Mental Health
Joint Strategic Needs Assessment
for Tower Hamlets

Part Three: Recommendations

August 2013

Contents

9. Recommendations of Mental Health JSNA

Because this JSNA is an in-depth study, it contains a number of detailed recommendations. The strategic recommendations are given first, followed by recommendations for further work.

9.1 Strategic recommendations

Population

The borough should plan its resources to meet increased need due to population growth, and keep under review the effects of wider economic difficulties which may worsen deprivation.

Mental health services must plan to meet the needs of the borough population of Bangladeshi ethnic origin, and to respond to the ethnic diversity in Tower Hamlets, as well as the white British population.

Mental health services for children and adolescents must meet the needs of a population aged 0 to 17 where the majority is of Bangladeshi ethnic origin (57.5%).

High level of deprivation

Commissioners and providers must ensure good access to services, support for people with mental illness (especially help with homes, money and jobs), and for services to families where children live in poverty.

The input of mental health services to meet the needs of homeless people and the results achieved should be monitored and reported, as should any increase in homelessness or changes in patterns of need.

Risk and protective factors for mental health and well-being:

As part of the borough Health and Wellbeing Strategy, Public Health in Tower Hamlets must continue to develop its programme for public mental health and for population interventions which improve wellbeing and develop protective factors for the residents.

Commissioners must prioritise mental health and wellbeing, and in particular to adopt a life course approach, as agreed by the Health and Wellbeing Board, after public consultation.

Financial investment

Tower Hamlets invests less than London boroughs with similar needs. This is a key issue for the future of mental health services. Decisions about the investment in mental health services in the borough are the responsibility of the Clinical Commissioning Group and the Council.

Utilisation of mental health services in Tower Hamlets

Common themes

- Medication: more work should be undertaken to understand the reason for the high rates, and whether it simply reflects the high need in the borough
- Ethnicity: primary and secondary services should improve access for the people of Bangladeshi ethnic origin, and achieve earlier interventions for people of black African and Caribbean origin, in line with national policy. Adult inpatient services should ensure they are culturally appropriate for younger adults of Bangladeshi and African and Caribbean origin.

CAMHS

- Specialist CAMHS is only monitored on achievement of a waiting time (from referral to treatment) of 11 weeks. The desirability of and feasibility of shorter waiting times should be investigated.
- There is a high level of DNAs. The reasons should be reviewed.

Primary care mental health services for adults in Tower Hamlets

- Primary care mental health services must meet the requirement for mental health employment support, and deliver best practice to meet the specific challenges presented by the levels of deprivation in Tower Hamlets.

Secondary care mental health services in Tower Hamlets

- Evidence to suggest that the referral and treatment pathways in secondary care are not working to the optimum level should be reviewed with GPs, providers and service users and carers.

Adult inpatient mental health services

- The number of inpatient admissions are increasing and improvements to pathways should be considered, especially in order to reduce repeat admissions for those with dual diagnosis problems.

Older people's mental health services

- IAPT services should attract more referrals for older people.

9.2 Recommendations for further work

Commissioners and strategic partners must build a fuller understanding of the mental health needs of its ethnically diverse population, and at the same actively keep under review the effectiveness of services currently commissioned to address those needs.

The high proportion of young adults in the population (aged 20 to 34), and the untypical number of males between aged 30 and 54, will affect the focus of mental health services. In particular, services for the early treatment and recovery from serious mental illness will be in demand (since the onset of mental health problems for many people is in their twenties), and the predominance of female users of Tower Hamlets services for common mental disorders will not be expected to be as great as in other areas.

Service delivery should be flexible enough to recognise and respond to differences between localities.

The programmes for carers, LGBT people, those with long term conditions, drug and alcohol, and offenders must be given priority for both mental health services and population wellbeing.

There should be a programme for older people's mental wellbeing.

All implementation programmes should recognise the percentage of Tower Hamlets' population who have poor literacy and difficulties in English language.

Discussions should be held with Mental Health Partnership agencies in order to determine the desirability and feasibility of improving information collection and determining the extent of unmet need as follows.

- Mental health support for pregnant women and new mothers.
- Data on local mental health service use for children (especially universal and targeted services, Tier 2 and 3)
- Information on the number and needs of service users with dual diagnosis
- Numbers of people with eating disorders (in partnership with primary care)
- Mental health services for people with long term conditions (in partnership with primary care)
- Use by carers of primary care services, and how far secondary care services meet their needs
- The number of offenders and their needs for mental health services.
- The number of older people (aged 65 and over) with depression, and the severity of their depression
- The needs of the 275 older people identified with severe mental illness (i.e. psychosis) in the borough.

The extent of under-detection of the following conditions should be investigated:

- ADHD appears to be under diagnosed
- GP registers for depression and dementia appear to indicate under-diagnosis
- Mental health services for people with learning disabilities, where the observed prevalence is lower than the England average.

There should be a better understanding of the practical benefits primary care registers can bring to people with SMI.

These issues raised in feedback from service users should also be considered by the Tower Hamlets mental health strategy:

- Importance of challenging stigma
- Wish for autonomy and control
- Integration of services
- Medication for depression (older people).

Surveys about satisfaction should continue to be undertaken about specific services, and previous ones concerned with inpatient care, personalisation, and living independently should be repeated.

Further efforts should be made to establish and review budgets which are difficult to disaggregate, such as CCG spend on CAMHS, LB TH spend on mental health, and NHS prescribing costs.

More work should be undertaken to understand the reason for variation in GP referrals to and use of secondary mental health care.

Primary care mental health services for adults must improve the number of men aged 40 to 54 who are referred and report information on the services provided for people with long term conditions.

Further information should be gathered to clarify whether the historically high numbers of people on Care Programme Approach and in contact with mental health services is responsible for the finding of a low proportion admitted to inpatient care.

The reasons for the fall in A &E admissions should be established.

Improvements to pathways considered in order to reduce the number of call-outs to ambulance services.

Service users should be asked whether there have been improvements in the concerns they raised about the activities on inpatient wards, especially for young Bangladeshi and black service users.

Similar improvements to those achieved for people with dementia should be should be designed for older people with functional illness, possibly focussed on continuity for older people with functional illness and the interface with primary care services.