

# Healthy minds, healthy Londoners

Improving access to mental health services for London's young and Black, Asian and minority ethnic population

July 2015



# Health Committee Members

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Andrew Boff AM (Deputy Chairman)	Conservative
Kit Malthouse AM MP	Conservative
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## Role of the Health Committee

The Health Committee is tasked with reviewing health and wellbeing across London, including progress against the Mayor's Health Inequalities Strategy, and work to tackle public health issues such as obesity and alcohol misuse. The Committee will consider the Mayor's role as Chair of the new pan-London Health Board and the impact that recent health reforms are having on the capital, notably NHS reconfiguration and the decision to devolve public health responsibilities to local authorities.

The following terms of reference were agreed by the Committee at its meeting on 3 September 2014:

- To examine the challenges facing people in accessing mental health services in London; with a specific focus on young people and BAME individuals; and
- To explore and make recommendations on how the Mayor might support improved access to mental health services, particularly for young people and BAME in London.

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## Foreword

The scale of London’s mental health challenge is daunting. Over a million Londoners suffer from mental illness at any one time, making it the capital’s single largest health pressure – greater than either cancer or cardiovascular disease.



We all know the saying “prevention is better than cure” when it comes to our physical health. It’s just as true for our mental health. But our mental health services are still heavily skewed towards crisis intervention. Prevention and early intervention services must now take priority.

We know that when a Londoner’s problems are not picked up early enough, picking up the pieces later can be so much more difficult. Our health system is failing those people who come into contact with mental health services for the first time when they reach a point of crisis in their lives. We must help people get the right support before it is too late. This means working within London’s communities to overcome cultural and social barriers to accessing mental health services.

For some people, stigma around mental illness prevents them from asking for this help. It’s vital that we recognise this issue and act on it. To do this, mental health services have to refocus on the needs of the individual. Young people, in particular, are more likely to seek help with their mental health issues in the same place they get advice on other issues like housing, education and employment. Although there are some great examples of this in London, services still tend to be provided in silos. This model is not only out of date, but it’s also expensive.

We’ve come a long way in our attitudes to mental illness but we clearly still have some way to go. A Mayor that made mental health a real priority for London could accelerate the changes we need to see exponentially.

**Dr Onkar Sahota AM MBA FRCGP**

A handwritten signature in black ink, appearing to read 'Onkar Sahota', written over a horizontal line.

**Chair of the Health Committee**

## Executive summary

Mental health problems affect many people in London at any one time. These can have damaging consequences for their quality of life, including their relationships, education and employment. It seems to be a particular issue for London's young people and Black, Asian and minority ethnic (BME) communities. There are cultural, practical and structural reasons why these groups are not always receiving the help they need.

Part of the problem is that the scale and nature of the demand for mental health services is not properly understood. The last national survey of mental health of children and young people is over ten years old, and robust data on many ethnic minority groups simply does not exist. We urge the Department of Health to commission this work without delay – it seems incredible that mental health services are being funded and commissioned without a clear idea of the demand for those services.

There are cultural and practical reasons why BME and young people are reluctant to engage in the mental health system. Some simply don't trust mental health professionals, and prefer to seek help from religious, faith or family networks. More can be done to bring these networks closer to mainstream service provision. Some people are put off traditional mental health services because of the stigma attached. Young people, in particular, may be more willing to get help from services that can be accessed through more familiar routes, such as schools or colleges. There is also scope for health professionals – particularly GPs who are often the first point of contact – to receive more training to help them identify mental health problems among their BME and young patients.

Many mental health services are still provided in a complex way that does not always encourage good mental health. In many cases, the people making use of these services are also engaged with other public services, and are faced with a confusing and unhelpful system to negotiate. Services should be integrated more closely, allowing people to get help from a single point of contact where possible. Crucially, mental health problems need to be diagnosed and addressed much sooner than they often are, and policies, structures and funding need to reflect this. People from BME groups are particularly likely to engage with mental health services only during a time of crisis. Getting the right help at a much earlier stage is not only much better for the individual, it is also much cheaper than crisis intervention further down the line.

People with mental health problems in London do not always receive the help they need, and changing this needs to be a higher priority for the health sector, the Government and the Mayor. As this report demonstrates, London's BME and young people face particular challenges in accessing mental health services. The London Health Board – which the Mayor chairs – can do more to help, and must make mental health one of its key priorities for action.

# 1. Introduction

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**Many people in London suffer from problems with their mental health. These problems affect individuals' quality of life, their ability to play an active part in their communities and to contribute to local and wider economies. Mental health is a particular issue for London's young people and Black, Asian and minority ethnic (BME) communities. Yet the lack of reliable data on mental health makes it virtually impossible for providers to assess the scale of demand for services in London and direct resources appropriately.**

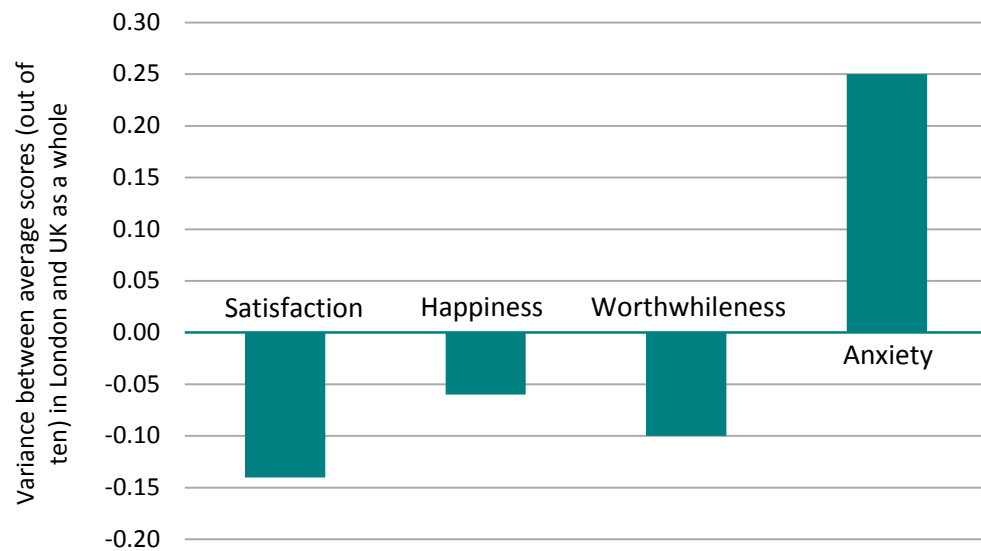
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- 1.1 The World Health Organisation (WHO) defines mental health as a state of wellbeing in which the individual realises his or her own potential, can cope with the normal stresses of life, work productively, and make a contribution to his or her community.<sup>1</sup> Mental ill-health, on the other hand, encompasses a variety of clinical illnesses and disorders. The causes and symptoms of mental ill-health are not always clear or understandable, nor are they always accurately described by a pre-existing, diagnostic label.<sup>2</sup>

## Scale of the issue

- 1.2 At any one time, over a million adults in London are estimated to be suffering mental health problems.<sup>3</sup> These problems affect people's happiness, their physical health, their ability to work, to study, to develop and maintain relationships with others. As well as the personal impact of mental ill health on the individual, their family and friends, it has an economic impact. This is estimated to be worth some £26 billion that is lost from the London economy each year.<sup>4</sup>
- 1.3 There is evidence to suggest that mental ill-health is a bigger issue in London than elsewhere in the country. As Chart 1 shows below, figures from the Office of National Statistics show that London compares badly to the rest of the UK against all four measures of general wellbeing – anxiety, happiness, satisfaction and worthwhileness – that exist regardless of clinical diagnosis. A wide range of factors beyond health may contribute to an individual's predisposition to mental ill-health, including access to good housing, education and employment. These are particularly pertinent in areas of high deprivation, of which London has more than its fair share.

**Chart 1 – People in London score less well than the UK average on measures of personal wellbeing**



Source: Office for National Statistics, [Personal well-being in the UK 2013/14](#)

### Relevance for young people and BME groups

- 1.4 An estimated 111,000 children and young people (aged 5-16) in London have a clinically significant mental health problem.<sup>5</sup> Common mental health problems among young people include conduct disorder, anxiety-related disorders, depression, and Attention Deficit Hyperactivity Disorder.
- 1.5 It is difficult to measure how the situation has changed over time, but providers of specialist support for young people have seen significant increases in demand in recent years. In 2013, Childline reported annual increases in the number of young people contacting them about suicide (33%), self-harm (41%), and on-line bullying (87%).<sup>6</sup> Youth Access member organisations (who provide information, advice, counselling and support services to young people) have reported year-on-year increases of self-harm in young people.<sup>7</sup> And, as Lucie Russell, Director of Campaigns and Media, YoungMinds told us

*It is not always about being poor, it crosses all classes, all divides, both genders and it can be bad if you are a big achiever at the top, as it can be if you are not.<sup>8</sup>*

The evidence points to an increased prevalence of mental ill health in young people from all parts of society.



- 1.6 People of African/Caribbean descent, currently the largest minority ethnic group in London, are over-represented at each level in the psychiatric process. Compared against other groups, they are also more likely to be treated as inpatients and sectioned. And the written evidence we received from the Lambeth Clinical Commissioning Group showed that, while African-Caribbean people make up 26 per cent of the local population, they account for almost 70 per cent of people detained in secure psychiatric settings. They warn that

*This is not solely a Lambeth phenomenon and nationally black men are 17 times more likely to be diagnosed with a serious mental health illness than their white counterparts.<sup>9</sup>*

These statistics are stark and troubling. Part of the reason, as we discuss in Chapter 2, is that people from BME groups can avoid engaging with mental health services until a time of crisis or breakdown. They may also enter the system through the courts or police, rather than through GP referral, meaning that they tend to remain longer in the system and have poorer outcomes. This is a particular issue for African/Caribbean people. In 2010, the Care Quality Commission found that African/Caribbean people are 40 per cent more likely to access mental health services via a criminal justice system pathway.<sup>10</sup>

### **Problem of lack of data**

- 1.7 There is no reliable data on the demand for mental health services in London. This has implications for policy makers, commissioners, providers, and – ultimately – Londoners who need help with their mental health issues. We highlighted the same issue in our recent report into access to health services for deaf people.<sup>11</sup> Accurate data is vital for robust, evidence-based policy and efficient service commissioning.

### *Children and young people*

- 1.8 Particularly concerning is the lack of data regarding children and young people's mental health. Access to accurate data is crucial to understanding the demand for services and how best to tailor supply to address that demand. The most recent national survey of mental health in children and young people dates back to 2004.<sup>12</sup> This means that services are currently being commissioned on the basis of data that is over a decade old.
- 1.9 Last year's Health Select Committee inquiry into Child and Adolescent Mental Health Services (CAMHS) concluded that

*The lack of reliable and up to date information... means that those planning and running CAMHS services have been operating in a fog. Ensuring that commissioners, providers and policy makers have up-to-date information about children's and adolescents' mental health must be a priority.*<sup>13</sup>

The Government set up the Children and Young People's Mental Health and Wellbeing Task Force in November 2014, in the wake of the Select Committee inquiry. It proposed that the Department of Health commission a regular prevalence survey of child and adolescent mental health every five years.<sup>14</sup> No time frame has been specified for when this would begin. We believe that this gap in the data must be rectified at the earliest opportunity, and that the Department for Health should set out a timetable for the update to the 2004 survey without delay. Refreshing the survey data and commissioning regular updates will assist commissioners and providers of CAMHS in their planning and assessment of service needs and delivery.

#### *Ethnic minority groups*

- 1.10 More research is also needed on the prevalence and incidence of mental ill-health among ethnic minority groups. Existing data tends to focus on the African Caribbean community, with other groups not featuring. Some stakeholders suggested that the focus could be because more individuals in this group are subject to crisis intervention. Others suggested that, for some groups, the numbers involved are so low that it is difficult to collect robust and representative data. Research focused on ethnic minority groups should be supplemented by further work on barriers the different groups face in accessing mental health services.

#### **Recommendation 1**

**The Department of Health should commission a national mental health survey of children and young people at the earliest opportunity to update the 2004 survey. The Department, in response to this report, should set out its timetable for such a survey, and explain how it will address the needs of policy makers and commissioners in London – specifically around young people and Black, Asian and minority ethnic groups.**

## 2. Cultural and practical barriers to access

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**There are cultural and practical reasons why BME and young people are reluctant to engage in the mental health system. These reasons can vary considerably on account of ethnic preferences, perceptions and understanding of mental ill health and how to address it. Measures that would improve access include: marrying up mainstream service provision with informal support networks; cultural awareness training for health professionals; mental health training for GPs; and improving the choice and location of services for young people.**

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- 2.1 There are cultural and practical reasons why BME and young people are reluctant to engage in the mental health system. These can vary widely, adding to the challenge for providers to meet the mental health needs of these two groups. However, it is vital that the needs of the individual must lie at the heart of any efforts to better engage BME and young people with mainstream mental health services and support.

### **Mistrust and stigma around mental health issues**

- 2.2 Some BME and young people are reluctant to engage with the statutory mental health system because they don't trust mental health professionals and providers. This was one of the key findings of the Black Health and Wellbeing Commission in Lambeth, and is supported by evidence we received from MIND, Public Health England and other stakeholders.<sup>15</sup> We heard evidence from the Croydon BME Forum that

*People do not even want to associate themselves with statutory organisations, psychiatric hospitals. We see situations where people will cross the road so that their neighbours do not see them.*<sup>16</sup>

- 2.3 The ongoing stigma around mental ill health can also put people off seeking help. The Croydon BME Forum told us that

*The stigma associated with being labelled as "mad" or "possessed" has created a barrier for many BME individuals who find it challenging to engage with mental health services.*<sup>17</sup>

We also heard that individuals in London's Chinese communities are less likely to look for help outside of the family because of their fears of criticism and stigma, and of losing face in their community.<sup>18</sup>

- 2.4 Enabling a positive relationship between the client and the mental health professional at the outset will go some way to addressing the mistrust that currently exists. Marcel Vige, Head of Equality Improvement, at Mind, told us

*Most practitioners will tell you...regardless of the type of therapy you have or the type of institution you are in, the fundamental determinant of how well you (the person seeking help) do is the quality of relationship that you have with the staff.<sup>19</sup>*

Improving the relationships between patients and staff will almost certainly improve mental health outcomes.

### Culture

- 2.5 Cultural factors can also affect an individual's willingness to engage with mental health services. We heard that BME people tend to seek support first from systems such as religious or faith-based and family networks. Settings such as churches, temples, mosques, or even barbers, shops and school gates provide more familiar sources of support. This goes some way to explaining why BME individuals tend to engage with mental health services later than others might.
- 2.6 Instead of competing with established and functioning support networks, the health service needs to connect with them. There is already good work at borough and Clinical Commissioning Group (CCG) level looking at how best to marry these informal support networks with mainstream service provision. For example, the South London and Maudsley NHS Foundation Trust piloted a project across four London boroughs to train faith leaders to promote mental health awareness within hard-to-reach community groups, and facilitate engagement with its services. This project helped to improve communication and understanding between mental health services and the BME communities.<sup>20</sup>
- 2.7 A lack of understanding around cultural differences can also exacerbate problems for those who may already be reluctant to engage with mental health services. We heard that some GPs did not always recognise when a black patient was in distress, and that the limited consultation time could prevent them properly understanding the patient's issues.<sup>21</sup> A health workforce that – where possible – better reflected the diversity of its local

community would improve the health service's understanding of the cultural influences affecting patients.

### Language

- 2.8 Language barriers can present a two-fold setback to accessing mainstream mental health services or support. They can act as a deterrent to initial access, and can limit the available options for ongoing treatment and support. For example, we heard how the language barrier and shortage of interpreters has excluded members of London's Chinese community from accessing talking therapies.<sup>22</sup> For refugees and asylum seekers who do not speak English or it is not their first language, language and communication challenges can exacerbate their feelings of frustration and of not being taken seriously.<sup>23</sup> We have made similar findings in our investigation of access to health services for deaf people: it is clear that the health service is still not well-equipped to deal with patients who have different communication needs from the majority of the population.<sup>24</sup>

### GPs

- 2.9 Young people often seek help first from their GP but do not always receive good quality mental health care.<sup>25</sup> Research shows that, while some GPs are knowledgeable, others are not trained in mental health, and not all GPs are comfortable discussing mental health issues with young people, nor are familiar with where to direct the young person to for help.<sup>26</sup> The Royal College of General Practitioners has recommended that all GP trainees receive specialist-led training in both child health and mental health in future, and is working with partners to enhance training, and on projects to raise awareness of youth mental health among GPs.<sup>27</sup>
- 2.10 Although BME individuals tend to want mental health services in their communities, they need effective signposting to the options available. GP surgeries are the obvious place to do this, and can provide a safe route for individuals concerned about referral to a mainstream mental health provider service and the potential stigma of a mental health diagnosis. The success of this point of entry also requires GPs to be sufficiently knowledgeable and informed on mental health issues so they can advise people on the referral options available to them.

### Points of access

- 2.11 Mental health services should be accessible in a range of locations more relevant to the lifestyles and preferences of potential service users. Examples include schools, colleges, universities and youth services. Stakeholders told us

that broadening the choice of offer and locations for access was important in ensuring young people are able to access culturally and age-appropriate services designed to meet their needs.<sup>28</sup> One model that is working particularly well is the Place2Be. This is an early intervention model that works with primary and secondary schools to develop young people's mental health and wellbeing and build resilience.<sup>29</sup> The importance of early intervention is discussed further in the next chapter.

### 3. Integration and early intervention

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**There is potential for mental health services to become much more integrated. Many services are currently provided by a large number of agencies, and this presents a confusing pathway for young people to navigate. These should be more closely integrated with the other public services that young people need. The voluntary sector can be part of the solution, but they have to be properly funded. Furthermore, mental health problems need to be identified and addressed earlier on; not only is this much better for the individual, it is also much cheaper than crisis intervention further down the line. Much more attention, and a greater share of the funding for mental health, should be given to prevention and early intervention.**

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#### The need for more integrated services

- 3.1 A different offer is needed to meet the increasingly complex range of problems young people now present with. Young people may come into contact with a range of agencies depending on the various life challenges they may be going through. An integrated model of service provision, with access to a single point of contact, will help improve a young person's access to mainstream mental health services and support. Models such as the Foyer Federation provide integrated access through tailor-made programmes, which also give young people access to housing, learning, personal development, training and employment opportunities.<sup>30</sup>

#### There are many benefits to more integrated services

The services that young people need – such as those dealing with mental or physical health, housing, education or social care – may be provided by a range of separate agencies. By integrating these various services more closely, it may be possible for young people to access all of them through a single point. Furthermore, this approach can reduce the risk of young people falling through the system when they reach certain ages or their circumstances change. The current model of providing services in silos is also expensive; greater integration allows better services to be provided for more people at the same cost.

- 3.2 We heard that young people prefer services that are more integrated, and this would suggest they are more likely to engage with them. According to

YoungMinds, the mental health charity for young people, the feedback they receive from young service users is that they feel more able to connect with integrated models and find them more young people-friendly. Providing services in one location will also help address the issues around stigma and embarrassment that we discussed in chapter 2. As Lucie Russell of YoungMinds told the committee

*We need to revolutionise provision...It is about accessible, young people friendly places, where young people can go.*<sup>31</sup>

- 3.3 Integrated models can help alleviate gaps in mainstream service provision, during transition from children and adolescent mental health services to adult mental health services. They can also help to address transition for other reasons, for example, for ex-young offenders and looked after children. In some boroughs, CAMHS service provision can end as early as 16 years of age, leaving people unable to access adult mental health services, which generally cater for people from 18 years upwards. The integrated model, on the other hand, provides access to support and advice for young people aged 16 through to 25.
- 3.4 Integrated models also provide an effective means of engagement with BME groups. The Cares of Life Project piloted in Southwark a few years ago was designed to encourage black people to seek help for mental health problems.<sup>32</sup> The project sought to break down barriers and make services more user-friendly and accessible. Its whole-needs approach was welcomed and cited as an effective and culturally acceptable psychosocial intervention.<sup>33</sup>
- 3.5 It is disappointing that many of these integrated projects do not become more established. A key problem is the short-term nature of their funding. As Barbara Rayment, Director at Youth Access, told us

*These are often projects that are pulled together on the back of short-term funding. They will prove their worth with the evidence they produce, but we are very, very poor at implementing after we have developed some good resources.*<sup>34</sup>

As well as the unwelcome disruption this causes for service users, we lose the opportunity to develop proven models of good practice to be used more widely.

### **Problems with funding and commissioning**

- 3.6 Moves to integrate services are complicated by the fact that responsibility for commissioning mental health services and support to young people cuts



across a range of budget holders. Despite this, good practice on integration does exist in London and needs to be encouraged. There are four tiers of access to mainstream mental health services, determined by the severity of intervention required. As Table 1 below shows, these tiers of service are commissioned by different organisations and involve a wide range of practitioners.

<b>Table 1: Mental health services involve a range of practitioners, commissioned by a number of different organisations</b>		
Service tier	Involving	Commissioned by
1	GPs, Health Visitors, Social Workers	Local authorities
2	Psychologists, Counsellors	Local authorities
3	Specialist multi-disciplinary teams	CCGs
4	Specialised day and inpatient treatment (crisis intervention)	NHS England

As Gregor Henderson, Director, Mental Health and Wellbeing, PHE told us

*The way in which the money flows through the system does not make it easy to buy an integrated service...we commission differently, so we are disembodied in terms of how we approach our commissioning...we seem reluctant towards a more integrated form...we still purchase and commission in silos.<sup>35</sup>*

- 3.7 There are moves towards an integrated model of commissioning, and examples of good practice can be seen across London. The London Borough of Haringey commissions across the piece for health, social care and education. The London Borough of Lambeth and local CCG commission the joint service called the Well Centre. An interesting aspect about this model is the focus on co-production. Young service users and their families are very much involved in the design of the services. In addition, eight CCGs in north-west London have formed a mental health programme board, working closely with providers, local authorities and criminal justice agencies. A joint service has also been developed between three mental health leads in east London – City and Hackney, Newham and Tower Hamlets – to provide an enhanced service for severe and enduring mental illness. Such examples, whilst still the exception, clearly demonstrate the potential for better integration of mental

health services. More work is needed, however, to examine whether further integration of funding and commissioning would bring about tangible improvements to service users.

- 3.8 The continuing demand for crisis intervention work means that funding is not being allocated to much-needed early intervention and prevention work. As Emma Stevenson, Assistant Director for Children and Maternity Joint Commissioning, for the London borough of Lambeth and the local CCG, told us

*We know that if we invest in early intervention, preventative services... that has an impact on decreasing demand at that crisis-led point.*

*The difficulty ...is that the demand is still there for that crisis intervention, so that is where a lot of the money is spent.<sup>36</sup>*

This, however, is a short-term approach. Over the coming years, we want to see a rebalancing in funding towards prevention and early intervention services.

### **The importance of prevention and early intervention**

- 3.9 Identifying and addressing mental ill health early on is vital. Research indicates that 50 per cent of lifetime mental illness will start by age 14, and 75 per cent by the mid-20s, yet it will go undetected or untreated in three quarters of children and young people.<sup>37</sup> A greater focus on prevention and early intervention will lead to better mental health outcomes. This is clearly good for the individuals concerned, and it also reduces the need for crisis intervention, which is far more expensive to provide. The Lambeth Black Health and Wellbeing Commission found that

*Intervening earlier, in the community and in primary care... can stop people ending up in the most coercive and expensive settings.<sup>38</sup>*

Yet research undertaken by the charity, Young Minds, in 2011 showed that budget cuts to CAMHS have disproportionately affected early intervention services.<sup>39</sup> More thought is needed on how best to align the finite resources available, to support the shift in focus needed in mental health service provision, from crisis intervention to prevention and early intervention.

- 3.10 Local Health and Well Being Boards also need to prioritise Children and Young People's mental health in their strategies more than they currently do. A recent report by the Young People's Mental Health Coalition found that one third of their Joint Health and Wellbeing Strategies did not prioritise children

and young people's mental health.<sup>40</sup> This means that children and young people's mental health needs are not always being factored into local service planning as they should be. Working together, Health and Well Being Boards and CCGs should develop a more integrated approach to support and service provision.

#### **Recommendation 2**

**London boroughs and Clinical Commissioning Groups, supported by NHS England London and the Department of Health, should develop a more integrated approach to providing mental health services and support that will enable a shift in focus to early intervention and prevention provision, whilst greater pan-London strategic leadership should seek to facilitate greater co-operation across complex existing structures**

#### **Recommendation 3**

**London boroughs, working with Clinical Commissioning Groups, should consider giving greater priority to children and young people's mental health in local Health and Well Being Strategies when they are next refreshed.**

### **The role of the voluntary sector**

- 3.11 The voluntary sector has an invaluable role to play in the delivery of mental health services. Unlike statutory service providers, the voluntary sector provides models of provision and support that work flexibly around the needs of the service user. People may have complex needs whereby their mental health problems may be driven by a range of factors, including accommodation and welfare changes, as much as medical issues. These require more personalised interventions that are co-ordinated with wider medical and social support. One example of such a model is *The Cares of Life Project* in Southwark which took a 'whole-needs' approach, while focusing on improving mental health services for BME individuals.
- 3.12 The voluntary sector has an important role to play in improving routes to access that are embedded in the community, and this is already happening in places. The Wandsworth Community Empowerment Network is leading on work to build capacity in the community by training church leaders as family therapists and helping to develop a pastoral network of family care. The South London and Maudesley (SLaM) NHS Foundation Trust runs the 'Faith

and Mental Health Training’ project to train faith leaders to promote mental health awareness within community groups often described as hard to-reach, and to facilitate engagement with SLaM services.

- 3.13 There is however, concern that the contribution of the voluntary sector may be undermined. Barbara Rayment, Director at Youth Access, told us that the emergence of larger NHS tenders, and the corresponding complicated procurement requirements, could squeeze out the voluntary sector.<sup>41</sup> The sustainability of voluntary sector provision may also be at risk from the short-term funding climate that exists, driven by demands for continual innovation, despite the existence of tried and tested models that work well. Risq Animasaum, BME Community Development Worker for the Croydon BME Forum, told us that pilots that have been proven to be effective are not rolled out, leaving service users frustrated by the lack of continuity.<sup>42</sup>
- 3.14 Local Transformation Plans – due to be introduced during 2015-16 – need to take account of the needs of the voluntary sector as a provider of mental health services. These Plans are intended to drive forward a more integrated approach to mental health service provision for young people, and are being drawn up by local CCGs in conjunction with Health and Wellbeing Board partners, including local authorities.<sup>43</sup>
- 3.15 Investing in community-based advocacy will help improve early access to the right advice and information to ethnic minority service users. Currently, advocacy is only available once users are attached to a statutory service, meaning that users access information about the options for support available to them late on in the process. This late access can dramatically affect the type of support they receive and their outcomes.
- 3.16 The NHS England Mental Health Task Force – established in March 2015 – will seek to deliver improvements in access, outcomes and experience throughout the mental health pathway. It could usefully consider the role the voluntary sector might play in helping to establish a sustainable community-based model of support.

#### **Recommendation 4**

**Local Transformation Plans for Children and Young People’s Mental Health and Wellbeing – being drawn up by Clinical Commissioning Groups and others – must include ways to support the voluntary sector as a provider of mental health services for children and young people.**

**Recommendation 5**

**The NHS England Mental Health Task Force must examine ways to develop a sustainable model of community-based advocacy, as a means of improving access to mental health services and support for BME groups, in which the voluntary sector is an essential partner.**

## 4. Conclusions

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**Mental health must be a priority for government and the health sector. Stakeholders told us that many young and BME people in London are not receiving good quality mental health care. The Mayor has a role to play in promoting good mental health in London, and in reducing the inequalities that exist for young and BME service users. The London Health Board – which the Mayor chairs – needs to explicitly prioritise mental health and wellbeing.**

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### Mental health as a priority

- 4.1 There are signs that the importance of good mental health is becoming more widely recognised, and this is to be welcomed. At the launch of her annual report last September, the Chief Medical Officer (CMO), Dame Sally Davies, signalled the need for mental health to be made even more of a priority, and for more focus on improving access to support for young people.<sup>44</sup>
- 4.2 The specific needs of young and BME Londoners must be understood and addressed. Despite London's population being made up of 40 per cent BME groups, the CMO stated that

*It is rare to see commissioning plans that include specific mention of meeting the particular needs of one ethnic/cultural group, or services to better meet the needs of culturally diverse populations as a whole.*<sup>45</sup>

Although mental health services need to be improved across the board, in view of the difficulties that young and BME people face in accessing services, a particular effort needs to be made here.
- 4.3 The London Health Board must make an express commitment to continue a pan-London focus on improving the mental health and wellbeing of Londoners. Since the London Health Commission report of 2014, the London Health Board has been reassessing its priorities for potential areas of focus.<sup>46</sup> Before 2014, the London Health Board had identified the improvement of mental health in London as a key priority for its 2013/14 work programme, and was in the process of developing proposals for a three-pronged approach to support it.<sup>47</sup> We want the London Health Board – chaired by the Mayor – to make mental health a priority when it agrees its focus for the coming years.

### The role of the Mayor

- 4.4 The Mayor has a statutory responsibility to promote the reduction of health inequalities in London, and to publish a Health Inequalities Strategy.<sup>48</sup> The current Strategy, published in April 2010, includes a commitment to

*Build knowledge about health and wellbeing, tackling stigma and taboo in the process.*<sup>49</sup>

More can be done to neutralise the stigma associated with mental ill health. Presently, there are Mayoral ambassadors for HIV, Breast Cancer and TB but none for mental health. Establishing a Mayoral ambassador, with particular relevance to London's young and BME population, would help promote positive messages around mental health and help tackle some of the issues identified in this report, particularly stigma, distrust of health professionals and late presentation.

- 4.5 London's Mayor can have a pivotal role to play in the promotion of mental health and well being and the dissemination of good practice at a pan-London level. His submission to the Committee highlights that current service provision treats only a very small percentage of the 1-in-4 people who experience mental ill health in London, and argues that intervention and care should be moved out of hospitals and social services and into the wider community. We agree, but this will require the strengthening of voluntary and community-based services through sustained financial investment and sharing good practice. One option that stakeholders have suggested would be for the Mayor to introduce some kind of achievement award. This would not only promote and share good practice, it would also provide a clear sign that mental health really is a priority at City Hall.<sup>50</sup>

#### **Recommendation 6**

**In response to this report, the London Health Board should set out an express commitment to a continued emphasis on mental health, in the confirmed areas of focus, to be agreed later this year.**

#### **Recommendation 7**

**In response to this report, the Mayor should set out what additional steps he (or a future Mayor) could take to promote good mental health in London, particularly with reference to London's young people and Black, Asian and minority ethnic groups.**

## Appendix 1 – Recommendations

1. The Department of Health should commission a national mental health survey of children and young people at the earliest opportunity to update the 2004 survey. The Department, in response to this report, should set out its timetable for such a survey, and explain how it will address the needs of policy makers and commissioners in London – specifically around young people and Black, Asian and minority ethnic groups.
2. London boroughs and Clinical Commissioning Groups, supported by NHS England London and the Department of Health, should develop a more integrated approach to providing mental health services and support that will enable a shift in focus to early intervention and prevention provision, whilst greater pan-London strategic leadership should seek to facilitate greater cooperation across complex existing structures.
3. London boroughs, working with Clinical Commissioning Groups, should consider giving greater priority to children and young people’s mental health in local Health and Well Being Strategies when they are next refreshed.
4. Local Transformation Plans for Children and Young People’s Mental Health and Wellbeing – being drawn up by Clinical Commissioning Groups and others – must include ways to support the voluntary sector as a provider of mental health services for children and young people.
5. The NHS England Mental Health Task Force must examine ways to develop a sustainable model of community-based advocacy, as a means of improving access to mental health services and support for BME groups, in which the voluntary sector is an essential partner.
6. In response to this report, the London Health Board should set out an express commitment to a continued emphasis on mental health, in the confirmed areas of focus, to be agreed later this year.
7. In response to this report, the Mayor should set out what additional steps he (or a future Mayor) could take to promote good mental health in London, particularly with reference to London’s young people and Black, Asian and minority ethnic groups.



## Appendix 2 – Endnotes

<sup>1</sup> [www.who.int/features/factfiles/mental\\_health/en/](http://www.who.int/features/factfiles/mental_health/en/)

<sup>2</sup> Greater London Authority, [London Mental Health: The invisible costs of mental ill health](#), January 2014.

<sup>3</sup> Based on one in six adults and London's adult population of over 6.5 million. [No Health without Mental Health: The Mental Health Strategy for England](#), February 2011.

<sup>4</sup> GLA, [London Mental Health](#), January 2014.

<sup>5</sup> One in ten statistic is from the Office for National Statistics, [Mental health of children and young people in Great Britain](#), 2004, page 24; 110,000 figure is from GLA, [London Mental Health](#), January 2014, page 11.

<sup>6</sup> [Can I tell you something 2013](#), Childline NSPCC.

<sup>7</sup> Transcript of the Health Committee meeting, dated [3 September 2015](#); Youth Access is the national association for young people's information, advice, counselling and support services. Through its members, it is the largest provider of advice and counselling services to young people in England.

<sup>8</sup> Transcript of the Health Committee meeting, dated 3 September 2015.

<sup>9</sup> Written submission from Lambeth Clinical Commissioning Group.

<sup>10</sup> Results of the 2010 national census of inpatients and patients on supervised community treatment in mental health and learning disability services in England and Wales, Count Me In, April 2011, Care Quality Commission.

<sup>11</sup> London Assembly Health Committee, Access to health services for deaf people, June 2015.

<sup>12</sup> [Mental health of children and young people in Great Britain](#) ONS, 2004.

<sup>13</sup> House of Commons Health Committee, [Children's and adolescents' mental health and CAMHS](#), November 2014, page 3.

<sup>14</sup> [Improving mental health services for young people](#), March 2015.

<sup>15</sup> Lambeth Black Health and Wellbeing Commission, [From Surviving to Thriving](#), June 2014; written submission from Mind, London; Written submission from Public Health England.

- <sup>16</sup> Transcript of the Health Committee meeting, dated [14 January 2015](#).
- <sup>17</sup> Transcript of the Health Committee meeting, dated [14 January 2015](#).
- <sup>18</sup> Written submission from the Mental Health Foundation.
- <sup>19</sup> Transcript of the Health Committee meeting, dated [14 January 2015](#).
- <sup>20</sup> Written submission from Lambeth Clinical Commissioning Group.
- <sup>21</sup> Written submission from Lambeth Clinical Commissioning Group.
- <sup>22</sup> Transcript of the Health Committee meeting, dated [14 January 2015](#).
- <sup>23</sup> Written submission from Public Health England.
- <sup>24</sup> Health Committee, [Access to health services for deaf people](#), June 2015.
- <sup>25</sup> Written submission from Mind, London.
- <sup>26</sup> Transcript of the Health Committee meeting, dated [3 September 2015](#).
- <sup>27</sup> The Royal College of General Practitioners announced [future training plans](#) in January 2014.
- <sup>28</sup> Written submission from Mind, London.
- <sup>29</sup> The [Place2Be](#) seeks to enhance the wellbeing and prospects of children and their families by providing access to therapeutic and emotional support in schools.
- <sup>30</sup> The [Foyer Federation](#) was established in 1992 and is part of network operating in over 120 urban and rural communities across the UK, reconnecting young people with personal development opportunities.
- <sup>31</sup> Transcript of the Health Committee meeting, dated [3 September 2015](#).
- <sup>32</sup> The [Cares of Life Project](#) was launched by South London and Maudsley NHS Foundation Trust (SLaM). The pilot project ran until the end of 2005. The Cares of Life service continues to run with a smaller team.
- <sup>33</sup> Written submission from Lambeth Clinical Commissioning Group.
- <sup>34</sup> Transcript of the Health Committee meeting, dated [3 September 2015](#).
- <sup>35</sup> Transcript of the Health Committee meeting, dated [3 September 2015](#).
- <sup>36</sup> Transcript of the Health Committee meeting, dated [3 September 2015](#).
- <sup>37</sup> [Chief Medical Officer's Annual Report 2012: Our Children Deserve Better: Prevention pays](#).

- <sup>38</sup> Written submission from Lambeth Clinical Commissioning Group.
- <sup>39</sup> [Local authorities and CAMHS budgets 2010/2013](#), Young Minds, 2011.
- <sup>40</sup> Overlooked and forgotten: A review of how well children and young people's mental health is being prioritised in the current commissioning landscape, Children and Young People's Mental Health Coalition, 2013.
- <sup>41</sup> Transcript of the Health Committee meeting, dated [3 September 2015](#).
- <sup>42</sup> Transcript of the Health Committee meeting, dated [14 January 2015](#).
- <sup>43</sup> The Children and Young People's Mental Health and Wellbeing Taskforce, [Future in Mind](#), 2015.
- <sup>44</sup> [Annual Report](#) of the Chief Medical Officer 2013, [launched](#) in September 2013.
- <sup>45</sup> [Annual Report](#) of the Chief Medical Officer 2013, page 277.
- <sup>46</sup> London Health Board [potential areas of focus](#).
- <sup>47</sup> London Health Board meeting papers, [2 December 2013](#).
- <sup>48</sup> Under the [GLA Act 2007](#).
- <sup>49</sup> [The London Health Inequalities Strategy](#), Greater London Authority, April 2010.
- <sup>50</sup> Written submissions from the Peel Centre and Mind in Haringey.

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