Prevalence of Psychosis and access to mental health services for the BME Community in Southwark

Introduction

Psychotic disorders (sometimes called severe mental illness - SMI) include schizophrenia and extreme disorders of mood (mainly bipolar disorder). The disorders are characterised by severe disturbances in thinking and perception such that perception of reality is distorted. This may result in different types of delusions about the self, others and the environment including hearing voices.

The Health, Adult Social Care, Communities and Citizenship Committee undertook an investigation into psychosis particularly in the BME community.

At this time, the Committee has carried out some initial evidence and we strongly recommend that the next iteration of the Health Scrutiny Sub-Committee carries out a more in-depth look at access to mental health services by all service users, with a specific focus within the report on BME community access.

In particular we investigated:

1. The prevalence of Psychosis in the BME community in Southwark
2. The reasons behind the prevalence of Psychosis amongst the BME community
3. The current ways in which mental health services are accessed by the BME community, and associated problems and/ or best practice
4. The ways in which mental health services currently interact with each other throughout Southwark.

Evidence Base

We received evidence from:

- The Clinical Commissioning Group
- Healthwatch
- Southwark Adult Social Care Team
- Guys and St Thomas' Hospital
- Kings College Hospital
- Black Majority Churches Pilot
- South London and Maudsley (SLaM)

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Recommendations

1. At this time, the Committee has carried out some initial evidence and we strongly recommend that the next iteration of the Health Scrutiny Sub-Committee carries out a more in-depth look at access to mental health services by all service users, with a specific focus within the report on BME community access.
2. The Committee notes with concern that there are a large range of factors given for the increase prevalence of mental health conditions in the BME community. We recommend that Public Health carry out further work to understand the key drivers behind this increased prevalence, using Southwark specific data where possible to look at the Borough's BME communities in more detail.
3. The Committee recommends that Healthwatch Southwark should collect more information of real life cases through a number of means including Kindred Minds - A Southwark Black and minority ethnic (BME) user-led mental health project and other relevant sources and organisations in Southwark.
4. The Committee notes that there is minimal understanding of the ways in which members of the BME community present with mental health conditions, other than from research. We recommend that Public Health undertake further work to understand the pathways which Southwark residents take to access mental health services. Where relevant, this should be undertaken jointly with SLaM and the Hospital Trusts.
5. We welcome the decision by SLAM to collate information on classifications of presentations to Emergency Departments and would recommend that this information is shared as part of the Joint Mental Health Strategy that is being developed.
6. We recommend that Kings College Hospital and Guys and St Thomas' place the provision of safe, secure spaces for the treatment of patients presenting with mental health conditions as a key priority in their workplans for 2014.
7. We recommend that the Mental Health sub-group of the Lambeth and Southwark Emergency Care Network presents its final Action Plan to the Committee for further comment. We recommend that the final draft of the Joint Mental Health Strategy is presented to the Committee ahead of publication for further scrutiny.
8. The Committee welcomes the services that are currently provided by SLaM to support those with mental health conditions in Southwark.
9. We recommend that priority is placed by SLaM on supporting people with mental health in the community, and intervening ahead of any admissions to A&E wards.
10. Given the success of the Black Majority Churches Pilot, the Committee recommends that Southwark CCG and Southwark Council jointly consider commissioning a bespoke Pastoral

mental health awareness training programme across established BMCs in Southwark adapting SLaM's faith and mental health model.

11. The Committee further suggests that Southwark CCG and Southwark Council jointly consider commissioning further Mental Health First Aid training specifically aimed at established BMCs across Southwark

1. Prevalence of psychosis in the BME community

In both the 2001 and 2011 censuses, Southwark had the highest percentage and number of African residents for all London Boroughs. Southwark also has the highest percentage and number of African residents of any local authority in Britain (Office for National Statistics, 2013; Southwark Council, 2011).

Around three fifths of the African population of the Borough were born in Africa in 2001 (Southwark Analytical Hub), and this proportion was approximately the same in 2011 (Office for National Statistics, 2013). African residents are predominantly from Nigeria and other parts of West Africa (Southwark Council, 2011). The proportion of Black Caribbean residents in Southwark is somewhat different, decreasing from 8.0% in 2001 to 6.2% in 2011 (Southwark Analytical Hub).

There is substantial research that shows that in the UK rates of mental illness including psychosis in some ethnic minority populations are higher than rates in white British populations although the levels are not consistent and are different for men and women.

The main source of information about the numbers of people in the population with mental ill health nationally is taken from a large household survey conducted in England in 2007, and its predecessors which covered England, Scotland and Wales in 1993 (16-64 year olds) and 2000 (16-74 year olds) by the Office for National Statistics (ONS)

Table 1 Expected number of adults with psychosis or probable psychosis by borough

	Population Aged 16+ years	Estimated prevalence	Estimated expected number with psychotic disorder in the past year
Lambeth	255,000	0.4%	1,020
		0.5% (probable psychosis)	1,275
Southwark	242,000	0.4%	968
		0.5% (probable psychosis)	1,120

Source: Greater London Authority Interim Round Population Projections (2012) and Psychiatric Morbidity Survey (2007)

Figure 1: Expected number of adults with psychosis or probably psychosis by borough (Public Health Southwark & Lambeth)

Nationally the APMS survey (ONS, 2007) found that about 65% of people with psychosis and 85% of people with probable psychosis living in private households were on treatment. The difference may be because some of the people with probable psychosis have a history of psychotic symptoms but had not experienced them in the previous year whereas some of the people with psychosis were new and had not yet accessed services.

One third of people with psychoses had contact with their GP in the past 2 weeks, and two thirds had had contact in the past year.

2. Reasons for prevalence of psychosis in the BME community

The Committee heard evidence from South London and Maudsley (SLaM) in May 2013, which detailed their thoughts on the reasons for the prevalence of psychosis.

They believe that there is clear evidence of increasing incidence from 1965 onwards in South London. This is likely to be the result of:

- Increasing population size
- Increased proportion of young people at age at risk (20-35)
- Increased rates Black ethnic minorities
- Increased rates with cannabis use
- Increased rates with unemployment

As we can see from their projections, the number of Southwark residents with schizophrenia per 100,000 is predicted to substantially increase between 2004 and 2022.

Figure 2: Projections of schizophrenia per 100,000, Southwark Population 2004-2022 (SLaM)

SLaM went on in their evidence to try and explain more of the reasoning behind the increased numbers of members of the BME community with psychosis.

They stated that there have been various hypotheses attempting to explain the raised incidence in African and Caribbean groups, including:

- Selective migration
- Misdiagnosis based on racist assumptions

The differences are believed to be related to:

- Traumatic experiences (including racism/perceived racism), -family breakdown and social support

They also drew on a number of external pieces of research which attempted to explain the risk factors that mean that psychosis in the BME community is more prevalent than in the non-BME community.

This includes:

- **Unemployment** - Members of the Black Caribbean community who are unemployed are 60 times more likely than white employed people to develop mental health problems. (Boydell at al 2012 – Study in Southwark)
- **Crime** - There is a 26% increase in rates of schizophrenia with a 10% increase in crime (Bhavsar submitted 2012)
- **Psychosis increases with increasing population density** (Mortensen et al 1999)

- **Cannabis use** - There was a recent finding that cannabis use has a greater effect in inducing psychosis in urban environments - probable synergy (Kuepper et al 2011)
- **Poor education**

However, whilst these factors are seen to increase the occurrence of psychosis, a recent study in Lambeth indicated that the increased incidence of psychosis in black people disappeared once they formed >25% of the population at neighbourhood level (1500 people) (Schofield et al 2011).

Public Health Southwark & Lambeth explained to the committee that the reasons for increased occurrences included biological, psychological, and environmental (social, family, economic etc) factors.

They told the committee that opinions have swung to and fro between the relative contribution of biomedical (such as genes and brain chemistry) and environmental factors (such as parenting, school, work and life events) and between different interpretations and understanding of the brain and the mind. More recently there has been increasing recognition of the impact of nurturing on brain development in infancy and early childhood and specifically on the impact of negative infant and childhood experiences on future mental illness.

Studies now suggest that early childhood neglect and certainly more overt emotional or physical abuse can affect brain development adversely and increase risk of various issues including mental illness especially if other circumstances occur. There is also recognition that some forms of mental illness seem to run in families especially bipolar disorder although in nearly two thirds of people with schizophrenia there is no other family member with the disorder.

Psychological factors that may contribute to mental illness include:

- Severe psychological trauma suffered as a child, such as emotional, physical, or sexual abuse
- An important early loss, such as the loss of a parent
- Neglect (emotional and, or physical)
- Poor ability to relate to others

Environmental factors or stressors that may trigger mental illness (although not specifically psychosis) in a person who is susceptible (especially having been exposed to some of the factors above) include:

- A dysfunctional family life including domestic violence
- Death or divorce
- Unemployment
- Bullying or harassment (in the workplace, school etc)
- Substance misuse by the person or the person's parents

There also highlighted that there is a strong relationship between mental health problems and substance and, or alcohol misuse. This includes common mental illness, severe mental illness, problems with self harm and suicidal behaviour. Misuse of drugs and, or alcohol is also associated with increased risk of suicide. The Department of Health reports that about 30% of people seeking help for a mental health problem are likely to be misusing drugs.

The evidence around the influence of cannabis is controversial but may have a role in psychosis in genetically susceptible people (less than 20% of those developing a psychotic illness) when used in early teenage years. Cannabis can also exacerbate symptoms and sign in established psychotic illness eg paranoia and hallucinations.

The Committee notes with concern that there are a large range of factors given for the increase prevalence of mental health conditions in the BME community. We recommend that Public Health carry out further work to understand the key drivers behind this increased prevalence, using Southwark specific data where possible to look at the Borough's BME communities in more detail.

3. Ways in which psychosis services are accessed

In evidence from Healthwatch Southwark, it is apparent that BME communities are not being offered the services that they require. From a group of 10 people who were part of a BME service user group commenting on psychological therapy services, the comments received back included that:

- "It has not been offered"
- "Because you have CPN it is not offered"
- "No Black psychologist"
- "Need to know more about it/unable to make decision"

The Committee recommends that Healthwatch Southwark should collect more information of real life cases through a number of means including Kindred Minds - A Southwark Black and minority ethnic (BME) user-led mental health project and other relevant sources and organisations in Southwark.

In terms of the way in which services are directly accessed, analysis by major ethnic groupings indicates that black patients are referred more by “emergency” type services, such as A and E or the justice system than by GPs.

Public Health in their research, explained to the committee that nationally there is evidence of differential access to services for ethnic minority populations although some of this information is relatively historic.

- Admission rates to psychiatric hospitals for African-Caribbean populations are higher than for the general population (Coker 1994, Cochrane & Bal 1989)
- Diagnoses of schizophrenia among persons admitted to psychiatric hospitals are 3 to 6 times higher among African-Caribbean groups than among the white population (Coker 1994, Cochrane & Bal 1989)
- Diagnoses of depression and anxiety are less likely among African-Caribbean groups than among the general population (Lloyd 1993)
- African-Caribbean groups are more likely to be subjected to harsh and invasive types of treatment including intramuscular injections and electro-convulsive therapy, more likely to be placed in secure units, to be described as aggressive and to be hospitalized compulsorily under the Mental Health Act (Dunn and Fahy 1990, Davies 1996, Bhat 1996)
- Diagnoses of schizophrenia among persons admitted to psychiatric hospitals are 3 times higher among Asian males than among the white population (Coker 1994, Bhat 1996)
- Suicide rates among women from the Indian sub-continent and men and women from East Africa are higher than those for the general population (Soni Raleigh 1992, 1990) – this is very difficult to look at locally as suicide numbers are low and suicides in women are very low. Suicide rates among Asian women 15-24 years are more than twice the national rate and 60% higher in Asian women aged 25-34 years (Soni Raleigh 1992, 1990)
- Psychiatric patients from B&EM groups make less use of psychiatric services (Donovan 1992, Kareem 1989)

- The ethnicity of a patient influences the clinical predictions and attitudes of practising psychiatrists (Lewis 1990) [1]

The Committee notes that there is minimal understanding of the ways in which members of the BME community present with mental health conditions, other than from research. We recommend that Public Health undertake further work to understand the pathways which Southwark residents take to access mental health services. Where relevant, this should be undertaken jointly with SLaM and the Hospital Trusts.

[1] Source: Lee, B., Syed, Q., Bellis, M. (2001). Improving the Health of Black and Ethnic Minority Communities: A North West England Perspective. North West Public Health Observatory.

4. Ways in which Southwark is tackling BME psychosis

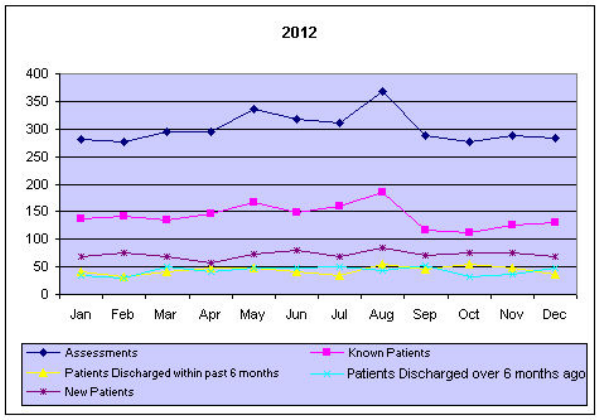
As we noted above, many of those presenting with psychosis first interact with healthcare services at A&E departments.

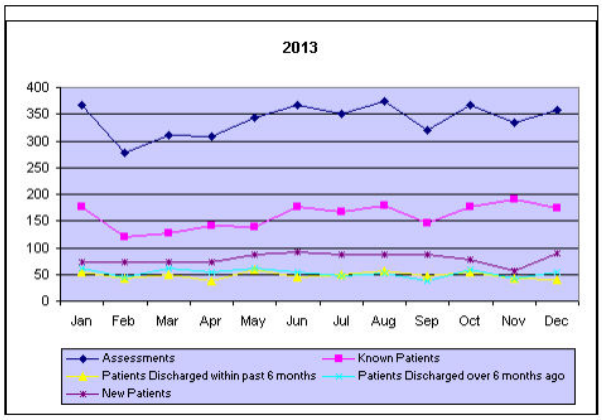
SLaM in their evidence to the Committee explained some of the background of these presenting at Emergency Departments. Those presenting at Kings and St Thomas' Emergency Departments, who are referred to the mental health liaison teams, typically fall into the following categories:

- Actual deliberate self-harm
- Intoxicated and suicidal
- Psychotic
- Hypomanic
- Depressed
- Depressed & Suicidal
- Anxious
- Requesting to see a Mental Health Professional
- Strange behaviour - often due to drug intoxicated

Self harm accounts for approximately 1/3rd of all presentations.

Of those presenting to the department, some are 'first presentation' patients (not known to SLaM) but from the local area, some are patients already under the care of SLaM and some are out of area patients. The latter group is particularly represented in those presenting at St Thomas' ED due to its proximity to major transport hubs and London's West End.





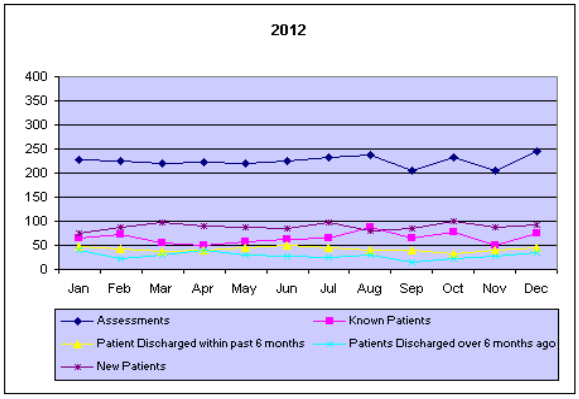
2012

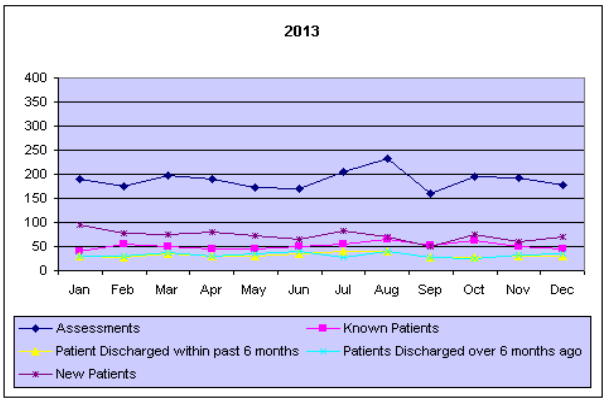
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Assessments	282	277	295	294	336	318	312	369	287	276	287	284
Known Patients	138	141	136	147	168	149	159	185	117	113	126	131
Patients Discharged within past 6 months	42	31	41	47	47	41	34	55	46	55	49	37
Patients Discharged over 6 months ago	34	30	50	42	47	48	50	44	52	33	37	48
New Patients	68	75	68	58	74	80	69	85	72	75	75	68

2013

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Assessments	366	277	311	308	344	367	351	374	319	368	333	357
Known Patients	176	119	127	142	138	176	168	180	147	177	190	175
Patients Discharged within past 6 months	55	42	50	37	58	44	49	56	48	55	43	39
Patients Discharged over 6 months ago	62	44	62	55	62	55	46	52	38	59	43	54
New Patients	73	72	72	74	86	92	88	86	86	77	57	89

Figure 3: Kings College Hospital Mental Health Liaison Team 2012-2013, South London and Maudsley Mental Health Paper, January 2014





2012

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Assessments	227	225	220	222	220	225	232	238	205	232	205	245
Known Patients	66	72	55	51	57	63	65	88	64	77	49	74
Patient Discharged within past 6 months	48	43	37	40	44	50	44	40	39	32	41	44
Patients Discharged over 6 months ago	39	22	31	40	31	27	26	31	16	23	27	34
New Patients	74	88	97	91	88	85	97	79	86	100	88	93

2013

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
189	174	198	189	172	170	205	232	161	195	192	178
39	55	50	45	45	50	54	64	53	63	50	44
30	28	34	31	31	35	41	39	27	27	30	31
29	31	38	31	35	40	27	39	27	26	32	34
94	77	75	80	73	64	83	69	50	76	60	69

Figure 4: Guys and St Thomas' Hospital Mental Health Liaison Team 2012-2013, South London and Maudsley Mental Health Paper, January 2014

The Hospital Trusts and SLam told the Committee that there was an increase especially amongst local people who are unknown to the service. SLaM also told the Committee that they do not have detailed records of the numbers of different classifications of presentations to Emergency Departments, but are now in the process of collating this information.

We welcome the decision by SLAM to collate information on classifications of presentations to Emergency Departments and would recommend that this information is shared as part of the Joint Mental Health Strategy that is being developed.

Guys and St Thomas' Hospital

In their evidence to the Committee, Guys and St Thomas' explained how they are making changes to benefit the facilitation of psychosis services.

They explained to the committee that the emergency department is a very stressful environment for any patient, but moreso if someone is presenting with paranoia, psychosis, in distress or with suicidal thoughts.

The hospital currently has two cubicles within the main department which can be separated from some of the noise and the lights can be dimmed but this is not an ideal solution. Where clinically appropriate, patients will be moved to their emergency medical unit which is a quieter area that provides a more relaxing atmosphere for patients awaiting placement to other hospitals or need a further period of observation. Long delays especially when an in patient bed is needed results in a patient needing to spend a long time in what is not a therapeutic environment.

They highlighted to the Committee that the main challenge facing mental health patients throughout London is access to mental health beds. Patients can wait for >24 hours to gain access to an appropriate bed in their local area, during this time they are in a suboptimal environment for their condition leading to poor quality of care.

- An example this month showed a patient awaiting placement and the nearest bed was in Manchester. This is not uncommon.
- The result of this is patients being kept in an inappropriate environment for a prolonged period of time that is not good quality care for the patient
- This bed is then not available for a medically appropriate patient and contributes to significant bed pressure within Trusts.

The Hospital explained that the financial implications of the management of these patients are material and they recognised the need to create a safe and calm environment for patients requiring mental health assessments.

As a result the new Emergency Flood will contain 2 dedicated in-patient beds. Each contains its own en-suite facilities and, similar to the cubicles in the Major Treatment area, both are furnished in such a way that the potential for these patients to cause harm to themselves is minimised. These treatment rooms have been located so that they are slightly away from the busy clinical areas but have been provided with facilities to ensure that they can be fully observed at all times.

Kings College Hospital

Kings College Hospital told a similar story to the Committee. They believe that the Emergency Department at King's College Hospital treats the largest number of mental health patients in the UK.

They have an agreed service aim for all patients to be seen by the specialist psychiatric team within 30 mins from referral and this is monitored as a key performance indicator alongside other pathway measures such as time to first clinician. They also have clear clinical and operational pathways in place that support the rapid assessment and referral of patients at the point of initial assessment.

All ED staff undertake specialist training, delivered as a rolling programme of events throughout the year, from the Psychiatric Liaison team to ensure they are able to identify signs of mental illness and distress, how to risk assess and are aware of how best to manage patients presenting in crisis.

They have a dedicated assessment room for patients with mental health needs to meet with members of the psychiatric team that is separate from the main clinical area and provides a quiet space to minimise any additional stressors the busy ED environment can place on an individual.

However, they see a number of challenges facing the Trust:

- Increasing volumes and acuity of attendances to KCH ED
- Capacity – staffing (inpatients and ED), assessment space
- Social services, response times specifically out of hours
- MH bed provision/access
- Child and adolescent pathways
- Drugs and alcohol and the impact on the assessment process
- 136 suite provision
- Physical health support to the Mental Health inpatient environment to support collocated management
- Metropolitan Police and LAS relationships, training and pathways specifically for metal capacity assessments,
- documentation and the section 136 process

Whilst these cannot be immediately resolved, they do have plans to help in the immediate term with the increasing number of presentations:

- Development and recruitment of a hospital wide team of specialist nurses and healthcare support workers to provide greater consistency of 1:1 supervision and support to patients with mental health and behavioural problems
- Organisational reconfiguration of KCH out patients to support the final phase of the mental health assessment suite and new main entrance opening

We recommend that Kings College Hospital and Guys and St Thomas' place the provision of safe, secure spaces for the treatment of patients presenting with mental health conditions as a key priority in their workplans for 2014.

The Clinical Commissioning Group

The Clinical Commissioning Group (CCG) told the Committee that they had commissioned a review of the partnership arrangements in place for delivering mental health services in the Borough.

The review made a number of recommendations to strengthen partnership working in the area of mental health and endorsed the lead commissioner role of the CCG. The review recommended the development of a new Mental Health Strategy for Southwark to set out clearly the vision, outcomes and key actions to be taken across partners to deliver better mental health for the population of Southwark

Significant reforms to the strategy and policy landscape for the public services have strengthened a number of themes to set a clear strategic framework for mental health services in Southwark. These include:

- Focus on increasing independence and moving people on from dependency through personalisation, normalisation and reforms to welfare benefits
- Renewed emphasis on making local government, the NHS and other sectors work together with greater impetus for integration
- Increased significance of prevention and early intervention
- Importance attached to person-centred care, with attention given to co-designing services and achieving outcomes in partnership with patients and users to give them more choice and control
- Prioritisation of responses to mental health to put it on a par with physical health
- Drive for efficiency and budget savings in the context of pressures on the public purse from the economic climate and demographic growth

The CCG also told the Committee that they had convened a Mental Health Working Group which will be putting together a Joint Mental Health Strategy.

This will operate on a cross-sectoral approach with the CCG, Council, Public Health and Healthwatch along with the Hospital Trusts.

We recommend that the Mental Health sub-group of the Lambeth and Southwark Emergency Care Network presents its final Action Plan to the Committee for further comment. We recommend that the final draft of the Joint Mental Health Strategy is presented to the Committee ahead of publication for further scrutiny.

South London and Maudsley

SLaM told the Committee about the services that currently exist, allowing BME community members to access mental health services.

The OASIS Team

The OASIS team offers help to people who are at high risk of developing psychosis but who are not yet psychotic [Broome et al 2005].

This is the first service of this type in the country and without treatment about a third of people with symptoms will develop a first episode of psychosis within 12 months [Yung et al, 2003]

Clients are seen in non-psychiatric community settings to maximise accessibility and minimise stigma OASIS has been very successful at engaging clients from ethnic minorities, who comprise 2/3rds of the client group.

Among those engaged by OASIS there are no significant differences between ethnic groups in the rates of psychosis, hospital admission and use of the Mental Health Act.

The STEP Team

Is a community based multi-disciplinary team which provides a holistic and comprehensive early intervention service to individuals aged 14-35 who are experiencing their first episode of psychosis.

The team uses well-researched Early Intervention strategies and works intensively with service users and carers to promote engagement with the team and with treatment and to facilitate social inclusion and recovery.

There is an Adolescent Mental Health worker who is part of the STEP team and who works across both the Child and Adolescent Mental Health Service and STEP team, care co-ordinating the under 18's with psychosis and ensuring a smooth transition to adult services where this is necessary.

Service users are encouraged to make informed treatment choices and are offered the following interventions.

SLaM however took the time to explain to the Committee the types of intervention that exist to facilitate psychosis treatment.

- **Engagement** – flexible; can be seen at GP surgery, home or a community setting
- **Immediate contact** – service users are seen within one week of referral. Supportive and empathic relationship in which service users' aspirations, strengths, priority need are central
- **Psychological interventions** – including Cognitive Behavioural Therapy and individual and group work
- **Working with families** – involvement in treatment plans, carers assessments and groups, family interventions
- **Social inclusion interventions** – vocational and educational assessment and support, facilitating access to other agencies both mental health an mainstream
- **Medication** – this involves use of low dose medication in the first instance with regular review and side effect monitoring
- **Relapse prevention** – working to understand and recognise their early warning signs and make plans to prevent relapse where possible

- **Physical health** – promotion of healthy lifestyle, physical wellbeing, good communication with primary care

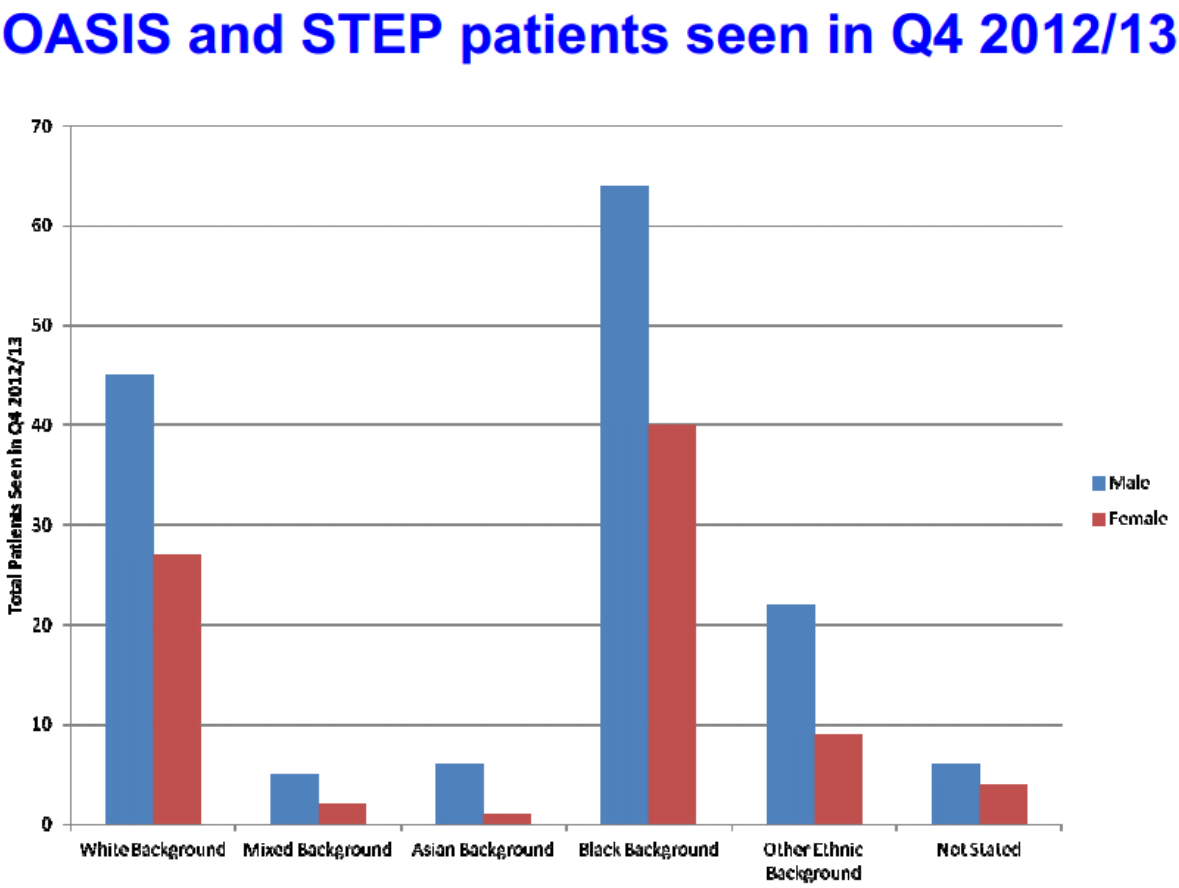


Figure 5: OASIS and STEP patients seen in Q4 2012/13

The Committee welcomes the services that are currently provided by SLaM to support those with mental health conditions in Southwark. We recommend that priority is placed by SLaM on supporting people with mental health in the community, and intervening ahead of any admissions to A&E wards.

Black Majority Churches Pilot

SLaM, through its Charitable Trust, piloted a "Faith and Mental Health Training" project ('the project") with a number of Black and Minority Ethnic (BME) Churches in 4 London Boroughs including Southwark. The project has made links with both local and faith communities and increased mental health literacy as well as improved communication and understanding between mental health services and BME communities.

The project has now trained a hundred people from a variety of faith groups predominantly from across SLAM Boroughs, Southwark, Lambeth , Lewisham and Croydon. The project has concretely demonstrated the impact of taking a dual approach (spirituality and medicinal practice) to addressing mental illness within the BME community. The mental health courses on the pilot for local faith groups were oversubscribed, and the conference held to celebrate the completion of the courses and discuss the issue of spirituality and mental health attracted over 130 local people from BME communities and highlighted the need for more training in mental health issues within faith groups.

Pastors have spoken eloquently about how they have "seen the light" following the mental health awareness training. Armed with a better understanding of the causes and cures of mental illness, they have been able to provide a far better and pragmatic pastoral care for those in their congregation. The biggest change that these trained Pastors have initiated is that they no longer take the approach to mental illness as a form of demonic possession, but that members of the congregation must see a health professional, take their medication and that the church will also continue to support them spiritually. Some of the participants of the pilot have said:

"I no longer see mental illness as incurable"

" I feel better to be around people who may have mental health issues"

"My response to suffering has changed. Prayer does not always make a difference"

"I will now not treat every individual regarded to have mental health issues with suspicion".

Given the success of the Black Majority Churches Pilot, the Committee recommends that Southwark CCG and Southwark Council jointly consider commissioning a bespoke Pastoral mental health awareness training programme across established BMCs in Southwark adapting SLaM's faith and mental health model.

The Committee further suggests that Southwark CCG and Southwark Council jointly consider commissioning further Mental Health First Aid training specifically aimed at established BMCs across Southwark

Adult Social Care Team

The Council's Adult Social Care team has a number of initiatives to support people with mental health conditions in the community, which aim to help keep them safe in the community.

The Council's Adult Social Care team currently has a number of initiatives to support people with mental health conditions in the community, which aim to help keep them safe in the community and away from A&E wards.

The mental health services in Southwark are provided by integrated health and social care teams, under the auspices of SLaM. They use a holistic approach which enables teams to support all health and social care needs under one service. These teams also 'in-reach' onto wards to enable earlier discharges.

The Adult Social Care team in their evidence, told the Committee about the services that are provided, including

- Home Treatment Teams (HTT) who provide 24/7 care to service users in a crisis in their own homes, accept out of hours referrals from GPs, provide peer support for people in leaving HTT.
- Psychiatric Liaison Nurses (PLN) who are based in A&E and provide 24/7 mental health triage, as well as assessing for HTT.
- 13 weeks support through reablement with a Recovery and Support Plan aimed at avoiding future mental ill-health episodes leading to a crisis situation.
- Maudsley's 'place of safety' which is open 24/7 and where those with mental illness who are picked up by the police can be taken to instead of A&E
- AMHP team who can undertake assessments under the Mental Health Act without a need for referral to A&E
- Emergency Duty Workers (EDT) who provide rapid assessment under the Mental Health Act as well as care planning.