing models across the two Boroughs, such as My Care My Way to promote mental health and wellbeing
- Support the already strong community and voluntary sector to provide services promoting mental health and wellbeing to all local communities, and to address specific barriers (such as language barriers)
- Recommissioning and procurement of supported housing services may present opportunities to improve support for residents with poor mental health
- Trailblazer funding secured to implement Mental Health Support Teams in some schools in the West London CCG area (Kensington and Chelsea and Queen's Park and Paddington)
- Utilising new technologies to deliver services to meet the needs of young people in a way that is engaging for them

## 6. Themes and recommendation

The Health and Wellbeing Boards have expressed their vision and commitment to improving mental health and wellbeing in the local population, and to reduce health inequalities, in their respective Joint Health and Wellbeing Strategies. Both strategies emphasise the importance of prevention, early intervention, addressing the wider determinants of health and wellbeing, and partnership working.

This JSNA has identified an opportunity for the Health and Wellbeing Boards to ensure that collective efforts to improve mental health and wellbeing in the Bi-borough have maximum impact. Based upon the findings of this report and in collaboration with local stakeholders across the field, this JSNA has identified seven themes which should be considered at a strategic level in order to further develop the local mental health and wellbeing system. The JSNA then identifies one key recommendation to enable development of these themes to be achieved through multi-agency partnership working.

The themes and recommendation are outlined below.

### *Theme 1: Mobilising local assets, services, and communities*

The Bi-borough benefits from a thriving and vibrant third sector who make a significant contribution to promoting mental wellbeing, as well as the expertise and knowledge of a variety of specialist clinicians and centres of excellence. We need to ensure that we build capacity across the system and make the most of these assets, services and communities, ensuring that they are sustainable, and work collaboratively to promote and maintain the mental health and wellbeing of our residents and patients

### *Theme 2: Prevention and Early Intervention*

There is evidence of an increase in demand for mental health services, including indications of increasing needs for children and young people. Consideration will need to be given to focusing on prevention as well as early intervention to address demand and future planning to ensure services are equipped to meet this need.

### *Theme 3: Pathways*

There is emerging evidence that the Perinatal Mental Health Service pathway is helping to provide good care for residents and patients using those services. Similarly, clear and well communicated pathways for children and young people, and adults, need to be developed. There is also a need for clarity of timescales *within* the pathways, monitoring of the patient's journey from the first point of contact with mental health services, to the point of commencing appropriate treatment.

### *Theme 4: Funding*

Any future strategies and commissioning plans should consider how we work better in partnership in order to maximise outcomes within existing budgets, ensuring value for money, and how funding can be sustained across the system into the future.

### *Theme 5: Primary care*

Primary care, and GPs in particular, play a key role in enabling a cultural shift towards a recovery-based model where patients are discharged in to their care, and their recovery from mental ill-health can continue. Primary care practitioners must build on knowledge and skills to manage mental health conditions and enable these pathways to recovery.

### *Theme 6: Recovery*

To enable lasting, effective recovery and rehabilitation of those with severe mental illness, stable housing, financial stability and employment/ education all need to be maintained or re-established to sustain recovery and prevent relapse. This requires partnership working and multi-agency planning.

### *Theme 7: Innovation*

Work in partnership across local authority, NHS, community and voluntary sector, business and industry, and academia to develop and trial innovative and integrated solutions to promote good mental health and wellbeing across the Bi-borough, with a particular focus on prevention and early intervention. Use academic collaborations to evaluate effectiveness and cost effectiveness of local initiatives and programmes to ensure value for money.

#### **Key recommendation**

In order to drive continuous improvement in the mental health and wellbeing of the local population, the Health and Wellbeing Board should ensure that there is a formal mechanism in place to address the themes identified in this JSNA. To promote collaboration and coproduction across the mental health and wellbeing economy this should take the form of a multi-agency partnership. This partnership will provide assurance to the Health and Wellbeing Board that the themes are being addressed in a coordinated manner, and will:

- Develop a framework to identify and map current work programmes that are addressing these themes
- Use this framework to inform progress against these themes
- Ensure that local strategies and delivery plans take account of these themes and the findings of this JSNA
- Identify further opportunities for joint working and collaboration to improve the mental health and wellbeing of the local population
- Identify and report on emerging challenges and risks as they arise and consider how these should be addressed
- Identify innovation and best practice and consider their potential for local implementation

Implementation of this recommendation would ensure that there is a partnership which takes collective ownership of taking forward the findings of this JSNA, and in the spirit of collaboration and integration that is required to address the seven themes. It is also important to note that other challenges or opportunities may arise in the future. Establishing a partnership mechanism provides a platform for these matters to be addressed in a timely manner.