

# Mental Health in Southwark

An overview of health needs  
and service provision

*Southwark's Joint Strategic Needs Assessment*

People & Health Intelligence Section

Southwark Public Health

16 March 2017



@lb\_southwark



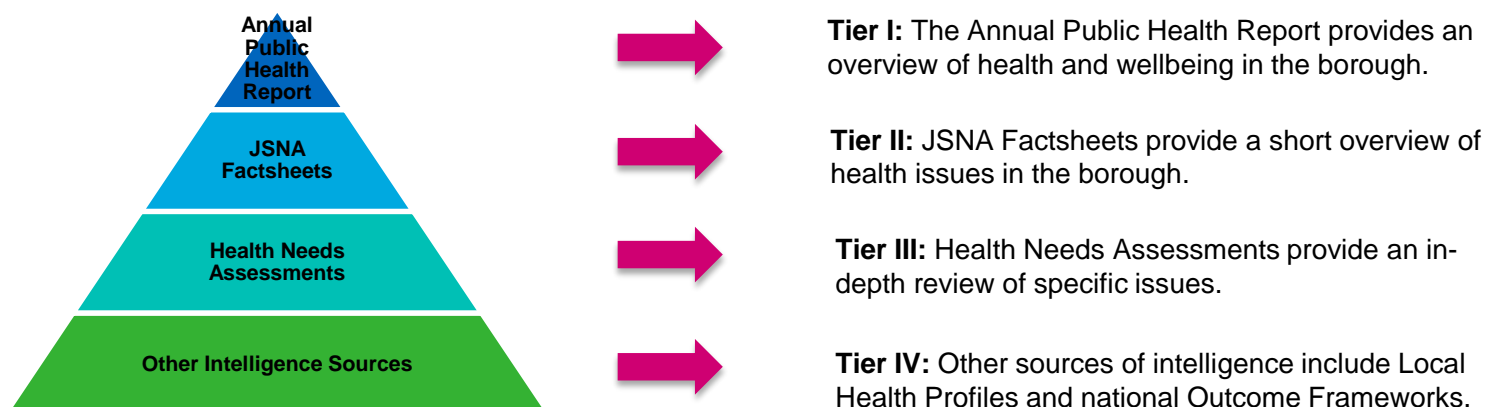
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# This document forms part of Southwark's Joint Strategic Needs Assessment process

## BACKGROUND

**The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.**

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



- This document forms part of those resources.
- All our resources are available via: [www.southwark.gov.uk/publichealth](http://www.southwark.gov.uk/publichealth)

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# Public Health were invited to review mental health need and provision in Southwark

## BACKGROUND AND PROPOSAL

**This review aims to make recommendations for mental health services that are better targeted and better value.**

Our objective is to inform how NHS Southwark CCG can align with the *London Mental Health Transformation Plan* in delivering the Five Year Forward View for Mental Health by:

- Completing an epidemiological overview of the burden of mental ill health in Southwark.
- Appraising mental health services in Southwark in terms of effectiveness, availability, gaps and spend.

### Scope

Children and Adolescents	Adults
1. Well at-risk population and risk factors for developing mental illness	1. Well at-risk population and risk factors for developing mental illness
2. Vulnerable groups, including: <ul style="list-style-type: none"><li>a. Looked after children</li><li>b. Young offenders</li><li>c. Substance misuse</li><li>d. Domestic violence</li></ul>	2. Vulnerable groups: <ul style="list-style-type: none"><li>a. Perinatal period</li><li>b. Substance misuse (dual diagnosis)</li></ul>
3. Common mental illnesses in children, including: <ul style="list-style-type: none"><li>a. Conduct disorders</li><li>b. Emotional disorders</li><li>c. Hyperkinetic disorders</li><li>d. Eating disorders</li><li>e. Post-traumatic stress disorder</li></ul>	3. Mild disease (including common mental illness)
	4. Severe disease (including Severe Mental Illness)
	5. Significant disease requiring crisis care, acute hospital care and social care
The association with physical ill-health and long term conditions	

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# The 5YFVMH sets out a journey for the transformation of mental health services and outcomes in England

## NATIONAL AND REGIONAL POLICY CONTEXT

### **The Five Year Forward View for Mental Health<sup>1</sup> sets out ambitions to:**

- Achieve parity of esteem between physical and mental health across the life course.
- Provide access to good quality, integrated mental health care, wherever and whenever individuals are seen across the NHS
- Tackle inequalities both at a local and national level

### **London Mental Health Transformation Programme:<sup>2</sup>**

- A single Mental Health Transformation Board for London will bring together senior leaders from all sectors to build system wide mental health capacity and capability as well as strengthen commissioning and contracting

### **Thrive London is a citywide movement for mental health, supported by the Mayor of London and the London Health Board:<sup>3</sup>**

- 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. Recommendations for action around these areas will be launched in May 2017 by the Mayor of London

1. Independent Mental Health Taskforce, The Five Year Forward View for Mental Health, 2016.  
2. Presentation from the London Mental Health Transformation Programme, STP Presentation, August 2016.  
3. Thrive London: improving Londoner's mental health and wellbeing, london.gov.uk website, accessed 17/02/2016.

# Southwark's Joint Mental Health and Wellbeing Strategy will build on the targets outlined in the 5YFV

## LOCAL POLICY CONTEXT

### Southwark Five Year Forward View (5YFV)

Southwark has committed to changing the way services are commissioned and delivered in order to improve health and social care outcomes across the borough.

- In terms of mental health, the strategy talks to improving complex care pathways, developing more integrated services, strengthening community services and focusing on key vulnerable groups.
- In alignment with the national 5YFV, a key local ambition is to create a much stronger emphasis on prevention and early action as well as better integration between health and social care, and wider council services.

### Joint Mental Health and Wellbeing Strategy (Council and CCG)

Building on the ambitions outlined in the Southwark Five Year Forward View, the CCG and the council are in the process of developing a joint strategy to ensure alignment in improving local mental health provision.

1. Southwark Council, Southwark Five Year Forward View: A local vision for health and social care 2016/17-2020/21, <http://www.southwarkccg.nhs.uk/news-and-publications/publications/policies-strategies-registers/Documents/Southwark%20Five%20Year%20Foward%20View.pdf>

# What works: adopting a life-course approach to promoting good mental health across the population

## EVIDENCE-BASED INTERVENTIONS

**The Five Year Forward View discusses the importance of prevention and changing the way in which we design and deliver mental health services.**

- However, if we embark on prevention how much money are we going to take out of downstream mental illness treatment services?

**A population-based approach that applies to both physical and mental health across the whole life span is required. The focus should be on the following key areas:**

- Improving public literacy and awareness – understanding mental health alongside physical health; improve our knowledge about mental illness, evidence based programmes and support for recovery.
- Investing on established national programmes and policies.
- Improving mental health access to everyone while reducing health inequalities.
- In times of financial difficulties, we should use the information we have more wisely – building a national workforce with a focus on a collaborative approach and integrated budgets.
- Build on evidence from community-based interventions that are known to impact positively on local population mental health and wellbeing.



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# Mental health problems account for the largest burden of disease in the UK - 28% of the total burden<sup>1</sup>

## OVERVIEW

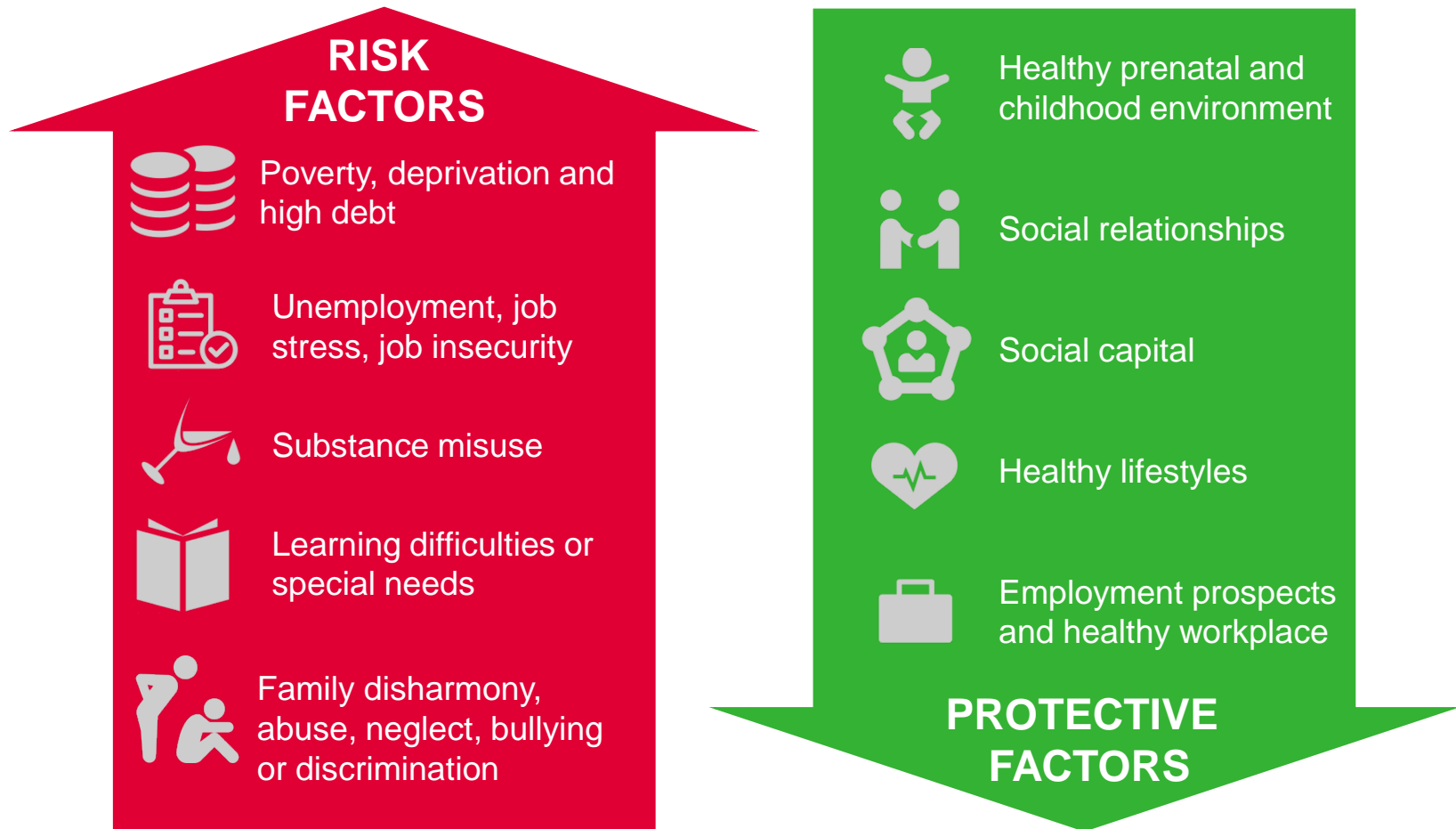
**Mental illness covers a wide range of conditions such as depression, anxiety disorders and obsessive compulsive disorders, through to more severe conditions like schizophrenia.**

- It is thought one in four people will experience a mental health problem in any given year.<sup>2</sup>
- It is estimated that £1 in every £8 spent in England on long term conditions is linked to poor mental health.<sup>3</sup>
- Roughly half of the claims for employment and support allowance (ESA) in Southwark are related to mental health.<sup>4</sup>
- A wide range of protective and risk factors determine an individuals risk of mental ill-health

1. Ferrari, A., Charlson, F., Norman, R., Patten, S., Freedman, G., Murray, C., Vos, T. and Whiteford, H. (2013). Burden of Depressive Disorders by Country, Sex, Age, and Year: Findings from the Global Burden of Disease Study 2010. PLoS Med, 10(11), p.e1001547
2. Mental Health Foundation (2015) Fundamental Facts about Mental Health
3. Naylor C, Parsonage M, McDaid D, Knapp M, Fossey M, Galea A. Long-term conditions and mental health: The cost of co-morbidities. London, United Kingdom: The King's Fund, 2012.
4. NOMIS. Employment Support Allowance Claimants by Condition [www.nomisweb.co.uk/](http://www.nomisweb.co.uk/) (Accessed January 2017)

# Addressing the wider determinants of health remains the key to improving mental health and wellbeing

## DETERMINANTS OF POPULATION MENTAL ILL-HEALTH



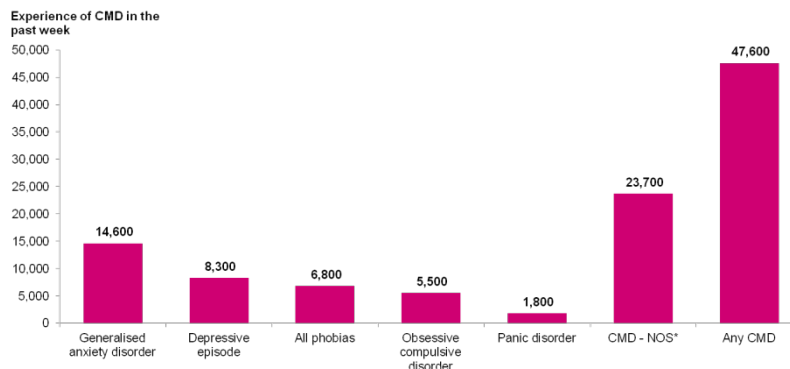
# Almost one in five adults in London report that they have a common mental health disorder

## ADULT PSYCHIATRIC MORBIDITY SURVEY

**Every seven years the Adult Psychiatric Morbidity Survey (APMS) provides an assessment of mental health in England.**

- The APMS is the most reliable profile of mental health available, taking a representative sample of over 7,500 adults from across the country.
- Results from the 2014 survey show that 1 in 6 adults had a common mental disorder (CMD) in the week prior to the survey, rising to almost 1 in 5 adults in London.
- Applying the London prevalence to Southwark would equate to almost 47,600 adults in the borough experiencing a CMD.
- Population projections suggest this could increase to around 52,000 adults over the next decade.

**Experience of common mental disorders in the past week, numbers for Southwark**



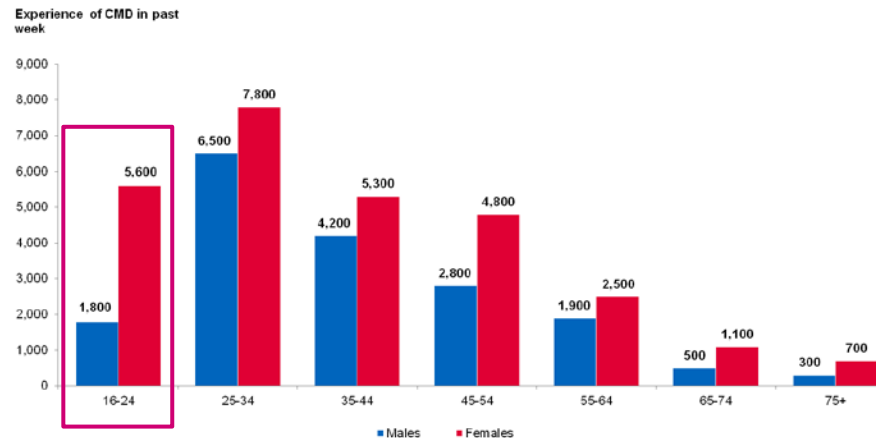
**Notes:**

- “CMD – NOS” is defined as having a Clinical Interview Schedule – Revised (CIS-R) score of 12 or more, indicating CMD symptoms, but falling short of the criteria for any specific CMD condition.
- “Any CMD” – Figures for specific conditions will not total to ‘Any CMD’ as an individual may have more than one disorder.

# Young women have been identified as a high-risk group, with high rates of CMD, self-harm, and other conditions

## ADULT PSYCHIATRIC MORBIDITY SURVEY - VULNERABLE GROUPS

Experience of common mental disorders in the past week, numbers for Southwark



Women aged 16-24 are at higher comparative risk than men in adolescence

**The prevalence of CMD has increased since the 1993 survey, mainly driven by rises among women, with rates among men broadly stable.**

- All types of CMD are more prevalent in women than among men.
- Almost 1 in 5 women report experiencing CMD in the past week, compared to almost 1 in 8 men. The gender gap is particularly pronounced among those aged 16-24.
- Women are also more likely to have severe symptoms of CMD.
- Applying results from the latest APMS survey to the Southwark population suggest that 26,300 women in the borough will have experienced CMD in the last week, compared to 16,400 men.

# Vulnerable groups include people living alone, in poor physical health, and among those not employed

## ADULT PSYCHIATRIC MORBIDITY SURVEY - VULNERABLE GROUPS

**The APMS identified a number of factors associated with higher rates of mental disorders.**

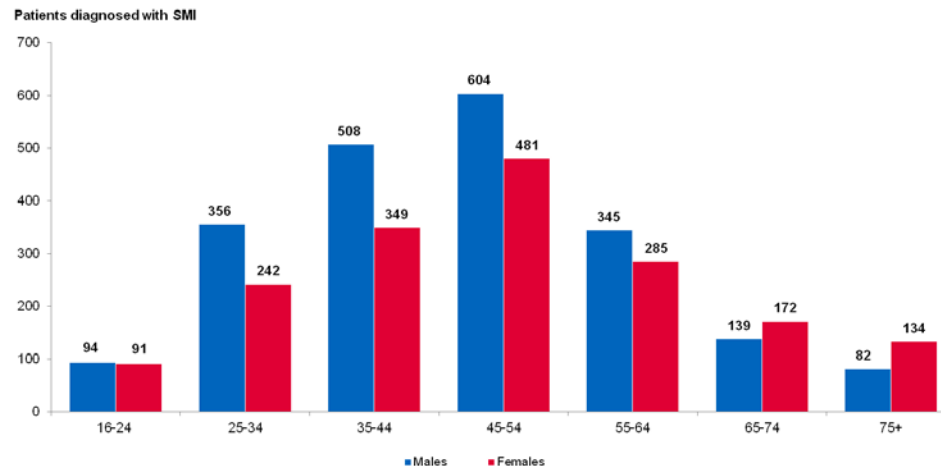
- The 2014 survey showed that levels of mental illness were higher among people living alone.
- Those claiming Employment Support Allowance (ESA) were also identified as a particularly vulnerable group.
- In February 2016 there were 6,000 people in Southwark claiming ESA for mental and behavioural disorders, equating to almost half of all claimants.<sup>2</sup>
- In the 2014 survey, just over a quarter of adults (27.7%) reported having at least one of the five chronic physical conditions assessed in the study (asthma, cancer, diabetes, epilepsy, high blood pressure).

# Overall prevalence of SMI for the adult population in Southwark is 1.4% (approx. 3,800 patients)

## SEVERE MENTAL ILLNESS

**Severe Mental Illness (SMI)** refers to psychotic conditions including schizophrenia and bipolar affective disorder.

- 54% of Southwark's SMI population are male and it most commonly affects people between 30-60 years of age
- SMI disproportionately affects people from the Black ethnicity grouping
- People with SMI can be affected by a vicious cycle of risk factors including smoking, obesity and socioeconomic deprivation
- Due to these vulnerabilities, the SMI cohort represents significant health needs and costs



# People with long term conditions are two to three times more likely to experience mental health problems<sup>1</sup>

## PHYSICAL AND MENTAL HEALTH

**Overall 30% of people with a physical long term condition also have a mental health problem. However evidence indicates that a significant proportion of cases still go undetected.**

- Care for large numbers of people with long-term conditions could be improved by better integrating mental health support with primary care and chronic disease management programmes.<sup>1</sup>

### Long Term Conditions:

30% of the population in England have a long term condition

**(Southwark estimate = 75,500)**

### Mental Health Problems:

20% of the population in England have a mental health problem

**(Southwark estimate = 47,600)**

30% of people with a long term condition have a mental health problem

**(Southwark estimate = 22,600)**

46% of people with a mental health problem have a long term condition

**(Southwark estimate = 21,900)**

**About 22,000 people**

1. Kings Fund and Centre for Mental Health (2012) Long term conditions and mental health. The cost of co-morbidities.  
[www.kingsfund.org.uk/publications/long-term-conditions-and-mental-health](http://www.kingsfund.org.uk/publications/long-term-conditions-and-mental-health)

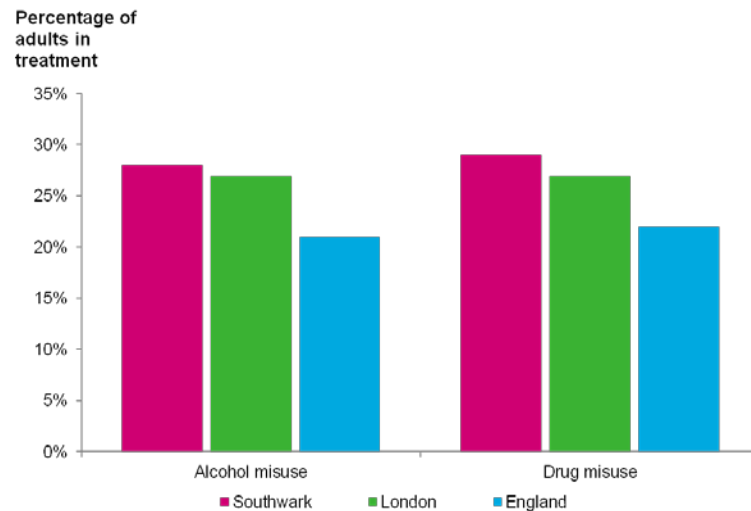


# Approximately a third of people who access substance misuse services have a mental health problem

## DUAL DIAGNOSIS

**The proportion of adults in addiction treatment services with a dual diagnosis is higher in Southwark than both regional and national comparators.**

Adults who entered treatment at a specialist drug or alcohol misuse service in 2015-16 and received care from a mental health service for reasons other than substance misuse as a proportion of all individuals entering specialist treatment.<sup>1</sup>



**It is estimated that at least one third of people who access substance misuse services have a mental health problem.<sup>2</sup>**

- While this indicator includes adults within specialist substance misuse services - indicating a high level of need, it does not measure the severity of mental health nor the extent of substance misuse among patients
- Local mental health and addiction services have agreed to undertake a audit to identify dual diagnosis patients and cross over in patient caseload

1. PHE Fingertips – Mental Health Dementia & Neurology and Co-occurring Substance Misuse & Mental Health Issues

<https://fingertips.phe.org.uk/>

2. The Dual Diagnosis Strategy 2011-2016, Sussex Partnership NHS Foundation Trust.

# Mental health disorders in the perinatal period is common and a leading cause of maternal death

## PERINATAL MENTAL HEALTH

**Perinatal mental health problems are those which complicate pregnancy and the postpartum year. They include both mental health problems that arise at this time and those that were present before the pregnancy.**

- They are common complications of pregnancy, affecting 12-15% of all pregnancies.
- Perinatal psychiatric disorder has been a leading cause of maternal death for the last two decades contributing to 15% of all maternal deaths in pregnancy and the first six months postpartum.
- Frequently occurring disorders include:
  - Mild-moderate depressive illness and anxiety states: 10-15% of maternities (approx. 450-680 cases per year in Southwark)
  - Post traumatic stress disorder: 0.3% of maternities (approx. 135 cases per year in Southwark)
  - Adjustment disorders and distress: 15-30% of maternities (approx. 680-1355 cases per year in Southwark)
- In Southwark, there may be up to 2,630 cases per year of mental health disorders in the perinatal period – although some people may be affected by more than one condition.

# Mental health disorders are particularly common among vulnerable groups of children and adolescents

## CHILD AND ADOLESCENT MENTAL HEALTH

**Nationally 1 in 10 children and young people aged 5-16 have a clinically diagnosed mental health disorder.**

- Among children aged 5-16 years in Southwark, this equates to:
  - 1,460 children with emotional disorders such as depression and anxiety
  - 2,300 children with conduct disorders such as oppositional defiant disorder and socialised conduct disorder
  - 650 children with hyperkinetic disorders including attention deficit hyperactivity disorder (ADHD)
- Boys are more likely to experience conduct or hyperactivity problems, whereas girls are more likely to have anxiety and emotional disorders.
- Of adults with long term mental health problems, half will have experienced their first symptoms before the age of 14.
- It is estimated that 95% of imprisoned young offenders have a mental health disorder, many of whom have more than one disorder.
- For looked after children, who are some of the most vulnerable individuals in our society, the prevalence of behavioural or emotional problems is estimated to be as high as 72%.

1. PHE Fingertips – Child Health Profiles and Children's and Young People's Mental Health and Wellbeing <https://fingertips.phe.org.uk/>  
2. ONS (2004) Mental health of children and young people in Great Britain  
3. ONS (1997) Psychiatric morbidity among young offenders in England and Wales  
4. Sempik, J. et al. (2008) Emotional and behavioural difficulties of children and young people at entry into care. Clinical Child Psychology and Psychiatry, 13 (2), pp. 221-233.

# Mental health related hospital admissions among children and adolescents are increasing

## CHILD AND ADOLESCENT MENTAL HEALTH

**In Southwark, the rate of hospital admissions for mental health disorders among children and adolescents are on the rise:**

- There were 84 hospital admissions for mental health conditions among Southwark children in 2014-15. While admission rates are increasing they are comparable to the London average.
- The rate of hospital admissions due to substance misuse in 15-24 year olds has more than doubled from 30 per 100,000 population in 2011 to 64 in 2015.
- Around 1 in 10 young people will self harm at some point, with girls more likely to self harm than boys. Research in this area is generally based on surveys of those who seek support / treatment after harming themselves, and so are likely to underestimate how common self harm is.
- The rate of hospital admissions due to self-harm among young people in Southwark is increasing, with 122 admissions in 2014-15 compared to 90 in 2012-13.
- More detailed data is needed to understand the causes and identify ways to reduce admissions.

1. PHE Fingertips – Child Health Profiles and Children's and Young People's Mental Health and Wellbeing <https://fingertips.phe.org.uk/>
2. Royal College of Psychiatry (2014) Self Harm [www.rcpsych.ac.uk/healthadvice/problemsdisorders/self-harm.aspx](http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/self-harm.aspx)

Note: Self harm is coded separately to mental and behavioural disorders.

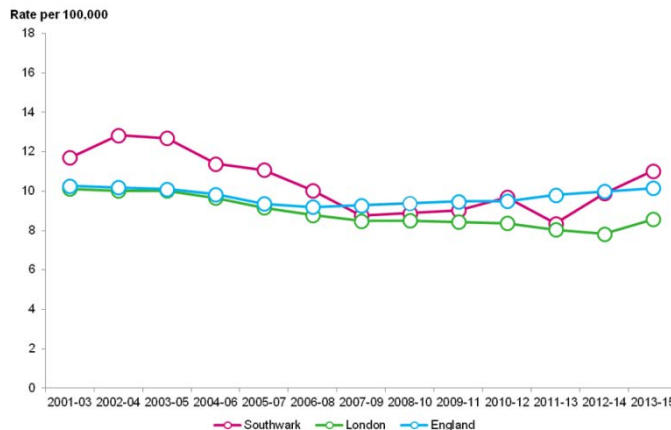
# Despite recent increases, suicide rates in Southwark are relatively stable, with an average of 26 cases per year

## SUICIDE

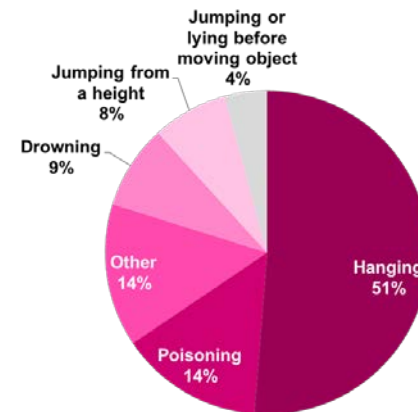
**Southwark is one of five London boroughs to report higher suicide rates than the national average in 2013/15**

- Despite recent increases, suicide rates in Southwark are relatively stable, with an average of 26 cases per year.
- The overwhelming majority of suicides occur among men, mirroring the national picture.
- The suicide rate increases with age among both males and females, peaking in middle age.
- The most common method of suicide amongst males and females is hanging.

Suicide mortality rate 2001-13 to 2013-15



Suicides in Southwark by method, 2011-2015



# Mental ill-health represents a significant burden on our local population and the health and care system

## SECTION SUMMARY

- It is estimated that almost 47,600 adults in Southwark are currently experiencing a CMD, this is expected to rise to approximately 52,000 individuals over the next decade
- Although less disabling than major psychiatric disorders, the higher prevalence of CMD mean that their cumulative cost to society is greater
- All types of CMD are more prevalent in women than among men, and they are also more likely to experience more severe symptoms
- Young women were identified as a particularly high risk group with an estimated 5,600 cases in the borough
- Employment and socio-economic status were identified as a substantial risk factor. In Southwark, approximately half of the claims for employment and support allowance (ESA) are related to mental health – with 6,000 cases in February 2016
- There are 3,800 cases of severe mental health disorder in Southwark. More than half of Southwark's SMI population are male
- People with long term physical conditions are two to three times more likely to experience mental health problems - approximately 22,600 people in Southwark
- There may be up to 2,630 cases per year of mental health disorders in the perinatal period locally
- One in ten children nationally have a clinically diagnosed mental health disorder such as emotional, conduct or hyperkinetic disorders. This is equivalent to approximately 3,800 children in Southwark

# A number of important caveats and assumptions relate to the data presented

## CAVEATS AND ASSUMPTIONS

- The London findings contained within the Adult Psychiatric Morbidity Survey may not accurately reflect the situation in Southwark itself.
- While the APMS is one of the most reliable measures of population mental health, the survey only includes adults.
- Projected changes in the number of people with mental health conditions assume a constant prevalence rate over the next decade.
- Access to a more detailed primary care dataset will allow for more thorough analysis of mental health that is specific to the Southwark population.
- Prevalence of mental health disorders in children in Southwark is based on the ONS 2004 survey “Mental health in children and young people in Great Britain” and ONS mid-year population estimates. It assumes the prevalence rate in 2004 has remained constant. It is only adjusted for age, sex and socioeconomic classification.

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# We have the range of services that are available nationally at a local level but cannot assess quality

## SERVICES AVAILABLE IN SOUTHWARK FOR ADULTS

Services are commissioned by both CCG and Council, however no data is readily available to assess the quality and effectiveness of these services. Furthermore, it is difficult to breakdown spend per service, particular for SLAM-provided services.

	SOUTHWARK ADULT MENTAL HEALTH, CARE, SUPPORT AND HOUSING SPEND – 2016/17	HEALTH, CARE AND SUPPORT		HOUSING
		NHS Southwark CCG	Southwark Council Children's and Adults' Services	Department of Work and Pensions Universal Credit
Children	UNCERTAIN – CCG to follow up			
Adults	<b>Operational – South London and Maudsley NHS Foundation Trust (SLAM):</b> including inpatient, community and specialist services.	£62,788,713	£0	N/A
	<b>Operational – Southwark Council:</b> including adult social care and Referral Assessment and Resettlement Team	£0	£389,967	N/A
	<b>Community Services</b> – adult mental health, care, support and housing: including residential care home and supported housing	£2,640,119	£9,129,502 (£3,288,997 on residential care homes)	£8,037,912 (for core rent and service charge)
	<b>Total Spend</b> *(Not including children's spend)	<b>£65.4 million</b>	<b>£9.5 million</b>	<b>£8 million</b>

# For people with mental health problems one of the largest areas of spend is residential care

## MENTAL HEALTH AND SUPPORTED LIVING

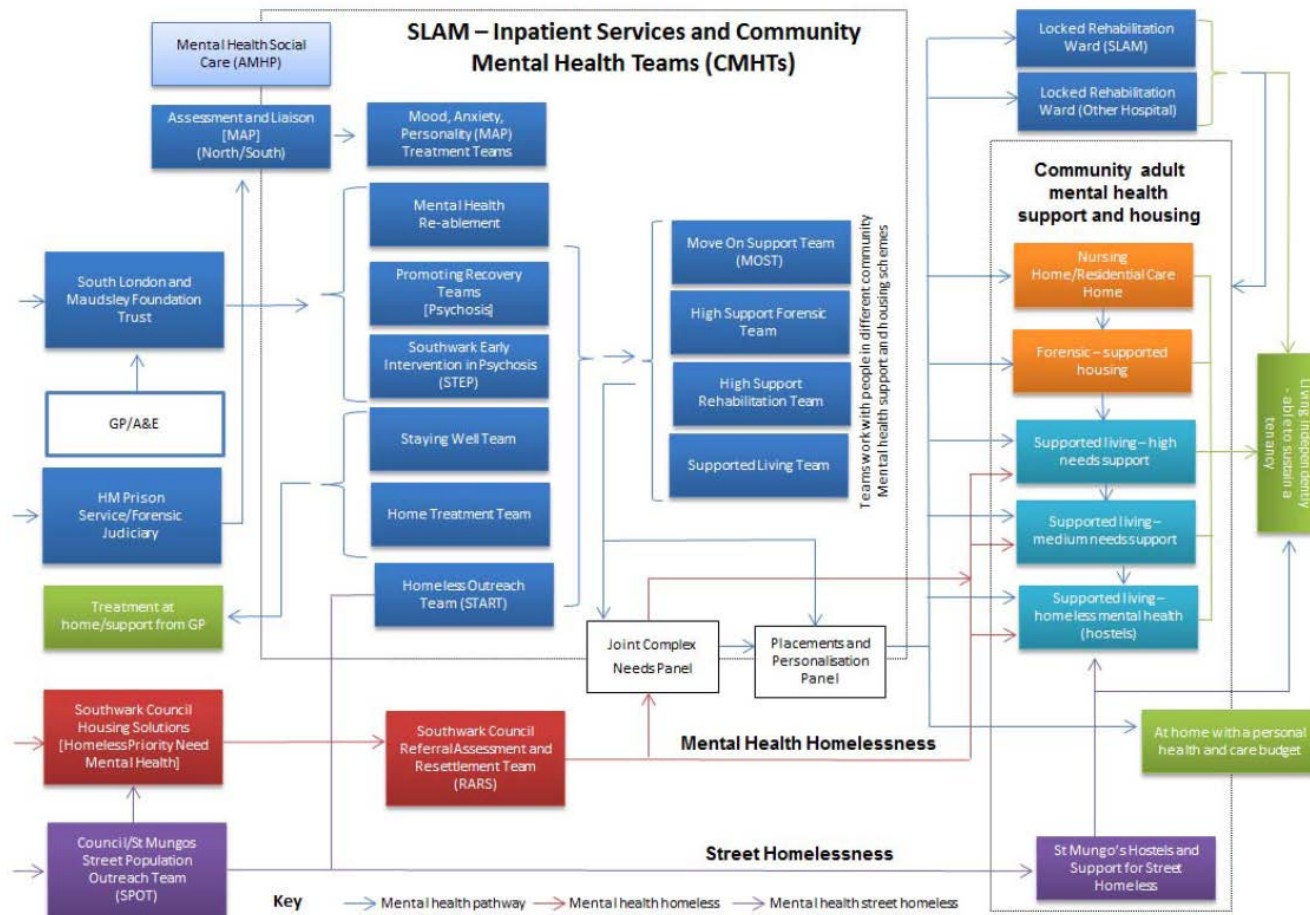
**Currently there are approximately 1000 individuals in adult community mental health support and housing\*, and they represent an area of high cost per person across Southwark Council and CCG.**

- Long stayers in service tend to be in residential care, with the longest stay being 27 years and 6 months.
- However, we have little information on the demography of those in residential care, nor the reason for supported housing and continued service use.
- A case note review of a sample of this cohort is being undertaken by the Public Health team to explore the underlying risk factors and mental health need.

\* Snap shot data from 1 July 2016 showed 1004 people in adult community mental health support and housing includes inpatient acute wards (SLAM), inpatient locked rehabilitation wards, nursing home, residential care home, forensic units and supported living

# Our operational landscape is complex and hinders our understanding of CCG MH spend

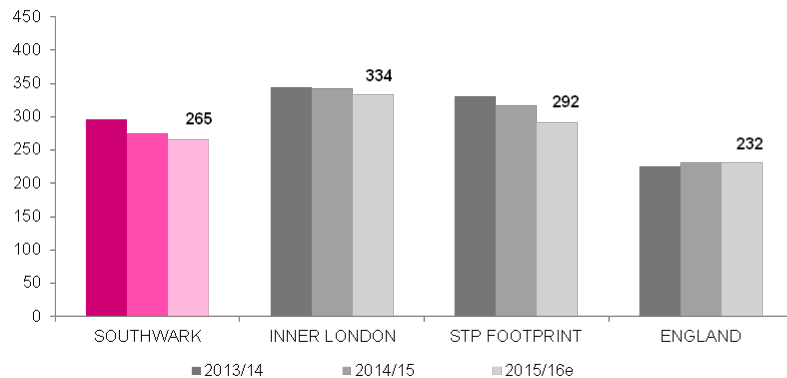
## SERVICE PROVIDER COMPLEXITY



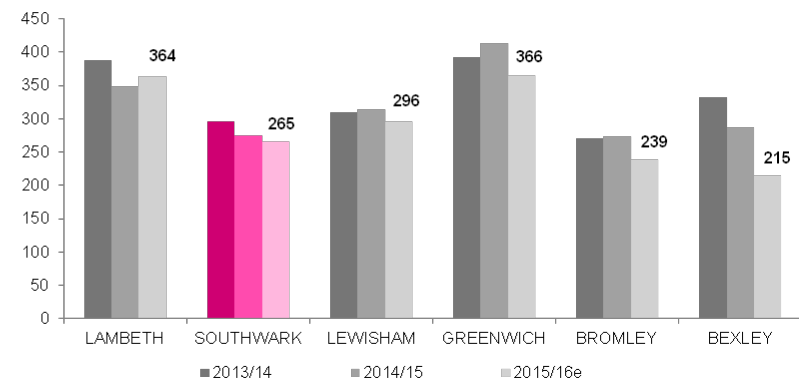
# Southwark is comparable to neighbouring boroughs in terms of admissions but is above England

## ADMISSIONS

Admission rate per 100,000



Admission rate per 100,000

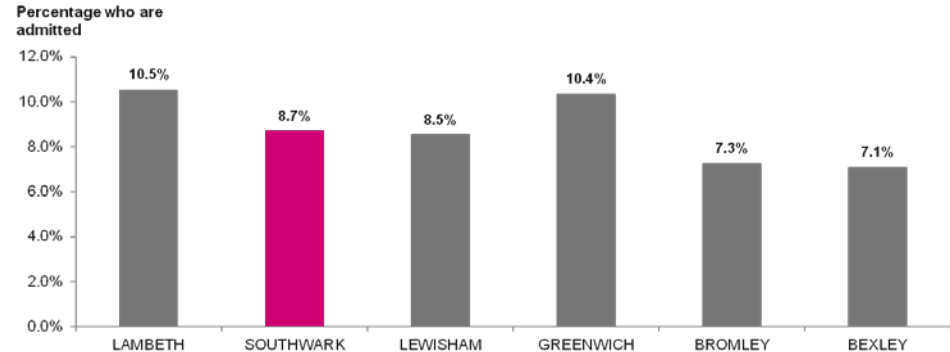
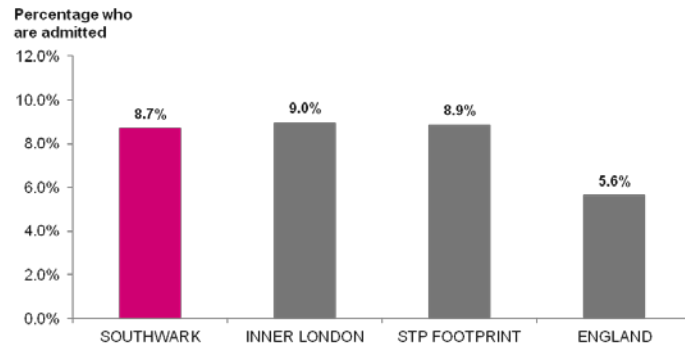


e = estimated value

- There were 820 admissions to secondary mental health and learning disability services among Southwark adults in 2015-16.
- Southwark has a higher rate of admissions than the national average, but levels are below the average for both inner London and the South East London area.
- On a provider level there were 3,775 adult admissions to South London & Maudsley NHS Foundation Trust in 2015-16.

# Southwark residents in contact with mental health services are more likely to be admitted to hospital

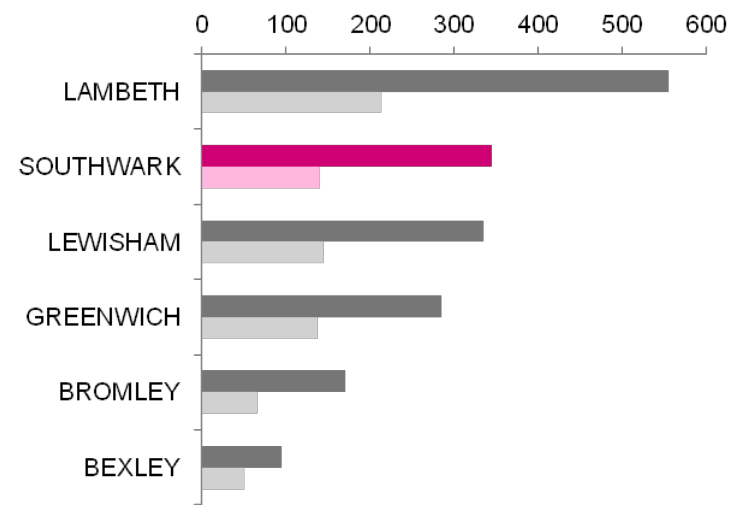
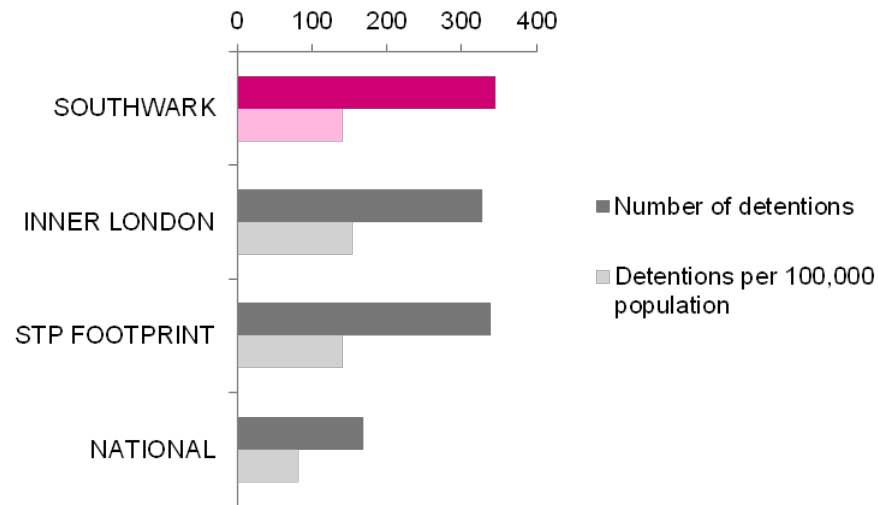
## ADMISSIONS



- In 2015-16 there were 8,325 people in Southwark accessing adult secondary mental health and learning disability services.
- Around 1 in 11 (8.7%) of those spent time in hospital during the year, compared to around 1 in 20 nationally (5.6%).
- Nationally Black or Black British ethnic groups had the highest proportion of people who had spent time in hospital in the year, with levels more than twice the average for the White ethnic group.
- High rates of hospitalisation in Southwark and neighbouring boroughs may be reflective of our ethnic diversity and could also be indicative of a greater / more complex need for mental health and learning disability services among this population group.

# For all comparisons, Southwark has a high number of detentions under the Mental Health Act

## DETENTIONS UNDER THE MENTAL HEALTH ACT



- Mirroring the trend associated with hospitalisation, Southwark's number of adult detentions under Part II and Part III of the Mental Health Act (1983) are comparable to neighbouring boroughs but significantly higher than the national average.
- Southwark's high number of mental health detentions are likely to reflect a high number of complex and severe mental health cases locally and should be investigated further.

# Southwark needs to do more to meet the needs of vulnerable people in urgent, critical situations

## MENTAL HEALTH CRISIS CARE

**In 2014, partner organisations in Southwark made a declaration to put in place the principles of the National Crisis Care Concordat which focuses on for key areas:**

- Access to support before crisis point
- Urgent and emergency access to crisis care
- Quality of treatment and care when in crisis
- Recovery and staying well

A recent Care Quality Commission (CQC) review identified that two out of the three patient pathways in Southwark for those in mental health crisis situations are worse than average and one pathway is comparable.

- Pathway 1: People presenting to A&E departments (with particular focus on people who self-harm)
- Pathway 2: People who require access and support from specialist mental health services
- Pathway 3: People detained under section 136 of the Mental Health Act

Further work is required to understand the problems within these pathways and identify improvement opportunities.

# Levels of hospitalisation in Southwark are above the national average

## SECTION SUMMARY

- Mental health spend is opaque and the operational landscape is extremely complex, creating significant challenges for service planning and ease of use
- Southwark's rate of mental health admissions and detentions under the Mental Health Act are comparable to the STP footprint but are substantially higher than national averages
- Higher levels of hospitalisation and service use in Southwark may be due to a high level of complex mental health need but may also be a reflection of the ethnic diversity of our local population
- Local issues relating to mental health crisis care as well as dual diagnosis service provision exemplify the difficulties faced by Southwark in meeting local need and delivering quality services



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# Mental health problems represent a significant health burden locally

## KEY ISSUES IDENTIFIED

### **A number of key health needs have been identified throughout this project:**

- An estimated 47,600 adults in the borough suffer from a common mental disorder
- A number of high-risk groups were identified, in particular; young women, those with a long term condition and people in receipt of out of work benefits
- Severe mental illness affects a smaller proportion of the local population (3,800 people), however individuals suffering from SMI have a higher level of need
- It is estimated that at least one third of people who access substance misuse services have a mental health problem
- In Southwark, there may be up to 2,630 cases per year of mental health disorders in the perinatal period
- One in ten children nationally have a clinically diagnosed mental health disorder such as emotional, conduct or hyperkinetic disorders. This is equivalent to approximately 3,800 children in Southwark
- Southwark's mental health admissions, bed days and detentions under the Mental Health Act are comparable to the STP footprint but are significantly higher than national averages
- Higher levels of hospitalisation and service use in Southwark may be due to a high level of complex mental health need but may also be a reflection of the ethnic diversity of our local population
- A recent Care Quality Commission (CQC) review identified that two out of the three patient pathways in Southwark for those in mental health crisis situations are worse than average and one pathway is comparable

# Mental ill-health represents a significant health burden locally and there are key gaps in our understanding

## KNOWN UNKNOWN

**A number of gaps in our understanding of local health need have been identified throughout this project:**

1. We need to better understand the characteristics of those with a common mental health diagnosis (CMD) and severe mental illness (SMI), including people with a low socio-economic status, those who misuse drugs and/or alcohol, those with long-term health conditions, young women and women during the perinatal period
2. Other high risk population groups have been identified nationally that we have a poor understanding of locally. These include; ethnic minority groups, homeless people and those with poor living conditions, migrants and refugees, and people in contact with the criminal justice system
3. A clearer understanding of local mental health service provision is required, in terms of both activity and cost. Additionally, we need to better understand the characteristics of those currently accessing services.
4. Further work is required to understand local care pathways, including current crisis care, and to identify opportunities for improvement.
5. A clear understanding of evidence based interventions, with a particular focus on prevention, is required

# There are a number of potential opportunities to improve our understanding of mental ill-health

## RECOMMENDATIONS

Suggested Actions		Suggested Lead
1	<ul style="list-style-type: none"> <li>Utilise primary and secondary care data systems to improve understanding of those diagnosed with mental health issues and those accessing local services</li> <li>Improve the identification of people with CMDs through training and development and sharing of best-practice</li> </ul>	Public Health  CCG and Primary Care
2	<ul style="list-style-type: none"> <li>Improve sharing of information between local agencies involved in the mental health agenda e.g.: police, probation, and third sector organisation</li> <li>Explore options to conduct a local suicide audit to improve understanding of suicide cases and contributing factors</li> </ul>	Public Health
3	<ul style="list-style-type: none"> <li>Better understand the current and future spending based on commissioning priorities</li> <li>Develop more effective partnerships that aims to operate on a single budget (whole system spend)</li> <li>Develop an audit process that will combine community and third sector services as a way to identify any gaps or duplications in provision</li> </ul>	Partnership Commissioning Team
4	<ul style="list-style-type: none"> <li>Conduct a review of crisis care pathways and develop a local improvement plan</li> <li>Ensure that the referral system is working effectively (primary care/GP referrals) – in particular for high risk and vulnerable groups</li> </ul>	Partnership Commissioning Team
5	<ul style="list-style-type: none"> <li>Undertake a literature review of evidence based interventions to improve local mental health outcomes as well as reviewing examples of best practice</li> </ul>	Public Health

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### Acknowledgements:

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