Adults' Mental Health in Lewisham:

Joint Strategic Needs Assessment

JOINT STRATEGIC NEEDS ASSESSMENT: ADULTS' MENTAL HEALTH IN LEWISHAM

1. EXECUTIVE SUMMARY

The aim of this JSNA is to understand the mental health and wellbeing needs (including dementia) of adults in Lewisham, review how well these needs are met, identify any gaps and make recommendations for improvements in service provision.

1.1. NEEDS ANALYSIS: MENTAL HEALTH IN LEWISHAM

Lewisham has lower average wellbeing scores than London or England.

8.2% of adults in Lewisham have a recorded diagnosis of depression. This is significantly higher in than in London (7.1%). This is also likely to be an underestimate of actual prevalence, as not everyone who has depression will visit their GP.

1.3% of people in Lewisham have a recorded diagnosis of severe mental illness (SMI). This is significantly higher than in London (1.1%) and in England (0.9%).

4.5% of people in Lewisham aged over 65 have a recorded diagnosis of dementia. The numbers are rising year on year.

The numbers of people with common mental health disorders and severe mental illness are in Lewisham are projected to increase in the coming years.

The prevalence of mental ill health is not spread evenly across the population, and there are some population groups that have higher rates of mental ill health in Lewisham, including:

- The Black, Asian and Minority Ethnic population have higher prevalence rates of some mental health conditions, e.g. psychotic disorder, Post-Traumatic Stress Disorder (PTSD), and also experience inequalities in access to services.
- The rate of admission to hospital for mental and behavioural disorders due to alcohol is significantly higher in Lewisham than in London. Approximately a fifth of adults receiving drug misuse treatment and alcohol misuse treatment were also in contact with MH services
- The gap between the employment rate for all people and just those in contact with secondary mental health services is higher in Lewisham than in London or England, and the gap has increased steadily in the last few years
- The proportion of adults in contact with secondary mental health services and known to be living independently (with or without support) is significantly lower in Lewisham than in England and London

There is a strong link between mental health and physical health: Adults in Lewisham who are in contact with secondary mental health services are more than three times as likely to die as people of the same age in the general Lewisham population. There are many causes of this, but the higher smoking prevalence amongst people with SMI is likely to be part of the explanation.

Residents' views on mental health in Lewisham reveal several key issues:

- The continued issue of stigma around mental health conditions, particularly for certain population groups and in the context of employment, and the need for mental health to be recognised as equally important as physical health
- The need for better communication to raise awareness of available mental health services and promote the ways that people can look after their own mental health
- The importance of early intervention, helping people before they reach crisis point.
- The need for services that are shaped to suit populations with specific mental health needs e.g. men, BAME population, or older people. Discussions have highlighted the need for culturally specific services, and the potential benefits of seeing a professional from a similar background as your own.

1.2. CURRENT SERVICE PROVISION

There are a wide range of mental health services on offer for Lewisham residents. These include services delivered by voluntary and community sector organisations (both commissioned and non-commissioned), by primary care, by community mental health teams, and in hospitals.

- There is a broad range of support provided by different voluntary and community sector commissioned services, which are able to reach different populations in Lewisham. However, service outcomes are not universally reported and there is no consistent data set used by services, so a wide range of different outcome measures are reported. There is also a lack of data on longer-term outcomes. For those services who do report them, short-term outcomes are generally positive.
- Whilst the NHS Lewisham CCG average achievement of physical health checks for people with mental health conditions is often similar to the London and England averages, this hides variation between practices.
- There is a lack of data recorded on protected characteristics by many services.
- Whilst improving physical health for people with severe mental illness is a priority for many service areas, there is not a consistent approach across the whole of the mental health pathway.
- There is some evidence of increasing demand for services, for example there has been an upward trend in the number of monthly A&E presentation to the Mental Health Liaison Service by Lewisham residents since 2014/15.
- In general, services are meeting nationally set standards.
- Whilst we have some information on the key inequalities amongst service users, the lack of data recorded (or incomplete data) on protected characteristics, makes analysis indicative rather than definitive. The main inequalities indicated are by ethnicity, by age and by gender:
    - **Ethnicity:** The Lewisham BAME population is underrepresented in the proportion of IAPT (Improving Access to Psychological Therapies) referrals received and are also less likely to move from the referral stage to the finished treatment stage and to the 'moving to recovery' stage than their White counterparts; in comparison to the modelled data on the incidence of psychosis, several community mental health services seem to have a lower than anticipated proportion of Black service users. However, the level of unknown ethnicity in some of the services makes it difficult to come to conclusions about access for BAME service users; there is a very high proportion of Black service users in forensic services and in acute services. This seems to suggest that Black service users are disproportionately found in the Crisis pathway rather than the Common Mental Illness or Severe Mental Illness pathways.
    - **Age:** Data suggests that people aged over 65 are under-represented amongst people who have completed treatment in Lewisham's IAPT services.
    - **Gender:** Service data shows that services are accessed differently by people of different genders. For example, data suggests that men are under-represented amongst people who have completed treatment in Lewisham's IAPT services; however, women are slightly under-represented in other services.

1.3. RECOMMENDATIONS

- More targeted support for protected characteristic groups and groups we know are at higher risk of developing mental health conditions (BAME, refugees and asylum seekers, men, older people, LGBT+ population, homeless people, people with substance/alcohol misuse issues, unemployed people, carers, and people in the criminal justice system)
- We must continue to work towards reducing BAME mental health inequalities
- A continued focus on prevention and early intervention
- Improving the physical health of people with severe mental illness
- Mapping the future demand for services and constantly asking ourselves if they are the right ones
- Employment support that responds to mental health needs
- Better data to give us a better picture of mental health in Lewisham
- Seeking a better understanding of dementia in Lewisham

2. INTRODUCTION

Good mental health and wellbeing are important for all aspects of our lives. However mental health problems affect around one in six people in any given year.[1] They range from common problems, such as depression and anxiety, which cause distress and interfere with normal everyday life, to rarer problems such as schizophrenia and bipolar disorder. Box 1 describes types of common mental health disorder and Box 2 describes types of severe mental illness.

Box 1. Common Mental Health Disorders[2]

Depression

A mental health problem characterised by persistent low mood and a loss of interest and enjoyment in ordinary things. A range of emotional, physical and behavioural symptoms are likely such as sleep disturbance, change in appetite, loss of energy, poor concentration, low feelings of self-worth and thoughts of suicide. Depressive episodes can range from mild to severe.

Generalised anxiety disorder

An anxiety disorder characterised by excessive worry about many different things and difficulty controlling that worry. This is often accompanied by restlessness, difficulties with concentration, irritability, muscular tension and disturbed sleep.

Social anxiety disorder (social phobia)

A persistent and overwhelming fear of a social situation, such as shopping or speaking on the phone which impacts on a person's ability to function effectively in aspects of their daily life. People with social anxiety will fear doing or saying something that will lead to being judged by others and being embarrassed or humiliated. Feared situations are avoided or endured with intense distress.

Panic disorder

People with panic disorder experience repeated and unexpected attacks of intense anxiety. There is a marked fear of future attacks and this can result in avoidance of situations that may provoke a panic attack. Symptoms include a feeling of overwhelming fear and apprehension often accompanied by physical symptoms such as nausea, sweating, heart palpitations and trembling.

Agoraphobia

Characterised by fear or avoidance of specific situations or activities that the person fears will trigger panic-like symptoms, or be difficult or embarrassing to escape from, or where help may not be available. Specific feared situations can include leaving the house, being in open or crowded places, or using public transport.

Obsessive-compulsive disorder (OCD)

An anxiety condition characterised by the presence of either obsessions (repetitive, intrusive and unwanted thoughts, images or urges) or compulsions (repetitive behaviours or mental acts that a person feels driven to perform), or both.

Specific phobia

[1] 17 percent of adults surveyed in the Adult Psychiatric Morbidity Survey 2014 met the criteria for a common mental health disorder. McManus, S., Bebbington, P., Jenkins, R. and Brugha, T. (2016). Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014.

[2] Public Health England Mental Health JSNA Toolkit

An overwhelming and debilitating fear of an object, place, situation, feeling or animal. This can include a fear of heights, flying, particular animals, seeing blood or receiving an injection. Phobias can have a significant impact on day to day life and cause significant distress.

Post-traumatic stress disorder (PTSD)

A set of psychological and physical problems that can develop in response to threatening or distressing events, such as physical, sexual or emotional abuse, severe accidents, disasters and military action. Typical features of PTSD include repeated and intrusive distressing memories that can cause a feeling of 'reliving or re-experiencing' the trauma. PTSD is often comorbid with other mental health conditions such as depression.

Health anxiety (hypochondriasis)

A central feature is a persistent preoccupation with the possibility that the person has, or will have, a serious physical health problem. Normal or commonplace physical symptoms are often interpreted as abnormal and distressing, or as indicators of serious illness.

Box 2. Severe Mental Illness

Psychosis

Psychosis (also called a psychotic experience or psychotic episode) is when an individual perceives or interprets reality in a very different way from those around them. The most common types of psychosis are hallucinations and delusions; people might also experience disorganised thinking and speech.

Schizophrenia

Schizophrenia is a severe long-term mental health condition. It causes a range of different psychological symptoms, including: disorganised thinking and speech, difficulty concentrating, delusions (which could include paranoid delusions) – strong beliefs that others don't share, hallucinations, such as hearing voices or seeing things others don't, not wanting to look after yourself, wanting to avoid people or feeling disconnected from your feelings.

Bipolar disorder

Bipolar disorder is a mental health problem that mainly affects your mood. People who have bipolar disorder are likely to have times where they experience: manic or hypomanic episodes (feeling high), depressive episodes (feeling low), and potentially some psychotic symptoms during manic or depressed episodes.

Personality disorders

These are conditions in which an individual differs significantly from an average person in terms of how they think, perceive, feel or relate to others. Experiences of distress or fear during childhood, such as neglect or abuse, are common.

Severe depression

At its most severe, depression can be life-threatening because it can cause people to feel suicidal or simply give up the will to live.

3. DATA

There are many aspects to mental health and therefore many different ways to look at what the needs are for the population. In this report, we categorise need according to different types of mental health and ill health: wellbeing (a positive asset, this can be understood as how people feel and how they function, both on a personal and a social level, and how they evaluate their lives as a whole); common mental health disorders (see Box 1); severe mental illness (see Box 2); suicide; and dementia (a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language).

There are also many ways to measure the 'need' of the population. These different measures have their own strengths and limitations. For example, many measures of demand, such as admissions to hospital, only capture the need of those people who are accessing services and do not capture the needs of those who are not in contact with services. In addition, data collection is not always complete, and there are often gaps in coverage. Issues of data quality are discussed in Section 14.

This JSNA draws data from a variety of sources, including the Office of National Statistics (ONS), Public Health England (PHE), the Greater London Authority (GLA), NHS Digital, South London and Maudsley (SLaM) NHS Trust and Lewisham Clinical Commissioning Group (CCG).

4. WHAT WE KNOW

4.1. FACTS AND FIGURES

4.1.1. Wellbeing

Each year the Office for National Statistics produces four personal wellbeing estimates for local authorities, based on four questions in the Annual Population Survey. For each of these types of wellbeing, Lewisham was estimated to have lower average wellbeing scores than London and England:

- *Overall, how satisfied are you with your life nowadays?* In 2017/18, the estimated average (mean) life satisfaction in Lewisham was 7.31 out of 10, compared to 7.52 for London and 7.68 for England.
- *Overall, to what extent do you feel the things you do in your life are worthwhile?* For Lewisham in 2017/18 the estimated average rating was 7.62 out of 10, compared to 7.73 for London and 7.88 for England.
- *Overall, how happy did you feel yesterday?* In 2017/18, the estimated average (mean) happiness in Lewisham was 7.40, compared to 7.44 for London and 7.52 for England.
- *Overall, how anxious did you feel yesterday?* For Lewisham in 2017/18 the estimated average (mean) rating was 3.18, compared to 3.13 for London and 2.90 for England.

Although we don't have any data on inequalities in wellbeing levels amongst populations in Lewisham, analysis of national data has shown that there are inequalities in wellbeing according to some personal characteristics. Self-reported health, economic activity, age, marital status, housing tenure and education represent the most prominent differences between those with the poorest personal wellbeing and those who reported higher ratings.[3]

4.1.2. Common Mental Health Disorders

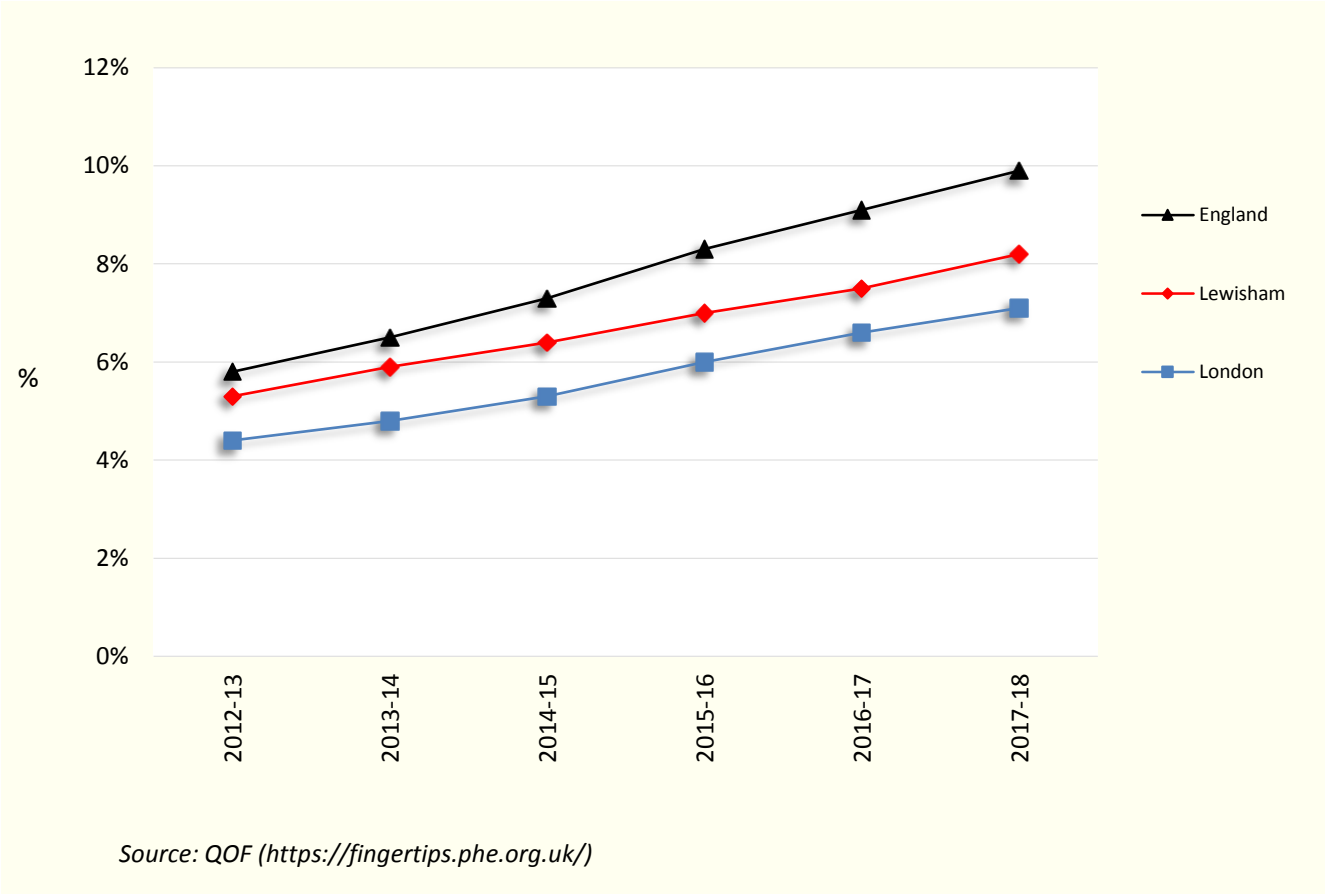
The recorded prevalence of depression amongst patients on GP practice registers aged 18+ in 2017/18 in Lewisham was 8.2% and equates to 21,222 patients).[4] This is significantly higher than the average prevalence in London (7.1%) but significantly lower than the average prevalence in England (9.9%). However, there are

[3] ONS (2018) Understanding well-being inequalities: Who has the poorest personal well-being? Analysis of the characteristics and circumstances associated with the poorest life satisfaction, feeling the things done in life are worthwhile, happiness and anxiety in the UK, from 2014 to 2016.

[4] NHS Digital. Quality and Outcomes Framework (QOF) 2017/18

various reasons to think that this is likely to be an underestimate: first, not all people with depression may be diagnosed by a GP; and second, diagnoses may not always be recorded consistently. Figure 1 shows that recorded prevalence of depression has increased in Lewisham, London and England since 2012/13. In Lewisham it increased from 5.3% in 2012/13 to 8.2% in 2017/18.

Figure 1. Recorded prevalence of depression (QOF). Percentage of practice register aged 18+. Lewisham compared to London and England. Annual trends.



Source: QOF (https://fingertips.phe.org.uk/)

Other data also supports the hypothesis that the true prevalence may be higher: 32.2% of Lewisham adults who completed the GP Patient Survey in 2017 reported having depression and anxiety[5] and in 2018 8.2% reported having a long-term mental health condition.[6]

Based on the Adult Psychiatric Morbidity Survey, a representative survey of adults in England, estimates have been produced of the prevalence of common mental health disorders in Lewisham. It is estimated that in 2019, there are 40,047 people aged 18-64 in Lewisham with a common mental health disorder (defined here as comprising different types of depression and anxiety, and including obsessive compulsive disorder).[7] In addition, it is estimated that there are 2,488 people aged over 65 with depression in 2019.[8]

[5] Includes patients reporting that they are slightly anxious or depressed, moderately anxious or depressed, severely anxious or depressed, and extremely anxious or depressed. GP Patient Survey 2017 results by CCG (weighted). https://gp-patient.co.uk/surveysandreports.

[6] GP Patient Survey 2018 results by CCG (weighted). https://gp-patient.co.uk/surveysandreports

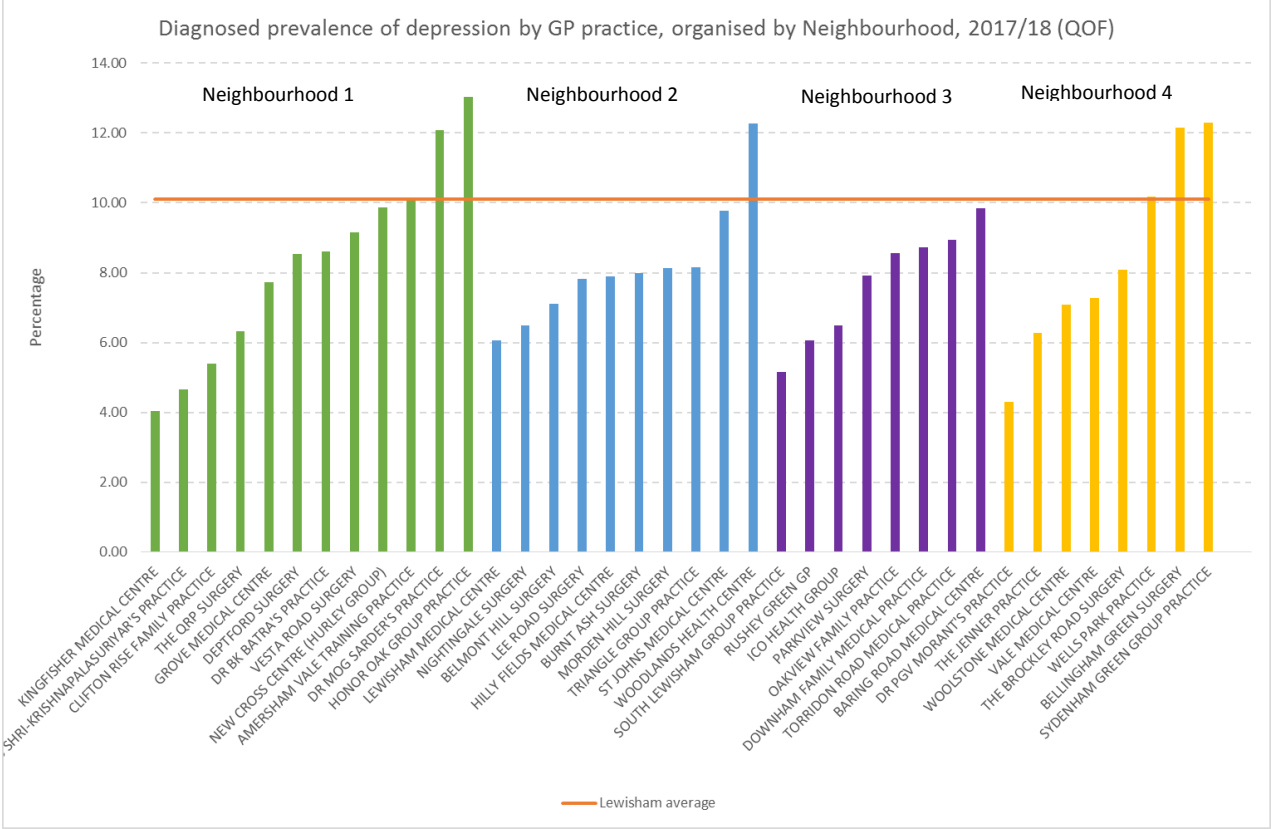
[7] PANSI (Projecting Adult Needs and Service Information System) – based on the report Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 (2016), NHS Digital

[8] POPPI – Figures are taken from McDougall et al, Prevalence of depression in older people in England and Wales: the MRC CFA Study in Psychological Medicine, 2007, 37, 1787–1795. The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to have depression, to 2035

Based on national prevalence estimates, it is expected that approximately 1,019 women (20%) in Lewisham develop a mental health problem in pregnancy or within a year of giving birth.[9] A recent survey of fathers' mental health in Lewisham revealed that almost a third of new fathers felt 'down, depressed or hopeless' during the pregnancy or in the first year after the birth of their child.[10]

Figure 2 shows the variation in recorded prevalence of depression by GP practice. GP practices have been organised into 'neighbourhoods' which correspond to geographical areas of the borough.[11] Average neighbourhood prevalence ranges from 7.71% in Neighbourhood 3 to 8.45% in Neighbourhood 4.

Figure 2. Recorded prevalence of depression by GP practice, by Neighbourhood, 2017/18



4.1.3. Severe Mental Illness (SMI)

Based on the Adult Psychiatric Morbidity Survey, estimates have been produced of the prevalence of psychotic disorders in Lewisham. It is estimated that in 2019, there were 1,480 people aged 18-64 in Lewisham with a psychotic disorder.[12] In addition, the incidence rate of new cases of psychosis among people aged 16-64 was estimated in 2011 – in Lewisham this was estimated to be 48.6 per 100,000 resident population aged 16-64, which equates to approximately 94 people.[13] This rate is significantly higher than the estimated rate for London (40.5) and England (24.2).

[9] Maternal Mental Health JSNA - http://www.lewishamjsna.org.uk/sites/default/files/Maternal%20Mental%20Health%20JSNA%20and%20Action%20Plan%20(24%2004%2018).pdf

[10] Father's mental health survey, Lewisham Public Health

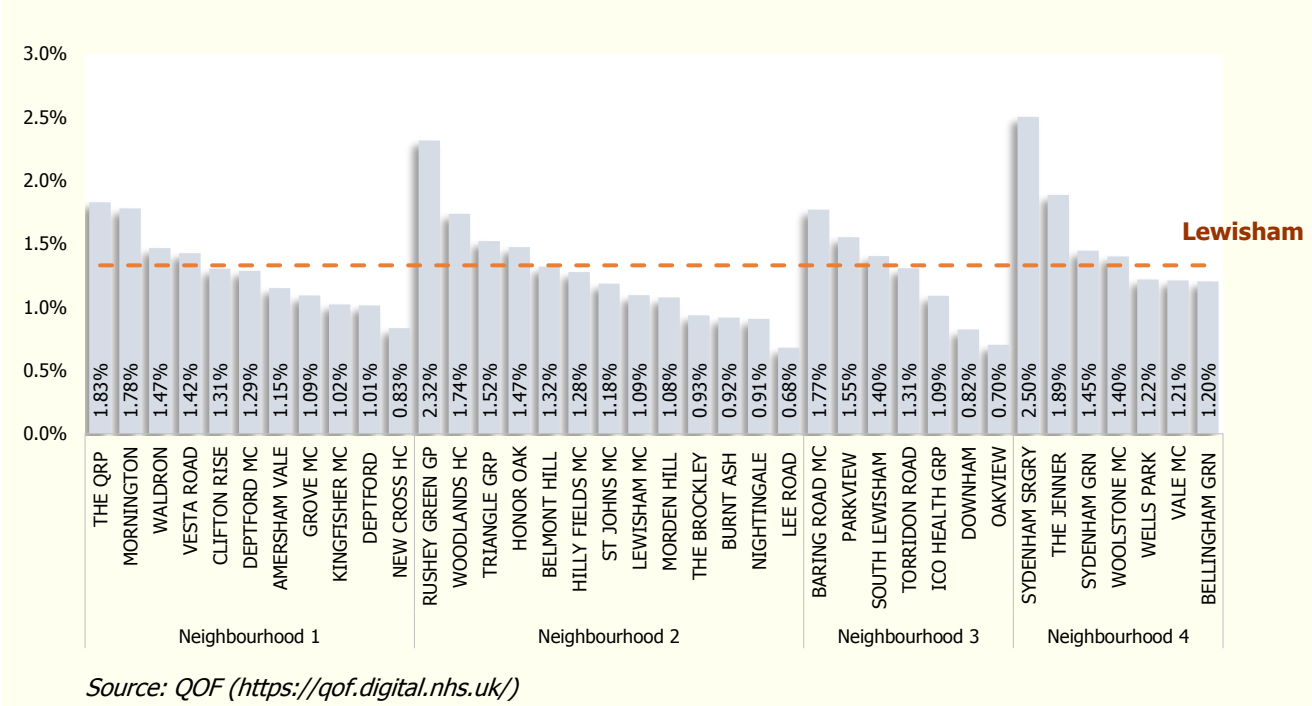
[11] Neighbourhood 1 corresponds to North Lewisham, Neighbourhood 2 corresponds to Central Lewisham, Neighbourhood 3 corresponds to South East Lewisham, and Neighbourhood 4 corresponds to South West Lewisham.

[12] PANSI (Projecting Adult Needs and Service Information System) – Based on the report Adult psychiatric morbidity in England, 2007: Results of a household survey, published by the Health and Social Care Information Centre in 2009

[13] This indicator is an estimate of the number of new, clinically-relevant cases of first episodes of psychosis (FEP). The estimate is based on a modelling approach which used data from large research studies to estimate risk across a range of socio-demographic and socio-environmental factors. These risk estimates were then applied to local population factors

In 2017/18, the recorded prevalence of severe mental illness amongst patients on GP practice registers (all ages) in Lewisham was 1.3% (4,370 patients). This is significantly higher than the average prevalence in London (1.1%) and in England (0.9%). Again, as not all people with severe mental illness are diagnosed by a GP, this is likely to be an underestimate. Figure 3 shows the variation by neighbourhood. This follows the pattern seen for depression, with the highest average prevalence in Neighbourhood 4 (1.55%) and the lowest in Neighbourhood 3 (1.24%).

Figure 3. Recorded SMI prevalence (all ages) by Neighbourhood, 2017/18



Source: QOF (https://qof.digital.nhs.uk/)

In 2017/18, there were 8,825 adults (aged 18 or over) in Lewisham who were in contact with NHS funded secondary mental health, learning disabilities and autism services. [14]

The Care Programme Approach (CPA) is the system which coordinates the care of many specialist mental health service patients. CPA requires health and social services to combine their assessments to make sure everybody needing CPA receives properly assessed, planned and coordinated care. It should also ensure that patients get regular contact with a care co-ordinator.

As of December 2018 there were 1550 people in Lewisham on CPA,[15] which is equivalent to a crude rate of 665 people per 100,000 population. This is higher than in Lambeth or Southwark (Figure 4).[16] The crude rate in London at August 2018 (end of quarter snapshot) was 392 people per 100,000 population and in England was 362 people per 100,000 population.[17]

Figure 4. Number of patients on Care Programme Approach (CPA) in Lewisham, Lambeth and Southwark, November 2017-December 2018

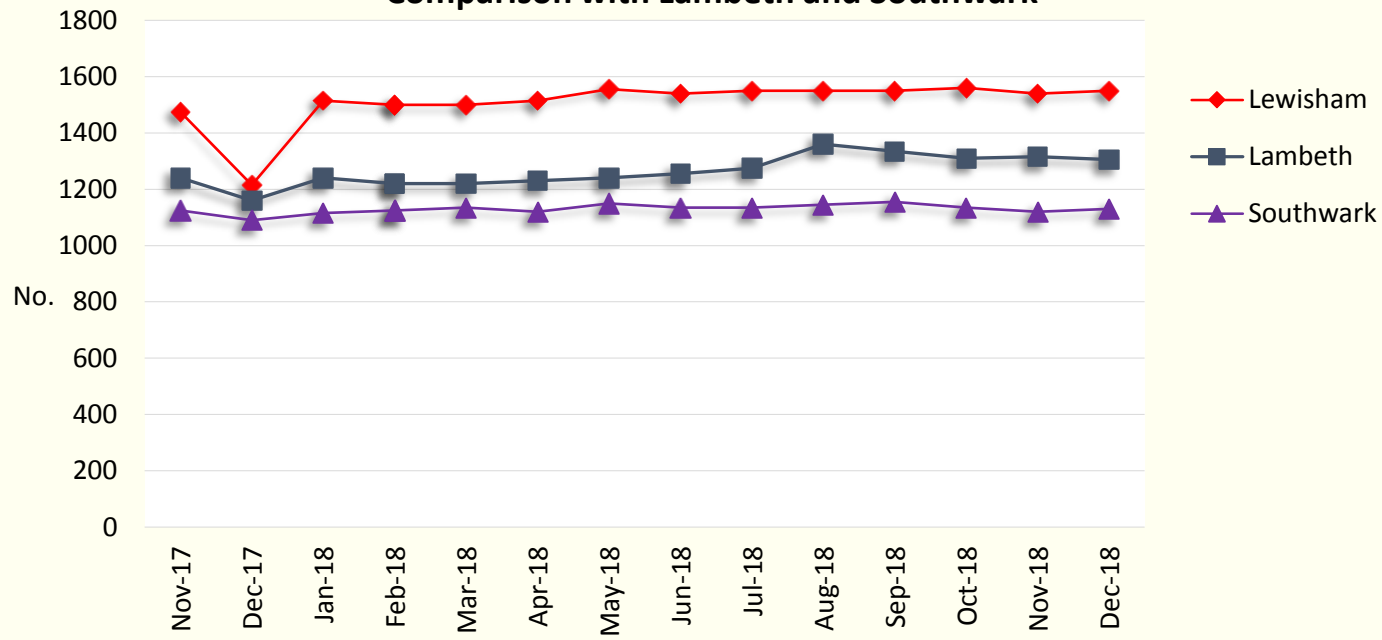
to estimate the number of new cases in each local authority per year. 2011 is the latest year for which an estimate is available.

[14] Mental Health Bulletin: 2017-18 Annual report – Reference Tables. The number of people in contact with NHS funded secondary mental health, learning disabilities and autism services does not include people who are being treated for a mental health problem only within primary care settings.

[15] NHS Digital. Mental Health Services Data Set – MHSDS Monthly File December 2018

[16] PHE Fingertips Crisis Care Profile. It should be noted that this rate is a crude rate and therefore does not take into account any differences in the population structure in terms of age or gender.

[17] PHE Fingertips Crisis Care Profile. It should be noted that this rate is a crude rate and therefore does not take into account any differences in the population structure in terms of age or gender.



Source: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics

Box 3. Physical health amongst people with SMI

Mental and physical health are closely related: Poor physical health increases the risk of developing mental health problems, and people with mental health problems, particularly those who do not access treatment early and with more severe conditions, experience poorer physical health and reduced life expectancy.

People with severe mental health conditions die 15-20 years earlier on average than the general population. Two thirds of these deaths are from avoidable physical illnesses, including heart disease and cancer, many caused by smoking.[18]

The excess mortality rate is a ratio of observed to expected deaths in adults in contact with secondary mental health services. In 2011/12 in Lewisham, excess mortality in adults aged under 75 was 306.8% i.e. people in contact with secondary mental health services were more than three times more likely to die than people of the same age in the general population. For England, the rate was 337.2% i.e. nearly 3.4 times as likely, and for London the rate was 299.9%.[19]

Much of the extra burden of poor physical health among those with mental health problems can be explained by health behaviours such smoking and alcohol. Smoking prevalence is particularly high among people with mental health conditions.[20] It was estimated that approximately 41.5% of people with SMI aged 18+ in Lewisham were smokers in 2014/15, [21] compared to the estimates of general smoking prevalence of 21.1% amongst adults in Lewisham in 2014.[22]

Alongside smoking, there are a number of other links between health behaviours and mental health problems, such as diet and physical activity; and other factors that play a part include barriers to receiving

[18] NHS Five Year Forward View for Mental Health (2016) p.6
[19] PHOF indicator 90553, 2011/12
[20] NHS Digital. Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 2016
[21] PHE Fingertips Tobacco Control Profile. From GP data. Please note that there are concerns with the quality of this data.
[22] PHE Fingertips Tobacco Control Profile. From Annual Population Survey estimates based on self-reported survey results. It should be noted that general prevalence of smoking in Lewisham has decreased since 2014, and in 2017 was estimated to be 15.5%.

adequate physical healthcare, for example an assessment of cardiovascular risk for people with schizophrenia in hospital, include a historical lack of clarity over who is responsible for providing primary health care to this group, skills gaps in general practice, and 'diagnostic overshadowing' (in which physical symptoms can be overlooked as a result of an existing diagnosis).[23] Data on the provision of physical health checks by GPs for people with SMI are included in Section 12.2 and some data on physical health checks and health promotion interventions for people with SMI in hospital are included in Box 6.

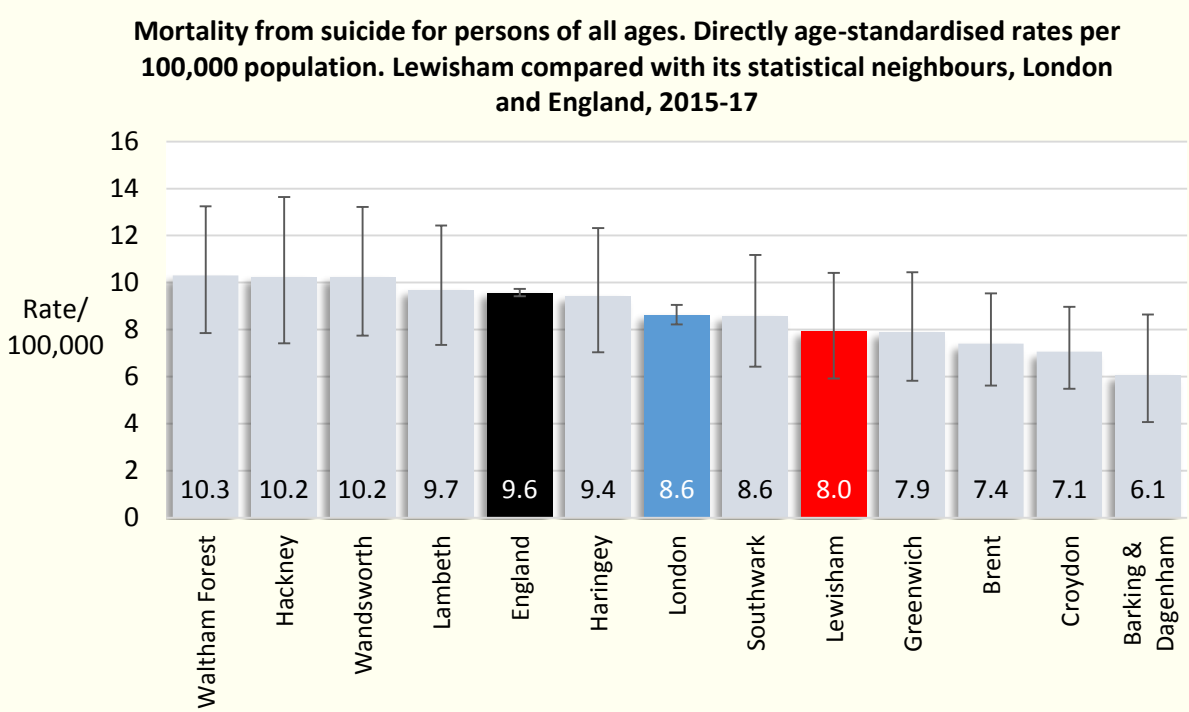
The relationship between mental health and physical health is also strongly underpinned by the underlying social determinants of health, such as deprivation, and barriers to accessing health care may also be further exacerbated by stigma and socioeconomic inequalities.

The Five Year Forward View for Mental Health stated that NHS England should ensure 280,000 more people with SMI have their physical needs met by 2020/2021 by increasing early detection and expanding access to evidence based physical care assessment and intervention each year. Collaboration between public health, primary care and secondary care mental health services is crucial to realising this aim.

4.1.4. Suicide

Between 2015 and 17, Lewisham had a 3-year average suicide rate of 8.0/100,000, which was not significantly different from the London and England averages for that period (Figure 5) or from its statistical neighbours.[24]

Figure 5. Directly standardised rates of mortality from suicide (all ages) per 100,000 population in Lewisham and its statistical neighbours, London and England, 2015-17



Source: ONS (http://www.phoutcomes.info/)

To gain further understanding of local population needs in relation to suicide and to inform the local suicide prevention strategy, the Lewisham Public Health team performed a refreshed suicide audit. The audit examined anonymised data extracted from the Primary Care Mortality Database (PCMD) for the time period

[23] Kings Fund (2016). Bringing together physical and mental health.

[24] 'Statistical neighbours' are those places that are demographically similar to Lewisham. This can be a better comparator than geographical neighbours and are therefore used to identify realistic opportunities to improve health and healthcare for the population

January 2012 - December 2016.[25] This included data on cause of death, age, gender, place of death and country of origin. The main findings concluded from the audit were:

- In Lewisham, the largest number of suicides during the time period examined was among those aged between 24-45 years (53% of all suicides). This differs from what is seen nationally, where those aged between 45 and 55 have the highest suicide rate. However this finding may reflect the relatively younger population in Lewisham compared to England overall since the audit results have not been standardised.
- Three times as many men died as result of suicide in Lewisham in this time period compared to women. This reflects trends seen across the country.
- The most common method of suicide in Lewisham was hanging (66% of all suicides) during this period for both men and women.
- Opiate overdose made up a quarter of all non-violent suicides during this period in Lewisham.

4.1.5. Dementia

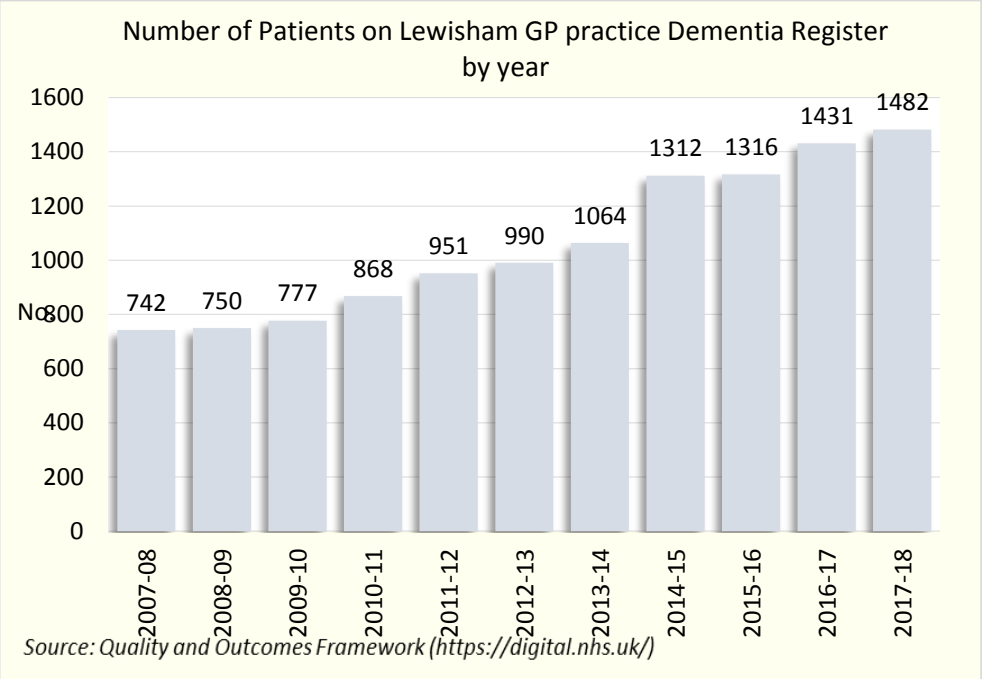
In 2017/18 there were 1482 patients on the Lewisham GP practice dementia register. This represents 0.45% of the total registered patient population in Lewisham. The proportion of the population over 65 diagnosed with dementia in Lewisham as of September 2017 was 4.49%. This is similar to London (4.49%) and England (4.33%). Again, this is likely to be an underestimate of the true prevalence of dementia in Lewisham. Based on the best available evidence of prevalence, estimates have been produced for the number of people predicted to have dementia.[26] It is estimated that in Lewisham there were 2,027 people with dementia in 2019.

The number of patients recorded with dementia in Lewisham has risen year on year since 2007/08 (see Figure 6).

Figure 6. Trend in the number of patients on the Lewisham GP practice dementia register, 2007/8 to 2017/18

[25] It is important to note that in the UK (and therefore national statistics) suicide is defined as deaths given an underlying cause of intentional self-harm or injury/poisoning of undetermined intent. This means that the Coroner's review does not have to result in a verdict of suicide; open verdicts are still considered suicides. The PCMD is limited in the nature of the data that it can provide around suicide deaths to inform local action. Information concerning ethnicity, socio-economic status, employment, previous mental health diagnoses, previous contact with primary care or mental health services and other contextual factors can only be gained from records held by our local Coroner. We do not currently receive any additional data from the Coroner concerning deaths by suicide. Cross-borough approaches are currently being explored to obtain a minimum Coroner dataset for South East London public health teams concerning suicides and drug/alcohol-related deaths.

[26] POPPI (Projecting Older People Population Information System) – Prevalence rates are based on Dementia UK: Update (2014) prepared by King's College London and the London School of Economics for the Alzheimer's Society.



The estimated dementia diagnosis rate for the population aged 65+ in Lewisham was 73.1% in 2018.[27] This is not significantly higher or lower than the 66.7% benchmark set nationally. It is also not significantly different from the London or England average diagnosis rates (70.5% and 67.5% respectively).

5. POPULATIONS IN LEWISHAM

Our mental health and wellbeing can be affected by a number of factors, and there are specific groups of people who are at higher risk of developing, or are more likely to have, mental health problems and who may benefit from targeted action for prevention and to ensure their needs are met.

The relationship between inequalities related to socio-economic status and protected characteristics and poor mental health is two-way: experiencing disadvantage and adversity increases the risk of mental health problems and experiencing mental health problems increases the risk of experiencing disadvantage.[28] Mental health problems can create a spiral of adversity where related factors such as employment, income and relationships are impacted, and these things in turn are known to compound and entrench mental health problems.

Below are some populations groups whose needs should be considered explicitly when planning and delivering mental health services in the borough. In addition, for some people there is an overlap of protected characteristics (intersectionality), and this will shape their experience of mental health in other ways not captured by the data below.

5.1. LEWISHAM'S BLACK, ASIAN AND MINORITY ETHNIC (BAME) POPULATION

The Annual Psychiatric Morbidity Survey found that the prevalence of some mental health conditions was higher in certain ethnic groups, for example the prevalence of psychotic disorder was much higher amongst Black and Asian men than their White counterparts (see Table 1). Similarly, the proportion of adults who screened positive for PTSD in the past month was higher amongst all non-White compared to White survey respondents, even after standardisation for age.[29] The Mental Health Foundation states that people from BAME groups living in the UK are more likely to be diagnosed with mental health problems; to be diagnosed

[27] PHE Fingertips Dementia Profile. Reference rates for expected prevalence are from the Medical Research Council Cognitive Function and Ageing Study II (CFAS II) age 65+ age and sex-specific dementia prevalence rates
[28] Mental Health Foundation. Health Inequalities Manifesto 2018.
[29] Annual Psychiatric Morbidity 2014 Chapter 4

and admitted to hospital; to experience a poor outcome from treatment; and to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health.

Table 1. Psychotic disorder in the past year (2007 and 2014 combined), by ethnic group and sex				
All adults	*2007 and 2014 combined*			
Psychotic disorder	**Ethnic group**			
	White	Black	Asian	Mixed/other
Men	0.3%	3.2%	1.3%	-
Women	0.7%	-	0.4%	-
All adults	0.5%	1.4%	0.9%	-
Source: Annual Psychiatric Morbidity 2014 Chapter 5				

A 2014 report on ethnic inequalities in mental health in the UK found continuing disproportionate representation of Black African and Caribbean men with mental health problems at the 'hard end' of services; continuing experience of Black African and Caribbean service users of impoverished or harsh treatment from primary and secondary mental health services; and poor access to adequate mental health services across different BME communities. The report described broad and enduring inequalities in:

- rates of diagnosis (Black African and Caribbean have lower reported rates of common mental illness than other ethnic groups but are more likely to be diagnosed with severe mental illness and are also prescribed higher doses of medication)
- primary care (Black patients are significantly less likely than non-Black patients to have GP involvement in their pathway leading up to a first psychotic episode and rates of referral from GPs and community mental health teams to secondary mental health services are lower than average among some Black and Mixed groups)
- inpatient care (Mental Health Act detention rates are higher for Black groups)
- suicide
- the criminal justice system and mental health
- CAMHS (child and adolescent mental health services)
- older people
- refugees and migrants
- linkage to wider social determinants.

The Greater London Authority (GLA) estimates that 51.6% of the Lewisham population are White, 26.4% are Black, 10.3% are Asian and 11.6% are Mixed or Other ethnic groups.[30] Lewisham's ethnic profile is changing, and from 2028 it is forecast that the BAME population will exceed the White population. Amongst young people, the percentage of 0-19s of BAME heritage has remained at or marginally above 65% since 2011.[31]

In Lewisham, BAME health has been a topic of interest for the Council. In July 2018 a discussion paper on BAME health Inequalities in Lewisham was presented to the Health and Wellbeing Board, and it was agreed that mental health would be the first area of focus. Subsequently, work was carried out to better understand the actions the Board could take to address BAME mental health inequalities based on feedback from the community; and specific areas of action were suggested for the Health and Wellbeing Board to undertake to address BAME mental health inequalities in Lewisham.

Most mental health services collect data on ethnicity, so access to these services according to ethnicity is included below in Section 12.

[30] Greater London Authority (GLA) GLA 2016 Ethnicity Projections Central Trend Based

[31] Picture of Lewisham JSNA – Part A (2018)

Asylum seekers and refugees

Research has shown that asylum seekers and refugees are more likely to experience poor mental health than the local population, including higher rates of depression, PTSD and other anxiety disorders.[32] This is linked to both pre-migration experiences (such as war trauma) and post-migration conditions (such as separation from family, difficulties with asylum procedures and poor housing). Data shows that they are less likely to receive support than the general population.[33]

Bromley and Lewisham Mind Community Support Service ran a Vulnerable Migrants Project in 2017, working in partnership with migrant organisations and communities in Lewisham. Quantitative and qualitative data and information was collated from 18 survey questionnaires completed during two non-health related activity groups run by Lewisham Refugee and Migrant Network and Afghan and Central Asian Association. The surveys showed that symptoms of diagnosable mental health problems to be very common in migrant and refugee communities: 75% of respondents reported feeling stressed; 69% reported that they couldn't control worrying; 56% reported feeling hopeless; 44% reported they had trouble relaxing; and 38% reported feeling panic.[34]

5.2. RESIDENTS WHO LIVE IN AREAS OF HIGH DEPRIVATION

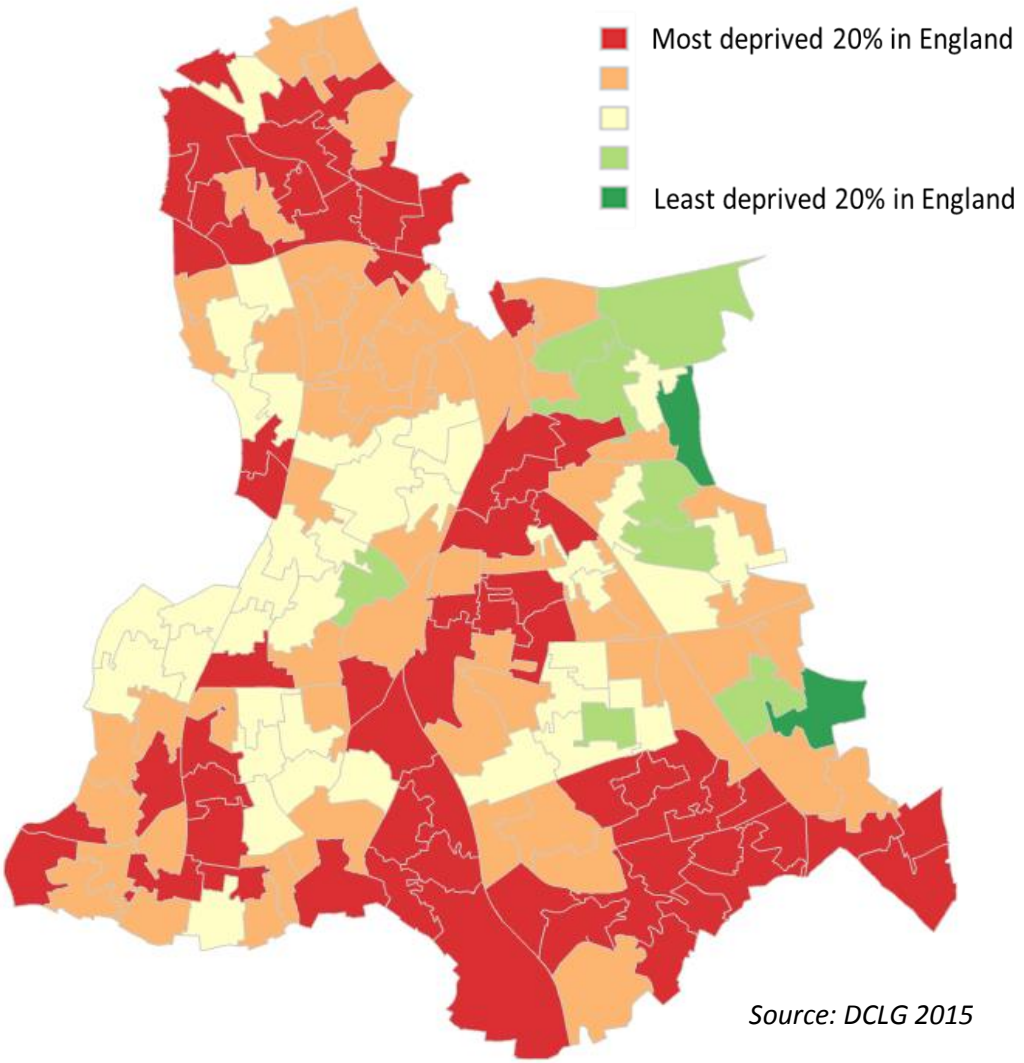
Mental health, particularly SMI, is closely related to deprivation. The prevalence of psychotic disorders among the lowest quintile of household income is nine times higher than in the highest. There is a two-fold variation in levels of common mental health problems between the same groups.[35]

In relative terms, Lewisham remains amongst the most deprived local authority areas in England, and 35.3% of Lewisham residents live in the 20% most deprived areas of England.[36] There are concentrations of deprivation in the north and south of the borough (see Figure 7).

Very few mental health services collect data on income levels of service users; any information about access to these services for low income households is included in Section 12.

Figure 7. Map of Indices of Multiple Deprivation (IMD) (2015) in Lewisham

[32] https://www.mentalhealth.org.uk/statistics/mental-health-statistics-refugees-and-asylum-seekers
[33] Aspinall, P., & Watters, C. (2010). Refugees and asylum seekers: A review from an equality and human rights perspective. Equality and Human Rights Commission Research report 52, University of Kent.
[34] Bromley and Lewisham Mind Community Support Service Vulnerable Migrants Project – Review Summary
[35] Marmot M. Fair Society, Healthy Lives: A Strategic Review of Inequalities in England (2010) p.54. Data from Bambra C, Joyce K and Maryon-Davis A (2009) Task Group on priority public health conditions, final report. Submission to the Marmot Review
[36] PHE Fingertips Mental Health and Wellbeing JSNA Profile. From IMD 2015 (DCLG 2015).



Source: DCLG 2015

5.3. RESIDENTS WHO MISUSE DRUGS AND ALCOHOL

Misuse of alcohol or drugs often contributes to, or co-exists with, mental health problems and leads to poorer outcomes. People with co-occurring mental health and alcohol/drug use conditions often have multiple needs, with poor physical health as well as issues such as debt, unemployment or housing problems. They are more likely to be admitted to hospital, to self-harm and to die by suicide.[37]

In Lewisham, the rate of admission to hospital for mental and behavioural disorders due to alcohol (involving a primary diagnosis) in 2017/18 per 100,000 population was 61.5. This is significantly higher than the London rate (51.3 per 100,000 population) but not significantly different from the England rate (69.2 per 100,000).[38]

In 2016/17, 18.5% of adults in Lewisham receiving drug misuse treatment and 21.4% of adults receiving alcohol misuse treatment were also in contact with mental health services.[39]

Prevalence data is periodically produced by Public Health England on drug use at local authority level. Lewisham has higher rates of use of opiates and/or crack cocaine than London or England. [40]

[37] Royal College of Psychiatrists. Mental Illness, Offending and Substance Misuse (2012)
[38] Mental Health and Wellbeing JSNA Profile. Calculated by Public Health England: Risk Factors Intelligence (RFI) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates
[39] Mental Health and Wellbeing JSNA Profile. From National Drug Treatment Monitoring System.
[40] PHE Fingertips Profile: Co-occurring substance misuse and mental health issues

5.4. LEWISHAM'S LGBT+ POPULATION

Evidence from the UK and internationally has shown that there is a higher prevalence of common mental health problems amongst the LGBT+ population.[41]

The Annual Population Survey has released experimental statistics on sexual identity at a local authority level, using estimates based on a survey.[42] It estimated that in Lewisham 2.5% identify themselves as lesbian, gay or bisexual; and 8.5% don't know, refuse to answer or identify themselves as other (i.e. neither heterosexual/straight, lesbian, gay or bisexual). [43] This equates to approximately 6,000 residents who identify as lesbian, gay or bisexual.

A few commissioned mental health services collect data on sexual orientation of service users, so information about access to these services by the LGBT+ population is included in Section 12.

5.5. RESIDENTS WHO ARE CARERS

A recent report from the Office for National Statistics found that sandwich carers – those who care for both sick, disabled or older relatives and dependent children – are more likely to report symptoms of mental ill-health, feel less satisfied with life, and struggle financially compared with the general population.[44]

It is estimated that 8.1% of Lewisham residents provide at least some unpaid care each week.[45]

In the 2018 Lewisham Carers Survey, 7.0% of respondents reported that they had a mental health problem or illness; 42.7% reported feeling depressed due to their caring roles in the last 12 months; and 60.4% reported a general feeling of stress due to their caring roles in the last 12 months.[46]

Very few commissioned mental health services collect data on whether service users are carers. Information about access to these services by caring status is included in Section 12.

5.6. RESIDENTS WITH LONG-TERM HEALTH CONDITIONS

There are high rates of mental health problems among people with long-term physical conditions such as cardiovascular, respiratory and liver diseases, cancer and chronic pain. In the UK, 46% of people with a mental health problem have a long-term condition and 30% of people with long-term condition have a mental health problem.[47] Co-existing mental health problems can lead to increased hospitalisation rates, increased outpatient service use, and less effective self-management.[48]

The 2011 Census asked about long-term health problems and disabilities and found that in Lewisham, 14.4% of the population reported that were living with a long-term health condition that limited their day-to-day activities: 7.1% reported that they were limited a lot and 7.3% reported that they were limited a little.[49] In the 2018 GP Survey, 43.6% of Lewisham patients who responded reported having any long-term physical or mental health conditions, disabilities or illnesses; and 10.5% reported problems with their physical mobility. Of

[41] For example National Institute for Mental Health in England (2007) Mental disorders, suicide, and deliberate self harm in lesbian, gay and bisexual people: a systematic review; Chakraborty, A., McManus, S., Brugha, T., Bebbington, P., & King, M. (2011). Mental health of the non-heterosexual population of England. Journal of Psychiatry, 198, 143–148

[42] This means they are subject to sampling variability. This is because the sample selected is only one of a large number of possible samples that could have been drawn from the population.

[43] Sexual identity by local authority, Croydon and Lewisham, 2013-2015

[44] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/articles/morethanoneinfoursandwichcarersreportsymptomsofmentalillhealth/2019-01-14

[45] Picture of Lewisham JSNA – Part A (2018)

[46] Lewisham Carers Survey 2018. Please note that the results are accurate to a margin of error of +/- 7%. Results are based on 164 responses.

[47] Kings Fund (2016) Bringing together physical and mental health

[48] PHE (2017) Better Mental Health: JSNA Toolkit

[49] Table KS301UK. 2011 Census: Health and provision of unpaid care, local authorities in the United Kingdom.

those who reported having a long-term condition, the most common were high blood pressure and arthritis or ongoing problem with back or joints.[50]

Several mental health services collect data on disabilities, so access to these services according to disability status is included below in Section 12.

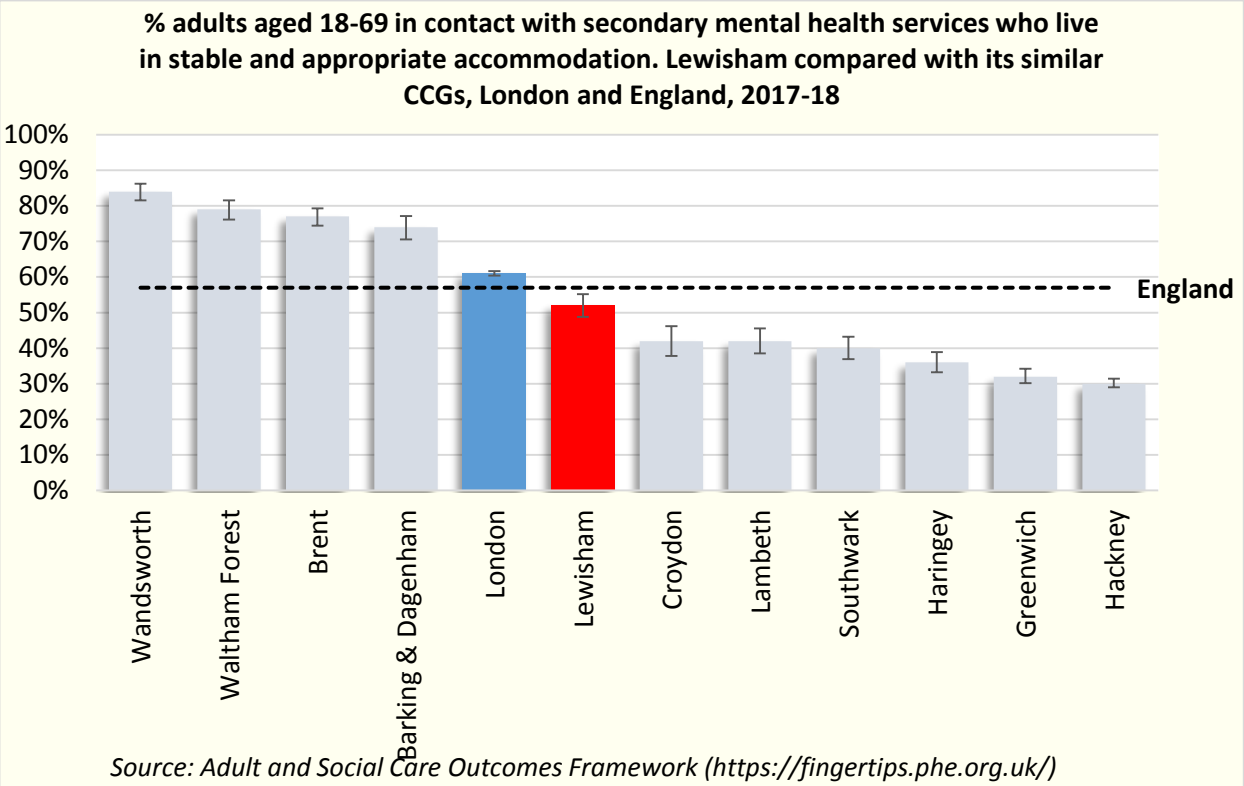
5.7. RESIDENTS WHO ARE HOMELESS OR WHO LIVE IN SUPPORTED HOUSING

Homelessness is associated with severe poverty and is a social determinant of health.[51] In 2017/18 the rate of homeless households in temporary accommodation and awaiting a settled home was more than four times higher on average in Lewisham (14.7 per 1000) than England (3.4 per 1000), although it was not significantly different from the London rate (14.9).[52] The rate of eligible homeless people not in priority need was 0.6 per 1,000 households, significantly lower than London (1.0) and England (0.8).[53] In 2017/18, the rate of statutory homelessness in Lewisham was 4.7 per 1,000 households, significantly higher than England (2.4) and London (4.2).[54]

Maintaining stable and appropriate accommodation and providing social care in this environment promotes personalisation and quality of life, prevents the need to readmit people into hospital or more costly residential care and aids a positive experience of social care. As of August 2018, the proportion of adults (aged 18-69) in contact with secondary mental health services and known to be in settled accommodation (on the Care Programme Approach and recorded as living independently, with or without support) was significant lower in Lewisham (52.0%) than in England (57.0%) and in London (61.0%).[55] Figure 8 compares Lewisham with its statistical neighbours.

Figure 8. Percentage of adults aged 18-69 in contact with secondary mental health services who live in stable and appropriate accommodation, Lewisham compared with similar CCGs, London and England, 2017-18

[50] GP Patient Survey 2018 results by CCG (weighted). https://gp-patient.co.uk/surveysandreports
[51] Homeless Link. (2014). The unhealthy state of homelessness: Health audit results 2014.
[52] PHE Fingertips Mental Health and Wellbeing JSNA Profile.
[53] PHE Fingertips Mental Health and Wellbeing JSNA Profile.
[54] PHE Fingertips Common Mental Health Disorders Profile.
[55] PHE Fingertips Mental Health and Wellbeing JSNA Profile.



Source: Adult and Social Care Outcomes Framework (https://fingertips.phe.org.uk/)

The Lewisham Council Housing Select Committee report on housing and mental health found that increasing numbers of vulnerable people – people with multiple and complex needs and mental health needs of various levels – are being housed in general needs housing in Lewisham. It also reported that people with mental health problems often have a housing related problem too. The South London and Maudsley NHS Foundation Trust (SLaM), the acute mental health provider for Lewisham, said that the underlying problems for people with mental health issues are almost always related to housing and tenancy or money and debt. Mind Bromley & Lewisham said that 32% of people referred to their Community Support Service last year had a housing-related issue. One of the lead mental-health GPs in the borough also said that the threat of eviction and money problems hanging over people are frequent contributors to mental health problems.

There is a separate JSNA being completed specifically about supported housing in Lewisham.

5.8. RESIDENTS WHO ARE UNEMPLOYED

Unemployment is related to health problems, including poor mental health and higher rates of self-reported ill health, limiting long term illness and prevalence of risky health behaviours including alcohol use and smoking. Links between unemployment and poor mental health have been explained by the psychosocial effects of unemployment: stigma, isolation and loss of self-worth.

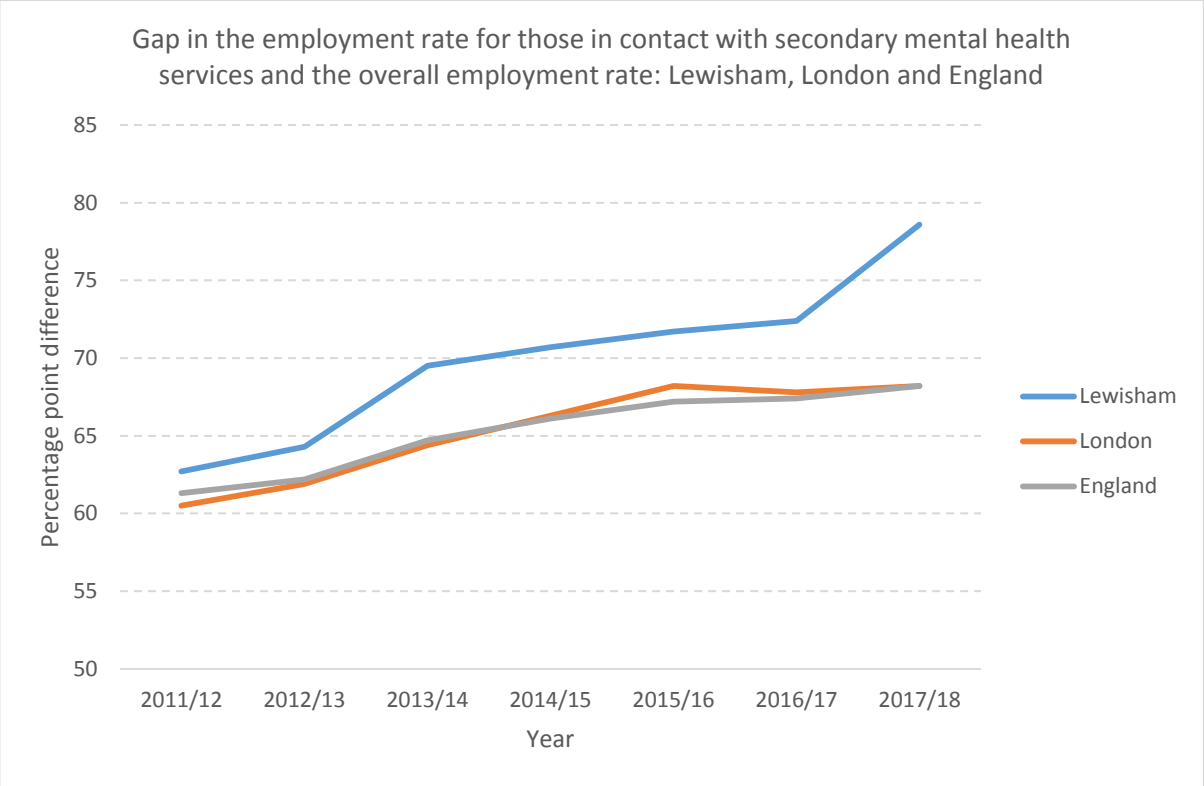
In 2017, the rate of long-term unemployment in Lewisham (people claiming Jobseeker's Allowance (JSA) for >12 months) was per 5.5 per 1,000 population aged 16-64 years. This is significantly higher than both the London and England rates (3.5 and 3.9 per 1,000 population aged 16-64 years respectively).[56]

The gap between the employment rate for all people and just those in contact with secondary mental health services is higher in Lewisham (78.6%) than in London (68.2%) and England (68.2%).[57] This gap has increased steadily for the last few years (see Figure 9).

[56] PHE Fingertips Mental Health and Wellbeing JSNA Profile.

[57] This is defined as the percentage point gap between the employment rate of working age adults who are receiving secondary mental health services and on Care Programme Approach and the employment rate of the overall population. Please note that there are concerns with the quality of this data.

Figure 9: Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate: Lewisham, London and England



Source: PHE Fingertips Mental Health and Wellbeing JSNA Profile.
Please note: There are concerns with data quality for 2016/17 data points

Of people aged 18-69 in contact with mental health services (on the Care Programme Approach) in Lewisham as of August 2018, 5.0% were recorded as being in employment[58] at the time of their latest assessment or review (the most recent record of whether or not the person is in employment during the financial year is used). This is similar to the London average of 6.1% but significantly lower than the England average of 8.4%.[59]

Very few commissioned mental health services collect data on employment. Access to these services according to employment status is included below in Section 12.

5.9. MEN

As described in Section 4.1.4, the suicide audit revealed that three times the number of men as women died as a result of suicide in Lewisham over the period 2012-2016. As such, young men (those between the ages of 25 and 44 years) are named as one of the high-risk groups in the Lewisham Suicide Prevention Strategy, who will receive targeted interventions and support.

This may be because men are less likely to seek treatment: analysis of the 2014 Annual Psychiatric Morbidity Survey showed that, after controlling for level of need, men are less likely to receive mental health treatment than women.[60] A recent Healthwatch Lewisham report on men's health[61] found that the traditional concept of

[58] Employed refers to those who are either employed for a company or self-employed. It also includes those who are in supported employment (including government supported training and employment programmes), those in permitted work (i.e. those who are in paid work and also receiving Incapacity Benefit) and those who are unpaid family workers (i.e. those who do unpaid work for business they own or for a business a relative owns).
[59] PHE Fingertips Mental Health JSNA Profile
[60] McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital.
[61] Healthwatch Lewisham (2018) Men Talk Health

masculinity was a preventing men accessing services early; and that men isolate themselves when experiencing mental health issue. In addition, recent work on dads' mental health found that almost a third of new fathers who were surveyed reported experiencing postnatal depression[10].

5.10. RESIDENTS WITH LEARNING DISABILITIES AND AUTISM

People with learning disabilities demonstrate the complete spectrum of mental health problems, with higher prevalence than found in those without learning disabilities. Between 25-40% of people with learning disabilities also have mental health needs.[62]

In research conducted by the mental health charity Mind, about people with autism, they found evidence that people with Autistic Spectrum Disorders (ASD) are particularly vulnerable to developing mental health problems, but that existing services tend to treat people either for their ASD or for their mental health problems, failing to recognise the complex dynamic between the two.[63]

The percentage of patients with learning disabilities, as recorded on practice disease registers, is 0.44% in Lewisham.[64] This is lower than the national proportion (0.49%) but higher than the London level (0.36%).

There is a separate JSNA chapter specifically about learning disabilities.

5.11. RESIDENTS WHO ARE INVOLVED IN THE CRIMINAL JUSTICE SYSTEM

The prevalence of mental health problems is higher among people on probation and offenders in the community than the general population; and prevalence of psychosis is much higher amongst prisoners (16% of prisoners report symptoms indicative of psychosis) than in the general population.[65] People in contact with the criminal justice system also have substantially more risk factors for suicide.[66]

In Lewisham in 2017, the rate of first time entrants to the criminal justice system was 242.9 per 100,000 of the population. This is higher than the average rate in London (215.3 per 100,000 population) and in England (166.4 per 100,000 population).[67]

6. PROJECTING FUTURE NEED

It is important to understand demand for mental health services now and in the future to help plan services.

A Picture of Lewisham JSNA describes the demography and general health of the borough in detail, along with forecasts of how the population is likely to change in the future. In summary, Lewisham has a relatively young population and an estimated population of 301,300 people. This number is set to continue to grow (it is expected to reach 323,000 in 2021 and climb to 357,000 in 2031), with most of the population growth projected to take place in the north of the borough and in Lewisham Central ward.

Figures 10 and 11 display the projected growth by age groups, for males and females in Lewisham. It indicates that from 2017 to 2050, for both males and females, the largest absolute increases are in the 60-69 age group, whilst the largest relative increases are amongst those aged 80+ (for both genders).

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[62] Foundation for People with Learning Disabilities https://www.mentalhealth.org.uk/learning-disabilities/help-information/learning-disability-statistics-/187699

[63] https://www.mind.org.uk/about-us/our-policy-work/equality-human-rights/wellbeing-of-people-on-the-autistic-spectrum/

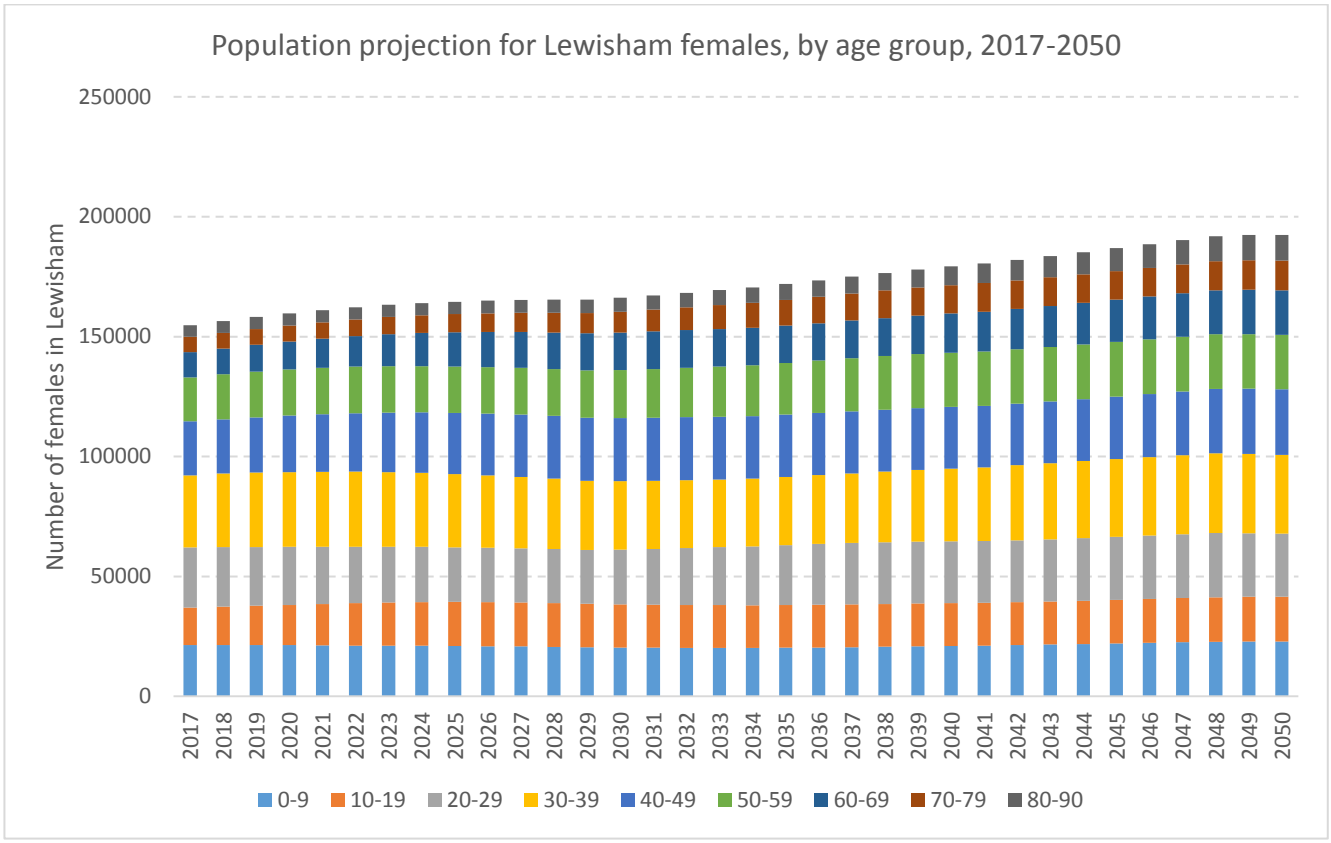
[64] QOF Recorded disease prevalence, achievements and exceptions, mental health and neurology group, learning disabilities, 2017-18, CCG level

[65] For the prisoner population, prevalence is defined as reporting symptoms indicative of psychosis. Ministry of Justice (2013).Light M, Grant E, Hopkins K. Gender differences in substance misuse and mental health amongst prisoners: Results from the Surveying Prisoner Crime Reduction (SPCR) longitudinal cohort study of prisoners. Cited from PHE (2017) Better Mental Health: JSNA Toolkit.

[66] HM Government (2012) Preventing suicide in England: A cross-government outcomes strategy to save lives

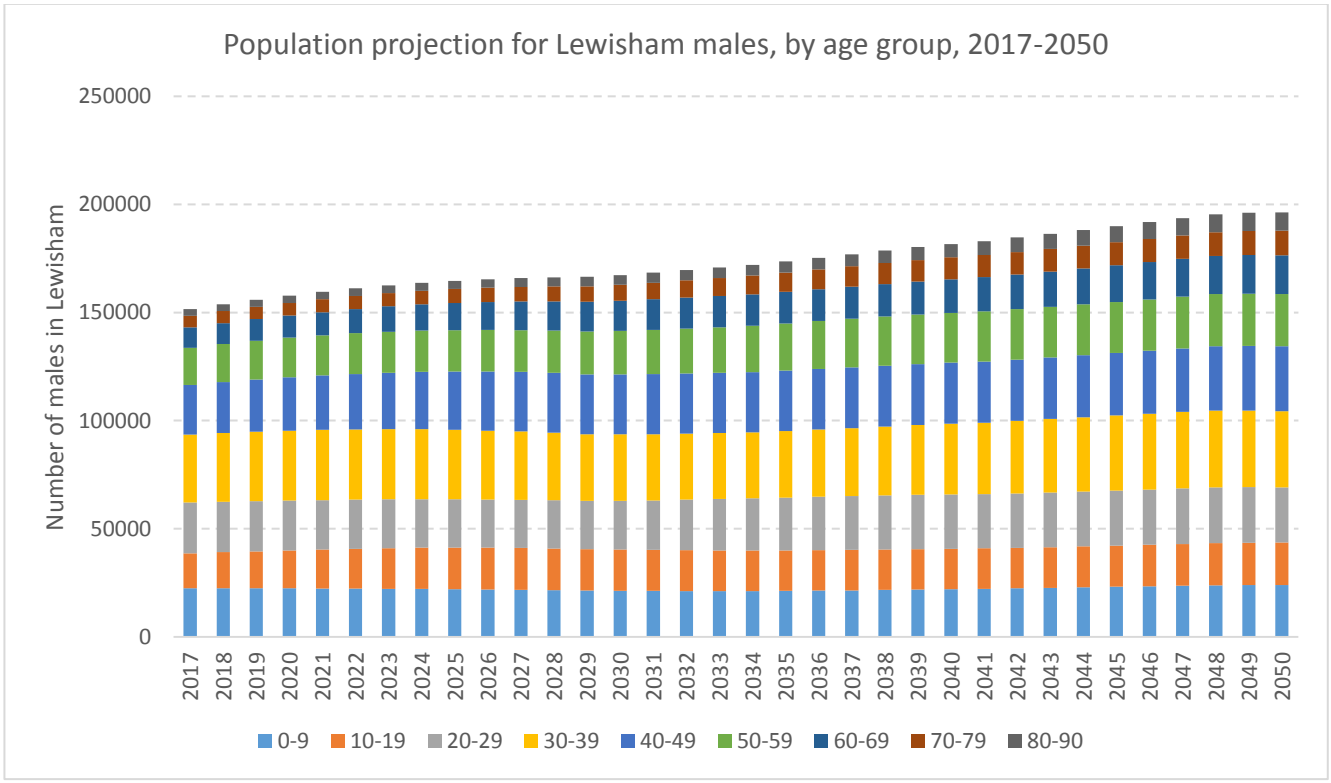
[67] PHE Fingertips Crisis Care Profile.

Figure 10. Population projection for Lewisham females, by age group, 2017 to 2050



Source: GLA 2016-based projections (housing-led)

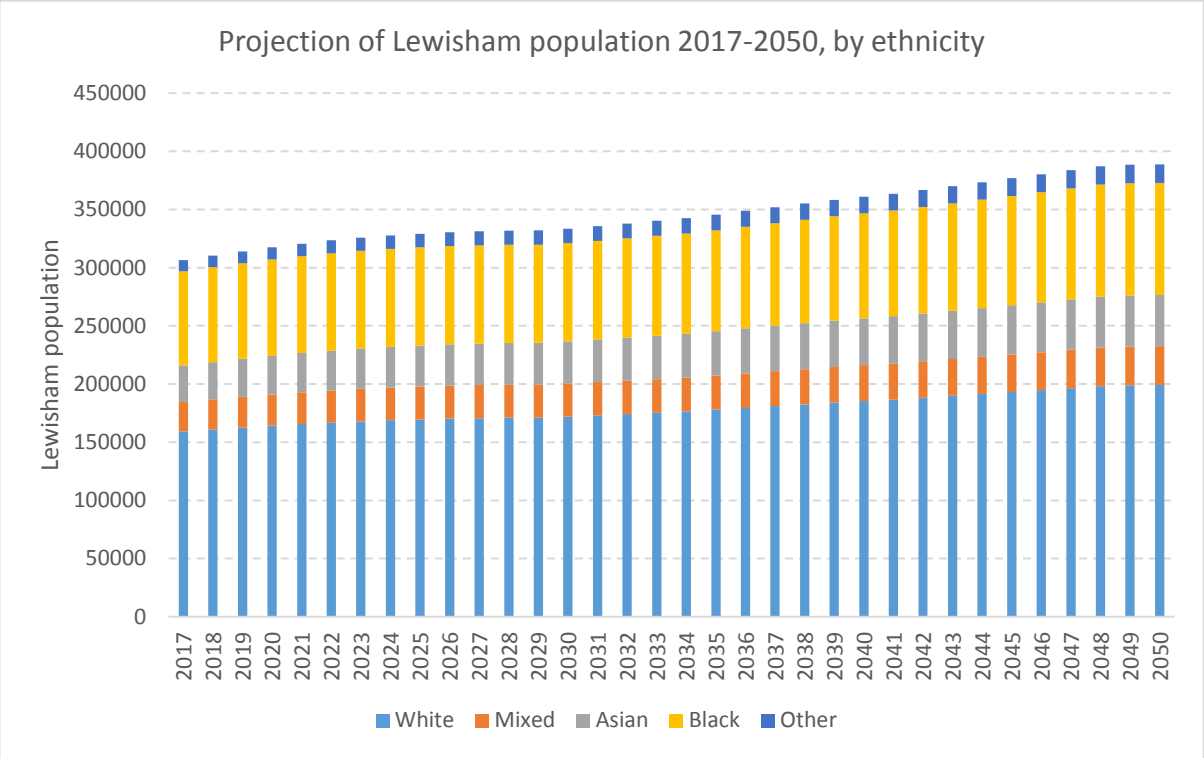
Figure 11. Population projection for Lewisham females, by age group, 2017 to 2050



Source: GLA 2016-based projections (housing-led)

Lewisham's ethnic profile is changing, with a relatively and absolutely larger population growth projected for BAME compared to White ethnic groups (see Figure 12). The group with the largest projected relative population growth between 2017 and 2050 is the Other Ethnic group, followed by the Asian group.

Figure 12. Population projection for Lewisham, by ethnicity, 2017 to 2050



Source: GLA 2016-based projections (housing-led)

By applying prevalence rates to simple population projections, it is estimated that the number of residents with common mental health disorders in Lewisham will rise in the future.[68] For example, between 2020 and 2035, it is estimated that the prevalence of common mental disorders in women aged 18-64 in Lewisham will increase by 7.7% (from 24,902 to 26,819) and in men aged 18-64 will increase by 10.5% (from 15,567 to 17,199).[69] The number of people aged 65 and over predicted to have depression will increase by 52.6% (from 2,547 in 2020 to 3,887 in 2035).

It is also estimated the number of people aged 18-64 in Lewisham with a psychotic disorder will rise to 1,632 (from 1,480 in 2019) in 2035.[70]

Finally, as the population of Lewisham residents aged 65+ is projected to rise, it is estimated that the number of people predicted to have dementia will increase further, to 2,915 people in 2035.[71]

In March 2018 an extensive data match exercise was undertaken between Lewisham CAMHS (Child and Adolescent Mental Health Services) and the Local Authority's Children with Complex Needs Service. This process collated every child between the ages of 16 – 19 years of age who are currently accessing CAMHS and

[68] This does not take account of any changes in ethnic breakdown, for example.
[69] PANSI (Projecting Adult Needs and Service Information System). Prevalence is based on the based on the report Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 (2016), NHS Digital, and applied to ONS population projections for the 18-64 population to give estimated numbers predicted to have a mental health problem.
[70] PANSI (Projecting Adult Needs and Service Information System)
[71] POPPI (Projecting Older People Population Information System) – Prevalence rates are based on Dementia UK: Update (2014) prepared by King's College London and the London School of Economics for the Alzheimer's Society. Rates are applied to ONS population projections of the 65 and over population to give estimated numbers of people predicted to have dementia to 2035

also have an Education and Health Care Plan (EHCP). In addition to the cohort with 'enduring mental health conditions' such as psychosis and personality disorder, we can project that colleagues should be working together to support transition planning for approximately 100 young people each year.[72] This analysis has been used to support transition planning discussions stretching across adult's and children's services, across both the CCG and the Local Authority.

7. RESIDENTS' VIEWS ON MENTAL HEALTH IN LEWISHAM

Over the past few years, Lewisham residents' views on mental health have been elicited in a range of projects. Some themes that have emerged consistently are:

- The continued issue of stigma around mental health conditions, particularly for certain population groups and in the context of employment, and the need for mental health to be recognised as equally important as physical health
- The need for better communication to raise awareness of available mental health services and promote the ways that people can look after their own mental health
- The importance of early intervention, helping people before they reach crisis point
- The need for services that are shaped to suit populations with specific mental health needs e.g. men, BAME population, or older people. Discussions have highlighted the need for culturally specific services, and the potential benefits of seeing a professional from a similar background as your own.

Men's mental health (Healthwatch Lewisham)

Healthwatch Lewisham asked local men about their experience of mental health. Key themes included:

- The traditional concept of **masculinity** prevented men accessing services early.
- Men **isolate** themselves when experiencing mental health issues as a coping mechanism. Loss of support networks was a common theme.
- Men feared **disclosing their mental health issues to employers** to avoid appearing 'weak' and experiencing negative consequences.
- **Community services** such as counselling and support from charities, as well as **playing sport and being active**, were men's preferred ways of maintaining and improving mental health and emotional wellbeing
- Men would value services that are **shaped to suit the needs of men** and recognise issues men face. Only 10% of the survey respondents agreed men receive the right support for their mental health.

BAME mental health

A BAME mental health event was held in October 2018. Six overarching priorities emerged:

- **Stigma** – there was a strong feeling that the issue of stigma around mental health still needs to be addressed in BAME communities.
- **Cultural competence of services** – the need for, and benefits of, culturally specific services, and the potential benefits of seeing a professional from a similar background as your own
- **Communication** – improved communication around what is already happening within the community and statutory services is needed
- **Genuine co-production** – there needs to be a clear mechanism for genuine dialogue and co-production with BAME communities for both mental and physical health
- **Early intervention** – the need for earlier intervention with young people, via education and other routes to prevent mental ill health
- **Advocacy** – the need for support from advocates once a mental health diagnosis has been made.

[72] NHS Lewisham CCG CAMHS Transformation Plan October 2018. https://www.lewishamccg.nhs.uk/about-us/our-plans/Documents/NHS%20Lewisham%20CCG%20CAMHS%20Transformation%20Plan%202018.pdf

Stakeholder consultation for public mental health and wellbeing strategy development

At a strategy development workshop in 2016, local stakeholders highlighted key issues:

For working age adults:

- The **stigma** of taking time off for mental health reasons rather than physical health reasons
- More **support for families and carers** of those with mental health patients is needed
- **Underserved and high risk populations** should be identified for help e.g. homeless people, refugees, and young men
- **Awareness** and **communication** of services available should be improved

For older adults:

- For those who do not speak English as a first language there is great **stigma** around mental health
- There is often a focus on dementia in this population, with little done for **anxiety and depression**
- In older men there is a risk of **gambling and alcohol abuse**
- **Isolation and bereavement** can be important issues
- **Transitioning** from adult to older adult can be a big life shift and people can feel lost
- There needs to be a more **positive focus** on ageing well and expanding horizons rather than a negative focus

Lewisham CCG Public Reference Group

Lewisham CCG Public Reference Group has been involved in discussions on CCG commissioning decisions. The group has suggested focusing on **helping those people with developing mental health problems at a time when primary intervention will be effective** and will stop progress to secondary care needs. Practices could try different interventions.

Thrive LDN community conversations

From over 1,000 conversations with Londoners, including with Lewisham residents, recommendations were collated about how to meet Thrive LDN's six aspirations. These included spreading **knowledge, skills and support** so that people can better look after themselves and their neighbours. Londoners said they don't want or need top-down fixes – instead, they **want the tools and networks to do it for themselves**

Lewisham Annual Public Health Report 2017

As part of the Annual Public Health Report in 2017, several Lewisham residents described their experience of mental health. These included post-natal depression; stigma; eating disorders; alcohol and bereavement; and community and trauma.

8. OTHER RELEVANT LOCAL REPORTS

A number of Lewisham JSNAs complement this report, as they address aspects of mental health in adults:

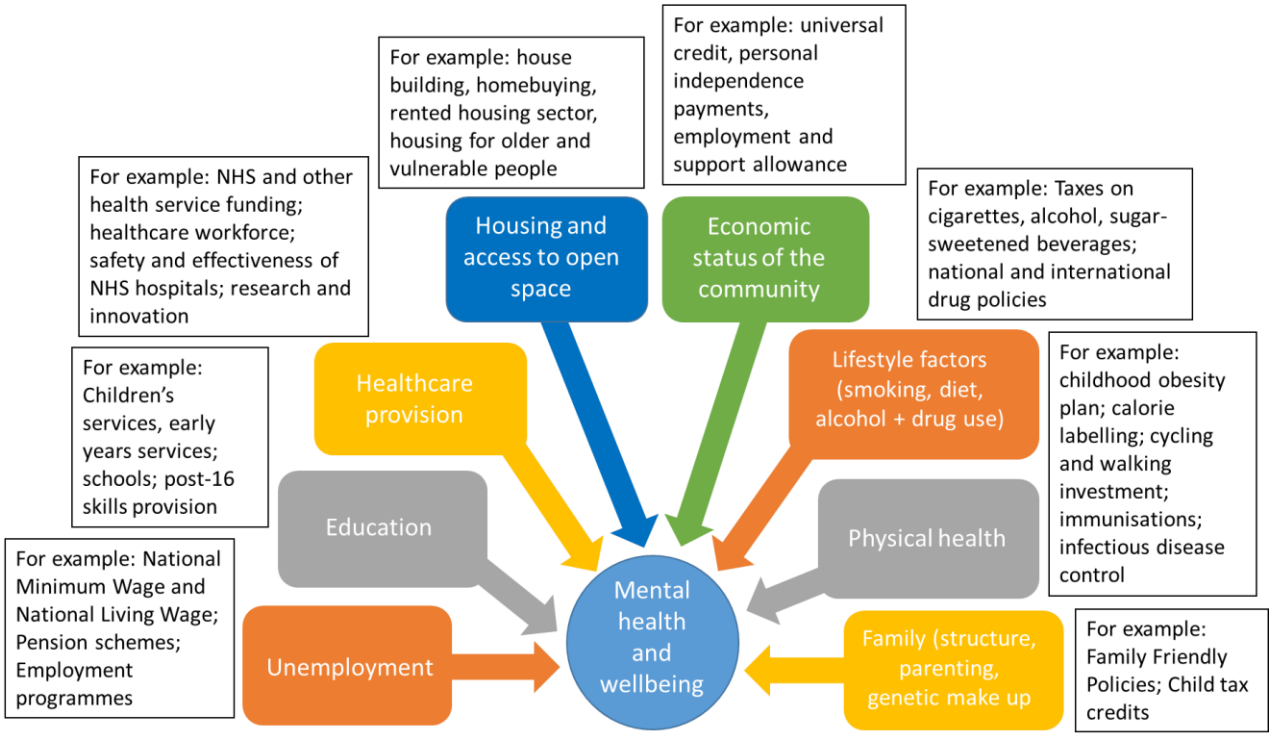
Table 2. Relevant local JSNAs

Title	Content	Date
Supported housing	Assesses the need for, and provision of, supported housing in Lewisham.	*To be published soon*
Adults with autism	Assesses the needs of adults with autism in Lewisham	*To be published soon*
Parenting	Assesses impact of parenting on children's life chances in Lewisham, particularly with regards to several risk factors for parents which can result in poor outcomes for children.	Published February 2019
Tobacco Control	Assesses the burden of smoking in Lewisham on mortality and morbidity.	Refreshed October 2018
Maternal mental health	Assesses the mental health and wellbeing needs of women in Lewisham in the 1001 days from the conception of their child until the child is two years old	Published April 2018
Annual Public Health Report 2017	Assesses the mental health and wellbeing needs of Lewisham residents and the ways that good mental health and wellbeing can be supported and maintained throughout the life course	Published December 2017
Mothers and families who have children repeatedly taken into care in Lewisham	Assesses the health and wellbeing needs among cohorts of women and/or families who repeatedly have children taken into care	Published January 2017
Substance Misuse: Adults and Young People	Assesses alcohol and drug related harm in Lewisham	Published April 2016
Mental health	Assesses the common and severe mental illness needs in adults in Lewisham	Published July 2012
Dementia	Assesses the dementia needs in Lewisham residents	Published January 2012

9. NATIONAL AND LOCAL STRATEGIES

Our mental health and wellbeing can be affected by a number of factors, often called risk factors, that can be present at various stages of our lives, such as unemployment, education, housing, economic status, lifestyle factors, physical health and family. This means that a wide range of national, regional and local policies and strategies are likely to influence mental health.

Figure 13. Examples of national policies that may indirectly affect mental health



9.1. WHAT WE KNOW WORKS

A public mental health approach is concerned with promoting mental wellbeing, preventing future mental health problems and with recovery from mental health problems. It advocates adopting a life course approach, place-based interventions and increasing mental health and wellbeing literacy across the whole population. A life-course approach is important because the foundations of mental health are laid down in infancy and in the context of family relationships. A life course approach is complemented by place-based interventions in settings such as schools, workplaces and communities and makes the most of existing opportunities. Increasing mental health and wellbeing literacy across the whole population can help to reduce stigma and discrimination. It should also be noted that whilst policy interventions may not directly target wellbeing, these interventions might still affect wellbeing as an outcome.

The Joint Commissioning Panel for Mental Health[73] highlight that the promotion of emotional wellbeing needs to happen at three levels:

- Strengthening individuals – increasing emotional resilience through improving self-esteem, problem solving or coping skills
- Strengthening communities – increasing inclusion and participation, improving environments including safety and bullying
- Reducing structural barriers to emotional wellbeing – promoting access to education and employment, decent housing and increasing the 'voice' of marginalised groups

There is now a large body of evidence around promoting mental wellbeing and preventing mental ill health. Important reports include:

- Better Mental Health for All. This report, produced by the Faculty of Public Health and the Mental Health Foundation, outlines a public health approach to mental health improvement.
- Mental health and prevention: taking local action for better mental health. This report, commissioned by Public Health England and written by the Mental Health Foundation, sets out a road map to bring about a prevention revolution in mental health, delivered in every local area.

[73] https://www.jcpmh.info/commissioning-tools/cases-for-change/mild-to-moderate-problems/what-works/

- Wellbeing: why it matters to health policy**.** This Department of Health document shows the strong link between people's health and their wellbeing, giving evidence that increasing people's wellbeing leads to longer life expectancy; improves recovery from illness; is associated with positive health behaviours in adults; and influences the wellbeing and mental health of partners, children and our social networks. It is also associated with how health care sector staff and providers work; has implications for decisions for patient care practises and services and treatment decisions and costs; affects decisions about local services; and may ultimately reduce the healthcare burden. Wellbeing is also associated with broader positive outcomes, such as employment, education and relationships.
- **Old Problems, New Solutions.** The Independent Commission on Acute Adult Psychiatric Care was set up by the Royal College of Psychiatrists in January 2015 in response to widespread concerns about the provision of acute inpatient psychiatric beds in many parts of England and Northern Ireland, and makes recommendations to address this.

There is also national guidance for the prevention, diagnosis and treatment of mental health conditions:

- **National Institute for Health and Care Excellence (NICE) guidance:** There are several guidance documents published by NICE for adults' mental health prevention, diagnosis and treatment, including:
    - Common mental health problems: identification and pathways to care (CG123)
    - Depression in adults: recognition and management (CG90)
    - Depression in adults with a chronic physical health problem: recognition and management (CG91)
    - Psychosis and Schizophrenia in adults: Prevention and management (CG178)
    - Bipolar assessment and management (CG185)
    - Older people: independence and mental wellbeing (NG32)
    - Mental wellbeing at work (PH22)
    - Post-traumatic stress disorder (NG116)
    - Mental health problems in people with learning disabilities: prevention, assessment and management (NG54)
    - Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services (CG136)
- **National Collaborating Centre for Mental Health care pathways:** The National Collaborating Centre for Mental Health produce care pathways to support the delivery of the Five Year Forward View for Mental Health. Topics include: Early intervention in psychosis, Dementia, Emergency mental health care pathway, Improving Access to Psychological Therapies (IAPT) long-term condition pathway.
- **Public Health England JSNA Toolkit:** In 2017, Public Health England produced Better Mental Health: JSNA Toolkit, guidance to support planners to understand needs within the local population and assess local services.

9.2. PREVENTION

Prevention operates at different levels:[74]

- Primary prevention. Stopping mental health problems from occurring in the first place by using 'upstream' approaches.
- Secondary prevention. Identifying the earliest signs that mental health is being undermined and ensuring early intervention is available to minimise progression into a more serious mental health problem.

[74] Mental Health Foundation. 2015. Prevention Review: Landscape Paper

- Tertiary prevention. Working with people with established mental health problems to ensure the earliest path to sustainable recovery and to reduce the social, economic and health losses often resulting from living with a mental health problem.

In addition, a cross-cutting dimension across the prevention levels allows for a progressive focus on those at highest risk.

- Universal: seeking to influence a whole population or groups within institutions such as workplaces, schools, colleges.
- Selective: seeking to reach individuals or subgroups based on known areas of generally higher risk, including those who may not be showing signs of developing a mental health problem but live in circumstances or with discrimination and stigma known to be corrosive to mental health (BAME communities, people who are homeless, people who have learning disabilities, LGBT+ people).
- Indicated: targeting people at the highest risk of mental health problems and potentially showing early indications such as employees who are displaying signs of workplace stress, children whose parents have a serious mental health problem.

Evidence of what works to reduce mental health stigma and discrimination suggests that successful projects combine a number of approaches including education, social contact and protest. The strongest evidence is that interventions with a high level of appropriate and relevant social contact are able to improve understanding and reduce social distance.[75] In England, the main anti-stigma campaign is Time to Change.

9.3. TREATMENT AND MANAGEMENT

9.3.1. Common mental health disorders

Table 3 provides information from NICE to guide the overall care for all people with depression. Further information about evidence-based interventions can be found from the Joint Commissioning Panel for Mental Health and in Appendix 1.

Table 3. Overview of the delivery of care for people with depression[76]	
Focus of the intervention	**Nature of the intervention**
Provide information and support, obtain informed consent	Build a trusting relationship, engaging and open relationship in a non-judgemental manner
Advance decisions and treatments	For people with recurrent severe depression or depression with psychotic symptoms and for those who have been treated under the Mental Health Act, consider developing advance decisions
Support families and carers	Providing written and verbal information on depression and its management, including how families or carers can support the person
Assessment, coordination of care and choosing treatments	Conduct a comprehensive assessment of the person with depression
Effective delivery of interventions of depression	All interventions for depression should be delivered by competent practitioners. Psychological and psychosocial interventions should be based on the relevant treatment manual(s), which should guide the structure and duration of the intervention.

9.3.2. Severe Mental Illness

[75] cf. Better Mental Health for All: A Public Health Approach to Mental Health Improvement (2016) London: Faculty of Public Health and Mental Health Foundation.

[76] https://www.nice.org.uk/guidance/cg90/chapter/Introduction

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements in a particular area of health or care. The eight quality standards for people with severe mental illness are summarised in Table 4. Further information is found in Appendix 2.

Table 4: NICE Quality Standards of Care for People with Severe Mental Illness
Quality Statement (1-8)[77]
Adults with a first episode of psychosis start treatment in ***early intervention in psychosis services*** within 2 weeks of referral.
Adults with psychosis or schizophrenia are offered ***cognitive behavioural therapy for psychosis (CBTp).***
Family members of adults with psychosis or schizophrenia are offered ***family intervention***.
Adults with schizophrenia that have not responded adequately to treatment with at least 2 antipsychotic drugs are offered ***clozapine***.
Adults with psychosis or schizophrenia who wish to find or return to work are offered ***supported employment programmes***.
Adults with psychosis or schizophrenia have specific comprehensive ***physical health assessments***.
Adults with psychosis or schizophrenia are offered combined ***healthy eating and physical activity programmes, and help to stop smoking***.
Carers of adults with psychosis or schizophrenia are offered ***carer-focused education and support programmes***.

9.3.3. Dementia

Table 5 provides a framework of interventions which supports the services, and supports patients, carers and practitioners in identifying and accessing the most effective interventions for those with dementia.

Table 5. General care and clinical management for a person with dementia[78]	
General management for a person with dementia	
Intervention	**Further detail on the intervention**
Involve people living with dementia in decisions about their care	Person centred care; underpins good practice in dementia care. Provide information for the person living with dementia and their family. Advanced care planning.
Initial assessment for suspected diagnosis in non-specialist setting	Use validated cognitive testing scores to identify person at risk (10-CS, 6CIT, mini COG). Refer person to appropriate specialist dementia diagnostic service.
Care coordination	Provide people living with dementia with a single named health or social care professional who is responsible for coordinating their care.
Clinical treatment and management for a person with dementia	
Intervention	**Further detail on the intervention**
Interventions to promote cognition, independence and well being	Offer a range of activities to promote wellbeing; group cognition stimulation therapy; group reminiscence therapy; cognitive rehabilitation or occupational therapy.
Pharmacological interventions[79]	Anti-cholinesterase inhibiters (AChE inhibitors), memantine monotherapy.
Specialist care referrals	Psychiatrists, geriatricians and neurologists, other healthcare professionals (such as GPs, nurse consultants and advanced nurse practitioners), if they have specialist expertise in diagnosing and treating Alzheimer's disease.
Managing non-cognitive symptoms	Antipsychotics, psychological treatments and personal multicomponent sleep management approaches where applicable.

[77] https://www.nice.org.uk/guidance/qs80/chapter/List-of-quality-statements
[78] https://www.nice.org.uk/guidance/ng97/chapter/About-this-guideline
[79] https://www.nice.org.uk/guidance/ta217/chapter/1-Guidance

Assessing and managing other longer-term conditions in people with dementia	
Further services available and applicable for patients living with dementia	
Intervention/service	**Further detail on intervention**
Palliative care[80]	Flexible needs-based palliative care that takes into account how unpredictable dementia progression can be.
Supporting carers	Psycho-education and skills training intervention to the carers of the person living with dementia.
Transition between different care settings[81,82]	Follow the principles in these guidelines for recommended transition of a person with dementia between other settings.
Staff training and education	Care and support providers should provide all staff with training in person-centred and outcome-focused care for people living with dementia. Consider giving carers and/or family members the opportunity to attend.

9.1. COST-EFFECTIVENESS

Better Mental Health for All, the Faculty of Public Health's report on public mental health, included results of an analysis of returns on investment for different aspects of mental health prevention and promotion.[83] The highest total return on investment comes from prevention of conduct disorder through social and emotional learning programmes (returns of £83.73 per £1 expenditure), followed by suicide prevention through bridge safety barriers (returns of £54.45), suicide training courses provided to all GPs (returns of £43.99), school-based interventions to reduce bullying (returns of £14.35), screening for alcohol misuse (returns of £11.75) and early detection of psychosis (returns of £10.27).

9.2. NATIONAL STRATEGIES

In addition to policies that influence mental health via broader risk factors, there are several key national policies that directly shape the provision of mental health services:

NHS Long Term Plan (January 2019).
This plan reaffirms a commitment to putting mental health care on a level footing with physical health services. Specifically, it includes a commitment to:

- spending at least £2.3bn more a year on mental health care
- helping 380,000 more people get therapy for depression and anxiety by 2023/24
- delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24
- making further progress on care for people with dementia

PHE Prevention Concordat for Mental Health (August 2017).
A consensus statement that describes the shared commitment of the organisations to work together via the Prevention Concordat for Better Mental Health, through local and national action, to prevent mental health problems and promote good mental health.

Five Year Forward View for Mental Health Implementation Plan (July 2016).
Continued to recognise the correlation between good physical and mental health and established a set of objectives that would seek to ensure that access to mental health care became consistent with access to physical health care.

Five Year Forward View for Mental Health (February 2016).

[80] https://www.nice.org.uk/guidance/qs13
[81] https://www.nice.org.uk/guidance/ng27
[82] https://www.nice.org.uk/guidance/ng53
[83] Better Mental Health for All: A Public Health Approach to Mental Health Improvement (2016) London: Faculty of Public Health and Mental Health Foundation. Table 1.

This national strategy, which covers care and support for all ages, was produced by an independent Mental Health Taskforce of health and care leaders, people who use services and experts in the field. It set out a journey for the transformation of mental health services and outcomes in England.

Future in Mind (March 2015)
NHS England published this strategy as part of a national drive to improve capacity and capability in the delivery of mental health services for children. This report provides a broad set of recommendations across five key themes:

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Mental Health Crisis Care Concordat (February 2014).
The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

No Health without Mental Health (Feb 2011)
A cross-governmental mental health strategy for people of all ages that established a vision for improving the mental health and wellbeing of the population. The document recognised the correlation between physical and mental health and sought to achieve equal focus on both. Six high level objectives are:
1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

10. LOCAL STRATEGIES

There are a number of local strategies and action plans designed to improve the wellbeing and mental health of Lewisham residents:

Lewisham Public Mental Health and Wellbeing Strategy 2016-2019.
This strategy took a life course approach, focusing on actions at each life stage. The actions for working age adults included promoting NICE guidance 'Mental Wellbeing in the Workplace' with local businesses, workplaces and voluntary (VCS) organisations, encouraging them to become employer 'Time to Change' champions and to sign up to the GLA Healthy Workplace Charter; considering the use of the Mental Wellbeing Impact Assessment tool for all major policy and planning projects; working with the local parks and adult education to ensure that residents have good awareness of green spaces and adult education offer available to residents. Actions for older age adults included supporting the work of the Lewisham Positive Ageing Council to make an application for Lewisham to become a

Lewisham Mental Health and Housing Working Group
At its meeting in May 2016 the Housing Select Committee agreed to hold an in-depth review into housing and mental health, particularly how social housing tenants with low-level or mild mental health issues (such as anxiety and depression) are supported. The review found that:

- More people with mental health needs are being housed in general needs housing
- People with mental health problems often have a housing related problem too

The Lewisham Mental Health and Housing Working Group was established in 2017 to address the recommendations of the review. Comprised of professionals from social

Lewisham Suicide Prevention Strategy 2019-2021
The main areas of action of this strategy closely reflect those of the national suicide prevention strategy:

- reduce the risk of suicide in key high-risk groups: young men (those between the ages of 25 and 44 years); those who misuse drugs and/or alcohol; pregnant women
- tailor approaches to improve mental health in specific groups
- reduce access to the means of suicide
- provide better information and support to those bereaved or affected by suicide
- support the media in delivering sensitive approaches to suicide and suicidal behaviour

WHO Age Friendly Community; raising awareness about ways to protect mental wellbeing and connecting residents in with organisations/initiatives that seek to improve mental wellbeing; supporting Lewisham Dementia Action Alliance to make Lewisham a dementia friendly place to live.	care, mental health and housing from the public and voluntary sectors, the group is working to develop a handbook for practitioners in Lewisham to improve the information and options available to residents and standardise the local approach to early intervention for mental health in a housing context.	• support research, data collection and monitoring
Lewisham Health and Wellbeing Strategy: Health and Wellbeing for All by 2023 This ten year strategy was developed by Lewisham's Health and Wellbeing Board (HWB) and set out the improvements and changes that the Board would focus on. The strategy was refreshed in 2015. Improving mental health and wellbeing is one of the priority areas. Desired achievements for this priority area included: • BME representation accessing psychological therapies to be representative of the local population. • Mental wellbeing to be recognised as a key component of good health. • People with mental illness to be physically healthy through better access to screening and by receiving support for behaviour change in relation to smoking, physical activity and healthy weight management. • Suicide rates to be below the national average • An improvement in under 75 mortality for those with mental illness.	**Lewisham Dementia Action Alliance (DAA)** The Lewisham Dementia Action Alliance is a vehicle for the local community to improve the area and the offer for local residents living with dementia. The DAA envisages that people living and working in Lewisham are aware of and understand more about dementia through becoming dementia friends; people with dementia and their carers will be encouraged to seek help and support; and people with dementia will feel included in their community, be more independent and have more choice and control over their lives.	**The Children and Young People's Mental Health and Emotional Wellbeing Strategy 2015-2020** The aims of this strategy have a direct link with public mental wellbeing and have a vision to ensure that young people in Lewisham are emotionally resilient and know when and where to seek help if they need it.

In addition to Lewisham strategies, there are several regional strategies that have an influence on adults' mental health in Lewisham.

- **London Mental Health Transformation Programme**: A single Mental Health Transformation Board for London brings together senior leaders from all sectors to build system-wide mental health capacity and capability as well as strengthen commissioning and contracting.
- **Thrive LDN**: Thrive LDN is a citywide movement to improve the mental health and wellbeing of all Londoners. It is supported by the Mayor of London and led by the London Health Board partners. Thrive looks to bring together multiple city agencies and providers, as well as voluntary, business and community partners. Areas of focus include: improving the population's understanding of mental health, employment, children and young people's mental health, suicide prevention, community resilience and vulnerable people.
- **Healthy London Partnership**: The Healthy London Partnership have produced a range of guides for mental health transformation, including Closing the Mortality Gap - Opportunities in Sustainability Transformation Planning, a guide to help support and inform commissioners to improve the physical health of individuals with severe mental illness.

- **Our Healthier South East London**: Our Healthier South East London (OHSEL) is the NHS Sustainability and Transformation Partnership (STP) for South East London – the 'umbrella' plan which brings NHS organisations in the area together with local councils together to establish a place-based leadership and decision-making structure to make plans and decisions that will ensure the sustainability of services into the future. A key component of the plan is prevention and this includes mental health. The vision of OHSEL for mental health can be found on their website.

11. CURRENT ACTIVITIES AND SERVICES

As discussed in Section 9, there are many direct and indirect factors likely to have an impact on mental health. As such, there are a set of statutory mental health services, but also other services that are likely to indirectly or directly contribute to improved mental health in Lewisham, even if this is not the primary purpose of the service. These services may be provided by the community or by statutory organisations, and are described in this report as 'wellbeing and prevention services'.

Lewisham statutory mental health services operate an integrated approach. Commissioners and providers are seeking to expand on examples of good practice to apply a population based approach and establish personalised service provision that moves beyond responding to a diagnosis and the provision of symptomatic relief. With this aim, and in recognition of the fact that a new integrated model of service delivery is required to make the most effective use of limited resources, a new Lewisham provider alliance launched in April 2019.

The diagrams below (Figures 14-16) depict the three statutory mental health service pathways in Lewisham, for common mental illness (CMI), severe mental illness (SMI) and crisis care. Services are described in further detail in this Section, and service data is analysed in Section 12.

Figure 14: Service Map of Pathways for Common Mental Illness (CMI) in Lewisham

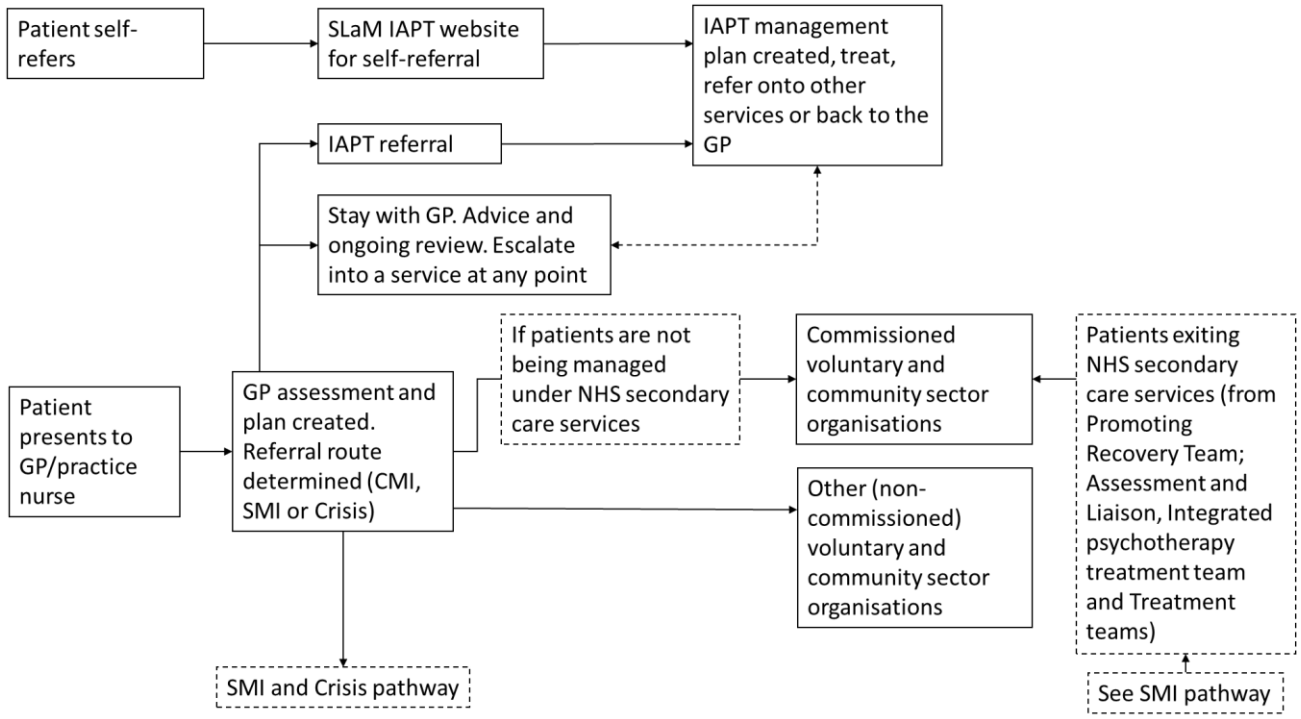


Figure 15: Service Map of Pathways for Severe Mental Illness (SMI) in Lewisham

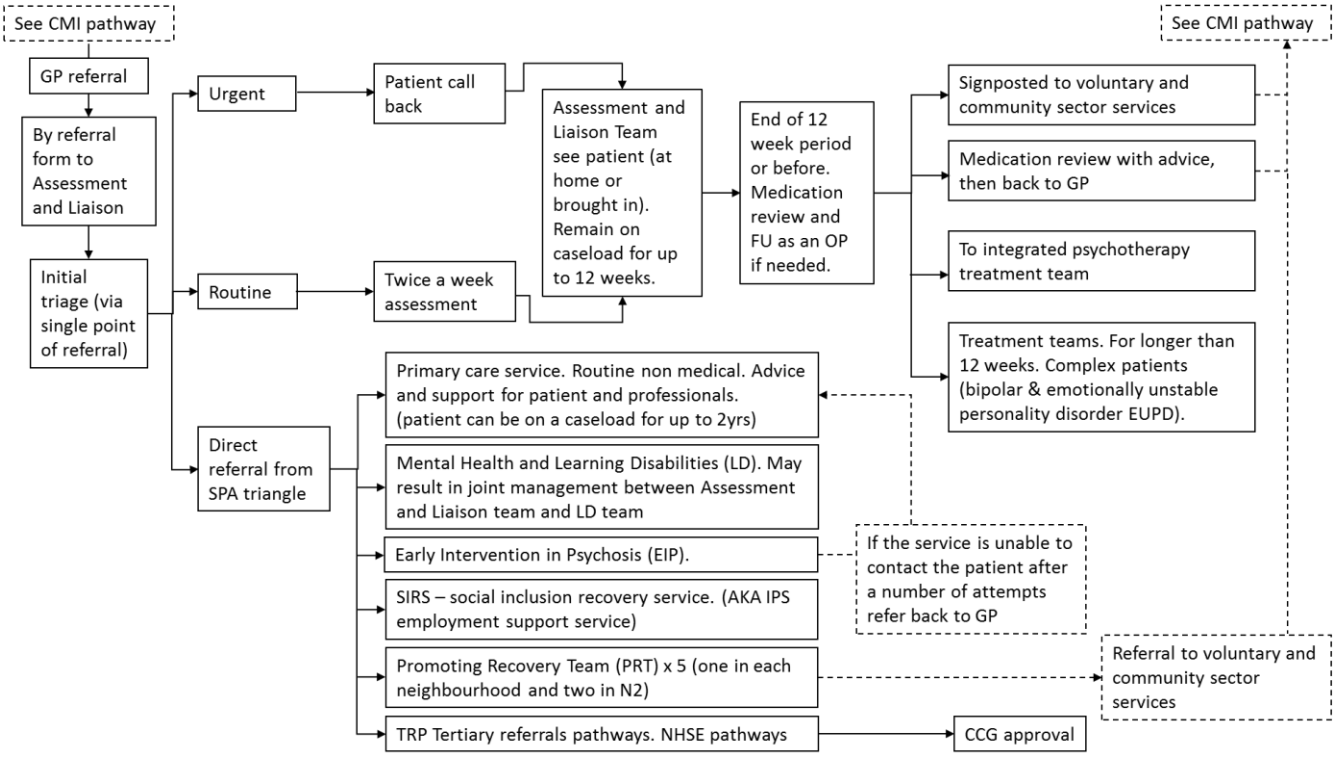
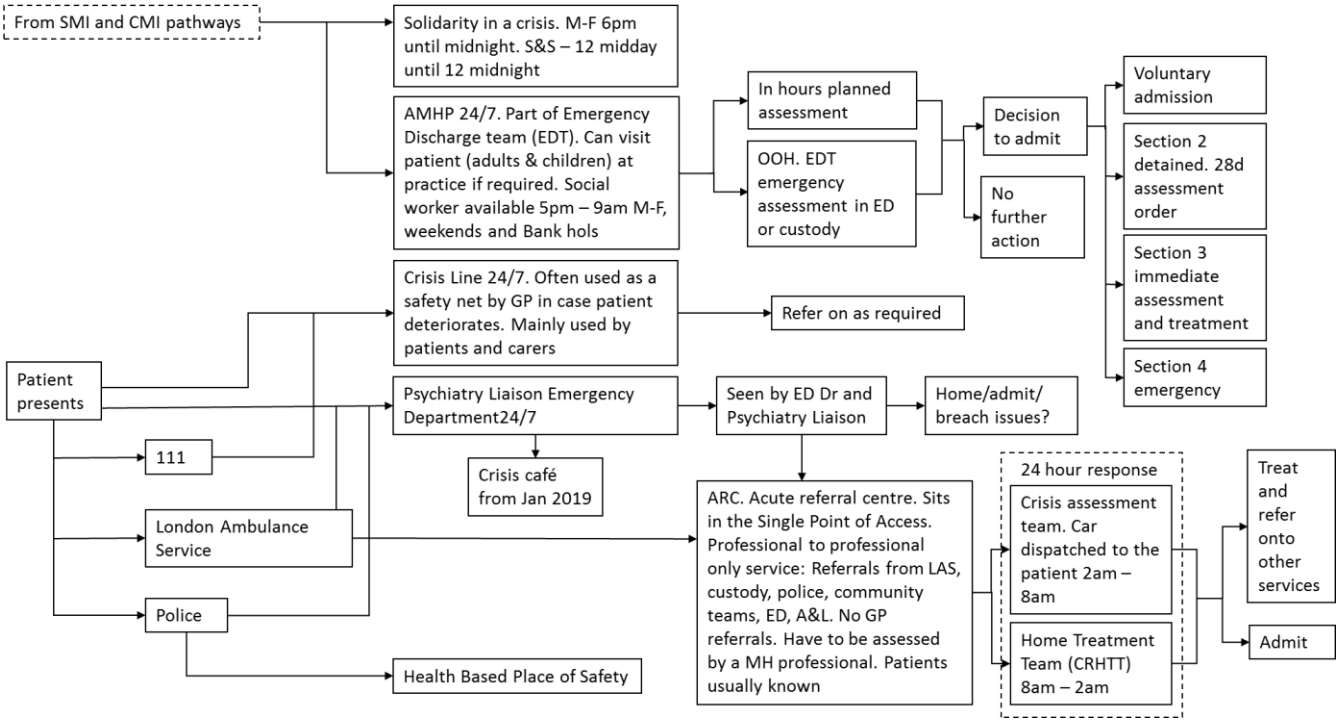


Figure 16: Service Map of Crisis Pathway for Mental Health in Lewisham



11.1. WELLBEING AND PREVENTION SERVICES

11.1.1. Neighbourhood Community Development Partnerships

In February 2017 Lewisham Council developed a Community Development Charter which outlines a partnership approach to community development and builds on current neighbourhood and borough-wide assets and networks with the creation of four Neighbourhood Community Development Partnerships (NCDPs). The partnerships bring together all the relevant voluntary and community sector partners as well as statutory services in each Neighbourhood to identify local health and wellbeing priorities as well as local resources and community assets to address them. Lewisham Public Health has provided funding to support grants to voluntary and community organisations in the four NCDPs, distributed using a community based participatory budgeting process. The grants have supported a variety of projects that promote health and wellbeing for local residents. These include befriending groups, community gardens, a soup kitchen, holiday at home schemes, storytelling and dance workshops, physical activity sessions and a Fit Bus scheme; and many of the projects aim to improve the wellbeing of the local community in some way.

11.1.2. Lewisham Council Main Grants Programme

Lewisham has a diverse voluntary and community sector which ranges from very small organisations with no paid staff through to local organisations affiliated to national charities. As well as being directly involved in delivering services to citizens in the borough, these organisations also provide the essential infrastructure to allow civil society as a whole to develop and to support individual citizens to be able to play an active role within their local communities. Programme themes are: Strong and Cohesive Communities; Communities that Care; Access to Advice; and Widening access to Arts and Sports. These themes all cover projects and organisations that lead to improvements in community wellbeing, whether directly or indirectly, for example Voluntary Services Lewisham, which runs a befriending project, and Deptford Reach, which supports homeless people in the north of the borough.

11.1.3. Parental wellbeing support

In addition to the perinatal mental health support provided by Lewisham and Greenwich Trust and SLaM, as outlined in the Maternal Mental Health JSNA, there are a range of parental wellbeing services provided in the community, for example Mindful Mums, which helps pregnant women and new mums to look after their

wellbeing, and the Parent Champions programme, where parent volunteers give a few hours a week to talk to other parents about the local services available to them. More detail about parental wellbeing services are in Lewisham's Parenting JSNA. Following the Maternal Mental Health JSNA, a review of fathers' mental health in Lewisham was completed. The review revealed that almost a third of new fathers who were surveyed reported experiencing postnatal depression. Whilst there are some services available to support new dads (listed in the report), the review highlighted that more needs to be done.

11.1.4. Employment support

IPS (Individual Placement and Support) supports people with severe mental health difficulties into employment. It involves intensive, individual support, a rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer. There is now overwhelming international evidence that IPS is much more effective than traditional approaches (such as vocational training and sheltered work) in successfully getting people into work.

Lewisham is part of a two-year IPS pilot across South East London STP. In Lewisham there will be an IPS Employment Specialist at SLaM who will be co-located within the Early Intervention in Psychosis service. This means that more Lewisham clients will receive IPS support, with projected increases in the number of clients that enter employment. Previous to this pilot there has been no IPS provision to SLaM patients with severe mental illness in Lewisham.

In SLaM IAPT services, there are vocational/career specialists who support Lewisham service users with a range of vocational needs including supported employment, supported education, and job retention.

Lewisham Job Centre Plus offers employment support for people with mental health needs. They work in partnership with employers to promote employment opportunities for people with mental health conditions, upskill work coaches so they are better able to support people with mental health needs and provide staff with mental health first aid. There's a suicide and self-harm lead in every job centre, alongside safeguarding and referral officers. In addition, the visiting team visit people at home who miss appointments (which is more common amongst people with mental health conditions). However the service is unable to offer specialist support to everyone with mental health needs (there is a threshold for support) and so potentially there are people with mental health needs who are not receiving support with employment. Additionally, stigma from employers around mental health has continually been identified as an issue in research on attitudes to mental health and at stakeholder events in Lewisham.

11.1.5. Adults' substance misuse services

Lewisham's current approach to adult substance misuse treatment was reconfigured in April 2015. The system consists of four main commissioned substance misuse services and a range of associated activity delivered via the council's Prevention, Inclusion and Public Health Commissioning Team, GPs, pharmacists and the providers of detoxification and rehabilitation services. CGL run the main complex needs service in the borough which assesses and triages all those presenting with a substance misuse or alcohol need. Service users receive a systematic assessment for an appropriate pharmacological therapy for opiate dependence and commencement of dose titration within 24 hours of presentation. In addition to this there are a range of specialist elements within the service designed to meet specific needs. Blenheim CDP deliver the primary care recovery service which works in partnership with GPs and provides a range of interventions including advice, information, brief interventions and extended brief interventions to help prevent and minimise problematic alcohol or substance misuse or dependency.

Dual diagnosis continues to be an issue for people with mental health needs. There are two community-based dual diagnosis workers; and referrals can be made between mental health services and substance misuse services when appropriate. There are also interface meetings between mental health services and substance misuse services to facilitate joint working and resolving any differences of opinion regarding which service is

best placed to lead/co-ordinate the care of an individual and/or the appropriate contribution of specific services to care packages.

The National Institute for Health and Care Excellence (NICE) is currently reviewing guidance for people with coexisting severe mental illness and substance misuse, which aims to improve care pathways for this group. It will be important for Lewisham to review these guidelines when they are published in September 2019 in order to provide coordinated services that address the wider health and social care needs as well as other issues such as employment and housing. Mental health and substance misuse commissioners have started to meet to further develop effective pathways for those with dual diagnosis in Lewisham.

11.1.6. Time to Change

Lewisham became a Time to Change Hub in 2018. Local Time to Change Hubs work to reduce mental health stigma and discrimination in local schools, workplaces and communities and improve the quality of life for people living with mental health problems using simple conversations and:

- Putting people with personal experience of mental health problems at the heart of their work
- Embedding anti-stigma and discrimination work locally, whether that be socially, in workplaces, local schools, or other community settings
- Proactively campaigning to improve people's attitudes and behaviours towards mental health.

11.1.7. Health improvement training

Lewisham Council Public Health Department and Lewisham Community Education Provider Network offer health improvement training courses targeted at people working or volunteering in the borough. The programme provides an opportunity for participants to develop and strengthen health improvement skills and competencies. Mental Health First Aid for Adults equips participants with the skills and knowledge to provide initial support to individuals experiencing mental health problems and guide them towards appropriate professional help. Mental Health and Dual Diagnosis training aims to provide participants with a basic awareness of mental health and mental illness and to raise awareness of the issues related to dual diagnosis and improve working with those clients who have a mental health issue/substance misuse. Bromley, Lewisham & Greenwich Mind are also commissioned to provide dementia training in the Borough, particularly targeting people working in health and social care, as part of the Lewisham Dementia Support Hub.

11.1.8. Social prescribing

Social prescribing schemes are beginning to be recognised as vital tools. They have the capacity to assist statutory services as they look to 'do more with less' in the face of a growing, ageing population and restricted funding. Social prescribing schemes have been operating in Lewisham over the last decade. For example, Community Connections is a consortium social prescribing project in Lewisham led by Age UK Lewisham and Southwark that has been running since 2013. It aims to improve integration between services across Health and Social Care and the community sector as well as supporting decreased isolation and improved mental wellbeing for vulnerable adults in Lewisham. This is achieved through the combination of Community Development Work and one-to-one Community Facilitation for vulnerable individuals. An evaluation of the project in 2017/18 showed that 72% of people who were supported reported an improvement in their overall wellbeing after Community Connections' involvement.[84] Lewisham Safe and Independent Living (SAIL) Connections[85] is a social prescribing scheme that also operates as a first contact tool, enabling self-referral, early intervention and prevention through use of community-based services across multiple sectors. Evaluation of the pilot showed improved wellbeing and decreased isolation and social prescribing; as a result, Lewisham's social prescribing programme is being taken forward by key partners and will be expanded over

[84] Age UK Lewisham and Southwark: Community Connections 2017-2018 Impact Report. Available at: https://www.ageuk.org.uk/lewishamandsouthwark/services/community-connections/

[85] Lewisham SAIL Connections: 2016-18 Pilot Evaluation using an adapted Social Return on Investment Methodology. Available at: https://www.ageuk.org.uk/lewishamandsouthwark/services/sail/

the coming years. A mental health specific social prescribing service is provided as part of Lewisham Community Wellbeing (see 11.2.1)

11.2. COMMISSIONED VOLUNTARY AND COMMUNITY SECTOR MENTAL HEALTH SERVICES

Voluntary and community sector organisations are commissioned by Lewisham Council and Lewisham CCG Joint Mental Health Commissioners to provide a range of mental health services in Lewisham.

Following a restructuring of commissioned services, from April 2019, partnerships led by Bromley, Lewisham and Greenwich Mind (BLG Mind) are delivering two important new services to meet the needs of local people in their communities: Lewisham Community Wellbeing and the Lewisham Dementia Support Hub (see Section 11.6).

11.2.1. Lewisham Community Wellbeing

Lewisham Community Wellbeing is a new integrated service for people with mental health and wellbeing problems, which is delivered by BLG Mind, Lewisham Refugee and Migrant Network (LRMN), Sydenham Garden and METRO, working closely with South London & Maudsley NHS Foundation Trust (SLaM).

The service supports people to manage their mental health and wellbeing problems, stay well, recover, achieve their personal goals and connect with their local community. It includes:

- A single point of access to the range of support available
- Individual person-centred support and recovery planning
- Workshops, courses and groups
- Peer Support, through activity-based groups
- Culturally specific provision for people from BAME communities
- Community engagement and mental health awareness raising
- Service user involvement

Lewisham Community Wellbeing replaces some services previously provided by BLG Mind, services provided by Family Health ISIS and aspects of Sydenham Garden's provision. Staff and clients from Family Health ISIS transferred into the new service in February 2019.

11.2.2. Sydenham Garden

Sydenham Garden is a wellbeing centre that uses its gardens, nature reserve and activity rooms to help people in their recovery from mental and physical ill-health in Lewisham. They are commissioned to run several projects, along with many supplementary activities and clubs. Three projects are focused on adult mental health and include gardening, art and craft, cooking, and opportunities to achieve recognised qualifications. Sydenham Garden also run a project focused on dementia.

11.2.3. METRO

METRO are commissioned to provide counselling, group therapy and family therapy for LGBTQ young people aged 11-25 and a mental health drop-in, which runs every Thursday from 12:30pm to 3:30pm in Woolwich. It's a safe space to socialise with others in a comfortable, non-judgemental, relaxed atmosphere.

11.2.4. Lewisham Bereavement Counselling

Lewisham Bereavement Counselling provides counselling and advice services for bereaved people in Lewisham.

11.2.5. The Vietnamese Mental Health Service

The Vietnamese Mental Health Service provides services to people from Vietnam living in Lewisham with mental health difficulties with a medium to high support need. Services include outreach and counselling services and drop-in day centres

11.2.6. The Cassel Centre

Previous to April 2019, the Cassel Centre provided counselling, psychotherapy, cognitive behavioural therapy (CBT) and therapeutic social work to Lewisham patients. The Cassel Centre is a community of around sixty professionals across South East London who offer time for people to talk about practical and emotional difficulties in times of personal or family vulnerability. The Cassel Centre is no longer commissioned to provide these services.

11.3. PRIMARY CARE

11.3.1. General practice

The vast majority of people receiving treatment for mental health problems are seen within primary care.[86] Nationally, 81% of people first come into contact with mental health services via their GP and continue to receive support from their GP throughout the period they are in contact with secondary care services; 90% of people receive treatment and care for their mental health problem solely in primary care settings; and it is estimated that a third of GP appointments involve a mental health component.[87] In recognition of the relationship between mental and physical health, an important part of the role of general practice for people with mental ill health, especially severe mental illness, is to provide regular physical health checks.

11.3.2. Primary Care Mental Health Service

This service is a partnership between SLaM and BLG Mind to provide support for people with long-term mental health problems in a primary care, community-based setting. The service includes SLaM staff, including nurses, social workers and occupational therapists, working alongside BLG Mind staff, to provide both low level clinical support and practical and peer support. Referrals to the service are accepted via SLaM's Assessment and Liaison Team.

11.3.3. Improving Access to Psychological Therapies (IAPT) Service

IAPT Lewisham is a primary care service that provides advice and brief treatment, including self-help therapy for people, aged over 18, with depression or anxiety. Referrals are received from GPs and self-referrals.

11.4. COMMUNITY MENTAL HEALTH SERVICES FOR ADULTS WITH SEVERE MENTAL ILLNESS

The South London and Maudsley (SLaM) NHS Trust provide community mental health services for adults with severe mental illness in Lewisham.

11.4.1. Assessment and Liaison Service

The Assessment and Liaison Service works with primary care and adult social care to support people aged 18-65, with mental health problems, where possible, without the need for a secondary mental health service. The team gets referrals from GPs and other health and social care workers.

11.4.2. The Treatment Service

The Treatment Service combines the Assessment and Liaison Service with targeted therapeutic interventions. Referrals come from the Assessment and Liaison Service.

11.4.3. Psychosis Promoting Recovery Community Service

The Psychosis Promoting Recovery Community Service has teams in the four Lewisham 'neighbourhoods',[88] providing care for adults who have a psychotic illness. This involves distorted perceptions of reality – thinking,

[86] NHS England (2017) RightCare Mental health conditions pack for Lewisham CCG
[87] NHS England (2017) RightCare Mental health conditions pack for Lewisham CCG
[88] Lewisham has been organised into four 'neighbourhoods' which correspond to geographical areas of the borough.

feeling, hearing and seeing – often with symptoms of hallucinations and delusions. Vocational and a Primary Care Enhanced Mental Health services are also provided.

11.4.4. Early Intervention in Psychosis

SLaM's Early Intervention Service (Lewisham) provides support to people aged 16-64 who are suspected to be at risk or who are having a first episode of psychosis before they reach 'crisis point'. Referrals come from a range of sources including GPs and schools.

11.4.5. OASIS

OASIS is a health service for young people aged 14-35 who are experiencing psychological distress. Referrals come from a range of sources and the team accepts self-referrals.

11.4.6. Lewisham Enhanced Recovery Team

The Enhanced Recovery Team provide intensive community-based rehabilitation, care and support for adults with severe and long-term mental illness who live in Lewisham.

11.5. CRISIS AND ACUTE MENTAL HEALTH SERVICES FOR ADULTS WITH SEVERE MENTAL ILLNESS

SLaM NHS Trust provide crisis and acute mental health services for Lewisham residents.

11.5.1. Lewisham Integrated Psychological Therapy Team

The Integrated Psychological Therapy Team (Lewisham) is a specialist psychological therapy service (secondary care) that provides assessment, treatment and care for people, aged 18-65, who have severe mental illness. The service receives referrals from IAPT and the Assessment and Liaison team.

11.5.2. Acute wards

The Trust has a number of wards that support people in Lewisham, aged 18 to 65 years old, who need inpatient crisis or acute mental health care. These include Clare Ward; Johnson Psychiatric Intensive Care Unit; Lewisham Triage; Powell Ward and Wharton Ward. To ensure people get the help they need when most unwell, referrals to these wards can be received from anywhere across the Trust not just Lewisham. The Trust uses the Care Programme Approach (CPA) to assess, plan, co-ordinate and review care for service users with mental health problems and complex issues. In addition, there is a health promotion and wellbeing service that aims to reduce smoking, increase physical activity levels and improve diet amongst inpatients (see Box 4).

11.5.3. Mental health liaison service

This services aims to provide psychiatric assessment and treatment to patients aged 18 and over who may be experiencing distress whilst at University Hospital Lewisham. They provide a valuable interface between mental and physical health. The service assesses people to determine if they need mental health care and treatment.

11.5.4. Inpatient and community forensic services

The Trust provides a range of medium, low secure and specialist inpatient forensic services, in state of the art modern facilities at River House. The Community Forensic Service (Lewisham) provides community-based assessment, treatment and care for people, aged 18-65, who have severe mental health problems and who may be a risk to themselves and others.

Box 4. Physical health and health promotion services in hospitals

Health promotion

To address the physical health inequalities in people with SMI, there are a variety of health promotion activities that take place within crisis and acute mental health services for adults with severe mental illness.

Some of this activity has been driven by the 2017-19 CQUIN (Commissioning for Quality and Innovation), an incentive scheme). However, in the case of alcohol and smoking, this only covers inpatients and so community services are not included. Health promotion in community services and follow up after discharge is not funded by the CQUIN.

A large component of the health improvement has involved staff training. For example, there is a 5-day training on dual diagnosis, training on services and referrals for alcohol, and training for staff on how to have conversations with patients about evidence-based treatments for tobacco dependence.

The SLaM Physical Healthcare Policy[89] requires that written information is accessible for service users detailing the range of local physical health care services, referral criteria and access arrangements to these services. Information should include support to stop smoking, healthy eating, sleeping well, being more active, and access to specialist services such as sexual health clinics and drug and alcohol services (including information on self-help and mutual aid organisations such as Alcoholics Anonymous and Narcotics Anonymous).

In addition, inpatient areas directly provide healthy living programmes which should include healthy eating, support to stop smoking, alcohol and drug awareness and of being more active.

Physical health checks

All patients entering SLaM Addictions Operational Directorate/Borough services receive a triage assessment. At that assessment the following physical health assessments take place:

- Disability issues that may affect engagement e.g. mobility problems, eyesight problems, hearing loss
- Engagement with GP/registration with GP
- Physical health history, including any current illnesses, long term conditions and disabilities. Weight and waist circumference may be measured (however levels of recording are low)
- Risks to health from current and past substance use will be assessed e.g. overdose, withdrawal, Blood Borne Viruses (BBVs), injecting related problems
- Smoking, including Brief Intervention
- Pregnancy

Tests/investigations (if relevant):

- Urine or oral drug testing
- Breathalyser
- AUDIT (Alcohol Use Disorders Identification Test)/SADQ (Severity of Alcohol Dependence Questionnaire)

Additional issues that may be relevant include:

- Contraception/fertility
- Sexual health risks
- Dental and oral health problems

11.6. DEMENTIA SERVICES AND MENTAL HEALTH SERVICES FOR OLDER PEOPLE

11.6.1. Lewisham Dementia Support Hub

Lewisham Dementia Support Hub is a partnership between BLG Mind, Sydenham Garden, Carers Lewisham and SLaM. It delivers integrated, high quality support to help Lewisham residents diagnosed with dementia,

[89] South London and Maudsley NHS Trust Physical Healthcare Policy. Ratified June 2018. https://www.slam.nhs.uk/media/24407/physical_healthcare_policy_v3_-_june_2018.pdf

and their carers, to live well with dementia. The Lewisham Dementia Support Hub also takes the lead on the Lewisham Dementia Action Alliance, working with businesses and organisations in Lewisham to take action on dementia and make Lewisham a more dementia friendly community. The Hub replaces Lewisham MindCare Dementia Support, which has been delivering dementia support services to residents Lewisham for many years.

11.6.2. Sydenham Garden Sow and Grow (now part of the Lewisham Dementia Support Hub)

Sow and Grow is a course that runs on weekly basis and lasts for six months. It aims to support people to cope with early stages dementia, using gardening, cooking and craft activities, as well as providing plenty of opportunities for reminiscence, social interaction, reflection and discussion. Referrals come from GPs, Lewisham Dementia Support Hub, Adult Social Care Advice and Information team and residents can also self-refer.

11.6.3. Memory Service

SLaM has a Memory Service team for Lewisham who provide early assessment, treatment and care for people over 18 who have memory problems that may be associated with dementia. Referrals are received from GPs. The team is made up of psychologists, nurses, occupational therapists and doctors. Anyone who is referred to the memory service is seen either at home or in a local clinic. Using the latest diagnostic tools to detect very early dementia, staff carry out an initial assessment and follow up with a talk about the results. It's at this stage that a diagnosis can be made with a referral for appropriate treatment as required.

11.6.4. Community Mental Health Team for Older Adults

SLaM's Community Mental Health Team for Older Adults in Lewisham North and Lewisham South provide community-based assessment, treatment and care for people aged over 65 who have mental health problems and younger people with a diagnosis of dementia.

11.6.5. Home Treatment for Older Adults Service

The Home Treatment for Older Adults team care for people aged 65 and over with severe mental illness who would benefit from assessment and treatment at home as an alternative to hospital. Referrals come from GPs, social services or other secondary care services.

12. SERVICE DATA ON OUTCOMES AND INEQUALITIES

To understand who is accessing services and what the outcomes of any treatment are, data from commissioned services can be analysed. This analysis also reveals whether there are inequalities in either access or outcomes across the population. Service data from providers can also be combined with publicly available data on, for example, rates of diagnosis or hospital admissions.

It should be noted, of course, that service data only takes into account people who present to services, so are unlikely to reflect the true picture of need in Lewisham. In addition, there may be issues with data quality such as recording/coding inconsistencies or missing data, which make it difficult to comprehend the full picture of mental health need in Lewisham. Issues with data quality are discussed fully in Section 14.

12.1. COMMISSIONED VOLUNTARY AND COMMUNITY SECTOR PROVIDERS

12.1.1. BLG Mind Community Support Service

Bromley, Lewisham and Greenwich Mind are commissioned to provide a community support service for Lewisham residents (now Lewisham Community Wellbeing). In 2017/18 they received 421 enquiries to their helpline and 469 referrals. Of these referrals, 265 (56.5%) were accepted onto their caseload, with many others receiving guidance and signposting. All referral responses were made within three days of the initial referral. Almost a third of referrals (29%) came from the Lewisham Assessment and Liaison Team; 20% were self-referrals; 20% came from GPs; and a further 18% came from the IAPT service.

In 2017/18, for those clients for whom there is data recorded:

- 44.0% were female; 55.5% were male; 0.5% were transgender
- The largest age group was 46-55 (28.0%), followed by 26-35 (19.9%), 36-45 (19.7%) and 56-65 (19.1%)
- 59.0% were White; 24.4% were Black; 7.0% were Mixed; and 5.6% were Asian
- 89.7% were heterosexual; 3.6% were gay/lesbian; 1.7% were bisexual; and 5.0% identified as other
- 63.6% reported that they had a mental health condition; 14.2% reported that they had a long term condition

Access to this service in 2017/18 was therefore broadly in line with the Lewisham general population, though women and people from Asian backgrounds are slightly underrepresented amongst service users.

The most popular areas of provision cited as a reason for accessing the service in 2017/18 were ‘mental health’ and ‘meaningful use of time’. Following these were ‘motivation and confidence’ and ‘develop skills’. Information and advice was most commonly reported as what people would like to get out of the service (194 people said this), followed by one-to-one contact (144) and the peer support project (120).

Of the 372 active cases in 2017/18, 45% were seen within 10 days of referral. Of those clients who were discharged over the period (312), 84.0% had a planned discharge from the service.

12.1.2. Sydenham Garden

Sydenham Garden run a service called the Garden Project. In 2017/18, 221 people were referred to this service, of which 41 started the programme. Of these, 18 completed the programme. The three biggest source of referrals were GPs (19.9%), the voluntary sector (16.7%) and CMHT (14.5%). The evaluation of their Transitions pilot project showed that it significantly improved participants’ wellbeing during their last 3 months in the Garden project.

12.1.1. Metro

Data for this service is only available for Q1 and Q2 2017/18, so there is no accurate record of who accessed the service over the whole year. The available data shows that 52 Lewisham residents accessed Metro counselling services in Q1 and Q2 2017/18. There is no data available on other services provided by Metro, or on the characteristics (age, ethnicity, etc.) of those Lewisham residents who did access services.

12.1.2. Lewisham Bereavement Counselling

Data for this service is only available for Q1-Q3 2017/18, so there is no accurate record of who accessed the service over the whole year. The available data shows that 157 Lewisham residents contacted the service and were sent bereavement guides in these three quarters; 41 people were assessed; and 40 people started counselling. Of those people that contacted the service, 74.2% were female and the most common age group was 65 and over.

12.1.3. Vietnamese Mental Health Service

The service is for Vietnamese and Chinese people with a medium to high mental health support need. The service delivers across Lewisham, Lambeth and Southwark, offering 80 places for the three boroughs each quarter. Lewisham residents made up 39.7% of these places in 2017/18.

In 2017/18, the Lewisham clients accessing this service:

- 63.8% were male
- The majority (56.7%) had a diagnosis of schizophrenia. 9.4% had a diagnosis of depression, 9.4% had a diagnosis of depression, and 8.7% had a diagnosis of dementia/Alzheimer's
- 26.0% were aged 46-55; 25.2% were aged 56-65
- 70.9% were Vietnamese and the rest were Chinese
- 90.6% were heterosexual, and the rest preferred not to say

The most common activity was telephone support. At the last review of the recovery star (in Q3 2017/18), 100% of service users reported positive improvement in every domain (Managing mental health; Self-Care; Living Skills; Social Network; Work; Relationships; Addictive Behaviour; Responsibility; Identity & Self-esteem; Trust & Hope).

12.1.1. VoiceAbility

VoiceAbility were until 2019 commissioned to provide Lewisham residents with Independent Mental Health Advocacy (IMHA), Care Act advocacy, and have also been taking part in a University Hospital Lewisham (UHL) advocacy pilot project.

In 2017/18, there were 287 total referrals open for IMHA and 241 new referrals. Approximately 70% of referrals came from professionals; 27% were self-referrals; and 3% were from family/friends or internal referrals. The most common type of issue was discharge and aftercare, followed by education, and leave. For eight of the nine outcomes that were surveyed (Involved in decisions about my life; Understand my rights and entitlements; Can speak up for myself more; Have better support (quality); Understand support options available; Have more choice; Understand how to keep myself safe; More confident to keep myself safe; Know who to tell if some-one was hurting me), at least 85% of people reported that things got better or got a lot better (the rest reported no change)[90] after support from VoiceAbility.

In 2017/18, there were 107 total referrals open for Care Act advocacy and 66 new referrals. The majority of new referrals were from Neighbourhood Teams (of which Neighbourhood 4 made the most referrals). The most common type of issue was safeguarding support, followed by assessment, and support planning.

In 2017/18, there were 51 total referrals open for the UHL advocacy pilot and 39 new referrals. For all but two of the nine outcomes, at least 60% of people reported that things got better or got a lot better.[91]

[90] 65% of respondents reported things got better or got a lot better for 'live more independently'

[91] The two exceptions were 'more confident to keep myself safe' (54.3%) and 'know who to tell if some-one was hurting me' (48.6%)

12.1.2. The Cassel Centre

The data below shows the demographic breakdown of service users for the Cassel Centre. The Cassel Centre is no longer commissioned to provide these services from April 2019.

In 2017/18, 275 adults received psychological therapy (counselling and psychotherapy) from the Cassel Centre. Of these:

- 29.5% were aged 31-40; 25.5% were aged 21-30; 21.8% were aged 41-50
- 65.8% were female
- 40.0% were self-referrals and 42.2% were referrals from a health authority
- 6.2% had a disability
- 5.8% identified as LGBT+
- 29.8% were from a low income household
- 70.9% were White; 14.5% were Black; 8% were Mixed Ethnicity; and 4% were Asian

In 2017/18, 74 adults received CBT (cognitive behavioural therapy) from the Cassel Centre. Of these:

- 33.8% were aged 21-30; 29.7% were aged 31-40; 20.3% were aged 41-50
- 62.2% were female
- 32.4% were self-referrals and 44.6% were referrals from a health authority
- 4.1% had a disability
- 2.7% identified as LGBT+
- 35.1% were from a low income household
- 74.3% were White; 10.8% were Black; 8.1% were Mixed Ethnicity; and 1.4% were Asian

In 2017/18, 37 adults received therapeutic social work from the Cassel Centre. Of these:

- 35.1% were aged 21-30; 18.9% were aged 51-60; 18.9% were aged over 60
- 70.3% were female
- 35.1% were self-referrals
- 35.1% had a disability
- No-one identified as LGBT+
- 67.6% were from a low income household
- 54.1% were White; 35.1% were Black; 8.1% were Mixed Ethnicity; and no-one was Asian

In addition, in 2017/18, 7 adults received art psychotherapy from the Cassel Centre.

This data from all three services indicates that, compared to the general Lewisham population, men (for all services) and people from BAME backgrounds (particularly for CBT and psychological therapy) were underrepresented amongst Cassel Centre users in 2017/18.

12.2. PRIMARY CARE

12.2.1. General practice

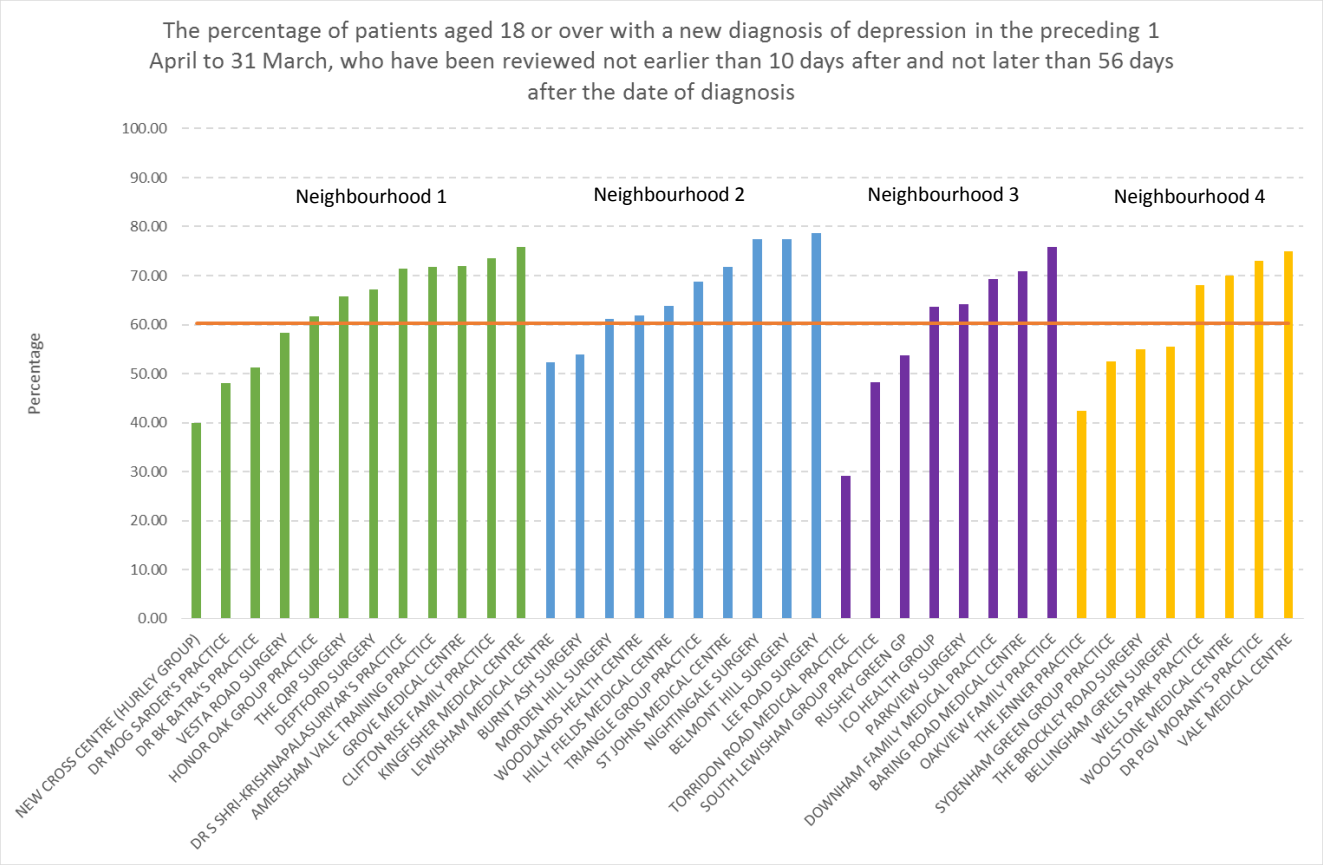
The Quality and Outcomes Framework includes various measures of GP achievement related to mental health. These mostly relate to GPs conducting timely checks and reviews for their patients who have been diagnosed with a mental health condition. Physical health checks are especially important because of the evidence that people with poor mental health (especially those with severe mental illness) are also more likely to experience poor physical health (see Box 3). When considering how GPs perform, we can look at both the overall average for all GP practices in the borough, as well as the variation between practices (and grouped by neighbourhood).

Common mental health disorders

Across all GP practices in Lewisham, 60.2% of patients aged 18 or over with a new diagnosis of depression in 2017/18, were reviewed between 10 and 56 days after the date of diagnosis.[92] This is significantly lower than both the London average (63.2%) and the England average (64.2%).

Within Lewisham, the achievement of this by individual practices ranged from 29.2% to 78.8%. Figure 17 considers the variation at practice level in this achievement by neighbourhood, in 2017/18. The largest variation is found amongst GP practices in Neighbourhood 3.

Figure 17. The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who have been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis



Severe mental illness

In 2017/18, 80.8% of patients in Lewisham with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This is significantly lower than the London average (83.3%) but significantly higher than the England average (78.2%). Within Lewisham, the achievement of this by individual practices ranged from 62.9% to 96.2%.

In 2017/18, 82.3% of patients in Lewisham with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months. This is significantly lower than the London average (84.0%) and similar to the England average (81.5%). Within Lewisham, the achievement of this by individual practices ranged from 65.8% to 98.0%.

[92] Some patients with a new diagnosis, however, had exceptional reasons why they could or should not be reviewed ('exceptions'). If these are taken into account, 82.1% of Lewisham patients aged 18 or over with a new diagnosis of depression in 2017/18, were reviewed between 10 and 56 days after the date of diagnosis. This is compared with 81.6% London average and 82.8% England average.

In 2017/18, 82.9% of patients in Lewisham with schizophrenia, bipolar affective disorder and other psychoses had a record of alcohol consumption in the preceding 12 months. This is significantly lower than the London average (85.2%) and significantly higher than the England average (80.6%). Within Lewisham, the achievement of this by individual practices ranged from 61.6% to 100%.

In 2017/18, 70.4% of Lewisham women aged 25 or over and who have not attained the age of 65 with schizophrenia, bipolar affective disorder and other psychoses have notes that record that a cervical screening test has been performed in the preceding 5 years. This is not significantly different from the London average (68.4%) or the England average (69.7%). Within Lewisham, the achievement of this by individual practices ranged from 52.5% to 86.7%.

In 2017/18, 90.1% of patients in Lewisham on lithium therapy with a record of serum creatinine and TSH in the preceding 9 months. This is similar to the London average and (92.7%) and significantly lower than the England average (94.2%). Within Lewisham, the achievement of this by individual practices ranged from 50.0% to 100.0%. The numbers of patients in each practice on lithium therapy ranged from zero to 16, and the low numbers of patients on lithium therapy in many practices (only three practices had more than 10 patients) may explain the large range of achievement.

In 2017/18, 71.6% of patients in Lewisham on lithium therapy with a record of lithium levels in the therapeutic range in the preceding 4 months. This is similar to the London average (76.7%) and significantly lower than the England average (82.5%). Within Lewisham, the achievement of this by individual practices ranged from 0.0% to 100.0%. As above, the low numbers of patients on lithium therapy in most practices may explain this large range of achievement.

Box 5. Improving physical health checks in primary care

One Health Lewisham (Lewisham's GP federation) included SMI Health Checks as part of its Population Health Scheme (a Quality Improvement programme to improve the clinical outcomes for the population of Lewisham) in an attempt to improve the annual health checks completed for patients with Serious Mental Illness.

GPs were asked to focus on completing the annual physical health check through various strategies unique to each practice. A summary of the key ones include:

- Recall systems that include letters, calls and text messages
- Alerts on the system to opportunistically capture patients if they attend the practice
- Dedicated Mental Health Clinics
- Home visits (owing to difficulties of calling these patients)
- Trawling through data to ensure coding is correct
- Going through results such as blood tests to make sure these are coded/attached to notes.

Between October 2018 and March 2019, analysis showed that the proportion of patients on the mental health register who were recorded as having an annual physical health examination completed increased from 8% to 68%. It should be noted, however, that there is a discrepancy between local reporting and national reporting: national reporting indicates that over the same period, 34.5% of patients on the mental health register had a record all six physical health checks described by the Quality and Outcomes Framework (QOF) (BMI/waist circumference; blood pressure; cholesterol or QRISK; blood glucose or HbA1c; alcohol consumption; smoking status). The discrepancy is likely to have arisen because of recording inconsistencies, but also because of the treatment of data on 'exceptions' (those patients who are exempt from receiving a check because of various reasons).

The focus on physical health checks also contributed to improved understanding of some of the challenges faced by practices in completing health checks for a high proportion of their patients on the mental health register:

- The high proportion of people who do not attend appointments (DNAs)

- The difficulty of covering all elements of the physical health check in the time available
- The challenges of engaging with patients in this cohort
- Some patients refusal to have bloods taken
- Non-cooperation with checks such as blood/cholesterol/weight/blood pressure
- Patients not turning up for blood tests if done outside of practice

Inequalities

To understand the key inequalities in physical health checks for patients with SMI, data was extracted for the patients with SMI who received all six physical health checks in 2018/19 and disaggregated by several characteristics. It shows that 53.6% were male and the majority were aged 40-69. Unfortunately, there were low levels of recording of ethnicity (6.8% of records), marital status (25.1% of records), sexual orientation (0.4% of records) and religion or belief (5.3% of records) for people who have received all six physical health checks, so it is not possible to see whether there are inequalities according to these characteristics.

12.2.2. IAPT

The annual objective for the IAPT access rate set out in the Five Year Forward View Implementation plan for 2017/18 is that 16.8% of people who have depression and/or anxiety disorders should enter NHS funded treatment with IAPT services, which translates to 4.2% for each quarter. Assessment is based on a quarterly 'run rate' requirement, with the expectation that each CCG will achieve a rate of at least 4.2% of local prevalence entering services in quarter 4 of 2017/18 and 4.75% in quarter 4 of 2018/19. The measurement of whether IAPT access ambitions have been met is made in the last quarter of the year giving time for expansion to take place; Table 6 shows that Lewisham was on track at the end of 2017/18, but that access rates need to rise in 2018/19 if the CCG is to meet the 4.75% target for Q4 2018/19.

Table 6. The proportion of people who have depression and/or anxiety disorders that enter NHS funded treatment with IAPT Services in the reporting period, NHS Lewisham CCG

	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
IAPT access rate: proportion of people with depression/anxiety entering NHS funded treatment during reporting period	4.70%	4.40%	4.36%	4.34%

Source: Mental Health Five Year Forward View Dashboard

In 2017/18, there were 9400 referrals to the IAPT service. Of these, 6390 received their first treatment (68.0% of total referrals) and 2960 finished their treatment course (defined as the referrals with an end date in the year that had at least two attended treatment appointments (excluding follow up), which is 31.5% of total referrals. In terms of referral sources, the highest number of drop-outs in 2018/19 were from online self-referral, followed by GP.[93]

Inequalities

A breakdown of referrals, first treatments and finished course of treatment by ethnicity is in Table 7, with the ethnic breakdown of Lewisham as a whole, for reference. The table shows that not only is the Lewisham BAME population underrepresented in the proportion of IAPT referrals received, they are also less successful at moving from the referral stage to the finished treatment stage than their White counterparts.[94] This could suggest there are issues with how culturally appropriate the IAPT service is, in addition to issues with lower referral rates from the BAME population.

[93] IAPT 2018/19 data analysis

[94] Defined as end date in the year and at least two attended treatment appointments excluding follow up

Table 7. IAPT referrals, first treatments and finished course of treatment by ethnicity, NHS Lewisham CCG, 2017/18				
Ethnicity	**Percentage of IAPT referrals received in 2017/18**	**Percentage of IAPT first treatment in 2017/18**	**Percentage of finished course of IAPT treatment in 2017/18**	**Percentage of Lewisham population, 2017 (GLA)**
White	58.9%	61.6%	66.6%	51.6%
Black or Black British	20.8%	20.4%	17.9%	26.2%
Asian or Asian British	5.5%	5.2%	4.6%	10.1%
Mixed	7.5%	7.2%	6.4%	8.2%
Other Ethnic Groups	2.6%	2.5%	2.5%	3.1%
Not stated/Not known/Invalid code	4.7%	3.1%	2.0%	
Source: Psychological Therapies: Annual Report on the Use of IAPT services 2017/18 (NHS Digital); GLA 2016-based ethnic group projections (housing-led)				

Of those people that finished a course of treatment (end date in the year and at least two attended treatment appointments excluding follow up):

- 69% were female
- 55% were aged 18-35; 42% were aged 36-64; and 3% were aged 65 and over
- 88% identified as heterosexual; 4% as gay/lesbian; and 3% as bisexual (5% did not state a sexual orientation)
- 17% had a disability recorded (83% had no code recorded but this may be an issue of data quality, rather than a true indication of disability status)
- 26% had a long term condition

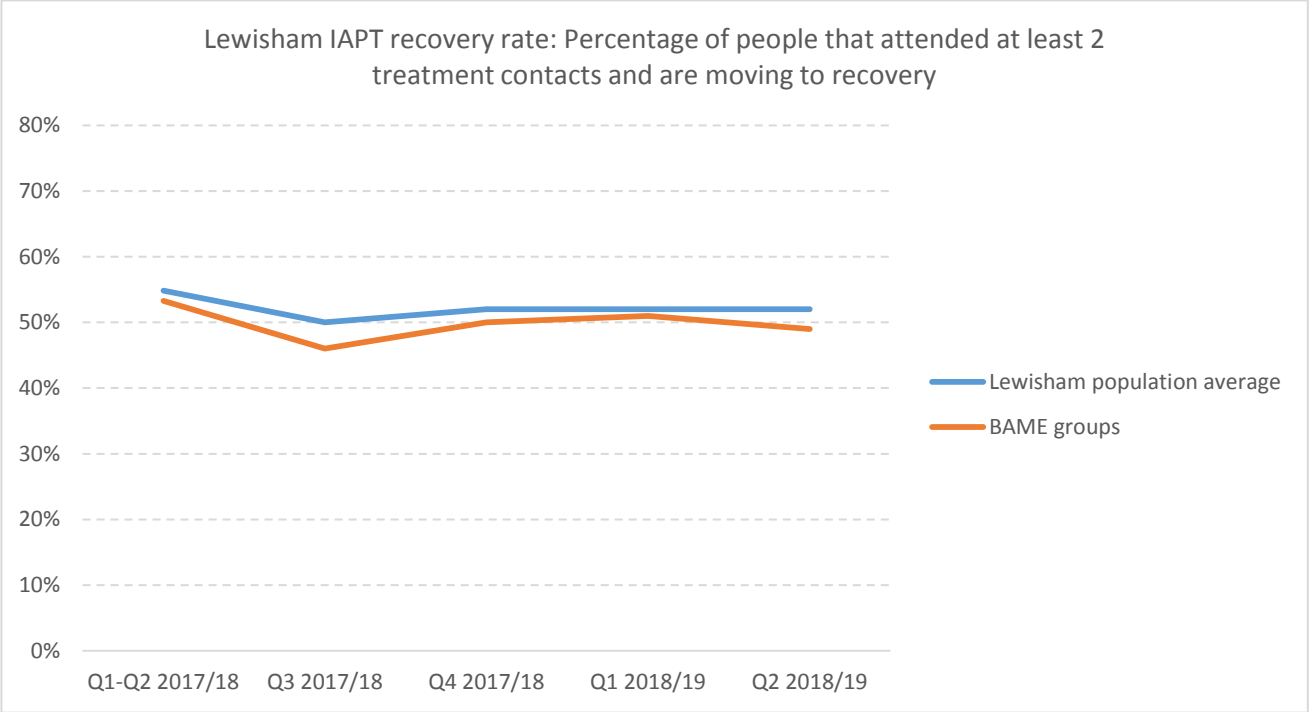
This data suggests that age and gender are other key inequalities (alongside ethnicity) in outcomes for Lewisham's IAPT services.

4180 of the 6390 people who received their first treatment (65.4%) waited 6 weeks or less for their first treatment, and SLaM equalities analysis of service use between September 2017 and June 2018 showed that waiting times to enter IAPT treatment are broadly similar for different ethnic groups, with a higher proportion of people from Other Ethnic Groups entering first treatment within 6 weeks.

Figure 18 shows that there is a gap between the proportion of people from BAME groups and the general Lewisham population in terms of those people who are moving to recovery.[95]

Figure 18. Lewisham IAPT recovery rate: Percentage of people that attended at least 2 treatment contacts and are moving to recovery

[95] Defined as end date in the year and at least two attended treatment appointments excluding follow up



Source: Psychological Therapies: Annual Report on the Use of IAPT services 2017/18 (NHS Digital)

Lewisham IAPT have undertaken a number of outreach activities to increase access to the service by BAME groups. They have found that these outreach activities can lead to 'spikes' in referral but have not led to sustained change. IAPT have analysed their data on BAME engagement and this was presented to a service meeting to look at how the whole staff team can help make improvements and identify training needs. The service is aware of the variability in recovery rates for all ethnicities. The service has had some success in raising the recovery rate of Asian/Asian British. This improvement was welcomed as this ethnic group showed lower recovery rates both in the Lewisham and in national data.[96]

Lewisham IAPT is also working to develop a new group for young BAME men.[97] This will be run by two male BAME staff who will aim to recruit young men via local gyms and clubs. There will be an emphasis on delivering brief psycho-education information slots and giving opportunities for men to then sign up for online or face to face therapies where needed. They are also trying to work with a physical health, exercise and wellbeing approach as they anticipate that this may be more appealing to men than talking treatments alone.

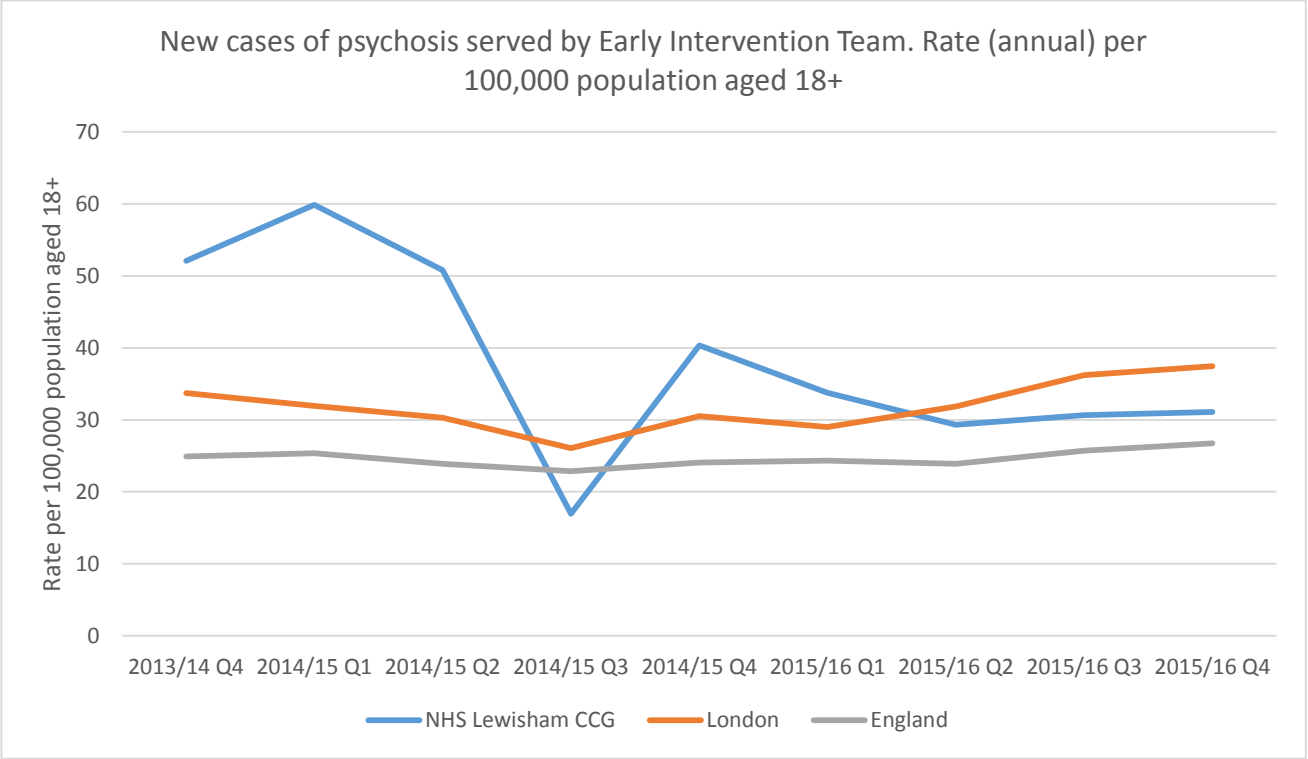
12.3. COMMUNITY MENTAL HEALTH SERVICES FOR ADULTS WITH SEVERE MENTAL ILLNESS

As of December 2018, there were 6455 Lewisham patients in contact with adult mental health services and 7980 open referrals.[98]

Figure 19 shows the cases of First Episode Psychosis which have been taken on by Early Intervention Teams for treatment and support expressed as a rate per 100,000 resident population aged 18 years and over. The last quarter for which data is published was Q4 2015/16. At this point, the rate of new cases of psychosis served by Lewisham's Early Intervention Team (per 100,000 population 18+) was not significantly different from the England rate.

Figure 19. New cases of psychosis served by the Early Intervention Team. Rate (annual) per 100,000 population aged 18+, Lewisham, London and England

[96] SLAM Equalities Report 2018
[97] SLaM equalities report 2018
[98] NHS Digital. Mental Health Services Data Set – MHSDS Monthly File December 2018



Source: PHE Fingertips Severe Mental Illness Profile.

The EIP (Early Intervention in Psychosis) access and waiting time standard requires that a majority of patients experiencing First Episode Psychosis (FEP) are treated with a NICE-recommended package of care within two weeks of referral. The standard increases from 50% in 2017/18 to 60% in 2020/21, and is 53% in 2018/19. Table 8 shows the percentage of people in Lewisham who meet the recommended waiting standards. It shows that Lewisham met the standard for 2017/18 and is on track to meet the standard for 2018/19.

Table 8. Proportion of people in Lewisham who started treatment within 2 weeks of referral (All ages)

Q1-Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
60.98%	83.33%	63.16%	75.00%	66.67%

Source: Mental Health Five Year Forward View Dashboard

The Care Programme Approach (CPA) requires health and social services to combine their assessments to make sure everybody needing CPA receives properly assessed, planned and coordinated care. It should also ensure that patients get regular contact with a care co-ordinator. As of August 2018, 91.8% of people in Lewisham on CPA for more than 12 months had a review. This is similar to the London average (93.0%) and significantly higher than the England average (76.6%).[99]

As seen in Table 9, the proportion of patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care in Lewisham has decreased slightly from 99.1% in Q1 2017/18 to 89.0% in Q3 2018/19 (the latest data available).

Table 9. Proportion of patients on Care Programme Approach discharged from hospital and followed up within 7 days

	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19
Lewisham	99.14%	99.02%	99.07%	91.45%	94.12%	89.25%	89.98%
England	96.65%	96.74%	95.40%	95.50%	95.76%	95.73%	95.52%

[99] PHE Fingertips Crisis Care Profile

Source: NHS Digital. Mental Health Community Teams Activity

Inequalities

SLaM conducts analyses to see whether there are inequalities in its services for Lewisham patients in terms of ethnicity. It is not possible to draw conclusions about access to community mental health services by comparing it to the ethnic breakdown of the Lewisham population as a whole (e.g. by comparing it to Census data). Other factors need to be considered such as the uneven incidence of psychosis across different ethnic groups and referrals to the service coming via other services, not directly from the community. The Psymaptic model is a national tool that predicts cases of first episode psychosis in each borough for people of different ethnicities and offers a more appropriate for access to these services. Table 10 provides a breakdown of Lewisham community mental health service users by ethnicity, and compares these to predicted cases of psychosis.

Table 10. The ethnicity of service users in Lewisham community mental health services between September 2017 and August 2018 in comparison with the ethnicity of 18-65 year olds in Lewisham and the percentage of predicted cases of psychosis for 16-64

	Asian	Black	Mixed	Other Ethnic Group	White	Unknown
18-65 year olds in Lewisham (Census 2011)	7.5%	25.4%	5.2%	5.4%	56.6%	0.0%
Predicted cases of psychosis for 16-64 year olds in Lewisham	1.0%	50.5%	7.1%	0.0%	18.7%	22.7%
OASIS Outreach and Support caseload between Sep 17 and Aug 18 (ePJS) (All 4 boroughs)	7.9%	24.5%	6.4%	5.4%	33.0%	22.8%
Assessment and Liaison Service caseload between Sep 17 and Aug 18 (ePJS)	5.1%	18.2%	4.2%	4.3%	48.7%	19.6%
Early Intervention team caseload between Sep 17 and Aug 18 (ePJS)	4.4%	51.0%	3.4%	4.9%	33.5%	2.8%
Psychosis Community Service caseload between Sep 17 and Aug 18 (ePJS)	5.0%	52.6%	2.7%	4.5%	34.9%	0.4%
Psychosis Low Intensity Treatment caseload between Sep 17 and Aug 18 (ePJS)	5.1%	37.7%	2.8%	6.0%	43.7%	4.7%
Social Inclusion and Recovery Occupational Therapy Service caseload between Sep 17 and Aug 18 (ePJS)	5.9%	30.8%	6.4%	2.6%	50.8%	3.5%
Social Inclusion and Recovery Vocational/Self Directed Support Service caseload between Sep 17 and Aug 18 (ePJS)	5.2%	40.5%	6.0%	4.1%	37.9%	6.2%
Enhanced Recovery service caseload between Sep 17 and Aug 18 (ePJS)	2.5%	37.9%	2.8%	2.1%	54.7%	0.0%

Source: SLaM equalities report for Lewisham 2018

In comparison to the psymaptic data on the incidence of psychosis, OASIS Outreach and Support, the Assessment and Liaison and Social Inclusion and Recovery Occupational Therapy service seems to have a lower than anticipated proportion of Black service users. Comparison of psymaptic data with the ethnicity profiles of Early Intervention and Psychosis Community Service caseloads suggests that there is proportionate access to these services for Black service users. In comparison to psymaptic data, there is a higher than anticipated proportion of White service users in all Lewisham community mental health services.

However, the level of unknown ethnicity in some of the services, for example the Assessment and Liaison service and OASIS Outreach and Support, makes it difficult to come to conclusions about access for ethnic

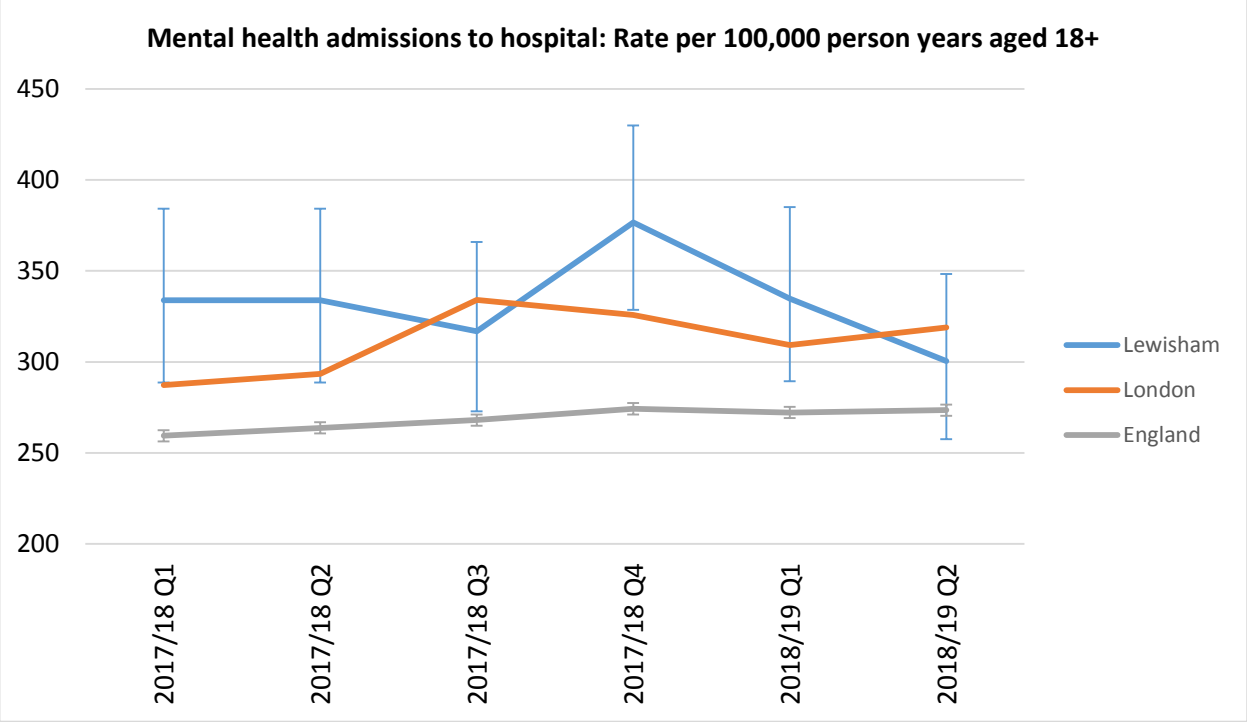
minority service users. It is important that this service considers what they can do to improve recording to produce the data needed to analyse and understand potential access issues.

12.4. CRISIS AND ACUTE MENTAL HEALTH SERVICES FOR ADULTS WITH SEVERE MENTAL HEALTH

In 2017/18, there were 745 admissions of Lewisham residents to NHS funded secondary mental health, learning disabilities and autism inpatient services and 730 discharges. The average (mean) occupied bed days were 175.[100]

Figure 20 shows the number of hospital provider spells in secondary mental health services starting during the quarter expressed as a rate per 100,000 person years.[101] For most of the period from 2017/18 Q1 to 2018/19 Q2, the rate of mental health hospital admissions in Lewisham has not been significantly different from London, but at several points has been significantly higher than the national rate. In addition to acting as a measure of admissions to hospital, it also can act as measure of bed capacity in an area. Admission rate could be at maximum capacity and many people may be redirected in to other areas in the system. A recent report by NHS mental health providers states clear concern about the level of demand. Admission levels may therefore be one of the key measure to examine demand in an area.

Figure 20. Mental health admissions to hospital: Rate per 100,000 person years aged 18+, Lewisham, London and England, 2017/18 Q1 to 2018/19 Q2

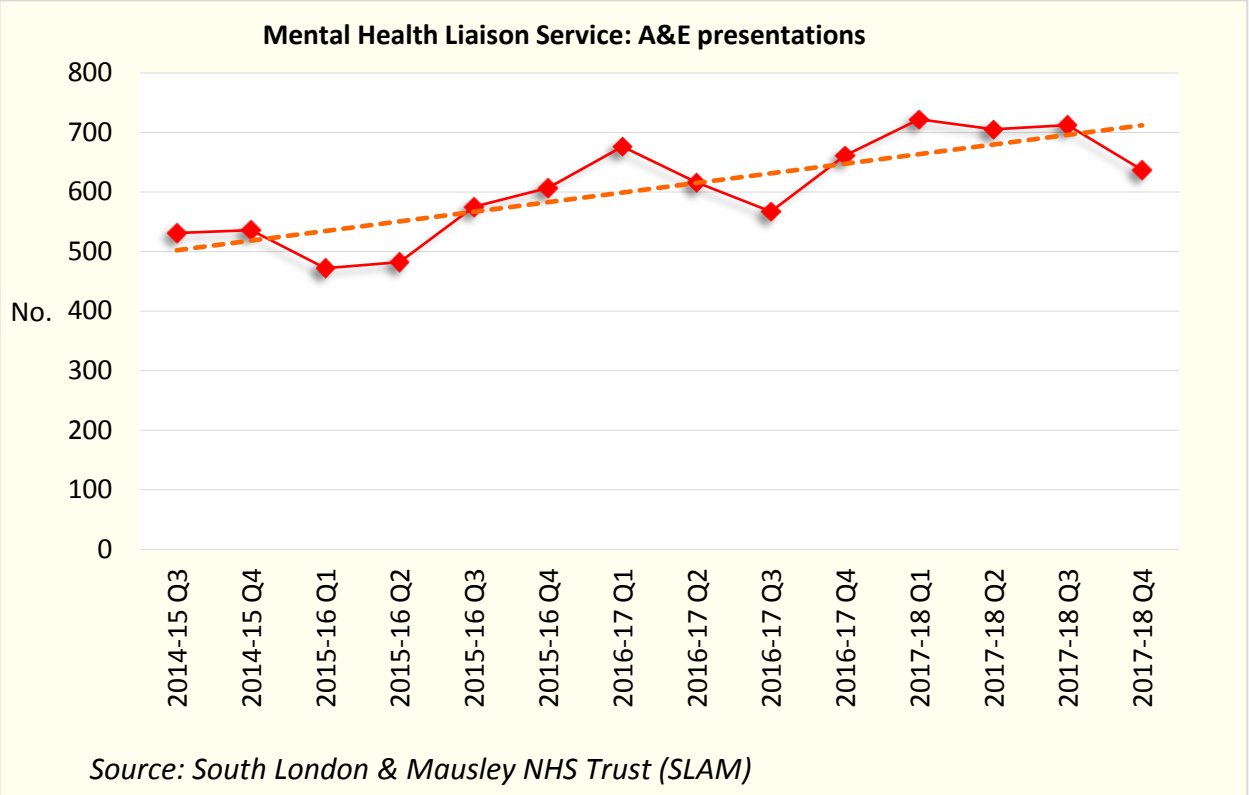


Source: Mental Health Services Data Set (https://fingertips.phe.org.uk/)

Figure 21 shows that there has been an upward trend in the number of monthly A&E presentations to the Mental Health Liaison Service by Lewisham residents since 2014/15.

Figure 21. A&E presentations to the Mental Health Liaison Service in Lewisham, 2014/15 Q3 to 2017/18 Q4

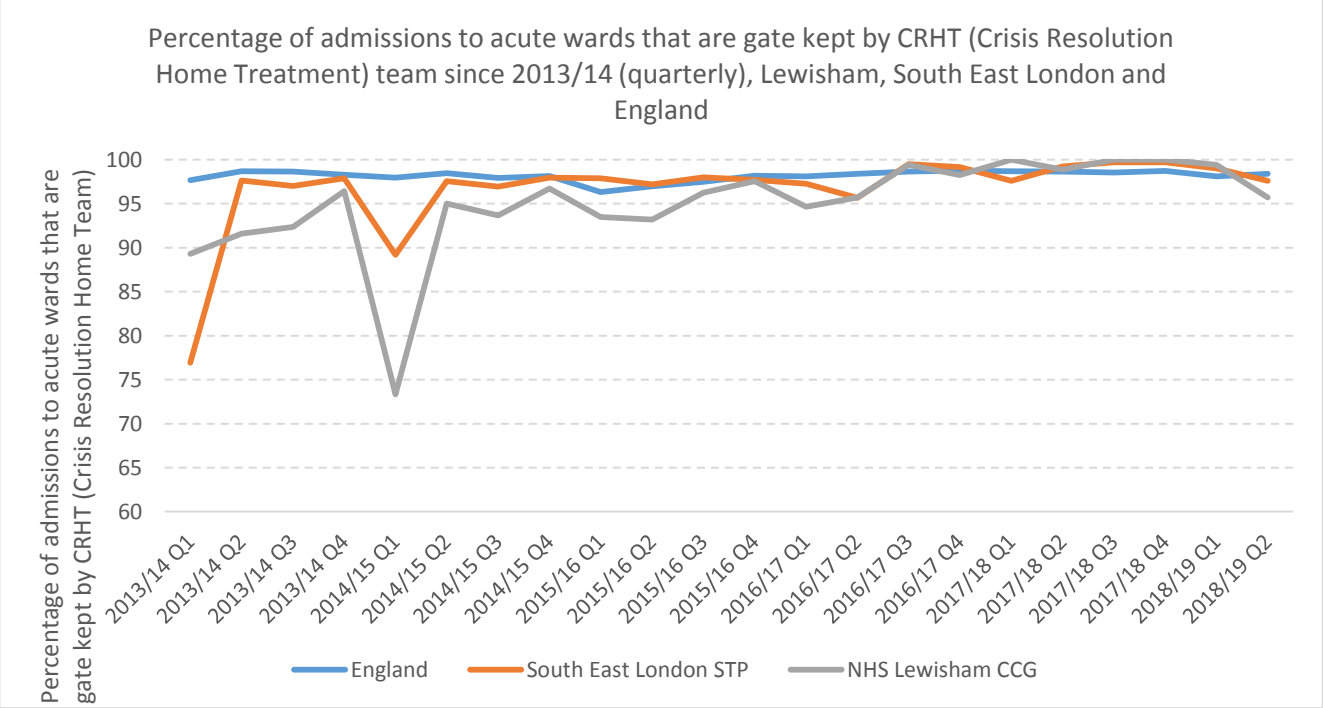
[100] Mental Health Bulletin: 2017-18 Annual report – Reference Table.
[101] It is expressed as a rate per 100,000 person years because…



Source: South London & Mausley NHS Trust (SLAM)

The percentage of admissions to acute wards that are gate kept by the CRHT (Crisis Resolution Home Treatment) team[102] was 95.7% in Lewisham in 2018/19 Q2. This proportion has not dropped below 90% since 2014/15 Q1 (see Figure 22).

Figure 22. Percentage of admissions to acute wards that are gate kept by the Crisis Resolution Home Treatment Team, Lewisham, London and England, 2013/14 Q1 to 2018/19 Q2.



Source: PHE Fingertips Severe Mental Illness Profile

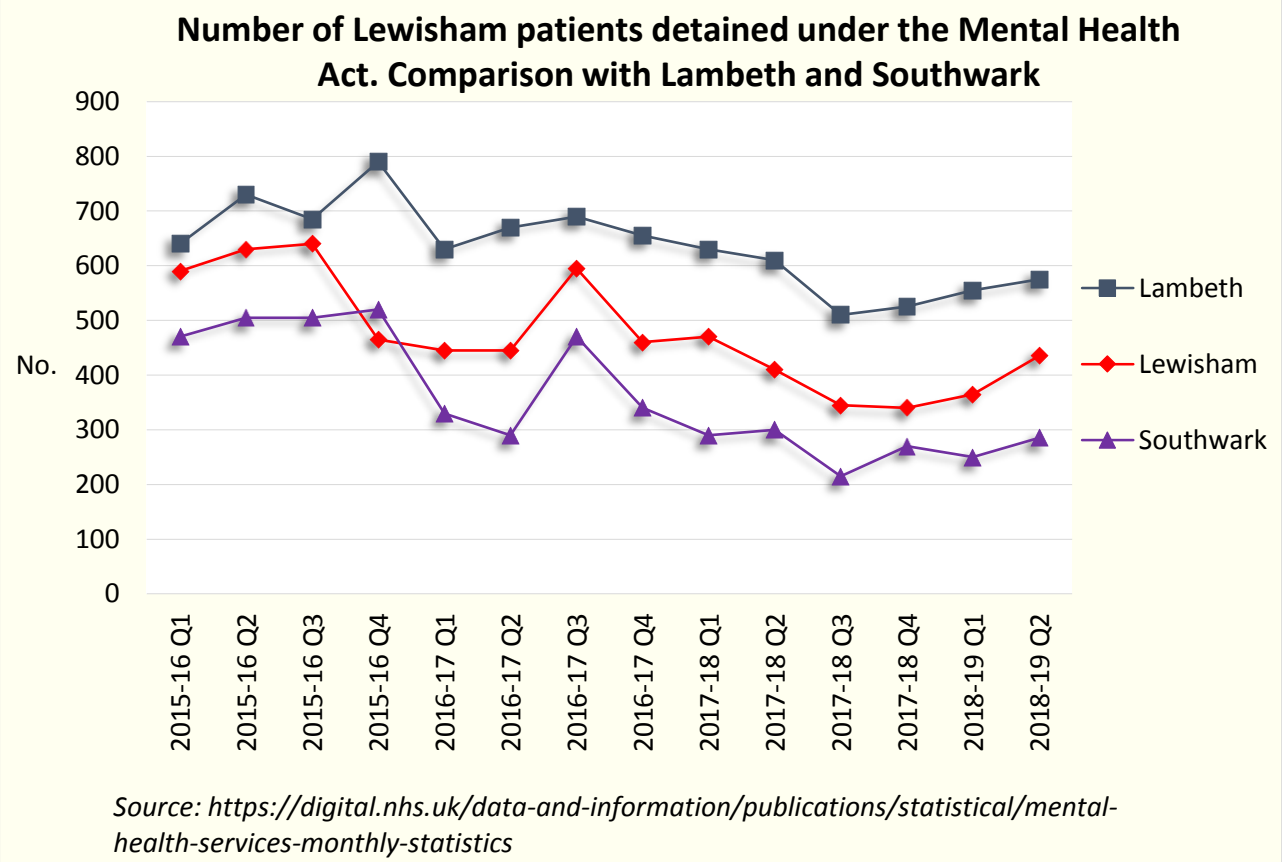
[102] An admission is 'gate kept' if the service user was assessed before admission and if they were involved in the decision-making process, which resulted in admission.

Table 11. Rate of hospital admissions for self-harm: age standardised rate per 100,000 population aged 25+					
	Q1-Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
NHS Lewisham CCG	34.4	18.9	18.3	26.5	17.9
London	35.2	14.5	14.0	16.9	16.9
England	80.2	34.0	32.8	41.0	42.7
Source: Mental Health Five Year Forward View Dashboard					

Although self-harm is not the same as suicide, self-harm can escalate into suicidal behaviours; and previous episodes of self-harm have been identified as the strongest predictor of suicide.[103] In Lewisham, the (age-standardised) rate of emergency hospital admissions due to intentional self-harm is lower than the England average (Table 11), and has seen a declining trend since 2013. However, local data on presentations/attendances at emergency services for episodes of self-harm is not routinely reported.

In most cases, when people are treated in hospital or another mental health facility, they have agreed or volunteered to be there. However, there are cases when a person can be detained (also known as sectioned) under the Mental Health Act (1983) and treated without their agreement. The Mental Health Act (1983) is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder. People detained under the Mental Health Act need urgent treatment for a mental health disorder and are at risk of harm to themselves or others. Figure 23 shows the number of Lewisham patients detained under the Mental Health Act since 2015/16. This number has ranged from 340 to 640 in quarter snapshots.

Figure 23. Number of patients detained under the Mental Health Act, Lewisham, Lambeth and Southwark, 2015/16 Q1 to 2018/19 Q2



Source: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics

[103] Public Health England (2016). Local suicide prevention planning: a practice resource

Police may detain members of the public under Section 136 of the Mental Health Act if they appear to have a disorder of the mind, are in a public place and present a risk to themselves or others. Police will take these detained people to a place of safety which could be an A&E department or a designated Section 136 suite in a hospital for assessment and further management. In 2017/18, 179 Lewisham patients were admitted to a 136 suite.[104]

As of December 2018, there were 150 open ward stays in adult mental health services; 70 open ward stays in adult acute mental health care; and 20 open ward stays in specialised adult mental health services for Lewisham residents.[105]

Box 6. Physical health checks and interventions for people with Severe Mental Illness in hospital

Smoking[106]

Over the course of 2017/18, on average 18.4% of the Adult Mental Health (AMH) caseload and 8.1% of the Mental Health of Older Adults (MHOA) caseload had their smoking status recorded.

Of those AMH patients who smoke, 29.7% were referred to smoking cessation services. The equivalent proportion in the MHOA caseload was 24.3%.

Alcohol:

In Q4 2018/19, alcohol screening was attempted on 83% of eligible Lewisham service users. The percentage of people on whom alcohol screening was attempted has continued to increase over the course of the CQUIN. In Q4 2018/19, interventions were recorded as having been delivered to 21% of people that were eligible.[107]

Issues with dual diagnosis present a constant challenge: there is a lack of robust outreach for people with co-existing mental health and drugs and alcohol issues, including homeless people; and although there are commissioned drugs and alcohol services in Lewisham, these are not always suitable for people with severe mental illness (for example offering group work rather than individual support, which may present particular challenges for people with SMI).

In addition, there is a lack of data on inequalities in accessing physical health support, for example by age, gender or ethnicity.

Physical health checks:

In 2017/18, on average 79.8% of AMH inpatients and 79.0% of MHOA inpatients who had been in SLaM hospital/long-term health care for more than one year had a physical health check in the last 12 months.

Sexual health:

In 2017/18, 43.9% of new patients with the ability to consent that were admitted to AMH inpatient services were offered an HIV test.

Inequalities

In comparison to the psymaptic data on the incidence of psychosis, services such as mental health liaison and home treatment, seem to have a lower than anticipated proportion of Black service users and a higher than anticipated proportion of White service users (Table 12).

[104] Lewisham Activity Schedule 6 Part C M12
[105] MHSDS Monthly File December 2018
[106] SLaM monitoring report March 2018
[107] Analysis of the free text indicates that in some cases interventions have been delivered but not recorded.

The high proportion of Black service users in the Forensic Offender Health Pathway caseload means it vital that forensic services are culturally-appropriate and meet the needs of Black service users.

Table 12. The ethnicity profile of Lewisham crisis and acute mental health services caseloads between September 2017 and August 2018 compared to the ethnicity profile of 18-65 year olds in Lewisham, the percentage of predicted cases of psychosis for 16-64

	Asian	Black	Mixed	Other Ethnic Group	White	Unknown
18-65 year olds in Lewisham (Census 2011)	7.5%	25.4%	5.2%	5.4%	56.6%	0.0%
Predicted cases of psychosis for 16-64 year olds in Lewisham (Psymaptic)	1.0%	50.5%	7.1%	0.0%	18.7%	22.7%
Home Treatment Team caseload between Sep 17 and Aug 18 (ePJS)	5.7%	35.2%	4.2%	5.5%	42.8%	6.6%
Lewisham Hospital Mental Health Liaison caseload between Sep 17 and Aug 18 (ePJS)	4.3%	21.4%	2.9%	7.1%	53.9%	10.4%
Acute wards caseload between Sep 17 and Aug 18 (ePJS)	4.0%	49.1%	2.7%	3.8%	36.3%	4.2%
Lewisham CCG Forensic Offender Health Pathway caseload between Sep 17 and Aug 18 (ePJS)	1.1%	59.8%	3.3%	4.1%	30.6%	1.2%

Source: SLaM equalities report for Lewisham 2018

12.5. DEMENTIA SERVICES

12.5.1. Commissioned voluntary and community sector dementia services

Bromley, Lewisham and Greenwich Mind were commissioned to provide Lewisham MindCare, a dementia information and support service, to Lewisham residents. Since 11 February 2019, MindCare has been replaced by the Dementia Support Hub (see Section 11.6), but MindCare service data remain the most up-to-date source of information on who is accessing the service in Lewisham.

In 2017/18, MindCare received 177 new referrals. Of these, 81% were accepted onto their caseload; 15% required information, advice and signposting only; and the remaining were declined. All referral responses were made within three days of receiving the referral.

Of new referrals to MindCare in 2017/18:

- 63% were female; 37% were male
- 94% were aged over 65 (the two largest age groups were 71-80 (38%) and 81-90 (45%)
- There was no ethnicity recorded for 12%. Of the remaining, 68% were white; 27% were black; 2% were mixed; and 2% were Asian
- There was no sexual orientation recorded for 15%. Of the remaining, 96% were heterosexual and 4% were other/prefer not to say
- Almost half (47%) reported that they had a long term condition; only 15% reported that they didn't have a disability

In 2017/18, 77 reviews took place and 80.0% of support plan goals were achieved at review. The most common focus for support plan goals was 'Activity to improve physical health / mental wellbeing', followed by 'Improved choice in care and support', 'Improved or maintained independent living skills' and 'New employment or daytime activity'.

12.5.2. Primary care

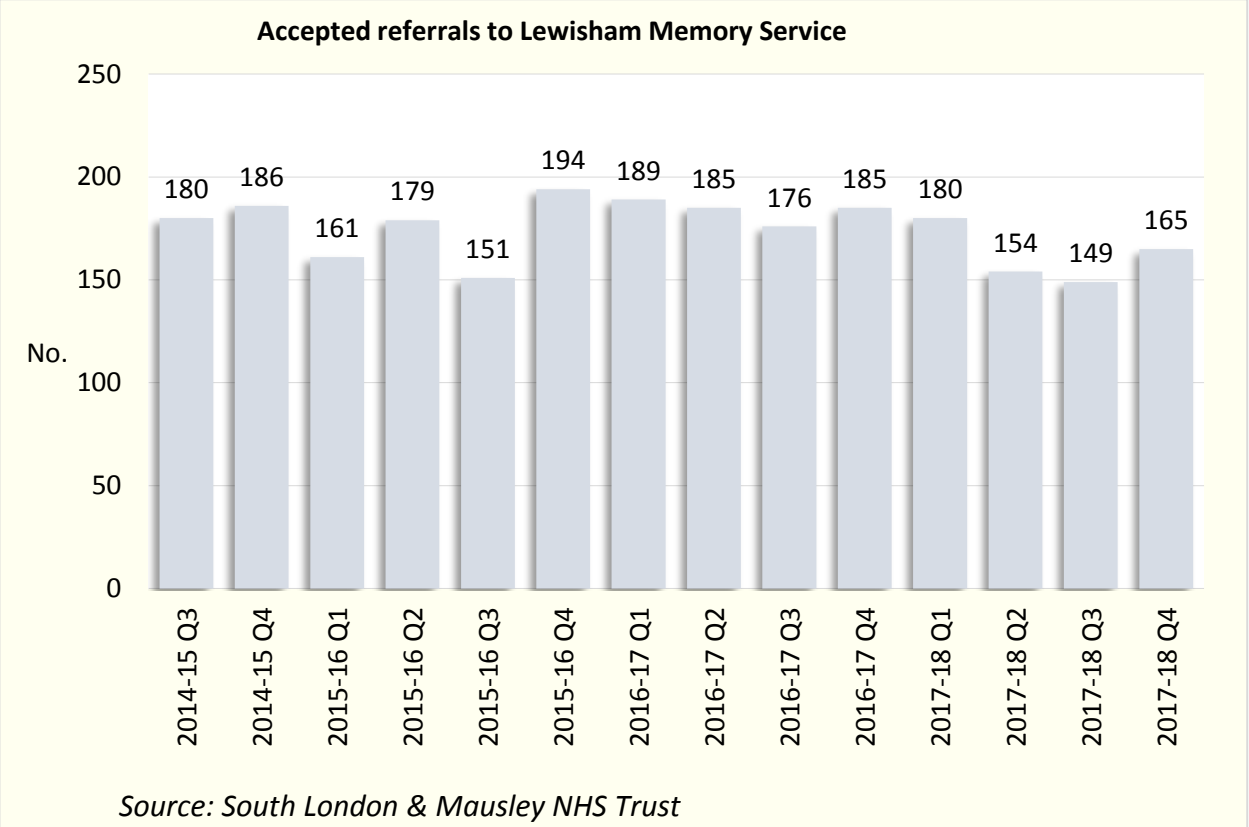
In 2017/18, 82.79% of patients in Lewisham diagnosed with dementia had a face-to-face review of their care plan in the preceding 12 months. This is significantly higher than the London average (79.69%) and England average (77.50%).

In 2017/18, 64.38% of patients in Lewisham with a new diagnosis of dementia recorded in the preceding 1 April to 31 March had a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels (recorded between 12 months before or 6 months after entering on to the register). This is similar to the London average (62.88%) and the England average of (68.01%).

12.5.3. Lewisham Memory Service

Figure 24 shows the number of accepted referrals to Lewisham Memory Service from 2014/15 Q3 to 2017/18 Q4. The quarterly number has ranged from 194 to 149 but there is no clear trend over this period.

Figure 24. Accepted referrals to Lewisham Memory Service, 2014/15 Q3 to 2017/18 Q4



Source: South London & Mausley NHS Trust

12.5.4. Secondary care

In 2017/18, 57.2% of people with a recorded diagnosis of dementia on the primary care register were admitted to hospital with a mention of dementia in the diagnosis code. This is similar to London (6.07%) and England (56.5%).[108] This provides an indication of the use of inpatient general hospital services for people diagnosed with dementia. The indicator illustrates the variation across England, identifying areas where the percentages are both higher and lower than the national average. Areas identified of both types might warrant further investigation to try to establish the underlying causes for higher or lower percentages and to gain an understanding of where improvements might be required.

The age standardised rate of emergency inpatient hospital admissions of people (aged 65+) with a mention of dementia per 100,000 population similarly indicates variation in the rates of emergency admissions for dementia across England. In 2016/17 in Lewisham the rate was 3,403 per 100,000 population. This is

[108] PHE Fingertips Dementia Profile

significantly lower than London (4,052 per 100,000 population) but similar to England (3,482 per 100,000 population).

Table 13. The ethnicity profile of Lewisham older adult service caseloads between Sep 2017 and Aug 2018 compared to the ethnicity profile of over 65 year olds in Lewisham

	Asian	Black	Mixed	Other Ethnic Group	White	Unknown
Over 65 year olds in Lewisham (Census 2011)	3.6%	18.0%	1.9%	1.9%	74.6%	0.0%
Memory Service (SLIMS) caseload between Sep 17 and Aug 18 (ePJS)	4.3%	23.2%	1.7%	1.1%	64.1%	5.5%
Older Adult Community Mental Health Team caseload between Sep 17 and Aug 18 (ePJS)	4.0%	22.6%	0.5%	1.2%	69.4%	2.2%
Older Adult Home Treatment team caseload between Sep 17 and Aug 18 (ePJS)	2.3%	13.8%	1.5%	0.0%	79.9%	2.4%

Source: SLaM equalities report 2018

In comparison with Census data, the caseloads of dementia and older adult mental health services appear broadly reflective of the ethnicity of older people in Lewisham (Table 13). Other borough memory services have identified the need to encourage earlier access to memory services for older Black African and Caribbean service users.[109] Interpreting data suggests that Lewisham dementia and older adult mental health services use fewer interpreters than older adult services in other boroughs.[110]

In 2016, the Directly Age Standardised Rate of Mortality in persons (aged 65+) with a recorded mention of dementia per 100,000 population was 654. This is significantly lower than London (775) and England (868). However, it should also be noted that this may be because of recording inconsistencies rather than a true difference in mortality rate.

In 2016, 52.7% of deaths with a recorded mention of dementia in Lewisham were in the usual place of residence (as opposed to a secondary care setting). This is similar to London (55.8%) but significantly lower than England (67.9%).

12.6. USERS' VIEWS ON SERVICES

In their project on men's mental health, Healthwatch Lewisham asked participants to rate mental health services in Lewisham that they have used (SLaM mental health teams; IAPT talking therapies (SLaM); other counselling e.g. Metro, Cassell, Bereavement; BLG Mind; Samaritans; Family Health Isis; Other (Oxleas, St Christopher's, Keyworker, Community Connections, Today project, Friends at Stephen Lawrence Centre and CAMHS)).[111] They found that Samaritans received the highest (100%) satisfaction rate with 67% respondents scoring the services as excellent and 33% as good. BLG Mind services also received high satisfaction levels with 50% of respondents saying the service is excellent and a further 28% rating it as good; 40% scored the SLaM mental health service as excellent and 30% as good; and 60% of the IAPT service users scored it as good or excellent. Other services received mixed reviews, however there was a low number of respondents providing their feedback to achieve a balanced view.

The Care Quality Commission publish a survey of people who use community mental health services. In 2018, the survey results of people who had accessed the SLaM NHS Foundation Trust community mental health services (which includes but is not limited to Lewisham residents) was published.[112] Results for SLaM were

[109] SLaM equalities report 2018
[110] Interpreter data, Lewisham
[111] Healthwatch Lewisham (2018) Men Talk Health.
[112] Care Quality Commission (2018) Survey of people who use community mental health services: South London and Maudsley NHS Foundation Trust. http://www.nhssurveys.org/Filestore/MH18/MH18_RV5.pdf

similar to most other trusts in terms of most measures (in the expected range of performance). However, SLaM service users reported worse scores that other trusts for the following questions: 'How well does this person organise the care and services you need?' (Organising care) and 'Were you involved as much as you wanted to be in agreeing what care you will receive?' (Planning care). They reported better scores for the question 'What impact has this had on the care you receive?' (Change in who people see). Overall, SLaM service users rated their experience as just under 7 out of 10 (with 0 being a very poor experience and 10 being a very good experience).

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. It asks people if they would recommend the services they have used and offers a range of responses. SLaM conducted the FFT with Lewisham residents who used its Assessment and Liaison service, Integrated Psychological Therapy service, adult mental health community services, adult mental health acute services, and community dementia or older adult mental health services. The results, disaggregated by ethnicity, are in Tables 14-17 below. They show that there are no discernible patterns in how likely patients were to recommend the services by ethnicity, although patients of Mixed ethnicity reported slightly lower levels of positive responses in 2017/18 for Assessment and Liaison and Integrated Psychological Therapy services and for Crisis and Acute Mental Health services; and patients of Other ethnicity reported lower levels of positive responses for Crisis and Acute Mental Health services in 2017/18.

It is difficult to assess how representative the ethnicity profile of FFT respondents are because a high proportion of respondents did not disclose their ethnicity. Comparing this partial profile to acute ward caseloads suggests that service users who are Black or from other ethnic groups could be under-represented. Increasing survey responses from these ethnic minority service users and carers will make experience data more representative and therefore more useful.

Table 14. How likely are you to recommend Lewisham Assessment and Liaison and Integrated Psychological Therapy services to friends and family if they needed similar care or treatment?

Ethnicity	Number of responses in 16/17	Positive responses in 16/17	Number of responses in 17/18	Positive responses in 17/18	No. of responses so far in 18/19	Positive responses so far in 18/19
Asian	14	92.9%	30	90.0%	22	95.5%
Black	45	82.2%	69	91.3%	50	80.0%
Mixed	27	92.6%	31	83.9%	21	76.2%
Other ethnic group	5	100.0%	2	100.0%	6	66.7%
White	178	89.3%	222	87.4%	186	82.8%
Overall	304	89.1%	388	87.4%	322	81.7%

Source: SLaM equalities report 2018

Table 15. How likely are you to recommend Lewisham adult mental health community services to friends and family if they needed similar care or treatment?

Ethnicity	Number of responses in 16/17	Positive responses in 16/17	Number of responses in 17/18	Positive responses in 17/18	No. of responses so far in 18/19	Positive responses so far in 18/19
Asian	25	84.0%	33	93.9%	17	100.0%
Black	183	86.9%	202	91.1%	97	93.8%
Mixed	28	96.4%	29	100.0%	13	69.2%

Other ethnic group	9	88.9%	6	100.0%	1	100.0%
White	180	86.7%	209	93.3%	96	95.8%
Overall	467	86.9%	520	92.5%	250	93.2%
Source: SLaM equalities report 2018						

Table 16. How likely are you to recommend Lewisham crisis and acute mental health services to friends and family if they needed similar care or treatment?						
Ethnicity	Number of responses in 16/17	Positive responses in 16/17	Number of responses in 17/18	Positive responses in 17/18	No. of responses so far in 18/19	Positive responses so far in 18/19
Asian	24	79.2%	36	86.1%	19	68.4%
Black	156	71.8%	273	81.3%	145	66.2%
Mixed	53	69.8%	79	73.4%	47	80.9%
Other ethnic group	11	63.6%	14	64.3%	12	58.3%
White	193	68.9%	406	75.4%	166	80.7%
Overall	497	69.0%	894	75.8%	457	73.3%
Source: SLaM equalities report 2018						

Table 17. How likely are you to recommend Lewisham community dementia or older adult mental health services to friends and family if they needed similar care or treatment?						
Ethnicity	Number of responses in 16/17	Positive responses in 16/17	Number of responses in 17/18	Positive responses in 17/18	No. of responses so far in 18/19	Positive responses so far in 18/19
Asian	2	100.0%	9	88.9%	6	100.0%
Black	19	94.7%	34	91.2%	12	83.3%
Mixed	0	N/A	3	100.0%	2	100.0%
Other ethnic group	3	100.0%	3	100.0%	0	N/A
White	76	94.7%	141	91.5%	78	89.7%
Overall	147	93.2%	228	91.2%	109	90.8%
Source: SLaM equalities report 2018						

12.7. PRESCRIPTION DATA

The available data suggests that prescribing rates of antidepressants and hypnotics in Lewisham is lower than nationally. In Lewisham in 2017/18, the average daily quantities (ADQs) for prescribing antidepressants (BNF 4.3 sub-set) per STAR-PU (weighted for age and sex), was 0.9. In England, the ADQs were 1.5.[113] The ADQs of hypnotics prescribing were 0.44 per STAR-PU in Lewisham in 2017/18. In England the ADQs were 0.84.[114]

[113] PHE Fingertips Common Mental Health Disorders Profile

[114] PHE Fingertips Common Mental Health Disorders Profile

In addition, the number of drug items for psychoses and related disorders (BNF 4.2) in each quarter (expressed as a rate per registered population) has been significantly lower in NHS Lewisham CCG than in England since the start of 2014/15.[115]

It should be noted that indicators on prescribing within primary care should always be considered in the context of other data on mental ill health prevalence, activity and outcomes.[116]

12.8. FINANCIAL DATA

Table 18. Planned and actual NHS Lewisham CCG spend on mental health services		
	2017/18	**2018/19 planned spend**
Early Intervention in Psychosis	£1,810,000	£1,791,378
A&E and Ward Liaison mental health services	£957,000	£1,109,539
Crisis resolution home treatment teams	£1,852,000	£3,283,160
IAPT	£3,376,000	£3,677,800
Source: Mental Health Five Year Forward View Dashboard		

13. WHAT IS THIS TELLING US?

13.1. OVERVIEW

- There is a broad range of support provided by different voluntary and community sector commissioned services, which are able to reach different populations in Lewisham. However, service outcomes are not universally reported and there is no consistent data set used by different services, so a wide range of different outcome measures are reported. There is also a lack of data on longer-term outcomes. For those services who do report them, short-term outcomes are generally positive.
- Whilst the Lewisham CCG average achievement of physical health checks for people with mental health conditions is often similar to the London and England averages, this can hide variation between practices. Some of this variation is likely to be due to differences in population needs associated with different areas in Lewisham, for example because of varying levels of deprivation. Other variation may be due to differences in approaches by GP practices, or because of the cultural competence of certain services that was raised as an issue during the BAME health inequality insight work. Some of the variation may be warranted whilst some may not and should be addressed in order to reduce inequalities.
- There is a lack of data recorded on protected characteristics by many services. For example, for those patients with SMI receiving health checks in primary care, there is relatively little data recorded on ethnicity, sexual orientation or religion/belief.
- Whilst improving physical health for people with severe mental illness is a priority for many service areas, there is not a consistent approach across the whole of the mental health pathway. For example, whilst health promotion activities such as smoking cessation are offered to inpatients, this is less actively pursued for outpatients and once inpatients have been discharged. Efforts have been made to improve the proportion of physical health checks offered to primary care patients, which has translated into some local data, but national data shows that there is still a long way to go to improve rates and reduce variation across practices.
- There is some evidence of increasing demand for services, for example there has been an upward trend in the number of monthly A&E presentation to the Mental Health Liaison Service by Lewisham residents since 2014/15.

[115] This indicator is not weighted to take account of differences in populations that may affect levels of prescribing (e.g. age). The numerator is only for primary care prescribing and thus misses prescriptions in other settings, such as hospitals. Source: PHE Fingertips Severe Mental Illness Profile.

[116] RightCare Mental Health CCG pack

- In general, services are meeting nationally set standards. Lewisham's IAPT service is on track to achieve the national annual objective in terms of access rates; and the Early Intervention in Psychosis service is on track to meet the access and waiting time standards for First Episode of Psychosis.

13.2. WHAT ARE THE KEY INEQUALITIES?

Whilst we have some information on the key inequalities amongst service users, the lack of data recorded (or incomplete data) on protected characteristics, makes analysis indicative rather than definitive.

Ethnicity

The Lewisham BAME population is underrepresented in the proportion of IAPT referrals received and are also less successful at moving from the referral stage to the finished treatment stage and to the 'moving to recovery' stage than their White counterparts.

In comparison to the psymaptic data on the incidence of psychosis, OASIS Outreach and Support, the Assessment and Liaison and Social Inclusion, Recovery Occupational Therapy, Mental Health Liaison and Home Treatment services seem to have a lower than anticipated proportion of Black service users. However, the level of unknown ethnicity in some of the services makes it difficult to come to conclusions about access for BAME service users.

There is also a very high proportion of Black people in forensic services and in crisis and acute services. This seems to suggest that Black service users are disproportionately found in the Crisis pathway rather than the CMI and SMI pathways. The reasons for this warrants more in-depth investigation.

Age

Data suggests that people aged over 65 are under-represented amongst people who have completed treatment in Lewisham's IAPT services.

Gender

Service data shows that services are accessed differently by people of different genders. For example, data suggests that men are under-represented amongst people who have completed treatment in Lewisham's IAPT services; however, women are slightly under-represented in other services.

14. DATA QUALITY

Drawing conclusions about the mental health needs of adults in Lewisham from the data available is limited in some cases by the quality of the data. The main source of error and bias in mental health statistics is incompleteness, for example of the MHSDS monthly statistics. In addition, recording of some key information relating to a person's accommodation and employment status, ethnicity and diagnosis is often not complete.[117] Table 19 shows data recording completeness for diagnosis, ethnicity, accommodation status and employment status in Lewisham. For other information, there is likely to be variation in recording standards, such as information related to whether a person has a crisis plan in place or is on the Care Programme Approach.[118] There is now a significant national drive to improve the quality of mental health data and CCGs should work with providers to improve data quality in order to better inform service improvements.

Table 19. Indicators of data recording completeness for NHS Lewisham CCG		
Percentage of people in contact with mental health services with a diagnosis recorded (end of quarter snapshot)	2015/16 Q2	44.8%
Percentage of cases where the ethnicity of the patient has been recorded	2014/15	96.3%

[117] RightCare Mental Health CCG pack
[118] RightCare Mental Health CCG pack

Percentage of people in contact with mental health services with their accommodation status recorded (end of quarter snapshot)	2015/16 Q2	48.1%
Percentage of people in contact with mental health services with their employment status recorded (end of quarter snapshot)	2015/16 Q2	49.5%
Source: NHS RightCare Mental Health Conditions pack – NHS Lewisham CCG		

Much mental health data is currently not collected in a consistent way, particularly from commissioned services delivered by voluntary and community sector organisations.

15. GAPS IN KNOWLEDGE AND DATA

There are a number of gaps in our understanding of local health need that have been identified throughout this project:

1. Although there is data on access to services and on caseload, there has been little data thus far on mental health 'outcomes' in the truest sense of the word. In many cases we do not know how effective services are in improving users' mental health and wellbeing. Service data reporting requirements as part of the new Lewisham Community Wellbeing Service been amended to address this gap in understanding and in the future monitoring of VCS contracts will include standardised outcomes. This consistent approach to measurement will improve our understanding of the effectiveness of different services, and for different populations.
2. We need to better understand why Lewisham has lower estimated wellbeing scores than London and England.
3. We do not know enough about the characteristics of those with a common mental health diagnosis or severe mental illness, including people with a low socioeconomic status, those who misuse drugs and/or alcohol, those with long-term health conditions.
4. There are other high risk population groups have been identified nationally that we have a poor understanding of locally. These include: some ethnic minority groups, homeless people and those with poor living conditions, migrants and refugees, and people in contact with the criminal justice system
5. We need to better understand the characteristics of those currently accessing many of our services. Services need to be able to actively monitor experience and outcomes for protected characteristic service users.

16. WHAT SHOULD WE BE DOING NEXT?

There are several areas of recommendation that have emerged from this JSNA. These high-level recommendations need to be developed into an action plan that commissioners and providers can use to shape the provision of services in Lewisham, for example through the newly created Mental Health Provider Alliance.

16.1. More targeted support for protected characteristic groups and groups we know are at higher risk of developing mental health conditions (BAME, refugees and asylum seekers, men, older people, LGBT+ population, homeless people, people with substance/alcohol misuse issues, unemployed people, carers, and people in the criminal justice system)

- A co-production approach should be taken for all future service developments impacting on the mental health of protected characteristic groups, beginning with BAME. This could potentially be in collaboration with Healthwatch Lewisham, or other stakeholders, who may be best placed to do further work with specific groups to inform future service developments.
- Current local activity should be explored for these groups to identify what enhancements and reasonable adjustments could be made to services and/or the feasibility of targeted approaches.
- Good practice models should be identified for how mental health staff consider how their service is providing the best possible care to users from protected characteristic groups. This

could include further developing the cultural competency of staff and service or identifying quality improvement activity that can deliver positive changes for these service users.

- Increased efforts should be made to target upstream prevention activities to high risk population groups.
- The suicide prevention strategy identifies three population groups that have been identified as being at higher risk of suicide than the overall Lewisham population and for whom specific action and interventions should be targeted: young men (aged between 24-45 years); those who misuse drugs and/or alcohol; and pregnant women. Interventions include suicide prevention training, public mental health awareness, and continuing the development of effective pathways for dual diagnosis.

16.2. We must continue to work towards reducing BAME mental health inequalities

- Mental health services need to consider how they are providing the best possible care to BAME users. This could include further developing the cultural competency of staff or identifying quality improvement activity that can deliver positive changes for these service users.
- We should respond to the request from the BAME community that mental health services should be delivered by 'people who look like me'.
    - Copying the workforce analysis competed by SLaM, the extent that the full mental health workforce is representative of its users should be evaluated and any response to its findings should take a co-produced approach.
    - We should help peer support services to recruit BAME members. This could involve supporting a pilot peer support project for the BAME population.
- Further work must be done with the BAME population to explore how IAPT can achieve sustained change in access rates and improved outcomes. Part of this exploration should involve a critique of the appropriateness of services for particular groups, and scope for cultural competency developments.
- The Lewisham Community Wellbeing Service, which is provided by a consortium that includes Lewisham Refugee and Migrant Network will be responding to the emerging mental health needs of refugees in Lewisham. As service data is built up on the type and level of support required by the refugee population in Lewisham, findings should be fed into future commissioning intentions.

16.3. A continued focus on prevention and early intervention

- Given the importance of the wider determinants (such as employment, housing, education, economic status, lifestyle factors) as risk factors for both mental and physical health, we recommend that the Council explores how it might introduce a wellbeing approach to policy evaluation, putting residents' wellbeing at the heart of its decision-making.
- Following on from the Lewisham Public Mental Health and Wellbeing Strategy 2016-2019, good workplace mental health should continue to be a priority area. This includes promoting NICE guidance 'Mental Wellbeing in the Workplace' with local businesses, workplaces and VCS organisations, encouraging them to become employer 'Time to Change' champions and to sign up to the GLA Healthy Workplace Charter. Members of the Lewisham Health and Wellbeing Board should also be encouraged to sign up to workplace mental health initiatives..
- The social determinants of health and reducing inequalities should continue to be a priority for the public health team, and addressing these through commissioned services, including 'wellbeing services' and community development, should continue to be an explicit aim. This includes continuing to report data on the social determinants of health and health inequalities in all publications.

- Social prescribing has been shown to be effective in improving wellbeing outcomes and reducing social isolation. The role of social prescribing in preventing adults' mental ill health at a population level should be therefore continue to be explored and expanded in Lewisham.
- A co-ordinated Lewisham-wide campaign linking GPs, pharmacists, primary care, schools, early years' settings and workplace, and signposting to early intervention support should be organised, as a means to improve mental health literacy, reduce stigma and improve referral pathways. This may be best delivered through the newly formed Mental Health Provider Alliance and could be linked to existing campaigns, such as Time to Change.
- Mental health prevention work must be embedded within Lewisham's Early Help approach, which is currently being reviewed by Lewisham Council and partners. In particular, it must respond to the need to take a more joined-up approach that recognises that all people – whether adults or children – are part of a network of families and communities, and do not exist in isolation. This requires a more holistic and integrated approach to service provision and the offer of support. The Lewisham Early Help approach should use co-production to develop the best ways to work with parents and families experiencing mental health issues, with clear pathways to support this.
- Maternal mental health should continue to be a high priority, including support for those mothers at the lower and middle end of the spectrum of mental health needs and for prevention services such as Mindful Mums. In addition, as our understanding of the prevalence of postnatal depression amongst new dads grows, we should explore how best to support and promote good paternal mental health, taking a co-production approach and putting in place governance structures to ensure accountability.

16.4. Improving the physical health of people with severe mental illness

- Quality improvement efforts should continue to be made in order to increase the level of Lewisham patients with SMI who receive physical health checks in primary care. In response to specific challenges raised, more – or different – support should be offered to people to help them attend physical health checks, for example peer supporters. Alternative local incentives may also be considered to ensure that primary care is responding to the most prominent issues for Lewisham residents and contributing to reducing health inequalities.
- Health promotion and prevention services:
  - Smoking and alcohol: the provision of smoking cessation and alcohol support after discharge from SLaM should be supported where needed to extend this support from inpatient to community mental health (outpatient) services.
  - The opportunities to provide targeted physical health support to people with SMI via Public Health commissioned services should be reviewed e.g. sexual health and substance misuse services.
  - Improve referrals of people with mental health conditions into prevention services by GPs, for example smoking cessation, or other lifestyle services where appropriate.
- We need to understand whether there are inequalities in the physical health of people with SMI according to protected characteristics. This requires better (more complete) data on the provision of health checks by primary care, and analysis of these data.

16.5. Mapping the future demand for services and constantly asking ourselves if they are the right ones

- Modelling should be carried out to project future service use and inform service planning. This can be done by applying nationally- and regionally- produced Lewisham population projections by age and ethnicity to prevalence of different mental health conditions, in conjunction with more detailed service analysis. A specific piece of modelling may be required to plan for the

transition between childhood and adulthood; another piece of modelling may be needed to inform dementia service planning.

16.6. Employment support that responds to mental health needs

- Closer ways of working need to be developed with Job Centre Plus to ensure that those who are eligible for employment support receive it in a timely way, for example in an appropriate period following discharge from mental health services.
- Work with Job Centre Plus and others needs to be undertaken to boost employment support for people with mental needs (especially those who 'slip through the net' because they don't reach the eligibility threshold for support).
- Lewisham must continue to address employer stigma via the Job Centre Plus partnerships work and also via continuing the actions in the Lewisham Public Mental Health and Wellbeing Strategy 2016-2019 e.g. by promoting NICE guidance 'Mental Wellbeing in the Workplace' with local businesses, workplaces and VCS organisations, encouraging them to become employer 'Time to Change' champions and to sign up to the GLA Healthy Workplace Charter.

16.7. Better data to give us a better picture of mental health in Lewisham

- Commissioned services delivered by voluntary and community sector organisations have moved towards measuring improvements in mental health and wellbeing in terms of outcomes, to supplement the service activity data. These outcomes should be used inform commissioning decisions in an explicit way and should be reviewed on a regular basis.
- As part of the adoption of a Population Management System in Lewisham, mental health indicators should be agreed and integrated to support whole systems approach to improving mental health outcomes and reducing health inequalities. This should also help to address barriers to data sharing for analytical purposes that currently arise from incompatible IT systems.
- Concerted efforts should be made to improve data completeness, for example increasing the recording of protected characteristics, to improve our understanding of who is accessing services. This could be achieved by training the mental health workforce to understand the importance – and purpose – of data collection, and also be standardising some of the ways that data is reported, for example the way that information that is included in letters from psychiatrists to GPs so that practices know what to upload to GP patient records.
- The Suicide Prevention Strategy identified the need for better data collection, for example clear and standardised data on self-harm presentations to emergency services in Lewisham. In addition, the strategy recommended that a local South East London suicide audit should be completed on an annual basis.

16.8. Seeking a better understanding of dementia in Lewisham

- A workshop with providers and commissioners should take place about what further developments to dementia services may not be reflected in the quantitative data but may be needed, for example community-based activities for dementia, dementia day care, cognitive stimulation therapy.
- Trends in dementia prevalence in terms of age and demographics should be continually monitored so that projections for future need can be built into service planning.

17. APPENDIX 1: GUIDANCE ON THE PROVISION OF SERVICES FOR PATIENTS WITH DEPRESSION

Stepped-care model framework for the provision of services for patients with depression depending on the presentation and severity of symptoms[119]	
Focus of the intervention depending on the presentation and severity of symptoms	**Nature of the intervention**
STEP 1: All known and suspected presentations of depression	Assessment, support (see Table 4), psycho-education (see Table 4 high), active monitoring and referral for further assessment and interventions (secondary care services e.g. psychiatry).
STEP 2: Persistent subthreshold depressive symptoms; mild to moderate depression	Low-intensity psychosocial interventions (Table 5), medication (Table 5) and referral for further assessment and interventions.
STEP 3: Persistent subthreshold depressive symptoms or mild to moderate depression with inadequate response to initial interventions; moderate and severe depression	Medication, high-intensity psychological interventions, combined treatments, collaborative care and referral for further assessment and interventions.
STEP 4: Severe and complex depression; risk to life; severe self-neglect	Medication, high-intensity psychological interventions, electroconvulsive therapy, crisis service, combined treatments, multi-professional and inpatient care.

Providing support for people with depression[120]	
Person/People the support is focused on	**Nature of the support**
The person with depression, their families	Build a trusting relationship in non-judgemental manner; explore treatment options; be aware of stigma and discrimination associated with a diagnosis of depression; ensure discussions take place in settings of confidentiality, privacy and dignity.
The person with depression, their families, their carers	Provide information appropriate to the level of understanding about the nature of depression and the range of treatments available; ensure that comprehensive written information is available; provide and work proficiently with independent interpreters.
The person with depression	Inform people with depression about self-help groups, support groups and other local and national resources.
The person with depression	Ensure that consent to treatment is based on the provision of clear information about the intervention.

Further detail on evidence-based interventions for people with depression [121]	
Intervention	**Further detail on intervention**
General Measures[122]	Sleep hygiene; active monitoring
Cognitive Behavioural Therapy (CBT)	Individual CBT; Group CBT; Computerised CBT (CCBT)
Pharmacological Treatment	Selective Serotonin Re-uptake Inhibitors (SSRIs) e.g. citalopram; Selective and Norepinephrine Reuptake Inhibitors (SNRIs) e.g. venlafaxine; Tricyclic

[119] https://www.nice.org.uk/guidance/cg90/chapter/Introduction
[120] https://www.nice.org.uk/guidance/cg90/chapter/1-Guidance (Section 1.1.1.1 – 1.1.1.5)
[121] https://www.nice.org.uk/guidance/cg90/ifp/chapter/Treatments-for-mild-to-moderate-depression
[122] https://www.nice.org.uk/guidance/cg90/chapter/1-Guidance

	antidepressants (TCAs) e.g. amitriptyline; Monoamine Oxidase Inhibitors (MOAIs) e.g. hydrazine
Low-intensity psychosocial interventions	Individual guided self-help programmes on the principles of CBT; CCBT; physical activity programmes (structured group exercise classes)
High-intensity psychosocial interventions	CBT; IPT (inter-personal therapy); counselling, short-term psychodynamic therapy; behavioural activation, behavioural couples therapy
Inpatient care, crisis resolution, home treatments[123]	
Electroconvulsive Therapy (ECT)[124]	Used for depression associated with psychosis. Always given in hospital under general anaesthetic and works by passing an electric current through the brain

[123] https://www.nice.org.uk/guidance/cg90/chapter/Introduction

[124] https://www.nice.org.uk/guidance/cg90/ifp/chapter/Treatments-for-moderate-or-severe-depression

18. APPENDIX 2: GUIDANCE ON THE PROVISION OF SERVICES FOR PEOPLE WITH SEVERE MENTAL ILLNESS

NICE Quality Standards of Care for People with Severe Mental Illness	
Quality Statement (1-8)[125]	**Further Information on Statement**
Adults with a first episode of psychosis start treatment in ***early intervention in psychosis services*** within 2 weeks of referral.	Early intervention in psychosis services can improve clinical outcomes, such as admission rates, symptoms and relapse, for people with a first episode of psychosis. They should ensure that culturally appropriate psychological and psychosocial treatment is provided to people from diverse ethnic and cultural backgrounds.
Adults with psychosis or schizophrenia are offered ***cognitive behavioural therapy for psychosis (CBTp).***	CBTp in conjunction with antipsychotic medication, or on its own if medication is declined, can improve outcomes such as psychotic symptoms.
Family members of adults with psychosis or schizophrenia are offered ***family intervention***.	Family intervention can improve coping skills and relapse rates of adults with psychosis and schizophrenia.
Adults with schizophrenia that have not responded adequately to treatment with at least 2 antipsychotic drugs are offered ***clozapine***.	Clozapine is the only drug with established efficacy in reducing symptoms and the risk of relapse for adults with treatment-resistant schizophrenia. It is licensed only for use in service users whose schizophrenia has not responded to, or who are intolerant of, conventional antipsychotic drugs.
Adults with psychosis or schizophrenia who wish to find or return to work are offered ***supported employment programmes***.	These can increase employment rates in adults with psychosis or schizophrenia. It is estimated that just 5–15% of people with schizophrenia are in employment, and people with severe mental illness (including psychosis and schizophrenia) are 6 to 7 times more likely to be unemployed than the general population. Unemployment can have a negative effect on the mental and physical health of adults with psychosis or schizophrenia.
Adults with psychosis or schizophrenia have specific comprehensive ***physical health assessments***.	Life expectancy for adults with psychosis or schizophrenia is between 15 and 20 years less than for people in the general population. Physical health problems, including cardiovascular and metabolic disorders, such as type 2 diabetes, can be exacerbated by the use of antipsychotics.
Adults with psychosis or schizophrenia are offered combined ***healthy eating and physical activity programmes, and help to stop smoking***.	Rates of obesity and type 2 diabetes in adults with psychosis or schizophrenia are higher than those for the general population. Rates of tobacco smoking are also high in people with psychosis or schizophrenia. These factors contribute to premature mortality. Offering combined healthy eating and physical activity programmes and help to stop smoking can reduce these rates and improve physical and mental health.
Carers of adults with psychosis or schizophrenia are offered ***carer-focused education and support programmes***.	Reduces carer burden and psychological distress, and may improve the carer's quality of life.

[125] https://www.nice.org.uk/guidance/qs80/chapter/List-of-quality-statements

Patient-centred care for people with severe mental illness[126]	
Intervention	**Further details**
Preventing psychosis	
Cognitive Behavioural Therapy (CBT)	Offer individual CBT with or without family intervention
Address anxiety disorders, depression, emerging personality disorder or substance misuse	Offer interventions recommended in NICE guidance for people with any of the anxiety disorders, depression, emerging personality disorder or substance misuse
First episode psychosis	
Early intervention in psychosis services	
Assess for post-traumatic stress disorder	
Antipsychotic Medication	The choice of antipsychotic medication should be made by the service user and healthcare professional together
Subsequent acute episodes of psychosis or schizophrenia and referral in crisis	
CBT	This can be started either during the acute phase or later, including in inpatient settings
Family Intervention	Offer family intervention to all families of people with psychosis or schizophrenia who live with or are in close contact with the service user
Promoting recovery and possible future care	
Responsibility of care / shared care / transfer of care	GPs and other primary healthcare professionals should monitor the physical health of people with psychosis or schizophrenia when responsibility for monitoring is transferred from secondary care, and then at least annually
Medication	Offer clozapine to people with schizophrenia whose illness has not responded adequately to treatment despite the sequential use of adequate doses of at least 2 different antipsychotic drugs. At least 1 of the drugs should be a non-clozapine second-generation antipsychotic.
Supported employment programmes	Offer to those who wish to return to work. Consider other occupational or educational activities, including pre-vocational training, for people who are unable to work or unsuccessful in finding employment.

[126] https://www.nice.org.uk/guidance/cg178/chapter/Key-priorities-for-implementation