

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

Joint Strategic Needs Assessment (JSNA) Report

## **Summary Report**

## 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 issue 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 impact of ill health in the UK – the largest single cause of disability – with estimates suggesting that the cost of mental health 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 issues 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](#)



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 provides **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, provides details of local services and assets, and captures the views of residents and service users.

## 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 (mean score)**



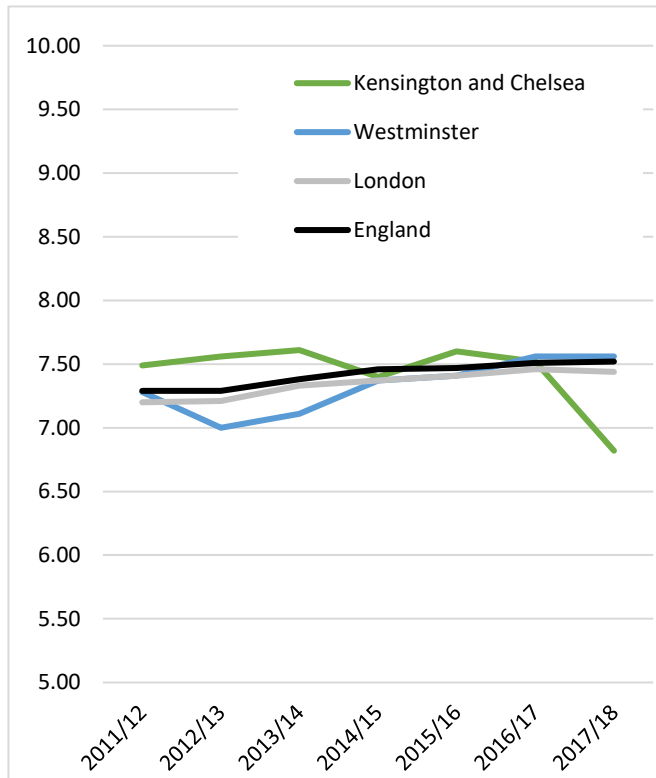
**Chart 2: Life worthwhile trend (mean score)**



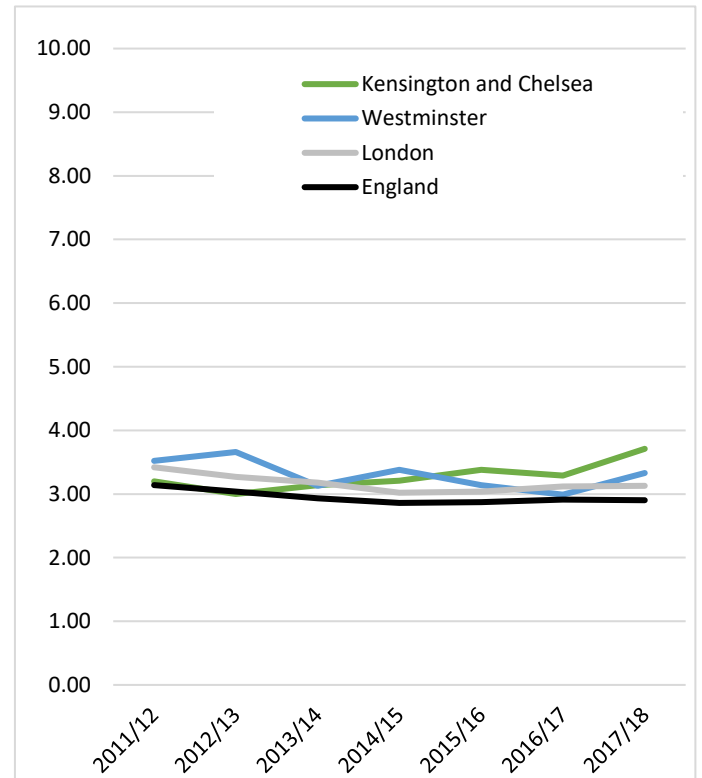
Source: ONS 2017/18.

Responses to each question are rates on a scale of 0 to 10

**Chart 3: Happiness trend (mean score)**



**Chart 4: Anxiety trend (mean score)**



Source: ONS 2017/18.

Responses to each question are rates on a scale of 0 to 10

**Mental illness in the Boroughs**

The Adult Psychiatric Morbidity Study (APMS)<sup>4</sup> 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 cases by borough.

**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
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

<sup>4</sup> NHS Digital. [Adult Psychiatric Morbidity Study](#)

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.

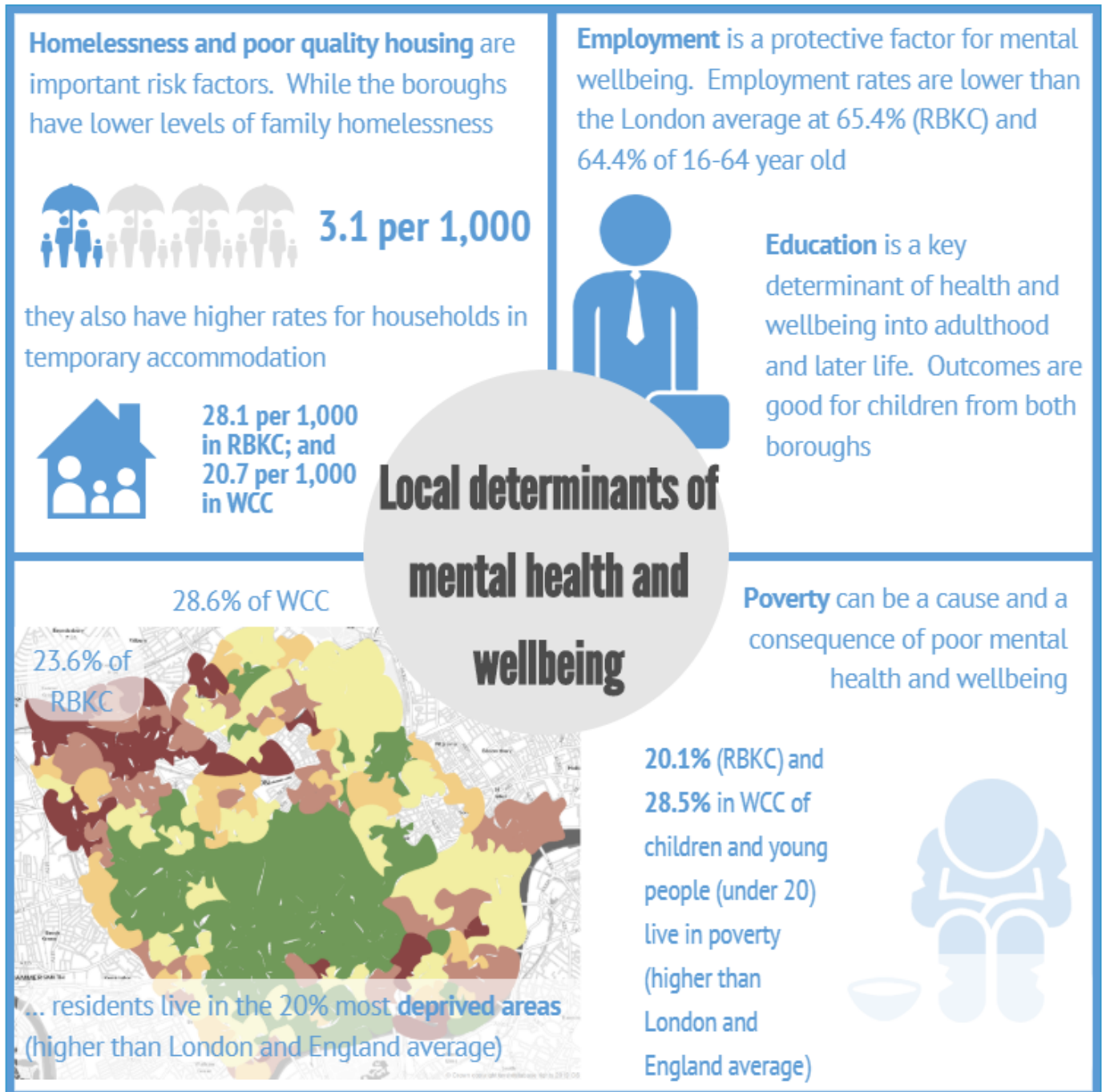
### Population demographics

The Bi-borough population is unusual in that it has fewer children and larger proportions of working age adults, the biggest group being 35-39 year olds in Kensington and Chelsea and 30 to 34 year olds in Westminster. There are high levels of international migration and cultural diversity, with around half the population born abroad. In Westminster particularly 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. This is summarized in the graphic below.

Figure 1: Local determinants of mental health and wellbeing



Source: Public Health England Fingertips (2019)

## 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 disorders, including anxiety (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.

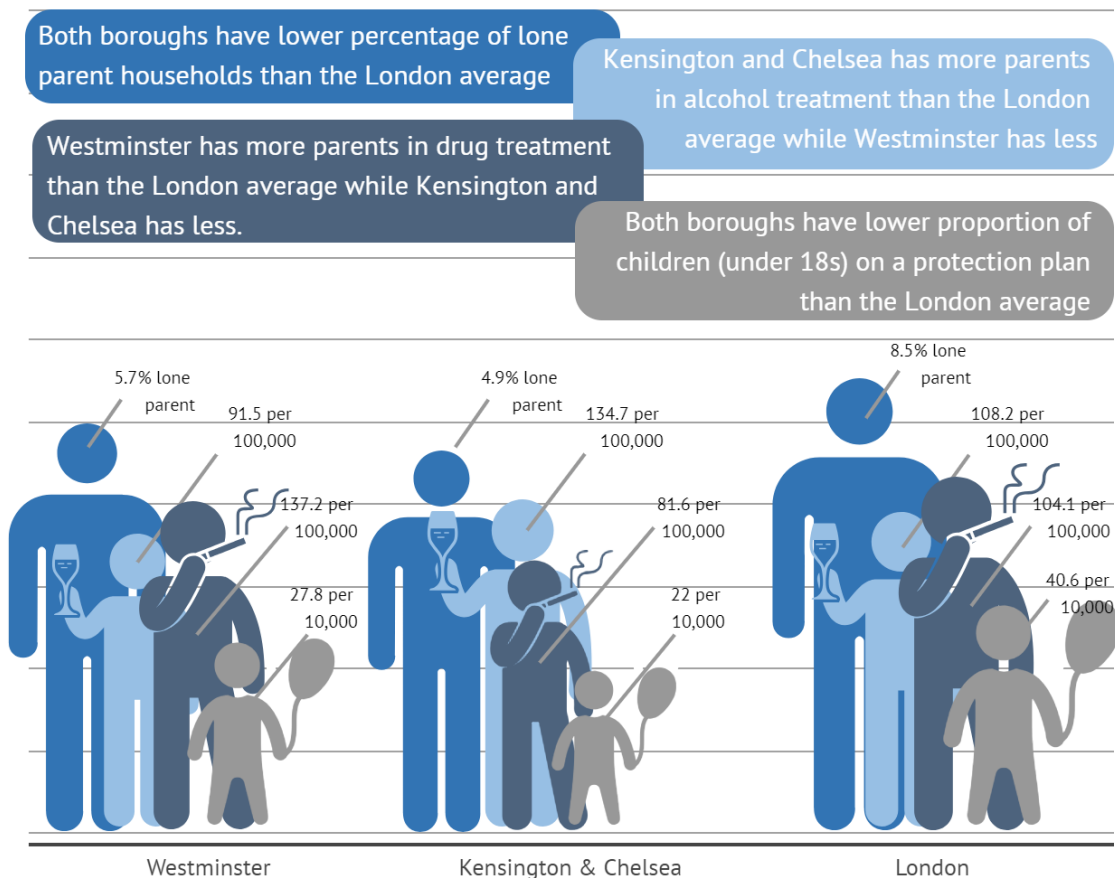
### Prevalence

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 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 issues, childhood abuse and neglect, domestic violence, unplanned or unwanted pregnancy, still birth and infant death, inadequate support, alcohol and substance misuse, and lone parenthood.

**Figure 2: Local factors for perinatal mental health and wellbeing** (Source: Public Health England Fingertips)



Both boroughs are similar to the London average for still birth and infant mortality rates.



### What works

There is high quality evidence that home visiting and peer support interventions for women at 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 participation with their children can improve the father-child relationship
- Antenatal classes can improve parental wellbeing, parent-child attachment, and parenting 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*<sup>5</sup> report.

#### Case study ... Perinatal Mental Health Care 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 Centre’s, 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*

<sup>5</sup> Faculty for Public Health and Mental Health Foundation. [Better Mental Health for All](#)

## 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 issues 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>6</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”

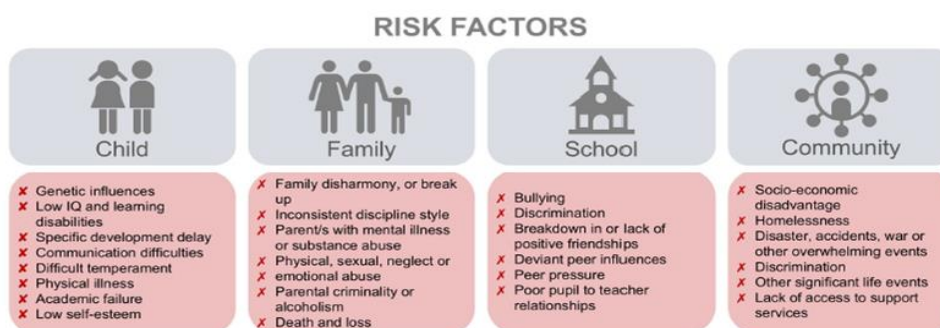
This chapter considers the prevalence of mental illness in children and young people, risk and protective factors, and what works to promote mental health and wellbeing in children and young people.

### 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

**Figure 3: Risk factors for children and young people’s mental health and wellbeing<sup>7</sup>**



<sup>6</sup> Our health, our wellbeing: young people growing up in Kensington and Chelsea, and Westminster. <https://www.jsna.info/OurHealthOurWellbeing>

<sup>7</sup> Adapted from the mental health of children and young people in London (PHE, December 2016)

**Table 3: 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>

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

'M', 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 'M' 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 M'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 'M' 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.

#### *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.



## 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>8</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 issues, 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.

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<sup>8</sup> ONS. [Loneliness – what characteristics and circumstances are associated with feeling lonely?](#)

### 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 has been a suggestion at a national level around the redirection of funding 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 issues developing later on.

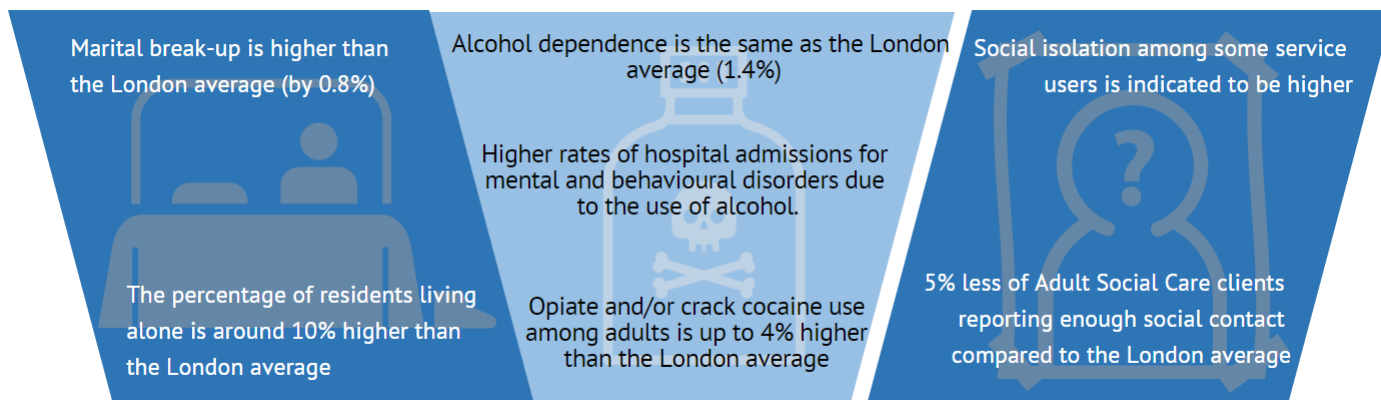
#### *Prevalence*

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 health 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.

**Figure 4: Local factors for working age adult mental health and wellbeing**



Source: Public Health England Fingertips (2019)

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 condition 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>9</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
- secure employment, support for unemployed people, and work based mental health and stress management interventions

<sup>9</sup> 'Roads to Wellbeing': Annual Report of the Director of Public Health 2016-17 <https://www.jsna.info/roadstowellbeing>

## 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 preforming 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 shows suicide rates in Kensington and Chelsea of 9.5 deaths/100,000 and Westminster of 8.3 deaths/100,000, to be similar to the England rate of 9.6 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 issues 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 issues in later life.

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

##### *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

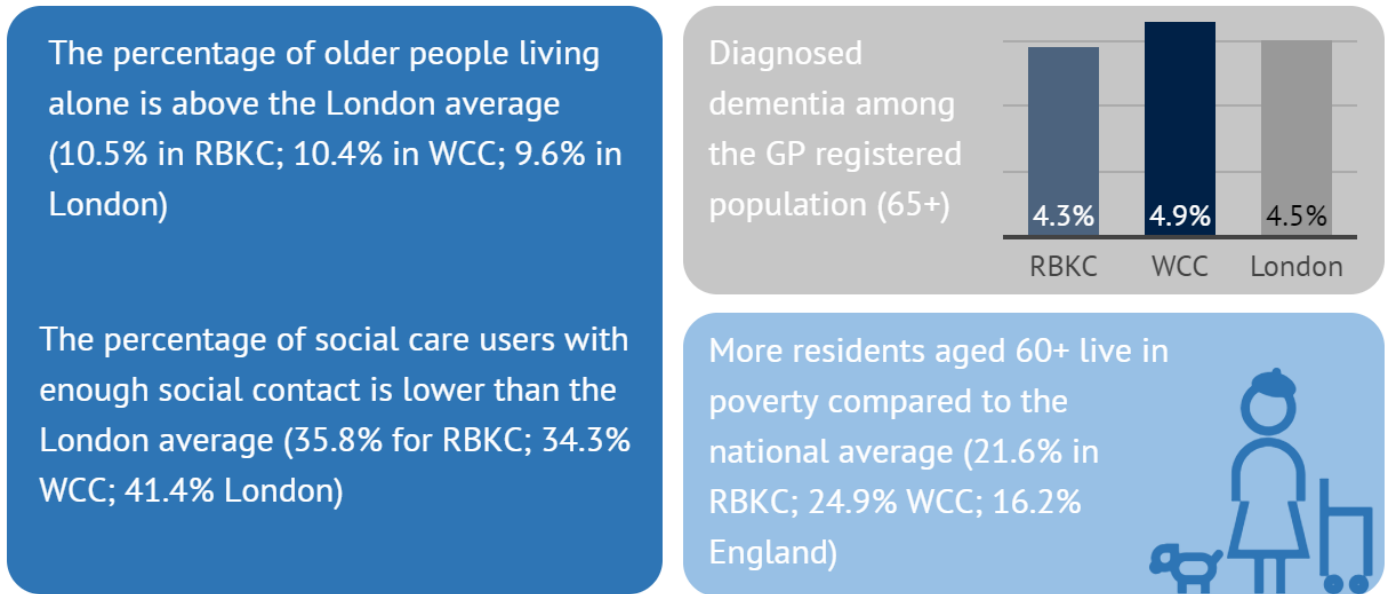
Should the England prevalence of mental illness prevail in the both boroughs and remain constant, and population of each borough grow as projected by the Greater London Authority, the number of cases of mental illness in older adults (not including dementia) in 2028 will grow to 3162 in Kensington and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



Source: Public Health England Fingertips (2019)

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**

'A' 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. 'A' was enthusiastic to try new things but didn't feel confident on her own.

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

'A' 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>10</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>10</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 overwhelming 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>

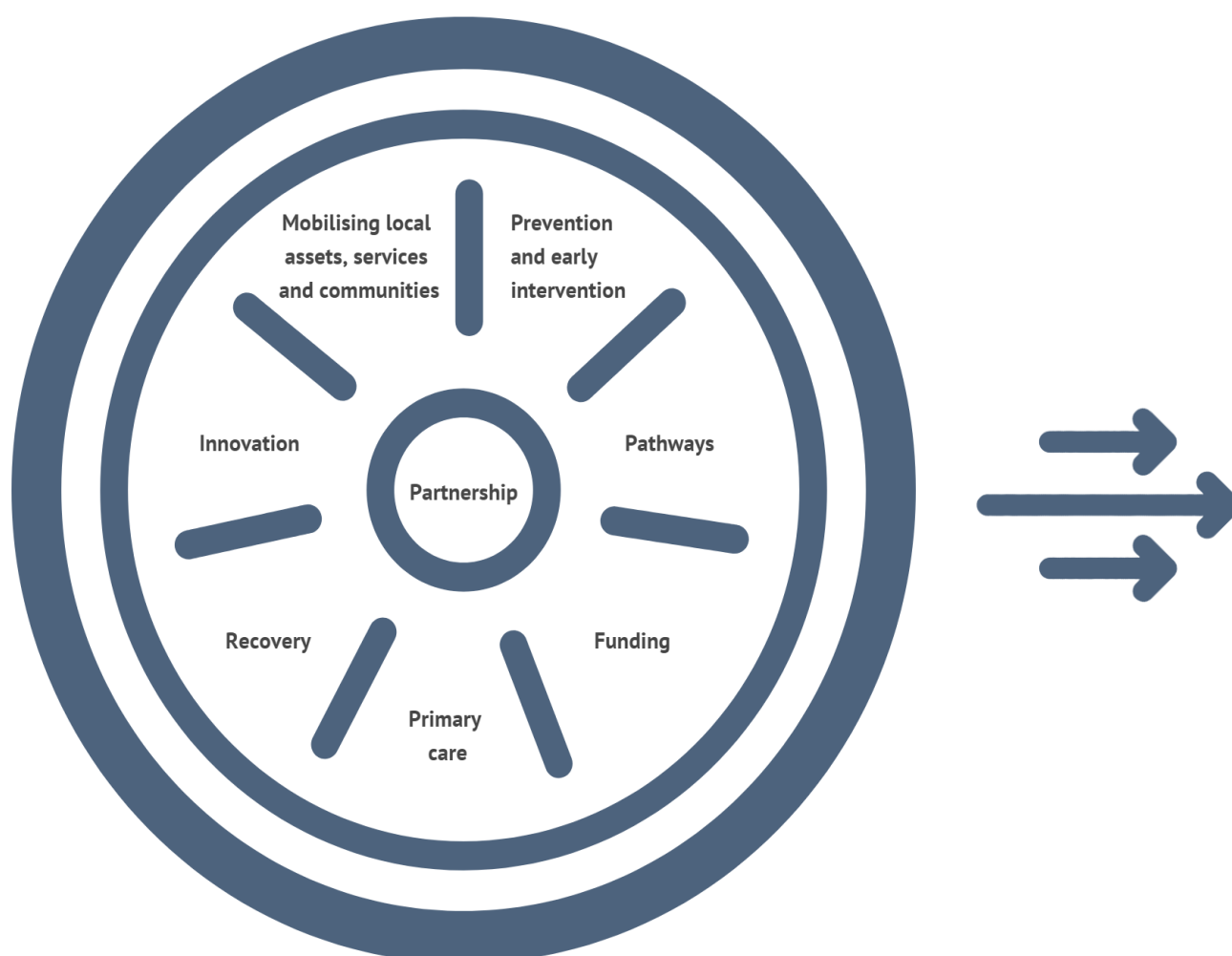
<p><b>Opportunities</b></p>	<ul style="list-style-type: none"> <li>• The JSNA builds on the current national and local conversation on mental health and wellbeing, and could provide a good platform for developing creative and collaborative partnerships of key stakeholders, and setting ambitions for the mental health and wellbeing of our population</li> <li>• 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.</li> <li>• Opportunities to identify best practice in developing peer support models</li> <li>• Work with residents and services users to co-produce pathways and services to promote mental health and wellbeing</li> <li>• Build on existing social prescribing models across the two Boroughs, such as My Care My Way to promote mental health and wellbeing</li> <li>• 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)</li> <li>• Recommissioning and procurement of supported housing services may present opportunities to improve support for residents with poor mental health</li> <li>• 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)</li> <li>• Utilising new technologies to deliver services to meet the needs of young people in a way that is engaging for them</li> </ul>
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## 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 visualised in the figure below and then presented in more detail.





### *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 with our residents and patients to promote and maintain mental health and wellbeing.

### *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 with the views of services users at the heart of the process. 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 with service users 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, multi-agency planning and service user involvement.

### *Theme 7: Innovation*

Work in partnership across local authority, NHS, community and voluntary sector, business and industry, academia, and with residents 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.

## Glossary

**Adjustment disorder** – A mental disorder characterised by poor adaption to identifiable stressful life events, such as divorce, loss of job, physical illness, or natural disaster; this diagnosis assumes that the condition will remit when the stress ceases or when the patient adapts to the situation.

**Adverse childhood experiences** – A range of stressful or traumatic experiences that affect children whilst they are growing up.

**Antenatal** – Occurring before birth; during or relating to pregnancy.

**Anxiety** - Anxiety is defined as generalised and persistent but not restricted to, or even strongly predominating in, any particular environmental circumstances. The dominant symptoms are variable but include complaints of persistent nervousness, trembling, muscular tensions, sweating, light-headedness, palpitations, dizziness, and discomfort.

**Behavioural disorder** - A disorder characterized by displayed behaviours over a long period of time which significantly deviate from socially acceptable norms for a person's age and situation

**Bi-polar disorder** - Bipolar disorder is defined as a condition that is characterised by repeated episodes in which someone's mood and activity levels are significantly disturbed, with some occasions of an elevation of mood and increased energy and activity (mania or hypomania), and on others of a lowering of mood and decreased energy and activity (depression).

**Care plan** – A plan, preferably drawn up with the service user, setting out their integrated health and social care needs and how the package of care meets them. Service users should be given a copy of their care plan and it should be reviewed regularly.

**Child protection plan** – Local authorities draw up a child protection plan to set out how to keep the child safe, how things can be made better for the family and what support they will need.

**Cluster suicides** - A chain of completed suicides, usually among adolescents, in a discrete period of time and area, which have a 'contagious' element.

**Cognitive function** - Intellectual process by which one becomes aware of, perceives, or comprehends ideas. It involves all aspects of perception, thinking, reasoning, and remembering.

**Cognitive impairment** – The loss of intellectual function.

**Common mental disorders** – Mental disorders characterised by a variety of symptoms such as fatigue and sleep problems, forgetfulness and concentration difficulties, irritability, worry, panic, hopelessness, and obsessions and compulsions, which present to such a degree that they cause problems with daily activities and distress. For example depression and anxiety.

**Community resilience** – Communities, businesses, and individuals are empowered to harness local resources and expertise to help themselves and their communities to: 1) Prepare, respond and recover from disruptive challenges. 2) Plan and adapt to long term social and environmental changes to ensure their future prosperity and resilience.

**Dementia** - Overall term that describes a group of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities. Frequently characterised by memory disorders, personality changes and impaired reasoning.

**Dementia friendly communities** – A city, town or village where people with dementia are understood, respected and supported. In a dementia-friendly community people will be aware of and understand dementia, so that people with dementia can continue to live in the way they want to and in the community they choose.

**Depression** - Depression is characterised by a lowering of mood, reduction of energy, and decrease in activity. Capacity for enjoyment, interest, and concentration is reduced, and marked tiredness after even minimum effort is common.

**Dual diagnosis** - When a person is diagnosed as suffering from a mental illness alongside an alcohol or drug problem.

**Emotional disorders** – Category of disorders which includes a range of anxiety and depressive disorders that manifest themselves in fear, sadness, and low self-esteem.

**Holistic approach** - Taking into consideration as much about a person as possible in the treatment of an illness, including their physical, emotional, psychological, spiritual, and social needs.

**Loneliness** - Subjective feeling occurring when there is a perceptual gap between actual and desired social relationships.

**Looked after children** – A child is looked after by a local authority if the court has granted a care order or has been in their care for more than 24 hours.

**Mental health** – A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

**Mental health issues** – Broad term which goes beyond a diagnosed mental illness to include factors, challenges and consequences that impact on mental health.

**Mental illness** – A medically diagnosed mental health condition, problem or disorder which includes both mild and moderate forms of mental illness, to severe mental illness.

**Mental wellbeing** - Mental wellbeing covers the positive end of mental health covering both the 'feeling good' and 'functioning well' components. Feeling good is subjective and embraces happiness, life satisfaction and other positive affective states. Functioning well embraces the components of psychological wellbeing (self-acceptance, personal growth, positive relations with others, autonomy, purpose in life and environmental mastery).

**Perinatal** – Occurring immediately before and after birth.

**Personality disorder** - Personality disorder is an enduring pattern of inner experience and behaviour that deviates markedly from the expectation of the individual's culture, is pervasive and inflexible, is stable over time, and leads to distress or impairment.

**Postnatal depression** – A mood disorder that begins after childbirth and usually lasts beyond six weeks.

**Postpartum psychosis** – A rare but serious mental health issue which affects a woman soon after birth. Symptoms can include high mood (mania), depression, confusion, hallucinations and delusions

**Psychosis** – A disturbance in thinking and perception that is severe enough to distort the person's perception of the world and their relationship to events within it.

**Psychosocial** - Involving both psychological and social aspects; for example, age, education, marital and related aspects of a person's history.

**Recovery based model** – A model of care which supports people on their personal journey towards a meaningful and satisfying life, where hope, opportunity and choice are key elements.

**Social isolation** – A sociological category relating to imposed isolation from normal social networks.

**Social prescribing** - A means of enabling GPs, nurses and other primary care professionals to refer people to a range of community, non-clinical services which aim to improve health and well-being.

**Substance misuse** – A patterned use of a drug which the user consumes in amounts or with methods which are harmful to themselves or others. The misused drug can be both illegal or legal, such as alcohol.

## Abbreviations

**ASC** - Adult social care

**AMHS** – Adult mental health service

**BFST** - Behavioural family support team

**CAMHS** - Children and adolescent mental health services

**CBT** - Cognitive behavioural therapy

**CCG** - Clinical commissioning group

**CHRT** – Crisis resolution home treatment

**CLCCG** - Central London CCG

**CNWL** - Central and North West London NHS Foundation Trust

**CPA** - Care programme approach

**CPD** – Continuing professional development

**CPN** - Community psychiatric nurse

**CTO** - Community treatment order

**CYP** – Children and young people

**DNA** - Did not attend

**EIS** - Early intervention service

**EWMH** – Emotional wellbeing and mental health

**FNP** - Family nurse partnership

**GAD7** - Generalised anxiety disorder assessment

**HTT** – Home treatment team

**IAPT** - Improving access to psychological therapy

**IMHA** - Independent mental health advocate

**LAS** - London ambulance service

**LTC** - Long term condition

**NICE** – National Institute for health and care excellence

**PCLN** – Primary care liaison nurse

**PHQ** – Patient health questionnaire

**PMHW** – Primary mental health worker

**PTSD** - Post traumatic stress disorder

**RSL** - Registered social landlords

**SMART** - St Mary Abbots Rehabilitation and Training

**SPA** - Single point of access

**SROI** - Social return on investment

**TAF** – Team around the family

**WLCCG** - West London CCG

**YOT** - Youth offending team