HARINGEY JSNA: FOCUS ON

ADULTS AND OLDER PEOPLE'S MENTAL HEALTH JSNA JUNE 2024

Key Facts and Figures

One in four people experience mental health issues during their lifetime, which affects their daily life, relationships and physical health. This Joint Strategic Needs Assessment (JSNA) on adult and older people's mental health provides the latest data, intelligence and insights to support the commissioning of services and programmes to tackle inequalities. Data and metrics are presented at borough, ward and GP practice level to demonstrate the scale of inequality across Haringey for a range of issues. Data is drawn from a range of sources to illustrate these variation over time and place.

Facts and figures

- In 2022/23, 27,246 patients aged 18 and over had depression, as recorded on disease practice registers, which equates to 10% of the adult practice population.
- In 2022/23, 4,425 people in the borough had a Severe Mental Illness (SMI), or 1.3% of the population.
- Haringey's 2020-22 suicide rate was 5.2 per 100,000. There were 41 suicides during this period. Of these, 30 were among males.

Measures for reducing inequalities

- Social prescribing programmes to reduce loneliness and social isolation among residents living alone
- Programmes such as NHS Talking therapies to support residents experiencing Common Mental Health Disorders (CMD's)
- Reducing structural barriers to mental health such as access to education, meaningful employment, housing and supporting the most vulnerable.

Population groups

- Older people living alone are particularly at risk of loneliness.
- Certain population groups are at greater risk of suicide including middle aged men, people with autism, pregnant women, new mothers, problem gamblers and refugees.
- Some ethnic groups such as Black and Black British experience greater mental health inequalities. For example, Black men are more likely to be diagnosed with SMI and are more likely to be sectioned under the Mental Health Act, 1983.

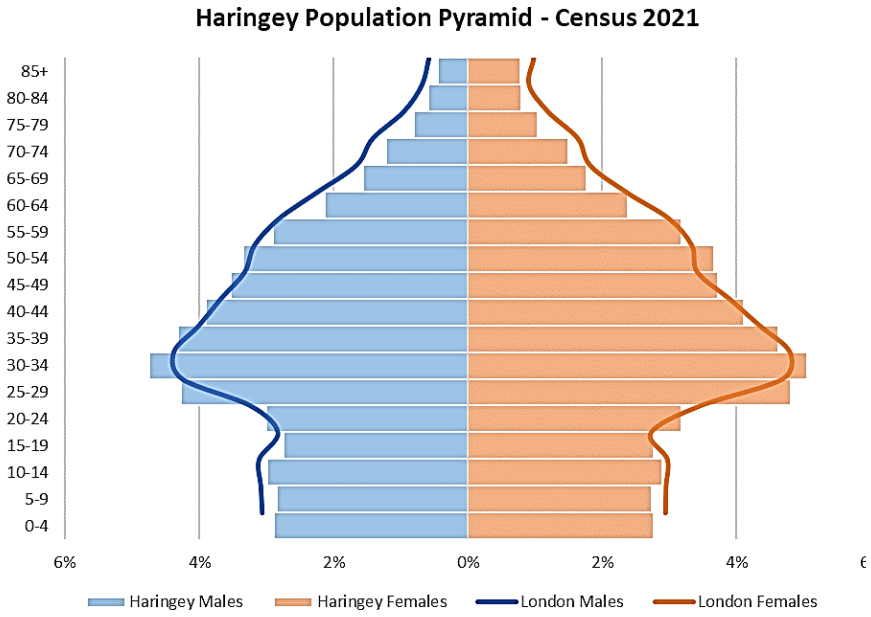
National & local strategies

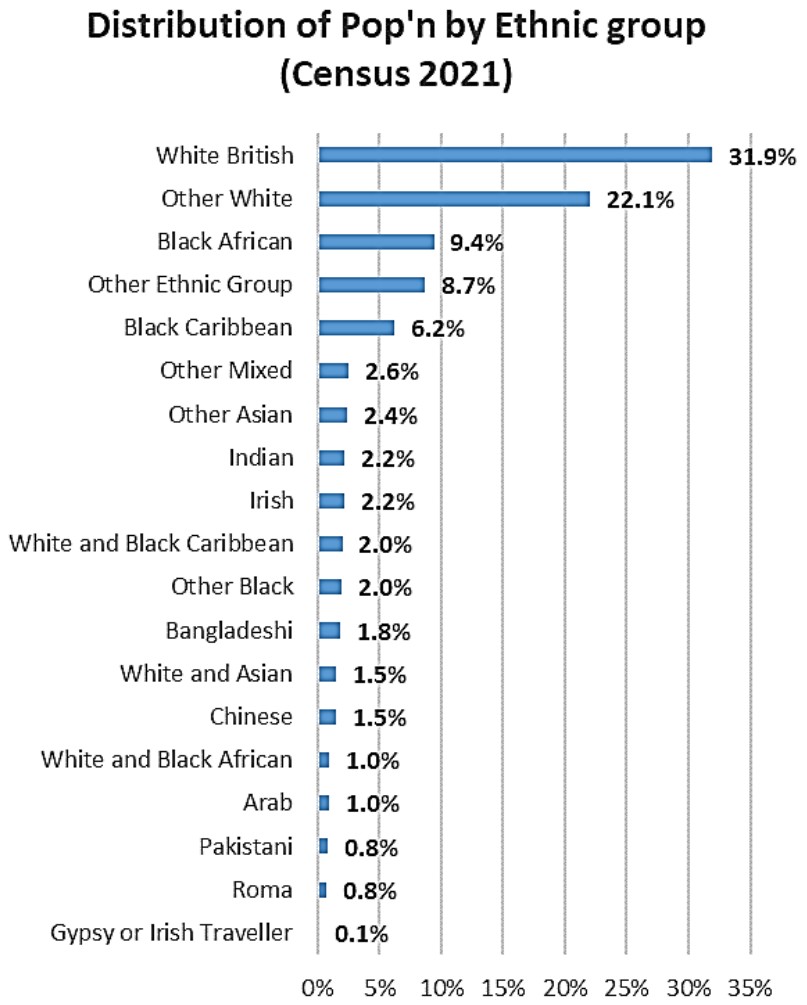
- In 2022, the government issued a call for evidence to inform a 10-year cross government Mental Health and Wellbeing Plan.
- NHS Mental Health Implementation Plan 2019-20 to 2023-24 underpins the NHS Long-Term Plan commitments.
- National Suicide Prevention Strategy, 2023-28 which set out the government's ambitions to reduce suicide rates and support people bereaved by suicide.

SETTING THE SCENE

Background: Population Structure

Haringey has a young, ethnically diverse population. The total resident population in Haringey is 264,300 and BME or Other White ethnic groups account for 67% of the resident population.





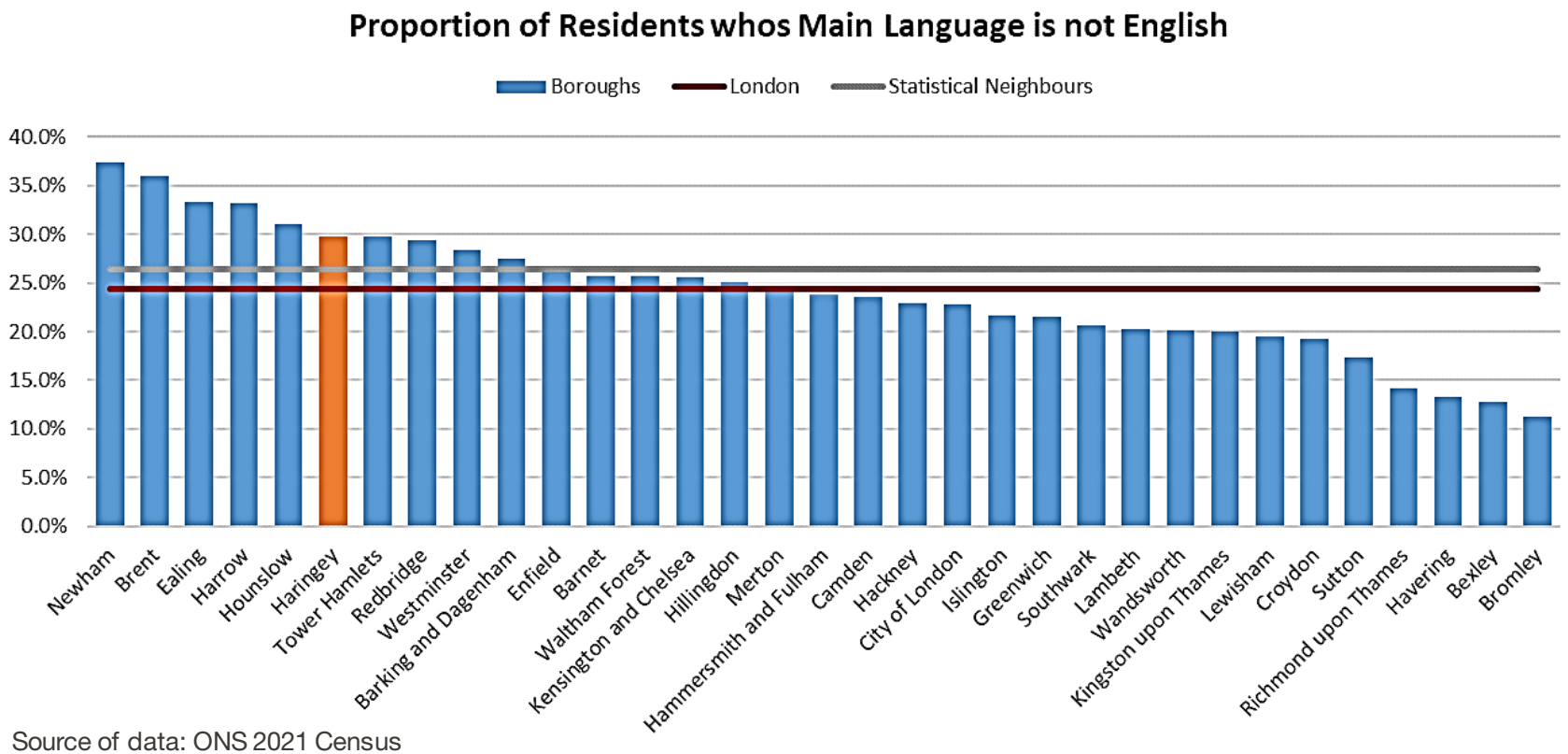
- The population pyramid shows a gender split of males, 51.8% to females, 48.2%
- 65.1% of the Haringey population are from a BME group or Other White ethnic groups compared to 60.9% in London.
- Around 17.6% of residents in Haringey are from Black ethnic groups and one in eleven are Asian (8.7%).

Source of data: ONS 2021 Census

SETTING THE SCENE

Background: Languages Spoken in Haringey

Over 180 languages are spoken by Haringey residents. **30% of Haringey residents do not speak English as their main language.** This is the 6th highest rate in London and is above the statistical neighbour and London averages. Of those whose main language is not English in Haringey, one in four (24%) either do not speak English well or do not speak it at all. This is the second largest proportion of all London boroughs.

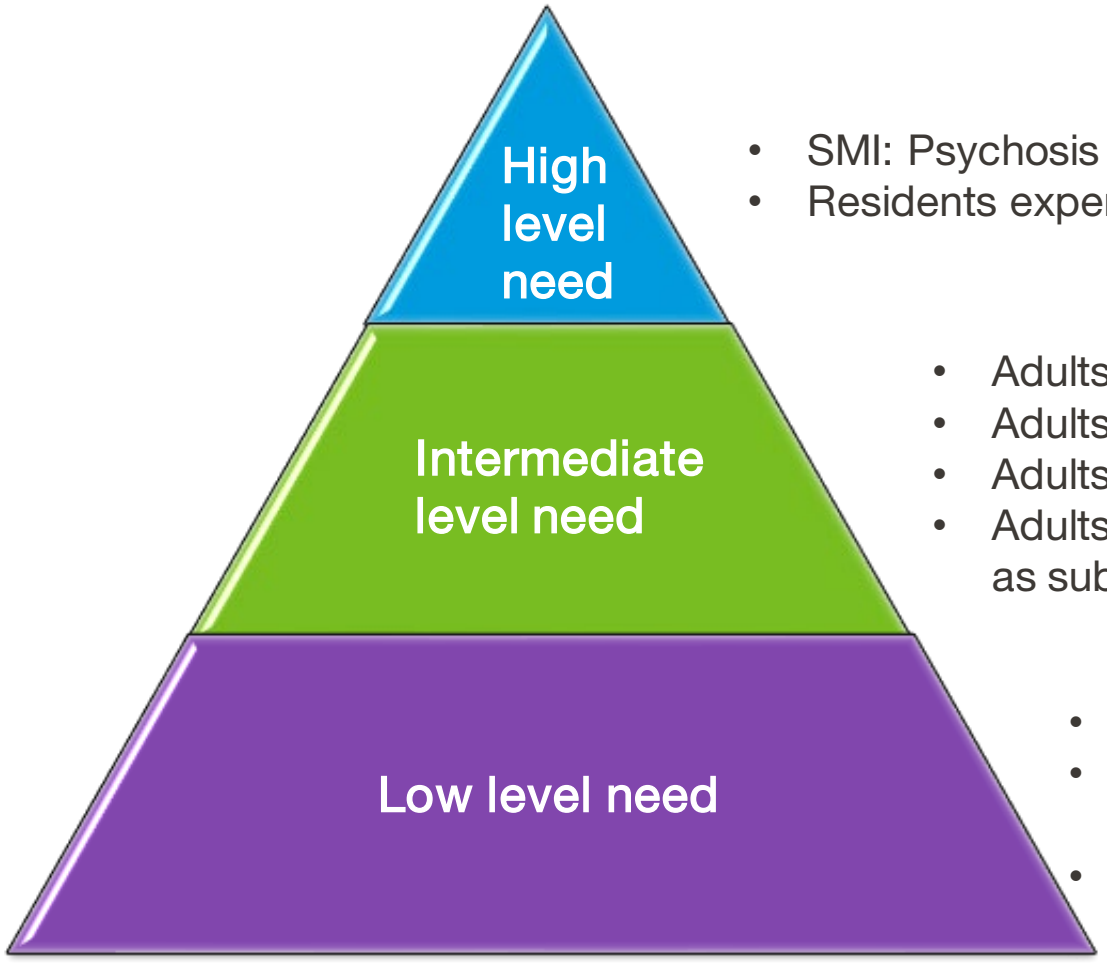


Source of data: ONS 2021 Census

SETTING THE SCENE

Background: Mental Health Need in Haringey (Issues)

The pyramid chart below distinguishes the mental health issues associated with severe and enduring mental illness and "less serious" mental health problems prevalent in the Haringey population.



- SMI: Psychosis and bipolar
- Residents experiencing severe depression

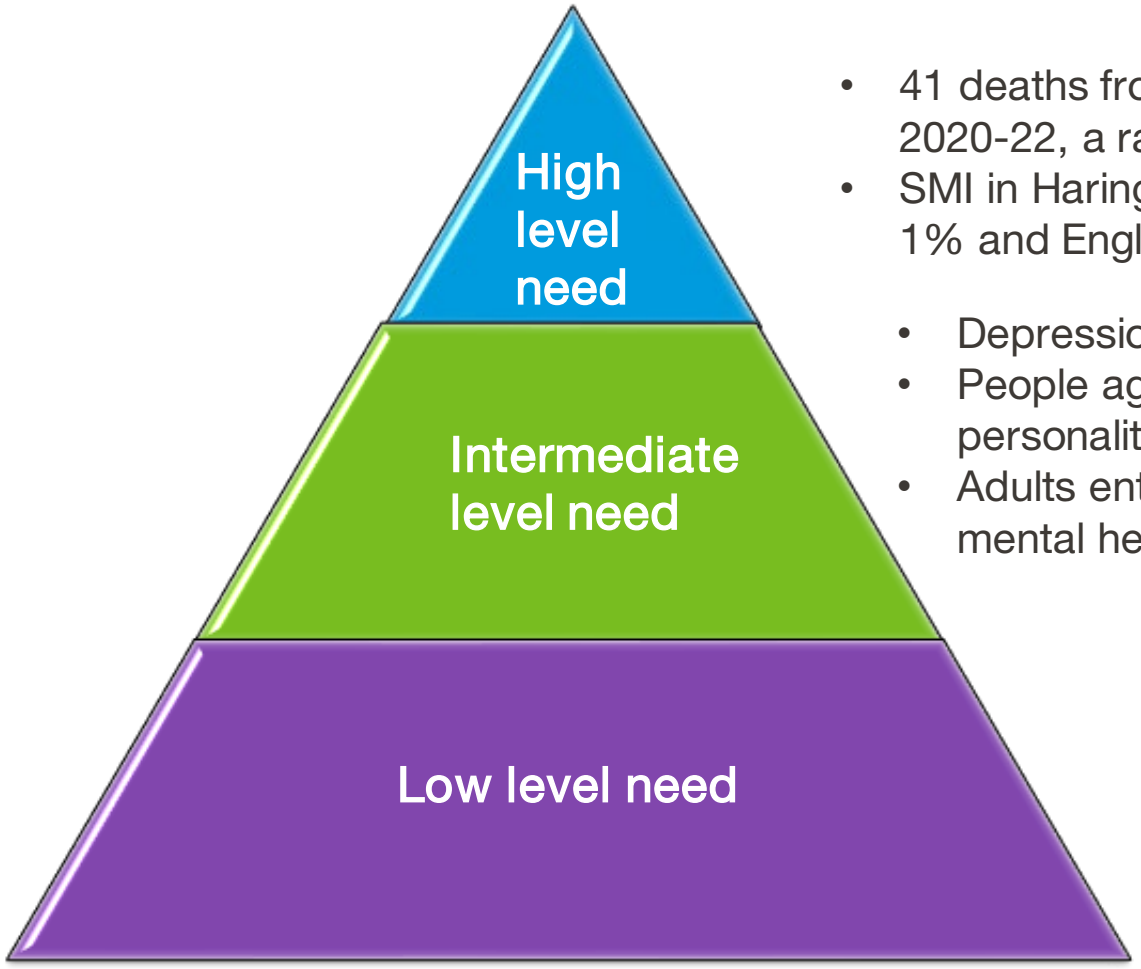
- Adults with CMD's such as anxiety and depression
- Adults with a borderline personality disorder
- Adults with an eating disorder
- Adults with co-existing mental health issues such as substance misuse.

- Haringey Adult Population
- Residents accessing digital support (e.g. Good Thinking)
- Residents who feel socially isolated or lonely

SETTING THE SCENE

Background: Mental Health Need in Haringey (Prevalence)

The figure below summarises the prevalence of people in the Haringey population presenting with mental health issues at each level of need.



- 41 deaths from suicide were recorded in Haringey between 2020-22, a rate of 5.2 per 100,000
- SMI in Haringey: 1.3% or 4,425 people (compared to London: 1% and England, 1%)

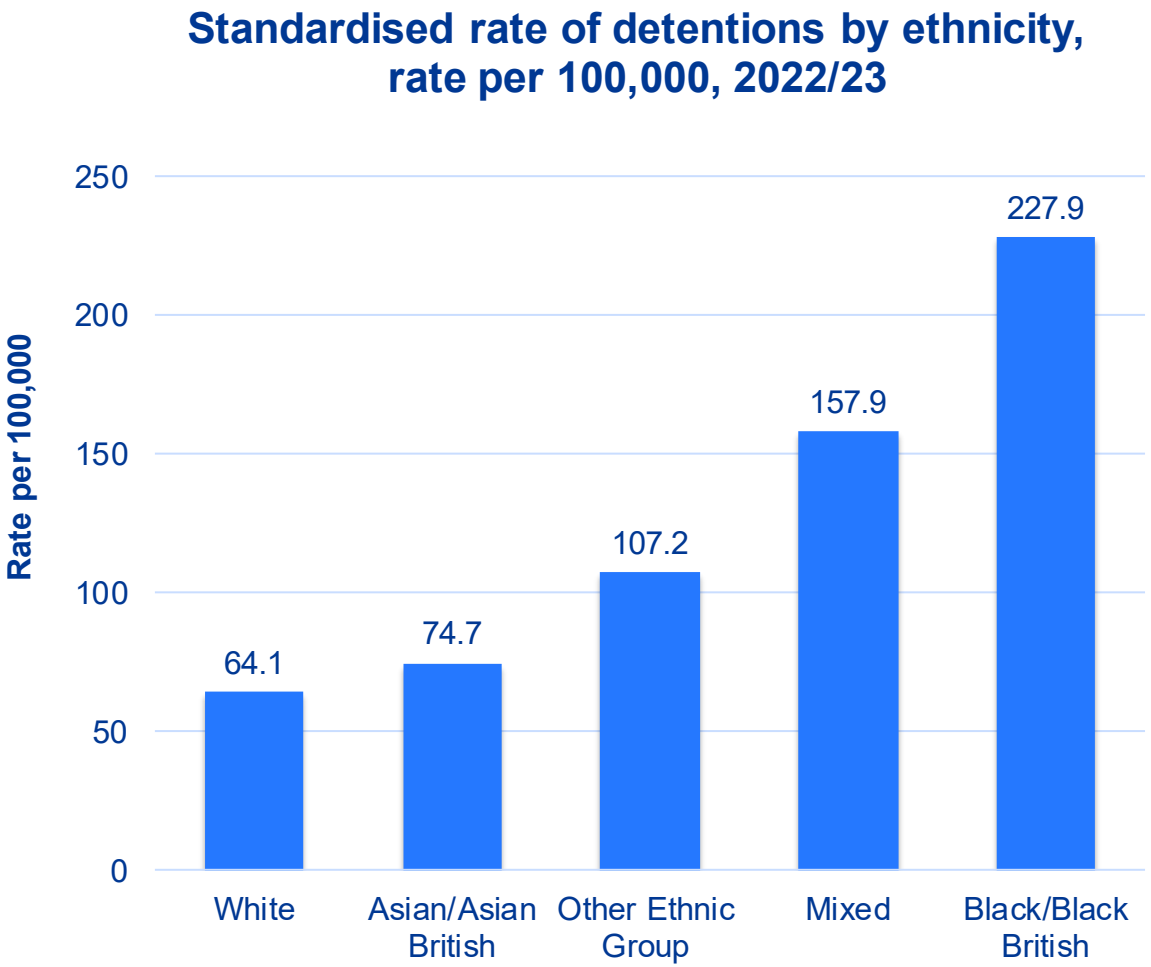
- Depression prevalence (18yrs+): 27,246 (10%)
- People aged 18-64 years predicted to have a borderline personality disorder: 4,361 (2%)
- Adults entering alcohol treatment identified as having a mental health treatment need: 78%

- Adult population: 191,300 residents aged 15 to 64yrs (2021 Census)
- 27,700 residents aged 65+ (2021 Census)
- Adults (18+yrs) reporting social isolation: 48%

SETTING THE SCENE

Risk Factor: Ethnicity and Detentions under the Mental Health Act

Nationally reported figures show that people from minority ethnic communities are more likely to be detained under the Mental Health Act 1983 than the White population, as illustrated in the figure opposite. The Black or Black British group (227.9 per 100,000) had the highest rates, and the White group (64.1), the lowest rates. A more detailed breakdown of the five broad ethnic groups shows that the detention rate was highest for those with Any Other Black Background which forms Black or Black British group. For this particular group, the rate of detentions was 715.4 per 100,000 which is over 11 times higher than the rate for the White British group.



Source of data: MHSDS, NHS England, 2022/23

SETTING THE SCENE

Risk Factor: People who are LGBTQ+

According to the 2021 ONS Census, **4% of residents in Haringey are gay or lesbian**, which is slightly above the London average of 3.1%. Haringey has the 6th largest gay and lesbian population of all London boroughs. Different factors can affect the mental health and wellbeing of people who are LGBTIQ+. Most notably, these include discrimination, homophobia or transphobia, social isolation, rejection, and the difficult experiences of coming out. The figures reported below are national level statistics for LGB adults.

The prevalence of limiting longstanding illness was higher among LGB adults (26%) compared with heterosexual adults (22%). A higher proportion of LGB adults (7%) reported bad or very bad health compared with heterosexual adults (6%)

In 2021, LGB adults had lower average mental well-being scores on the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) (48.9) compared with heterosexual adults (51.4), with LGB women reporting the lowest well-being scores (47.3).

In 2021, 16% of LGB adults said they had a mental, behavioural or neurodevelopmental disorder as a longstanding condition. The proportion of heterosexual adults reporting the same was lower at 6%.

16% of LGB adults reported a mental, behavioural or neurodevelopmental disorder as a longstanding condition. The proportion of heterosexual adults reporting the same was lower at 6%

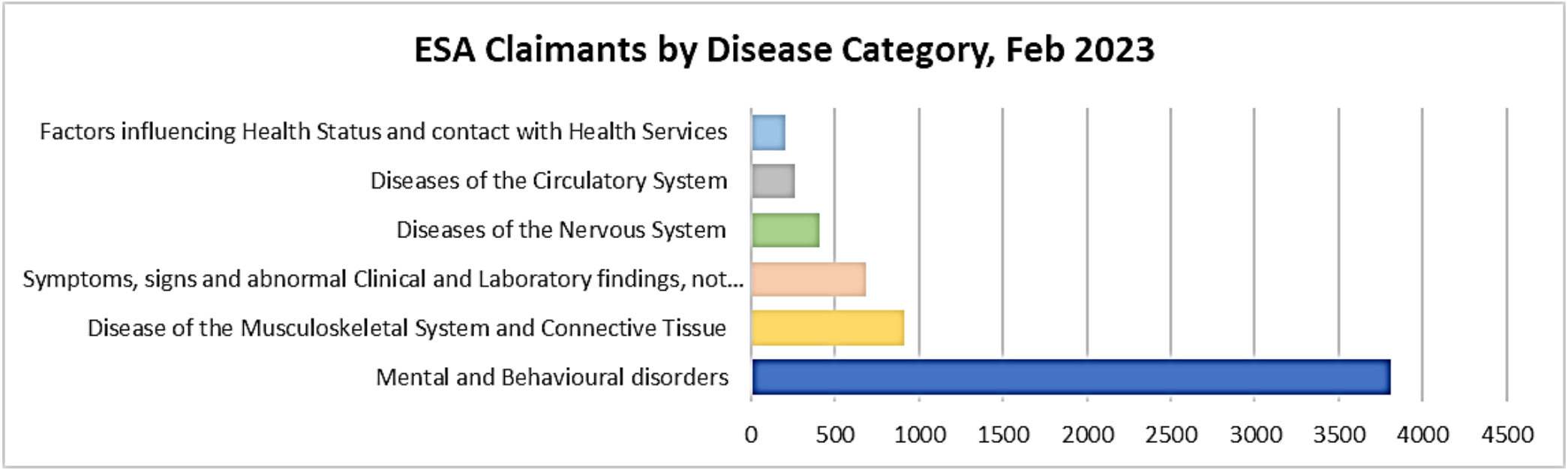
Source of data: NHS Digital

SETTING THE SCENE

Risk Factor: People who are Disabled

Nationally, the number of disabled people reporting a mental health issue as their main condition increased by one million (83.7%) between 2013/14 and 2021/22.

In Haringey, 8% of the population are disabled where day to day activities are "limited a lot" and 8.7% of the population are disabled where day to day activities are "limited a little" based on self-reported data from the ONS 2021 Census. Among Employment Support Allowance (ESA) claimants in Haringey, mental ill health was the most commonly reported disease category followed by musculoskeletal disease, as illustrated in the figure below based on data for February 2023.



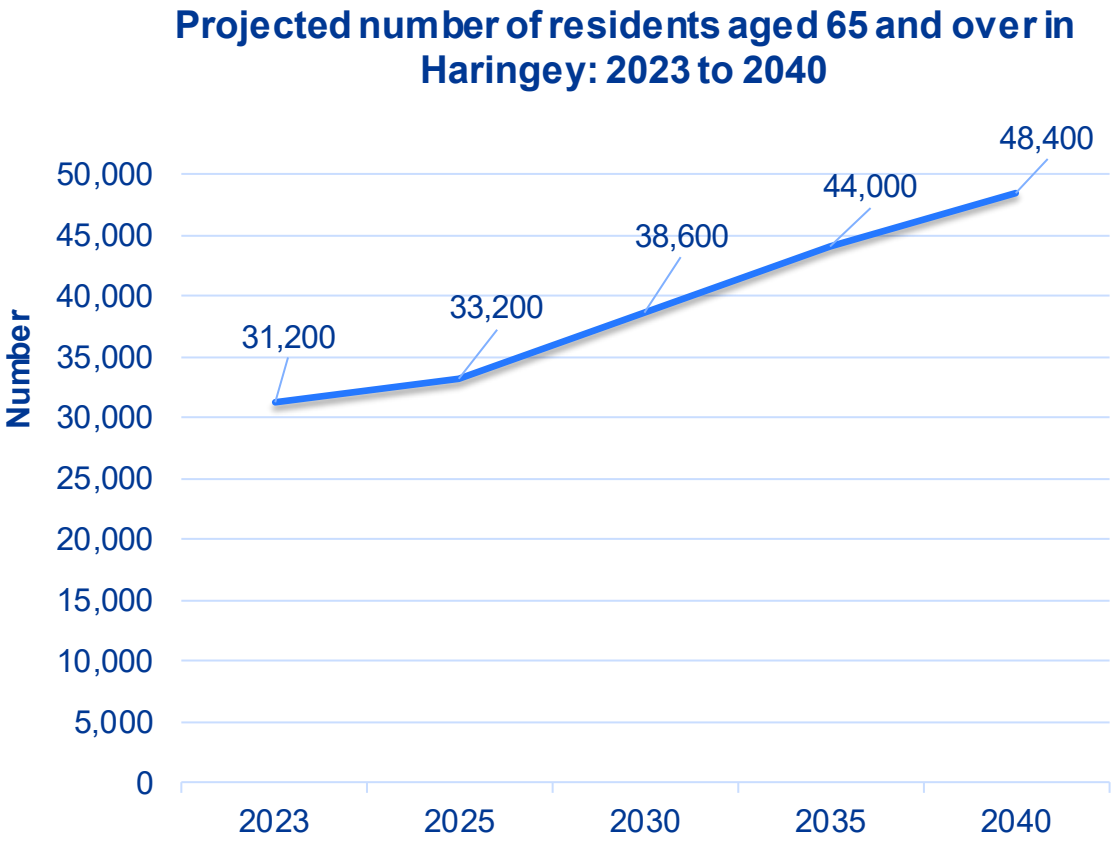
Source of data: DWP Stat-Xplore 2023

SETTING THE SCENE

Risk Factor: Frailty

The number of people aged 65 and over in Haringey is predicted to increase from 31,200 in 2023 to 48,400 in 2040, which equates to an increase of 55% over this period, as illustrated in the figure opposite.

The number of people aged 65 and over who are physically inactive increased by 5%, while the number of people with moderate or severe depression doubled to 10% during the pandemic. The number of Haringey GP patients (mostly aged 50 and over) with three or more health conditions increased by 18% between 2019 and 2022. Local estimates of NHS hospital-based frailty scores suggests a 15-20% increase in the number of people with moderate or severe frailty. This means that the level of demand for physical and mental healthcare is greater than pre-pandemic[1].



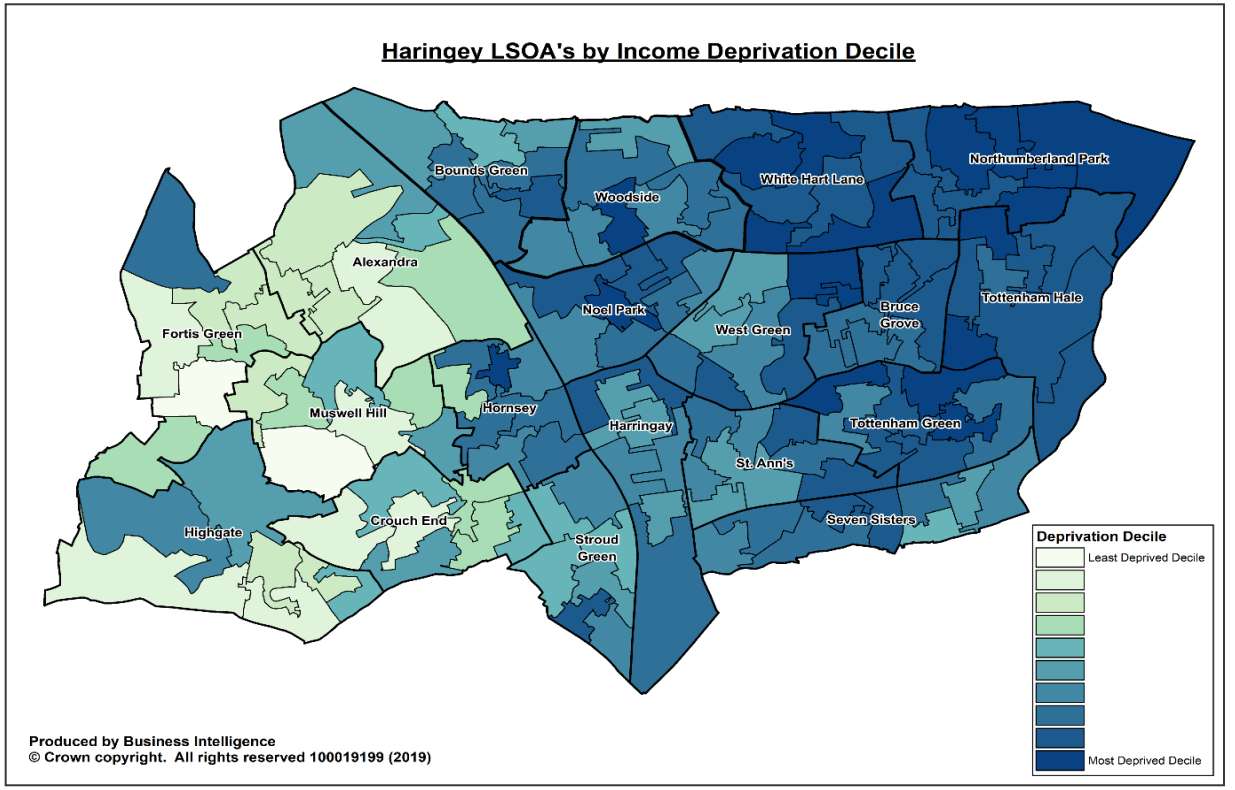
Source of data:
POPPI

SETTING THE SCENE

Risk Factor: Income and Cost-of-Living

In Haringey, as per the national and regional picture, the cost-of-living crisis will push more families into poverty. Residents on low incomes and who spend a high proportion of their incomes on food and heating will be hardest hit which will impact on their mental wellbeing. In Haringey, Northumberland Park is the most income deprived ward where rates of worklessness are also greatest. Muswell Hill, located in the west of the borough, ranks as the least income deprived ward.

The figure opposite illustrates levels of income deprivation at a small area level across Haringey, which are mostly concentrated in the east of the borough with some pockets in the west of the borough. During and since the Covid-19 pandemic, there was a substantial rise in the percentage of households receiving Universal Credit in Haringey.



Source of data: Ministry of Housing, Communities and Local Government

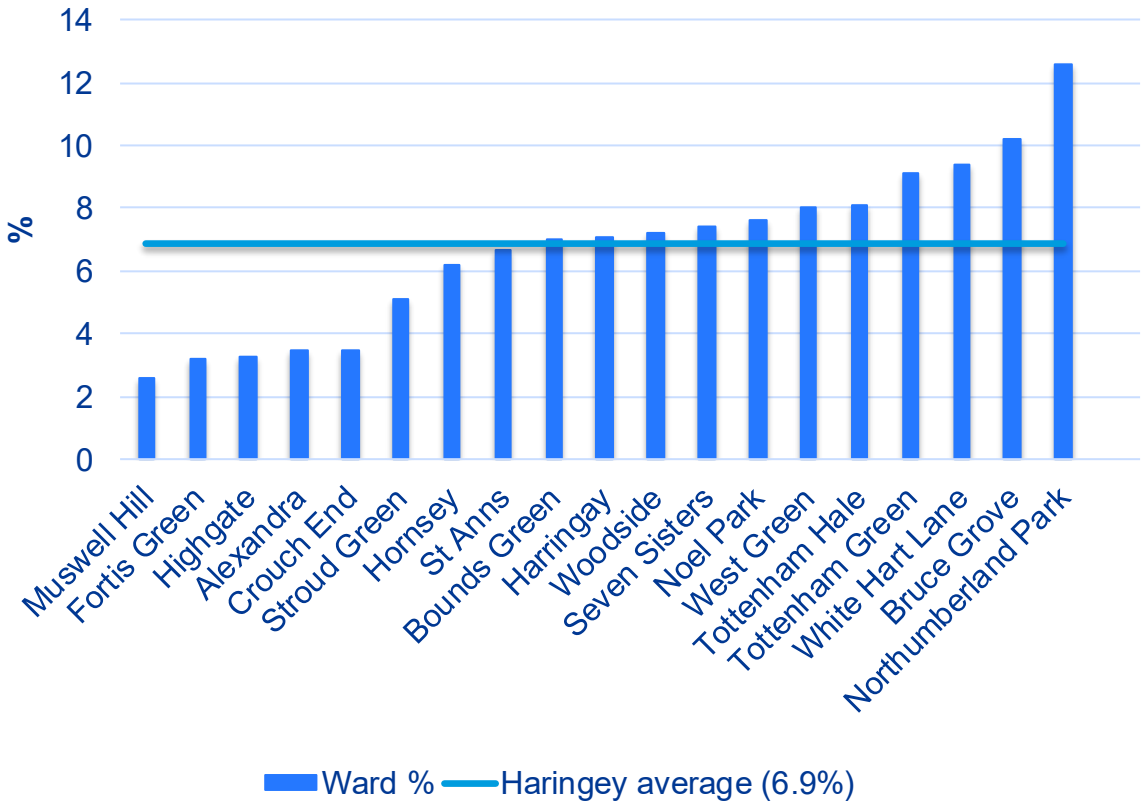
SETTING THE SCENE

Risk Factor: Income and Cost-of-Living

There is strong evidence to suggest that work is generally good for physical and mental health and wellbeing, taking into account the nature and quality of work and its social context. Links between unemployment and poor mental health have been explained by the psychosocial effects of unemployment: stigma, isolation and loss of self-worth. In February 2024, 6.9% (13,040 claimants) of the Haringey population aged 16-64 were claiming Universal Credit. However, this ranged from 12.6% (1,335 claimants) in Northumberland Park to 2.6% (170 claimants) in Muswell Hill, as illustrated in the chart opposite.

The cost-of-living crisis has exacerbated the percentage of households in fuel poverty which can also impact a persons' mental health. In Haringey in 2021, 15.5% (17,147) of households were fuel poor, which was higher than the England average of 13%.

Universal Credit Claimants as a proportion of the resident population aged 16-64 in February 2024



Source of data: Nomis

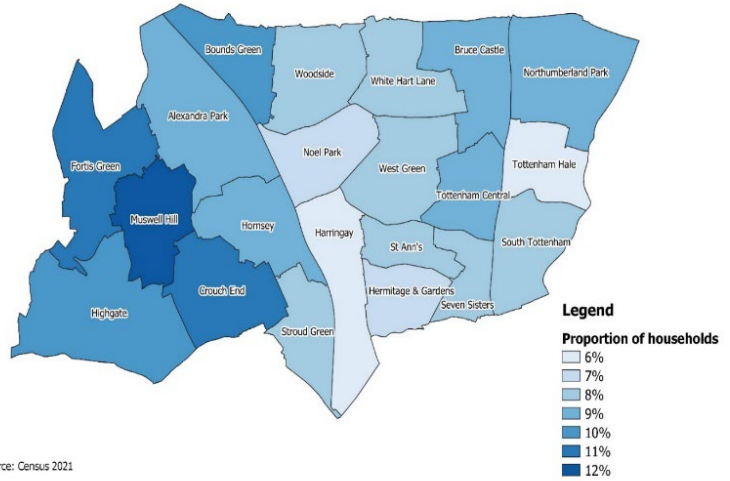
SETTING THE SCENE

Risk Factor: Living Alone

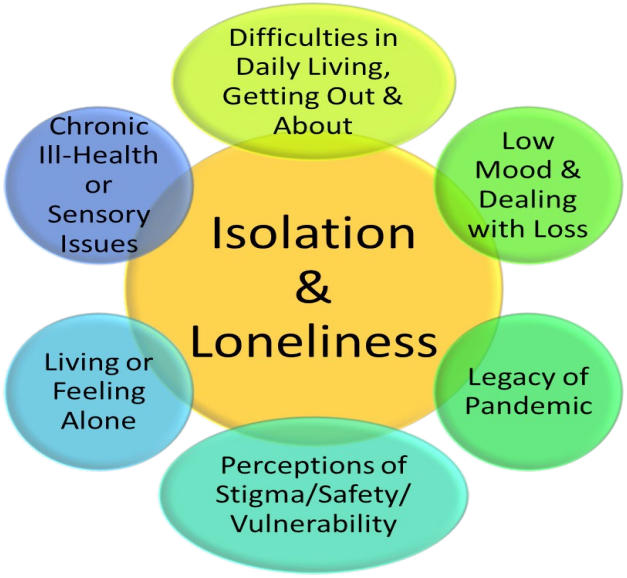
The map opposite shows how the proportion of residents aged 66 and over living alone across Haringey varies by ward. Muswell Hill (12%) in the west of the borough had the highest proportion of older residents living alone, followed by Crouch End (11%) and Fortis Green (11%). In Haringey, it is estimated that 29% of people aged 50 and over live alone.

Loneliness is not just about living alone. There are many factors influencing how isolated people feel, as illustrated in the figure opposite[2,3]. There is emerging evidence that living alone, loneliness and ageing without children have an impact on the mental health of older people[4]. The growth in the older population and changing demographics (such as more people living alone) are likely to mean more people are at risk of isolation in the future.

Individuals aged 66+ living alone as a proportion of all households



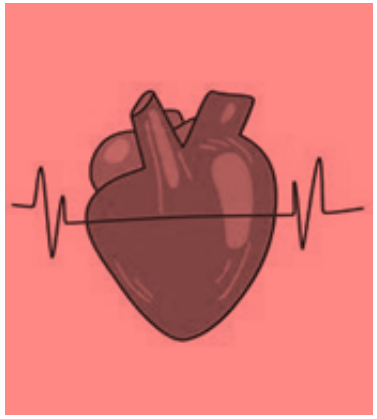
Source: Census 2021



SETTING THE SCENE

Risk Factor: Living Alone

- One in four people aged 55 and over say they feel sometimes or often feel lonely in Haringey[5]. This equates to **13,500** people.
- Studies say most people who feel lonely are likely to have low mood or depression[6,7].



- People who are lonely are at **59%** increased risk of physical & mental health decline compared to their peers[8].
- People who are lonely are less likely to have healthier lifestyles, e.g. taking exercise, eating and drinking well and poor physical health outcomes. They are also at greater risk of mortality[9,10,11].
- Figures suggest that social isolation causes equivalent harm as smoking **15** cigarettes per day[9].

- More women than men report that they are lonely, but men tend to have smaller closer friends[11].
- People with life-limiting health conditions and disabilities are more likely to be socially isolated[11].
- Older people from some Black and Asian communities, and those who are LGBT+ are more likely to feel isolated[11].

SETTING THE SCENE

Risk Factor: People with multiple long-term conditions (multi-morbidity)

Older people's mental health is now recognised as a significant public health issue. Multi-morbidity (living with multiple long-term conditions) is common among older people, with 80% of people over 65 having been diagnosed with more than one long-term health condition and most people aged 80 and over living with three or more conditions[12]. For these reasons, mental and physical health conditions among older people are very intricate and complex. Compared to people with one or no long-term conditions, those with multimorbidity are at an increased risk of functional decline, poorer quality of life, greater healthcare use and higher mortality[12].

Musculoskeletal (MSK) conditions are the largest single cause of disability in the UK, affecting almost 32% of the population[13]. MSK conditions include back and neck pain, joint diseases such as osteoarthritis and fragility fractures. Living with a MSK condition can lead to depression and anxiety. In Haringey, 28% of people aged 18 and over who reported a MSK condition also reported having depression or anxiety. This was above the England average of 24%[14].

Older people with frailty are at risk of falls, at risk of developing anxiety and depression and are more likely to have unplanned hospital admissions. Falls are a leading cause of mortality and morbidity in older people and the risk of falling is exacerbated by mental health conditions. Projections show that the total number of people aged 65 and over predicted to have a fall between 2020 and 2040 will increase from 7,546 to 12,791, which equates to an increase of 70%[15].

SETTING THE SCENE

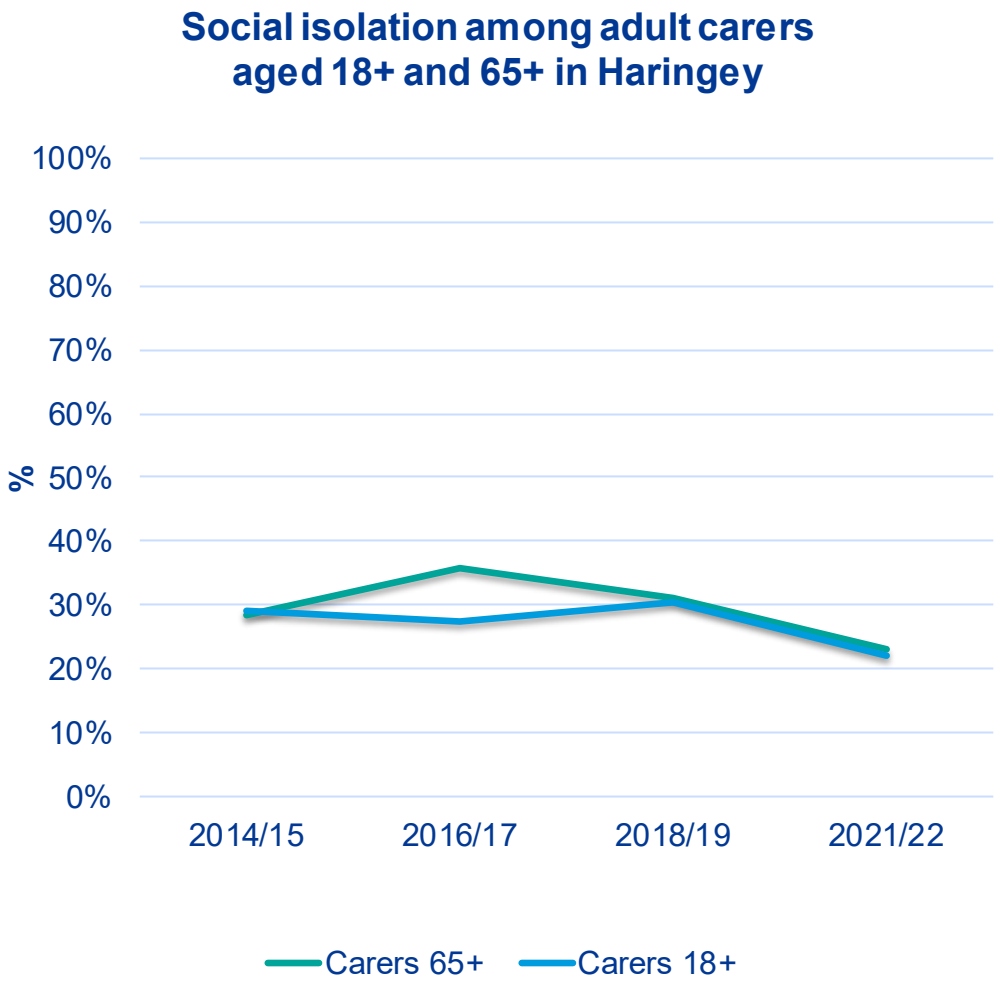
Risk Factor: Unpaid Carers

Research shows that 60% of unpaid carers aged 65 and over will feel unhappy or depressed[16]. The mental health and wellbeing of carers is therefore fundamental in the aim of maintaining older people in the community for as long as possible.

In 2022/23, 48% (n=1,290) of Haringey's adult social care users aged 18 years and over reported having as much social contact as they would like, which was similar to the England average, 44%. 43% (n=545) of adult social care users aged 65 years and over reported having as much social contact as they would like in 2022/23 which was similar to the England average (42%).

22% (n=75) of adult carers in Haringey aged 18 years and over had as much social contact as they would like in 2021/22. This is lower than the England average of 28%[17].

In Haringey, there are many opportunities to improve social connection through both universal and targeted approaches.



Source of data: Adult Social Care Outcomes Framework (ASCOF) based on the Personal Social Services Survey of Adult Carers, NHS Digital

SETTING THE SCENE

Common Mental Health Disorders in the Adult Population: Anxiety

The Office for National Statistics collect survey data on self-reported anxiety as part of the Annual Population Survey. The figure opposite shows a steady increase in the percentage of people aged 16yrs and over with a high anxiety score in Haringey. In 2022/23, 22% of people reported a high anxiety score which was slightly lower than the England average of 24%*.

*A high anxiety score is defined as the percentage of respondents scoring 6 to 10 on the question: Overall how anxious did you feel yesterday?

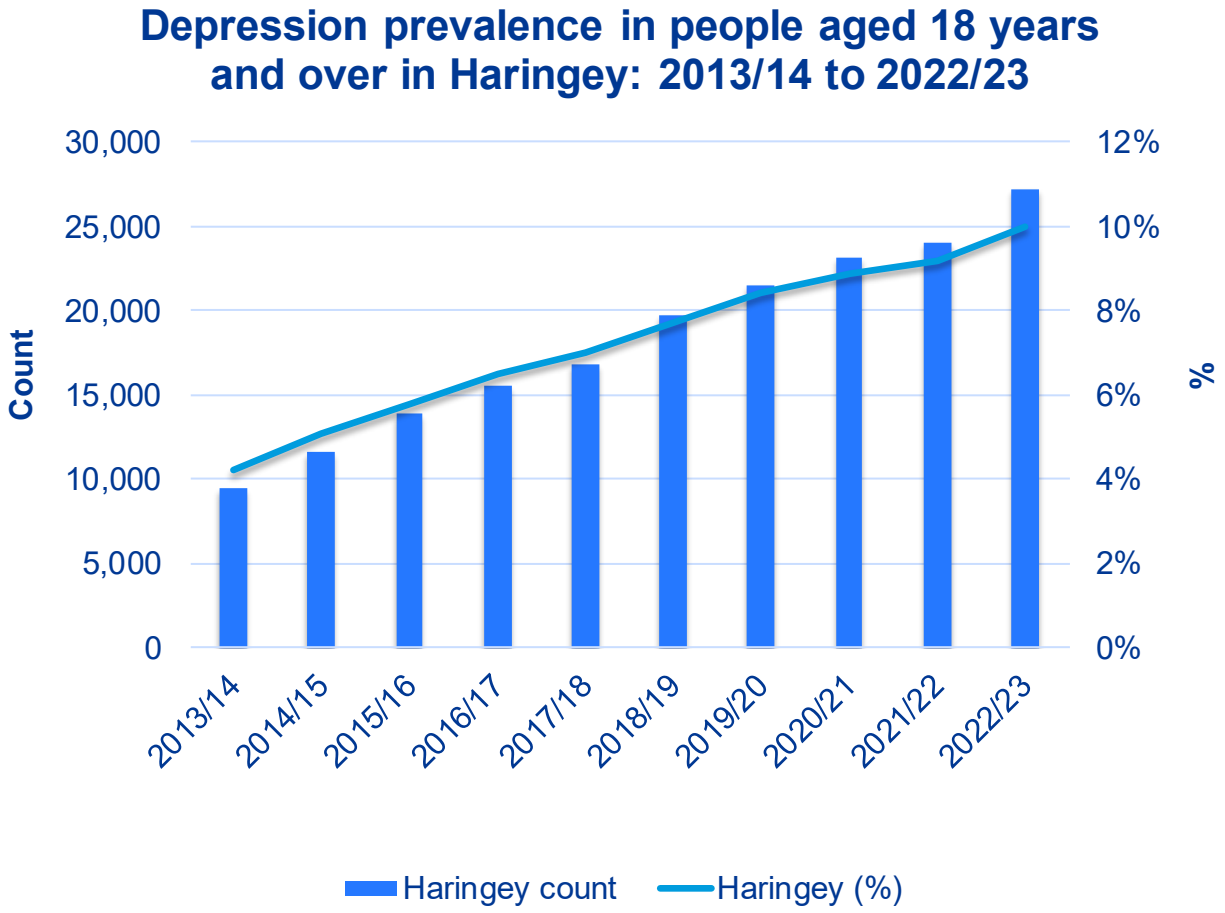
Source of data: ONS Annual Population Survey

SETTING THE SCENE

Common Mental Health Disorders in the Adult Population: Depression

Between 2013/14 and 2022/23, the percentage of patients aged 18 years and over with depression has increased three-fold from 9,424 to 27,246. In 2022/23, 10% of adults aged 18 years and over had depression in Haringey. This was lower than the England average of 13%.

Across Haringey, variations exist in the prevalence of depression at GP practice level, as illustrated on the following slide.

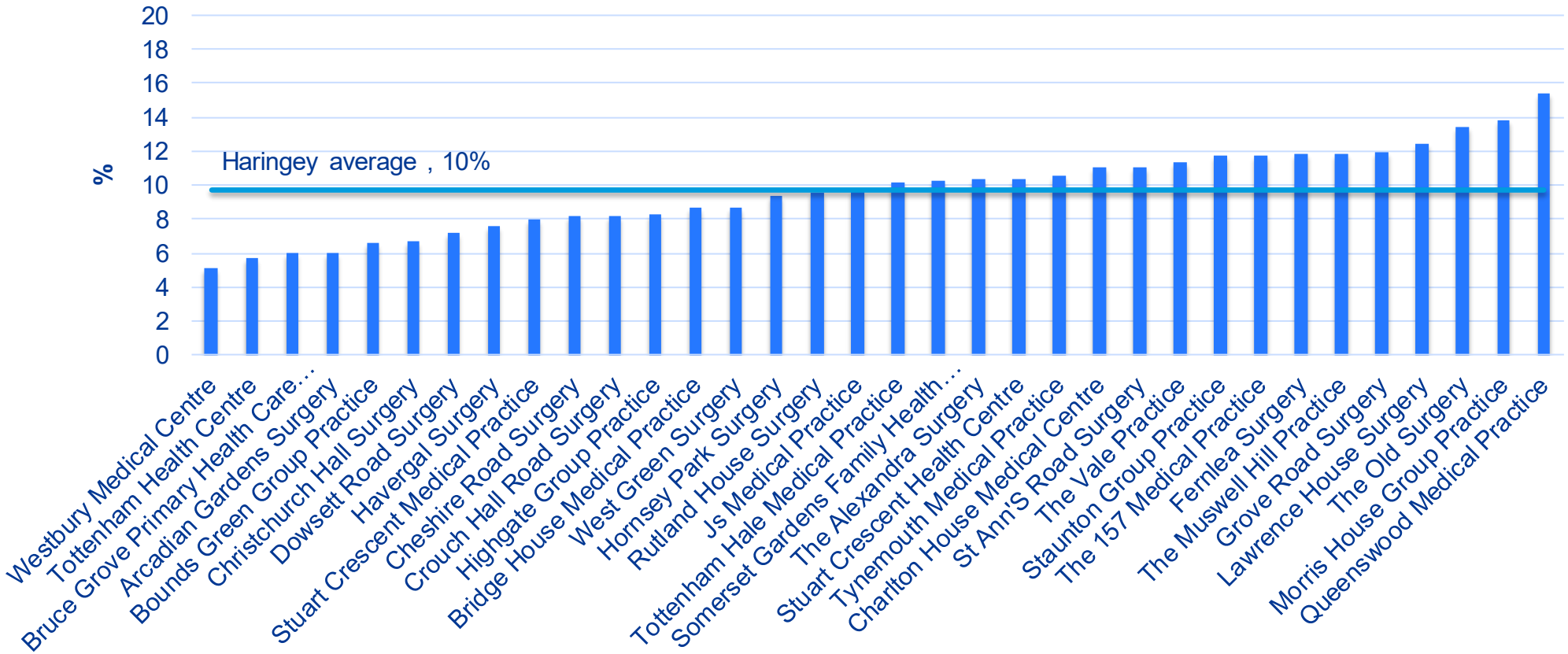


Source of data: Quality and Outcomes Framework (QOF), NHS Digital

SETTING THE SCENE

Common Mental Health Disorders: Depression Prevalence by GP Practice

The figure below shows variations in depression prevalence by GP practice in Haringey, ranging from 5% to 15% in 2022/23.

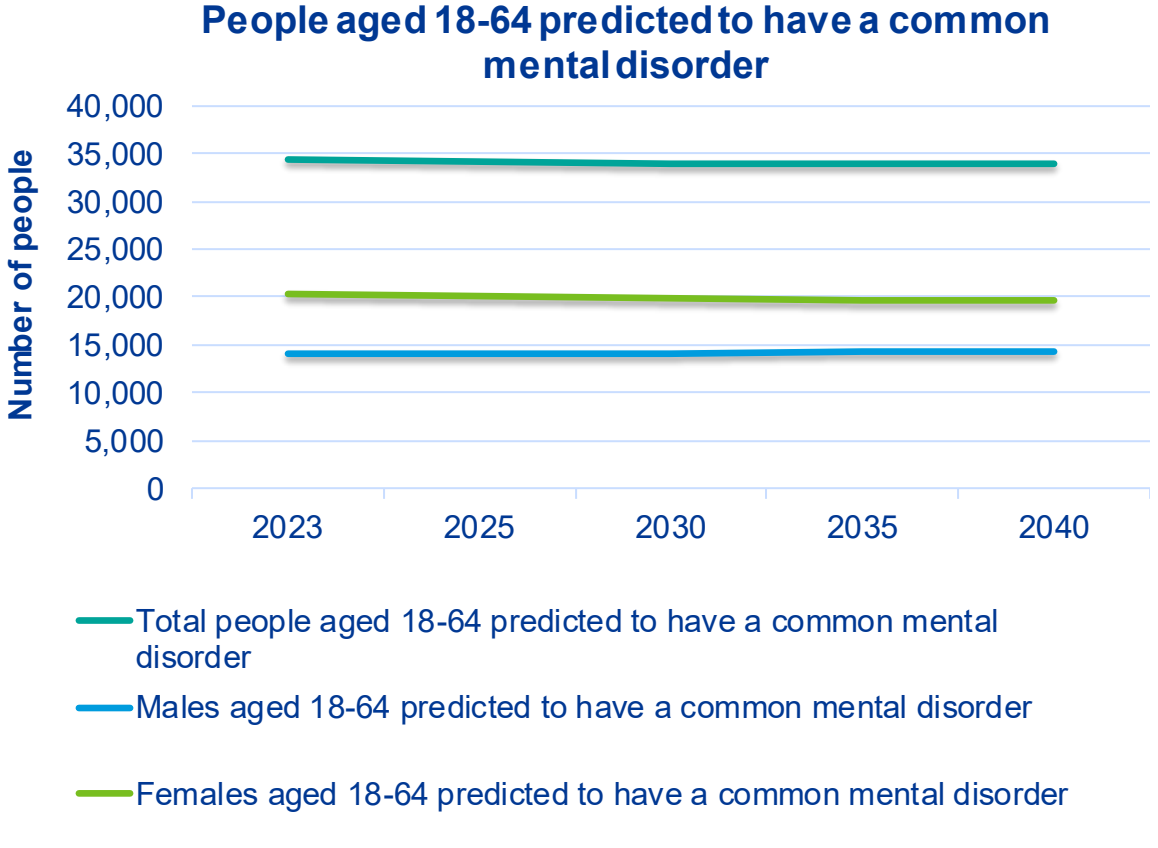


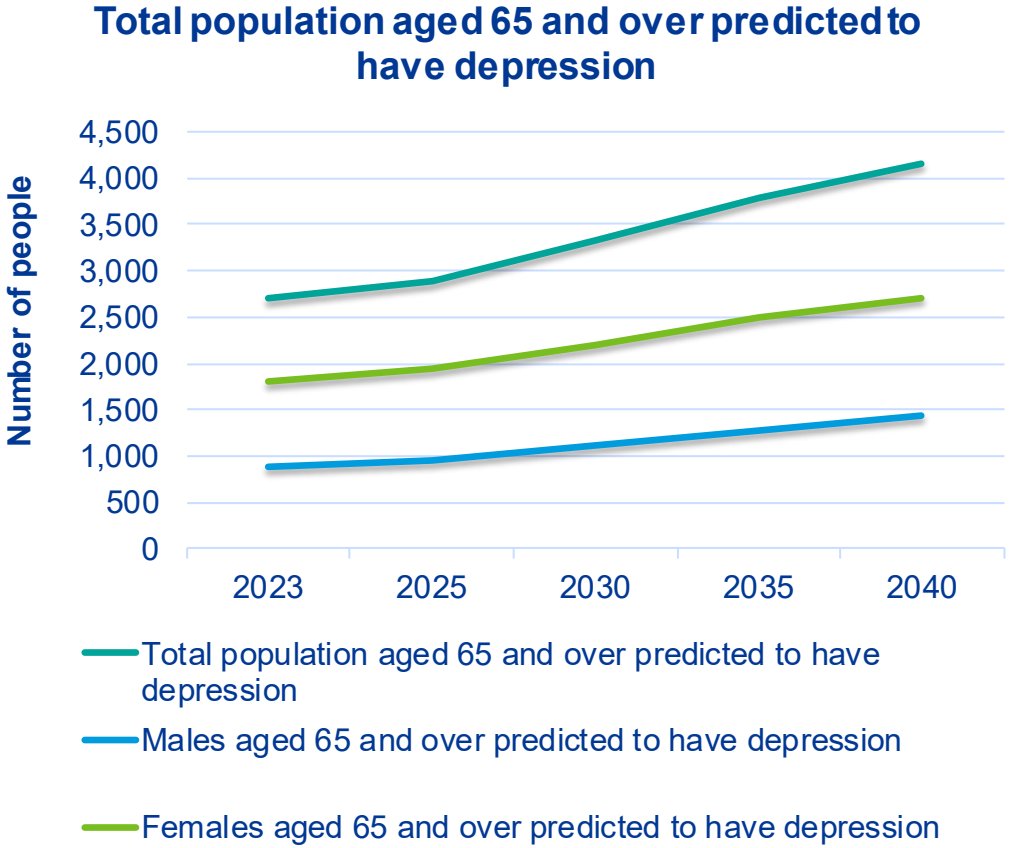
Source of data: QOF, NHS Digital

SETTING THE SCENE

Common Mental Health Disorder Projections

The number of people aged 18 to 64 in Haringey expected to have a CMD is predicted to decrease negligibly by 1% between 2023 and 2040 from 34,320 to 33,951. However, the number of people aged 65 years and over with depression is predicted to increase by 54% from 2,693 in 2023 to 4,144 in 2040.



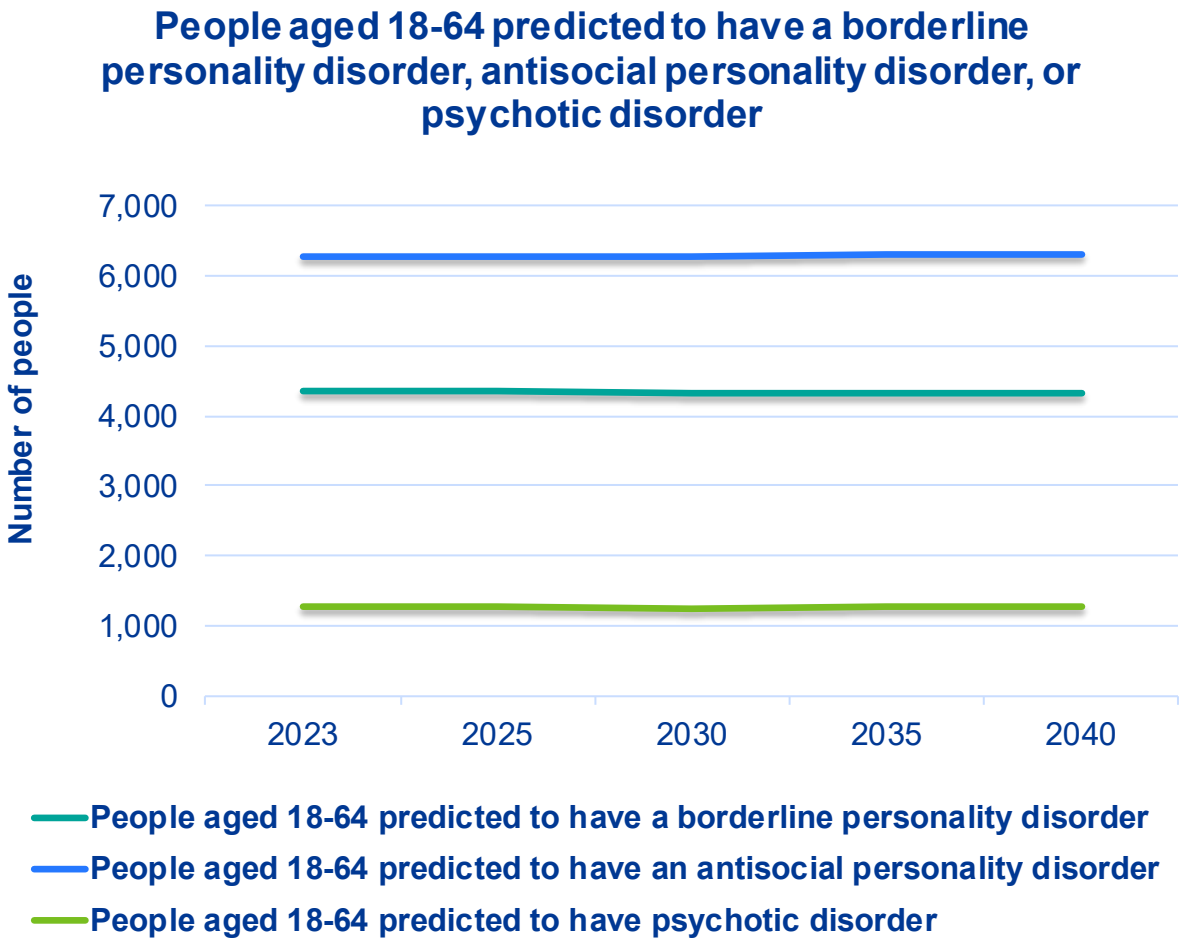


Source: PANSI and POPPI

SETTING THE SCENE

Borderline Personality and Psychotic Disorder Projections

- The number of people aged 18 to 64 predicted to have a borderline personality disorder is predicted to decrease negligibly from 4,361 in 2023 to 4,316 in 2040.
- The number of people with an antisocial personality disorder is expected to increase by 1% from 6,260 in 2023 to 6,314 in 2040.
- The number of people with a psychotic disorder is predicted to decrease negligibly from 1,283 in 2023 to 1,278 in 2040.



Source: PANSI

SETTING THE SCENE

Substance Misuse and Mental Health Prevalence

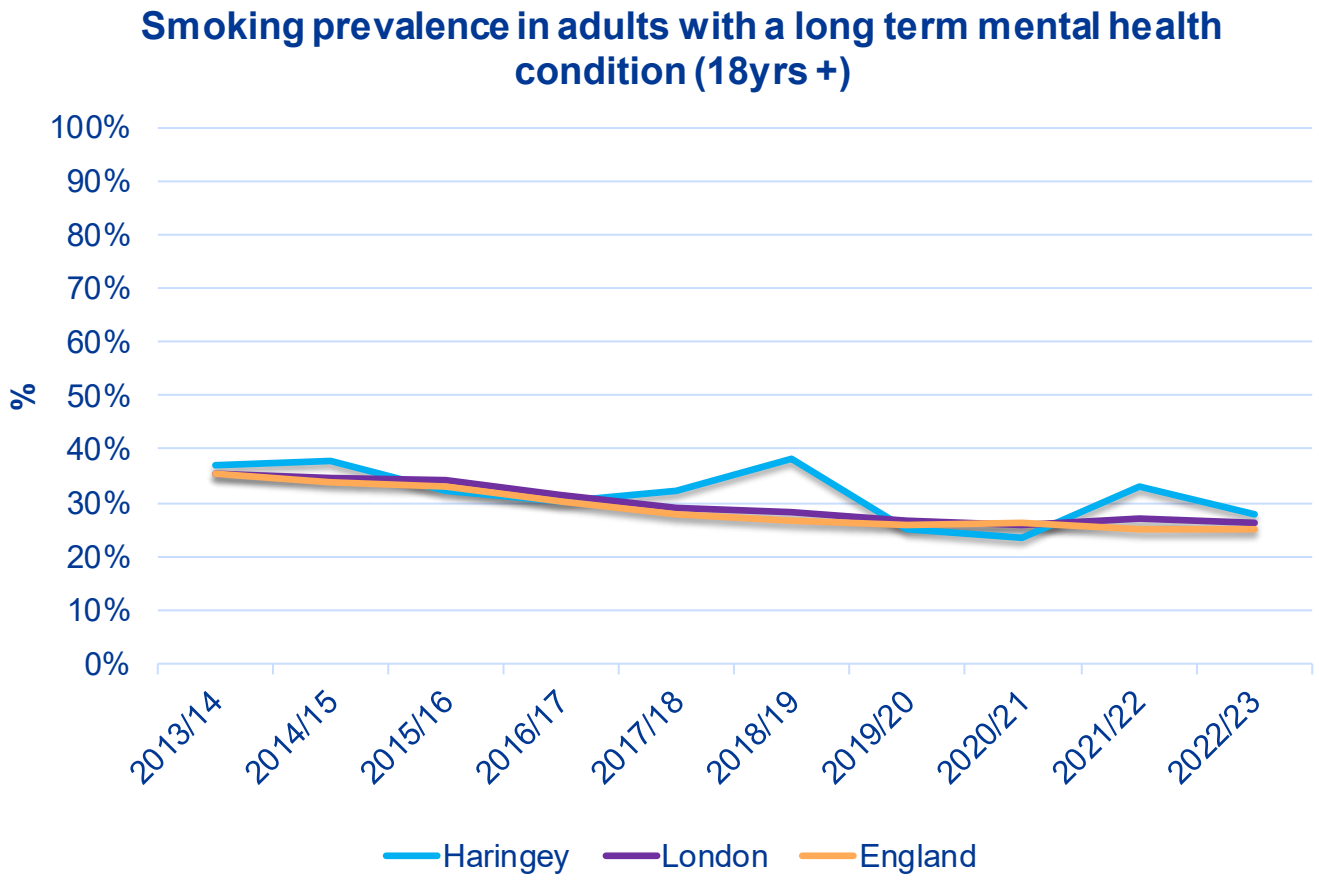
The proportion of clients entering alcohol treatment identified as having a mental health treatment need, who were receiving treatment for their mental health was 78% in 2020/21.

Source: GP Patient Survey

The proportion of clients entering drug treatment identified as having a mental health treatment need, who were receiving treatment for their mental health was 63% in 2020/21.

Source: GP Patient Survey

In Haringey in 2022/23, the prevalence of people aged 18 years and over who smoked with a long-term mental health condition was 28%. This was slightly above the England average (25%) and similar to the London average (26%).



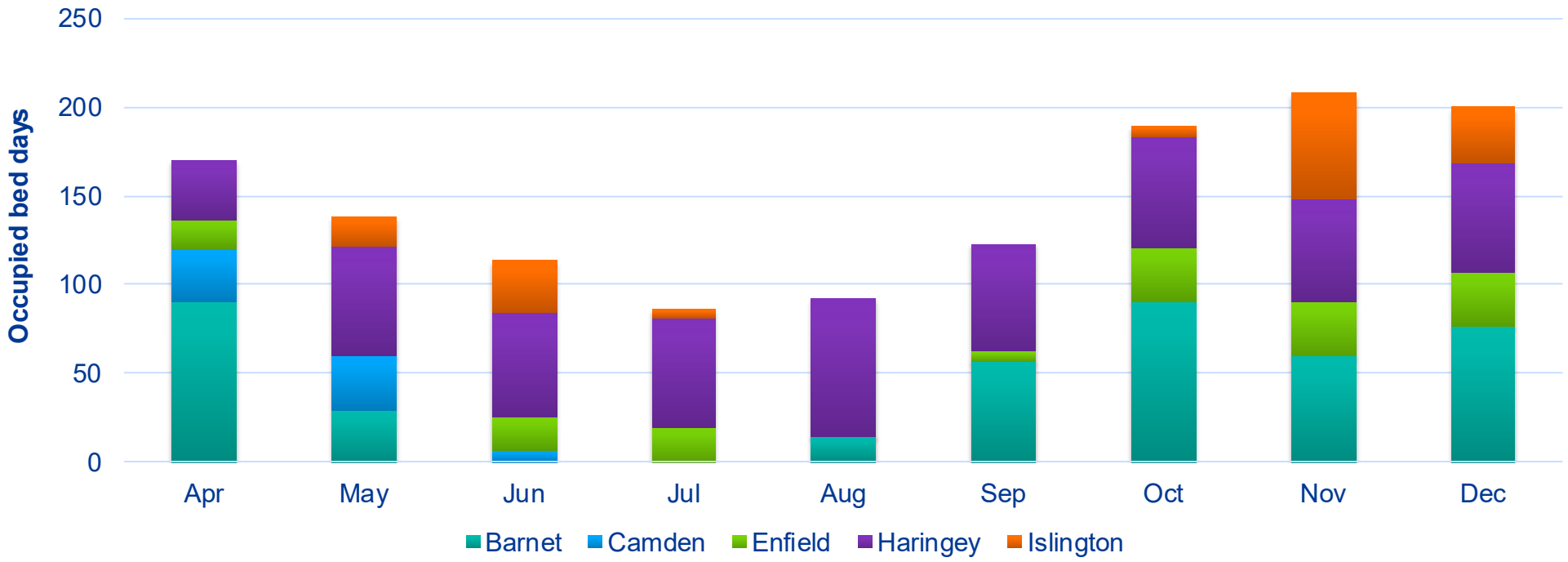
Source of data: GP Patient Survey

SETTING THE SCENE

Eating Disorders

The figure below shows the number of occupied bed days due to eating disorders in adults across North Central London between April and December 2023. The number of occupied bed days in Haringey ranged from 34 days (April) to 77 days (August) over this timeframe.

Occupied Bed Days (April to December 2023) due to eating disorders in adults broken down by NCL borough



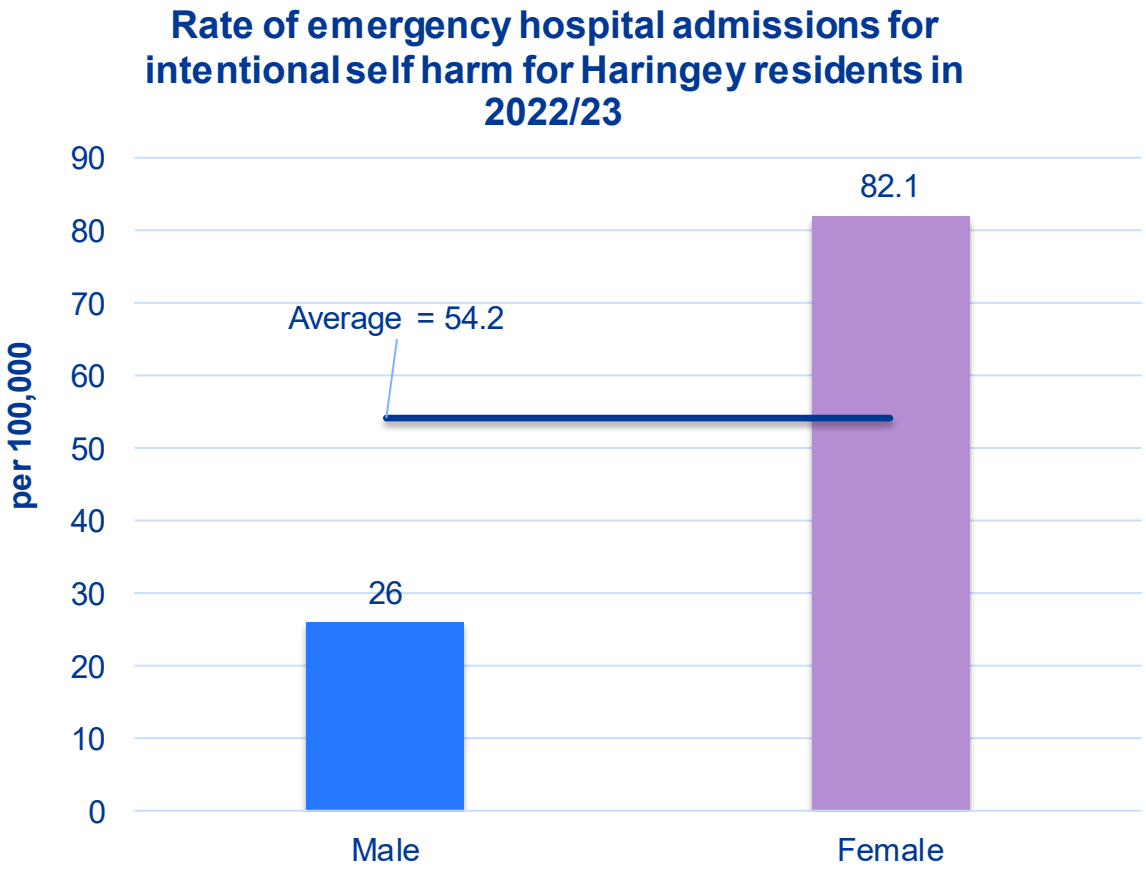
Source of data: Barnet, Enfield and Haringey Mental Health NHS Trust

SETTING THE SCENE

Self-Harm

Self-harm refers to an intentional act of self-poisoning or self-injury. Many individuals require hospital treatment from self-inflicted injuries. Self-harm is closely related to suicide.

In Haringey, there were 150 emergency admissions for self-harm in 2022/23, which equates to a rate of 54.2 per 100,000. Self-harm-was higher in females than males. For females, the rate was 82.1 per 100,000 (n=115) and males, 26 per 100,000 (n=35). This trend reflects national findings which show that rates of deliberate self-injury are two or three times higher in women than men[18].



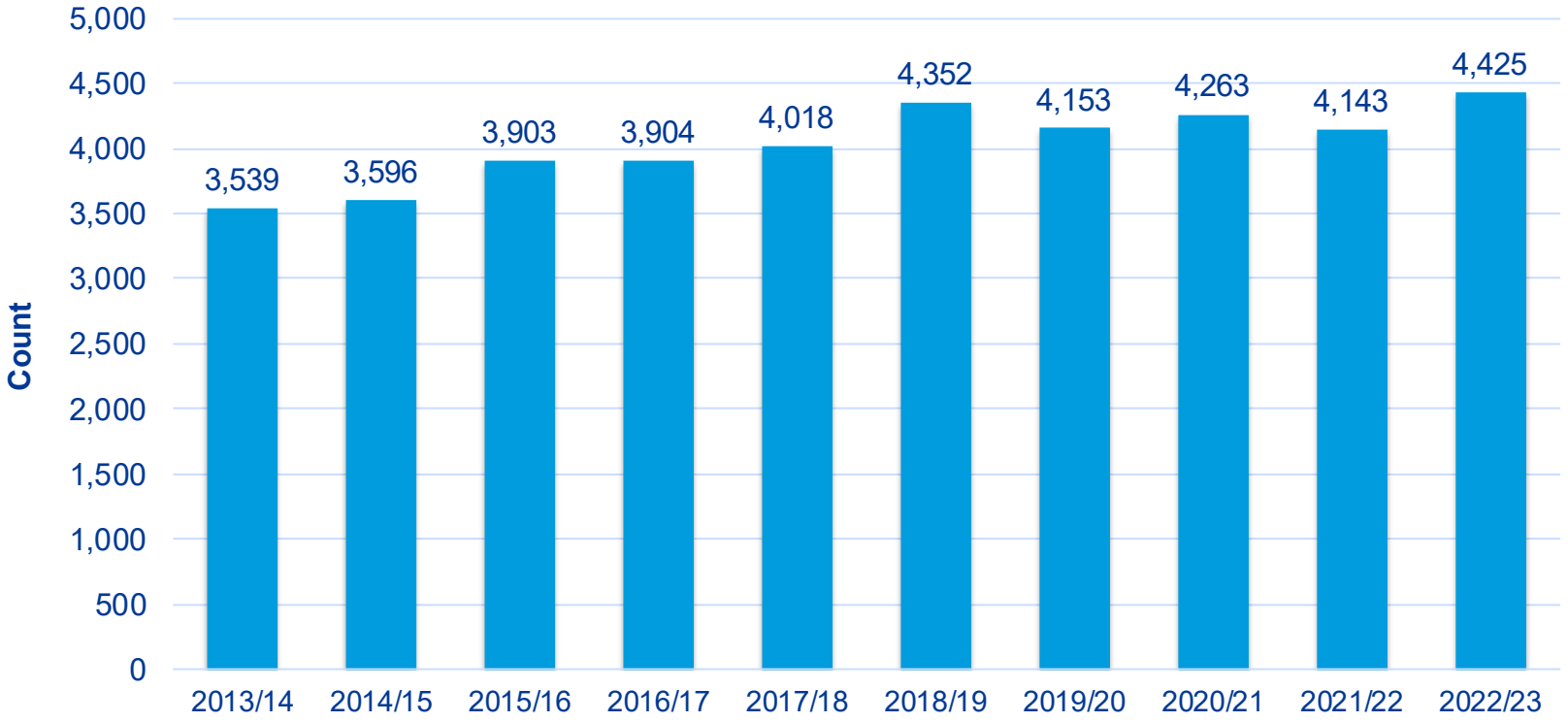
Source of data: Hospital Episode Statistics, NHS Digital

SETTING THE SCENE

Severe Mental Illness

In Haringey in 2022/23, **4,425** people (1.3% of the total recorded practice population) had a SMI. The figure below shows annual variations of SMI between 2013/14 and 2022/23. The prevalence of SMI in Haringey was slightly above England (1%) and London (1%). Variations in the prevalence of SMI are evident at GP practice level in Haringey ranging from 2% to 0.7%.

The premature mortality rate in adults with SMI in Haringey in 2020-22 was 107.9 per 100,000 which was similar to the England average of 111.2.

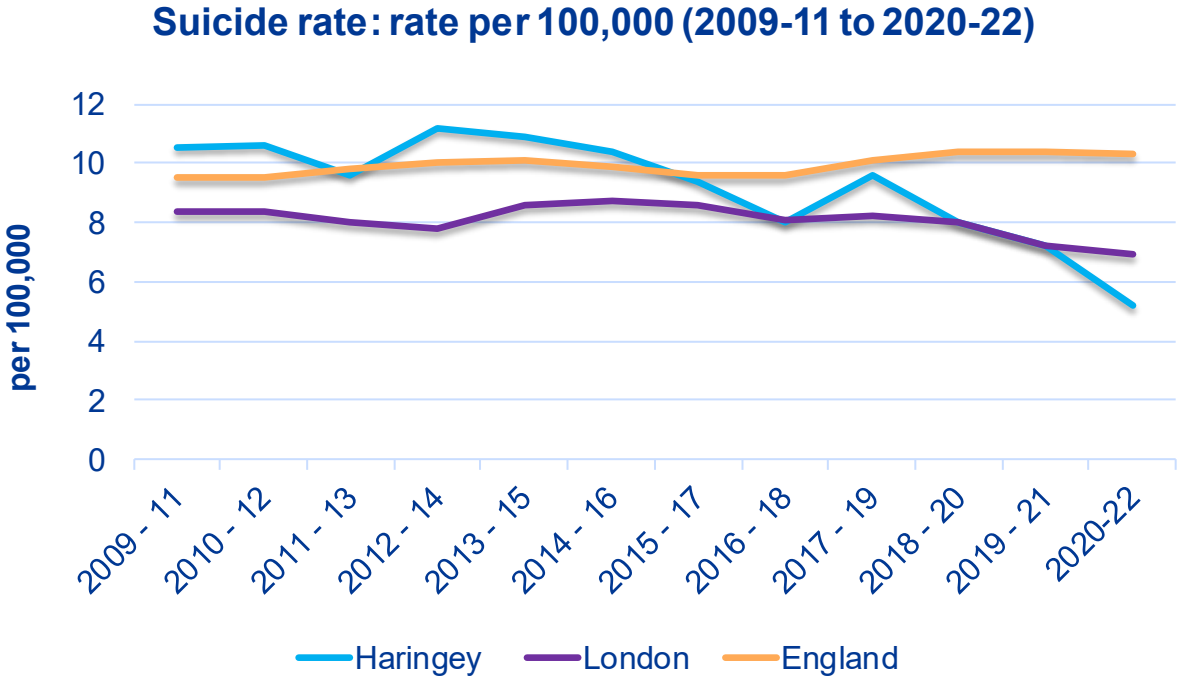


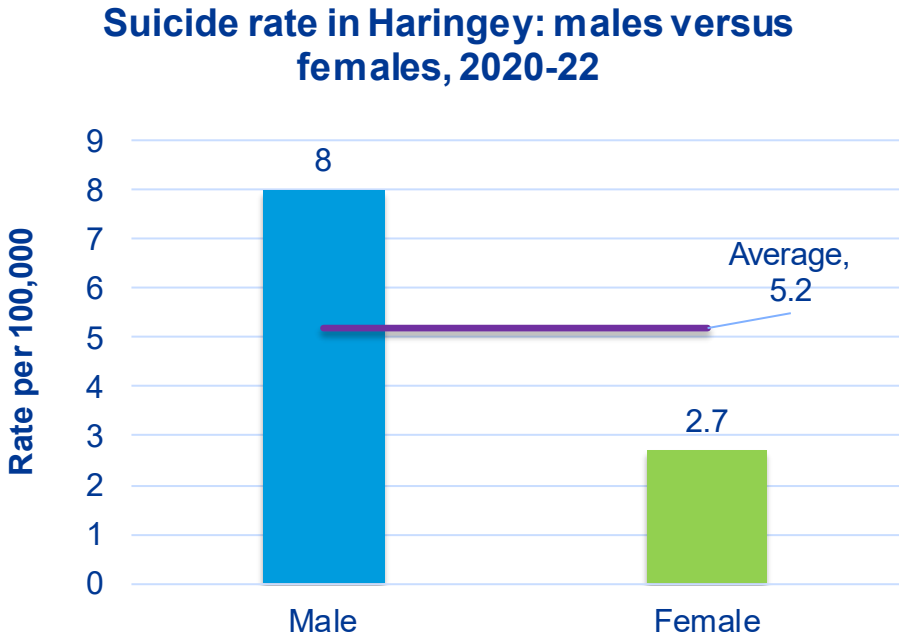
Source: Quality and Outcomes Framework, NHS Digital

SETTING THE SCENE

Suicide

Suicide is a significant cause of death in Haringey's young adults, an indicator of underlying mental ill-health. Suicide rates in Haringey have significantly decreased over the last ten years. The current rate in 2020-22 was 5.2 per 100,000 which is below the London (6.9) and England (10.3) average. In total, 41 suicides were recorded between 2020-22 in Haringey in people aged 10 years and over. Of these, 30 were in the male population, or a rate of 8 per 100,000. The majority of suicides were recorded the east of the borough which is reflective of Haringey's deprivation divide. The east experiences multiple forms of deprivation, a known risk factor.



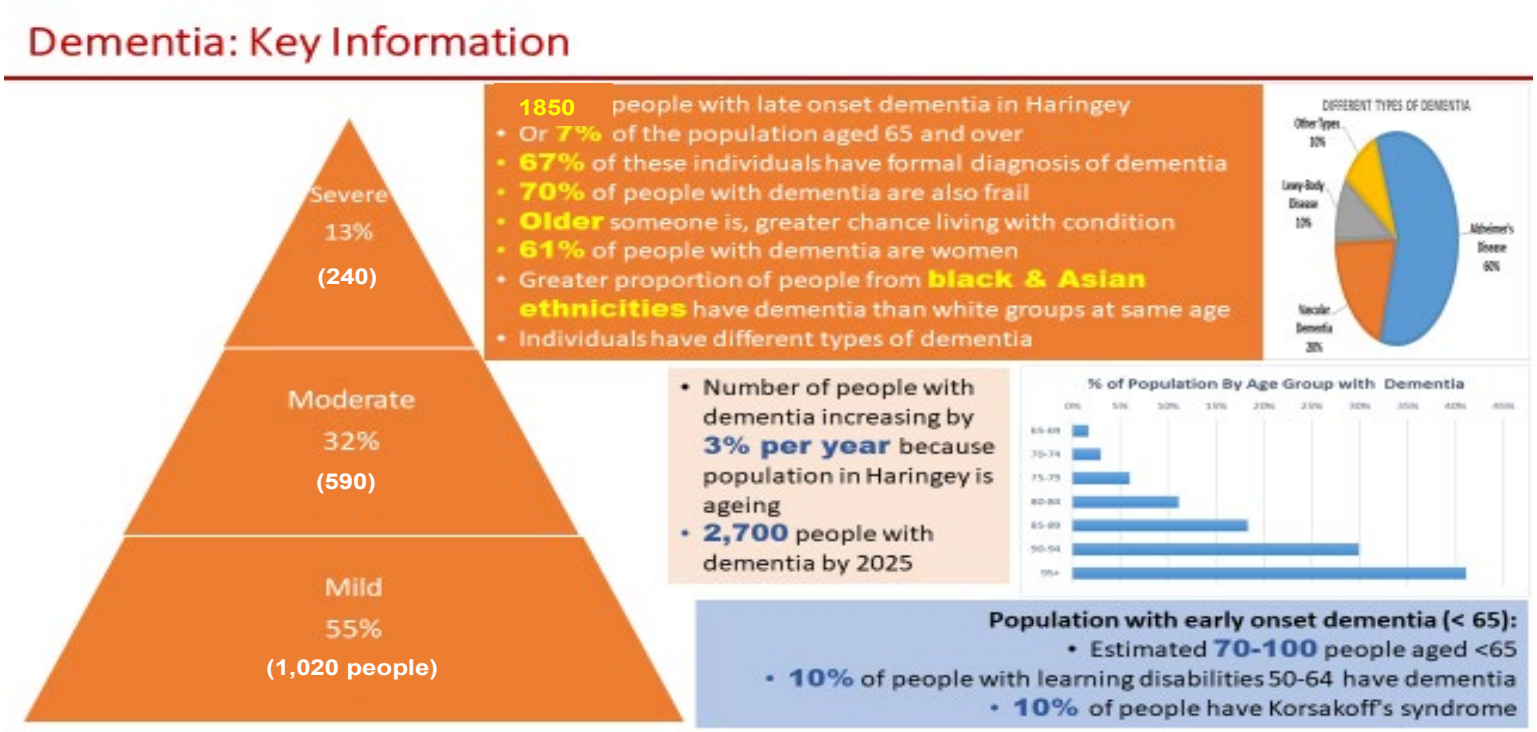


Source of data: Office for National Statistics

SETTING THE SCENE

Dementia: Key Information

'Dementia' describes conditions associated with the brain. They affect people's memory, ability to do everyday tasks, communication and perception. There are 1,850 people aged 65 and over (and around 80 under 65 years) with dementia in Haringey. Of these, 65% were diagnosed via the Memory Assessment Service and recorded on GP records. The risk of acquiring dementia increases with age. Some people may develop behavioural or psychological symptoms such as depression, anxiety or hallucinations as their conditions develop. Dementia is a terminal condition and it will progress over time. Facts and figures about dementia are shown in the figure below[19] .

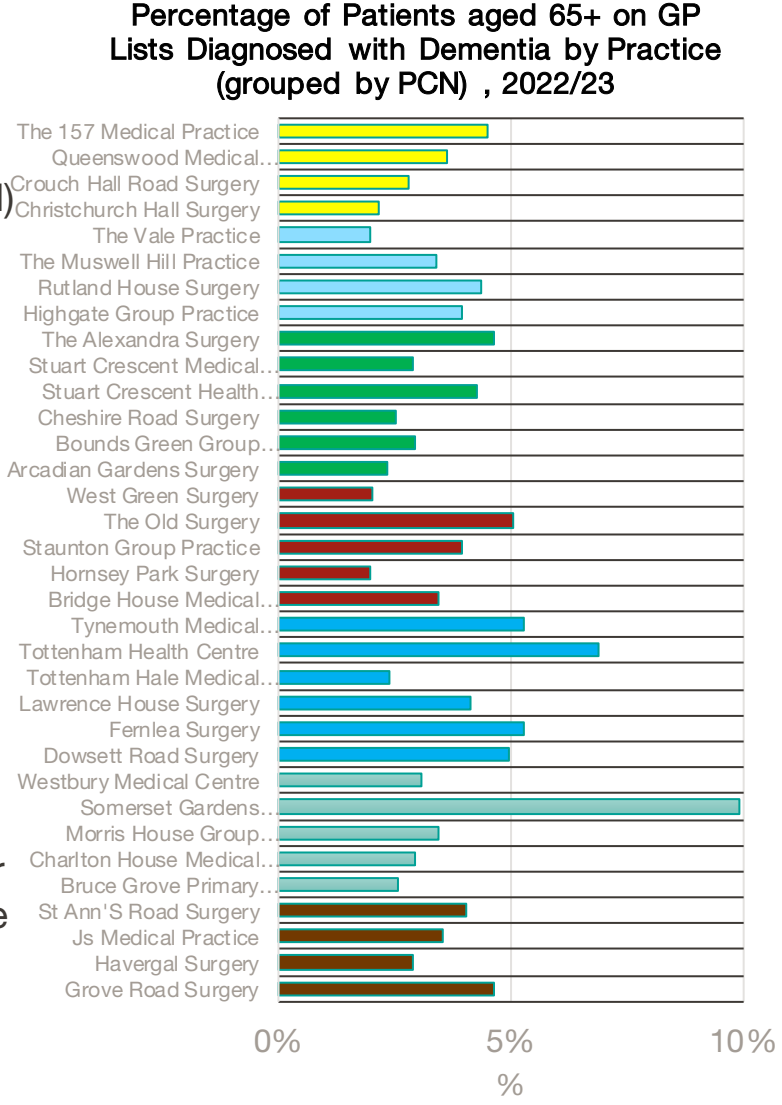


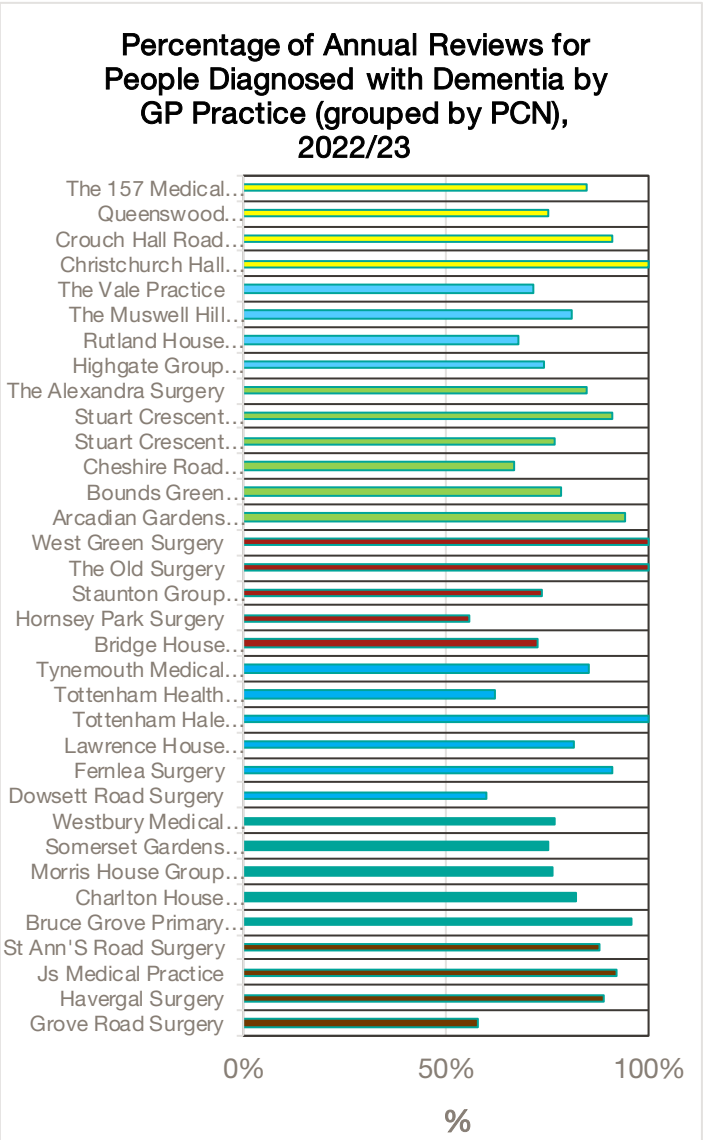
SETTING THE SCENE

Dementia Diagnosis

The figure opposite (left) shows the percentage of patients aged 65 years and over on GP lists diagnosed with dementia by practice (grouped by PCN) in 2022/23. The average prevalence of dementia in 2022/23 in Haringey was 3.8% among patients aged 65+ years. Somerset Gardens practice (9.9%; n=148) and Tottenham Health Centre (6.9%; n=29) had the highest prevalence of patients diagnosed with dementia. The Vale Practice (2%; n=14), West Green Surgery (2%; n=15) and Hornsey Park Surgery (2%; n=9), had the lowest prevalence.

The figure opposite (right) shows the percentage of patients diagnosed with dementia with an annual review of their case in 2022/23. The Haringey average was 79% which represents an improvement on the previous year although there are notable variations amongst GP practices.



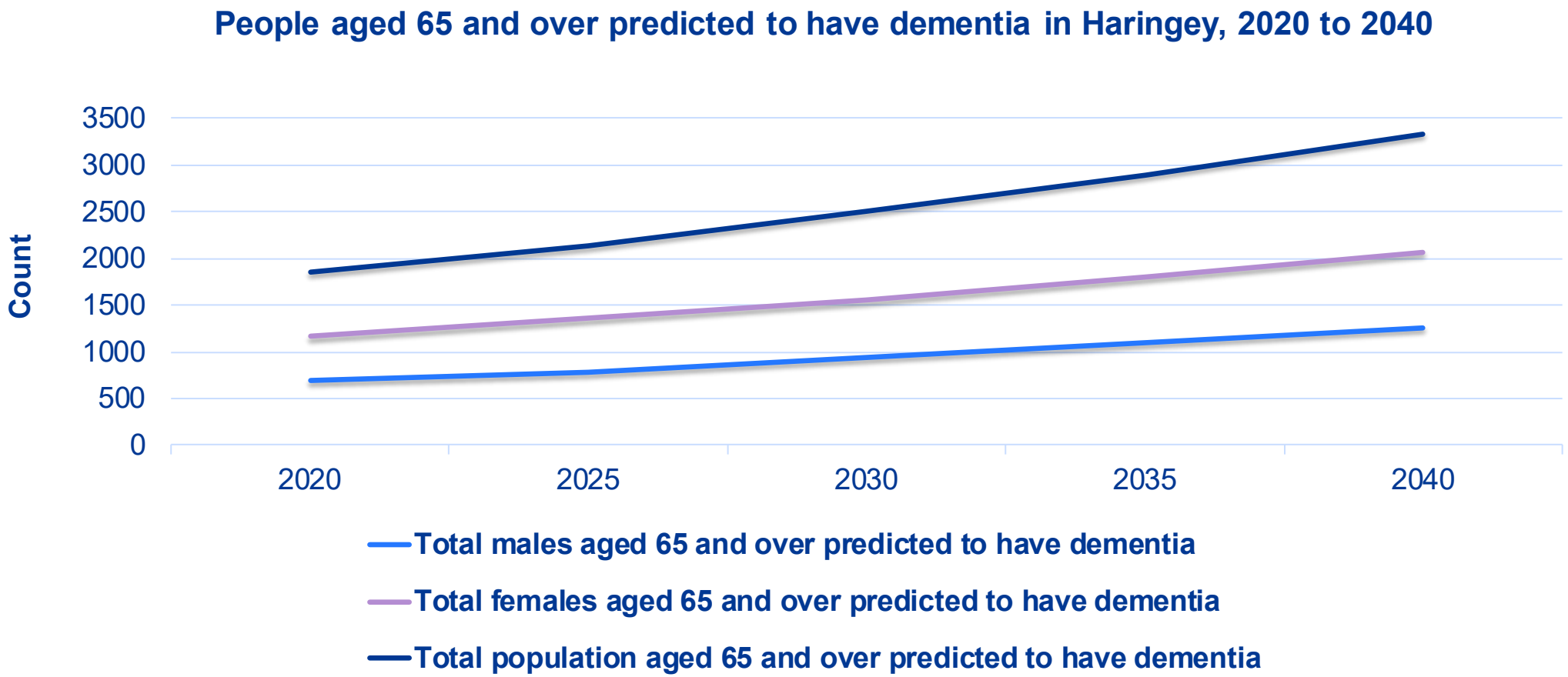


Source of data: Quality and Outcomes Framework (QOF), 2022/23, NHS England

SETTING THE SCENE

Dementia Projections

Projections show dementia in over 65s is predicted to increase from 1,858 in 2020 to 3,333 by 2040, a 79% increase during this period. The figure below shows this breakdown by gender. Of the 3,333 people projected to have dementia by 2040, 1,264 (38%) were male and 2,069 (62%) were female.



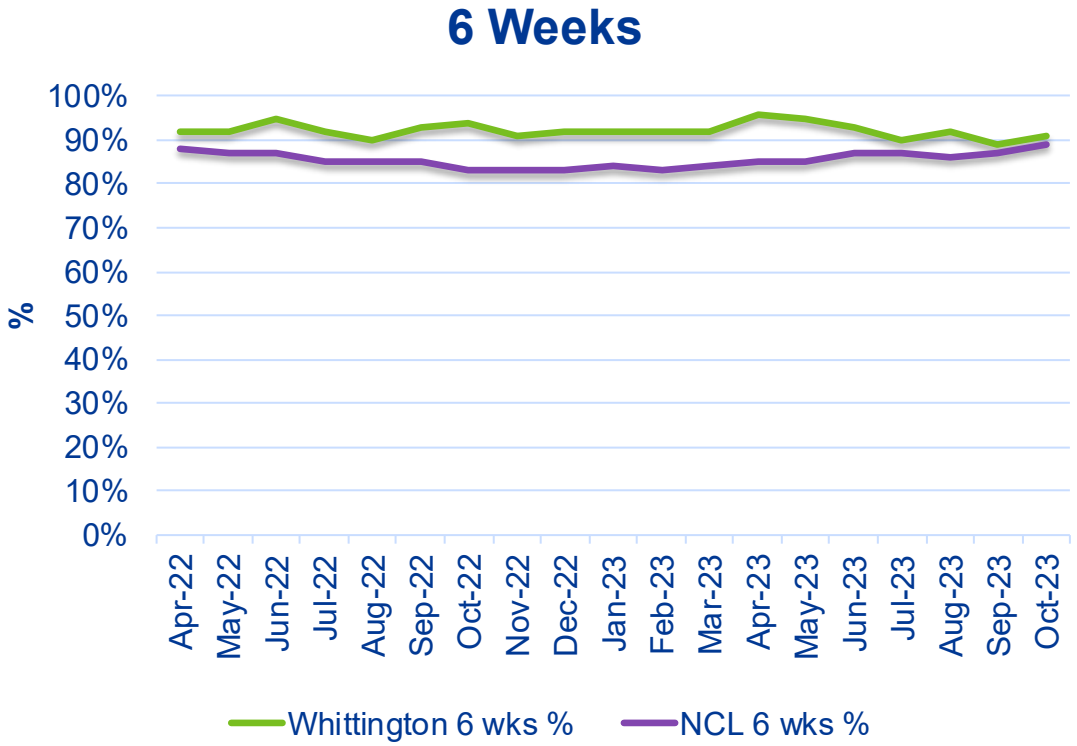
Source of data: POPPI

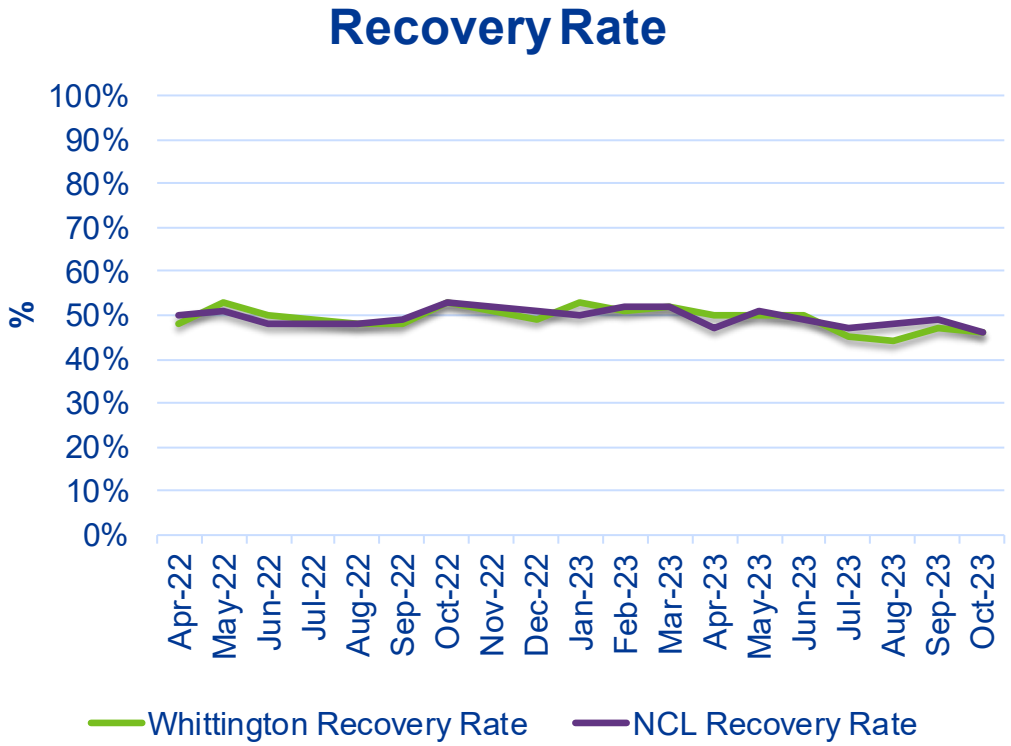
Source of data: POPPI

WHAT WORKS?

Talking Therapy for Common Mental Health Disorders

NHS Talking Therapies for anxiety and depression is an NHS programme in England which offers interventions approved by the National Institute for Health and Care Excellence (NICE). The figure below (left) shows the percentage of patients completing treatment in 6 weeks for Whittington Health NHS Trust as the talking therapy provider for Haringey residents, versus the NCL average. The figure below (right) shows that the overall recovery rate following talking therapy for patients at Whittington Health NHS Trust generally reflects the NCL recovery pattern over the period April 2022 to October 2023.



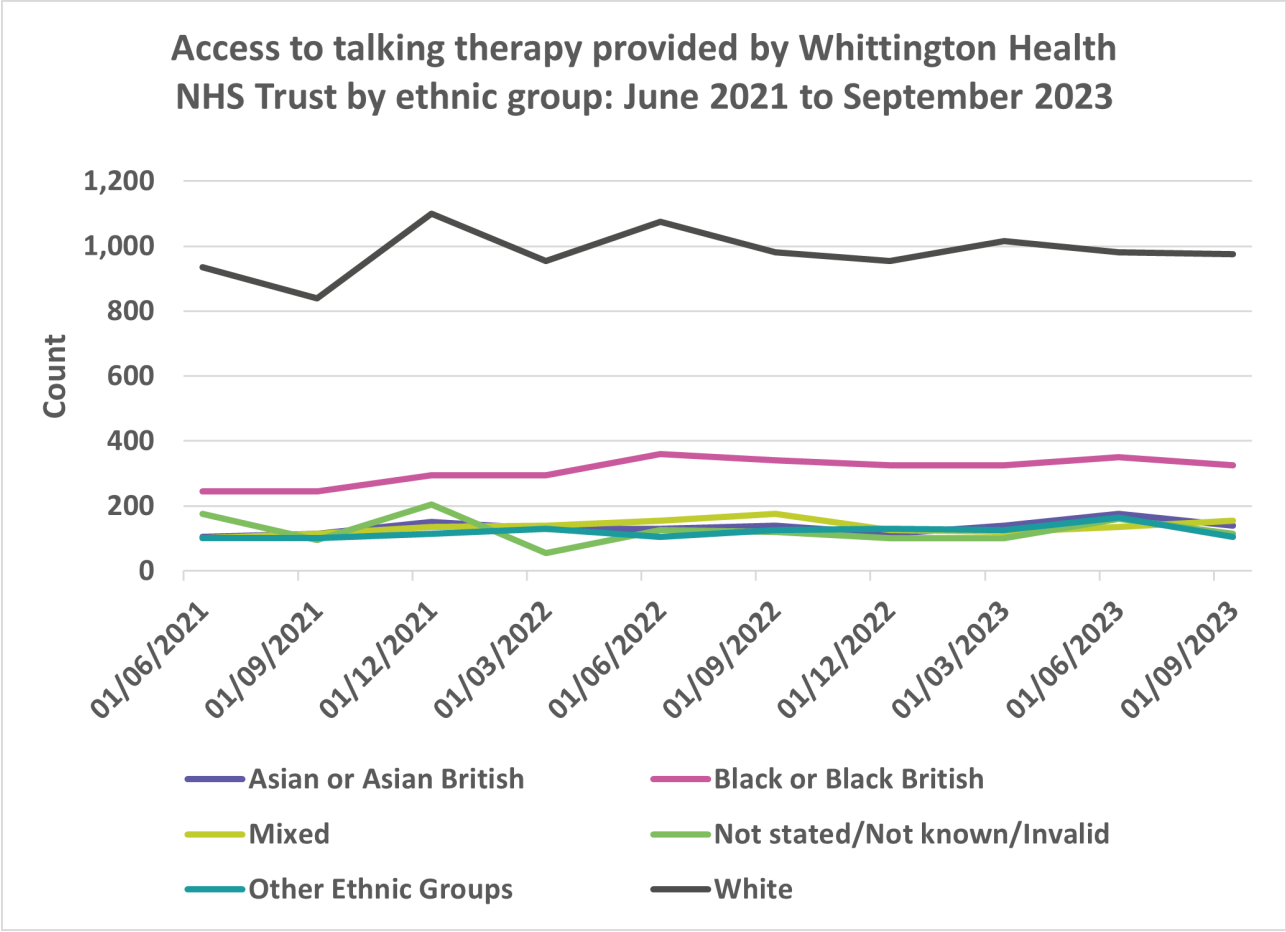


Source of data: NHS E Talking Therapies

WHAT WORKS?

Access to the NHS Talking Therapies Programme by Ethnic Group

The figure opposite illustrates the number of adults who accessed the Whittington Health NHS Trust Talking therapies programme between June 2021 and September 2023. The White Ethnic group consistently had the highest number of people accessing therapy over this period followed by the Black or Black British group. During the period June 2023 to September 2023, the White group comprised 54% of all adults accessing talking therapy and the Black or Black British group, 18%. Variations in the number of people from different ethnic groups accessing talking therapy may exist for various reasons. These could include the fact that ethnic minority groups are not referring themselves to treatment as much as the White population, or they may be being referred to community services instead.



WHAT WORKS?

Asset Based Approach

Summary of the key findings from Haringey's mental health asset mapping workshop

Workshop details and purpose

The workshop, which was held in February 2023, was developed in partnership with Haringey Council, NCL ICB, local NHS providers (including Barnet, Enfield and Haringey Mental Health Trust, Whittington Health NHS Trust and Haringey GP federation) as well as local Voluntary and Community Sector (VCS) organisations. The purpose of the workshop was to better understand the current adult mental health provision and need in the borough and to identify any gaps in service provision.

Themes explored at the workshop

The theme of partnership working and collaboration was reflected in Haringey's commitment to co-production and peer engagement, valuing contributions of those with lived experience. Openness to involve sport, exercise and physical activity in mental health support was also defined as a borough asset. It was agreed among attendees that Haringey was home to a *"committed workforce and an abundance of mental health provision offering varying levels of support"*. This strength included, but also extended beyond statutory services and into the faith communities and the VCS where good working relationships with grassroot organisations proved advantageous in supporting residents with their mental wellbeing.

Gaps in service provision and opportunities

One of the gaps discussed was a lack of accessible information on waiting times for individual interventions such as Talking Therapy and secondary mental health services.

Attendees suggested the need to improve the information available on Haringey's range of mental health interventions, support and services available.

Opportunities for greater integration between statutory and VCS grassroots organisations was suggested with pooled, long-term funding potentially supporting this.

WHAT WORKS?

Asset Based Approach

Most JSNA produced nationally have taken a 'deficit' approach focusing on mortality and illness indicators. Few have provided a balanced assessment of the assets, strengths and capacities of local communities[20]. The importance of an asset-based approach to improving the mental wellbeing of residents and building resilience is increasingly being recognised among mental health commissioners locally and nationally. Throughout the Covid-19 pandemic, local communities were vital in responding to the pandemic and interventions continued to focus on increasing social connectivity, empowerment, resilience and inclusivity. Haringey's mental health services and support can be found at the Resource Hub[21].

Haringey's Great Mental Health Programme

Haringey's multi-award winning Great Mental Health Programme addresses mental health inequalities and comprised seven separate programmes. Community-led initiatives support residents to improve personal and community wellbeing in the most deprived parts of the borough. Support provided is diverse and co-designed, empowering residents. It addresses issues like bereavement, isolation and domestic abuse. More information on the programme can be found here[22].

Suicide Prevention

To coordinate local action planning and strengthen joint working, Haringey hosts a Suicide Prevention Group (HSPG) [23]. This inter-agency partnership shapes community-based prevention planning and implementation. Broad membership includes children services, the Metropolitan Police, Barnet Enfield Haringey Mental Health Trust, British Transport Police and local charities. Data and intelligence is shared across agencies to reduce deaths from suicide and support those affected. To this effect, its members commit to actions.

WHAT WORKS?

Summary of Haringey's Great Mental Health Programme: Total Beneficiaries

Programme	Start Date	End Date	Direct Beneficiaries	Indirect Beneficiaries	Total number of Beneficiaries
Community Protect	Jul-22	Jun-22	1,780	0	1,780
Haringey Bereavement Network	Sep-21	Sep-22	271	428	699
Connected Communities Mental Health Workers	Feb-22	Feb-23	23	0	23
Good Thinking	Sep-21	May-22	5,708	391	229,080
Targeted Programmatic Advertising Campaign	Jan-22	Jul-22	29,390	338,382	367,772
nia	Sep-21	Jul-22	119	15	134
ABC Parents	Jul-21	Jun-22	232	0	232
Great Mental Health Day	28th January 2022	28th January 2022	363	0	363
Total			**37,886**	**339,216**	**600,083**

Female, residents aged 26 to 64 years represented the highest number of direct beneficiaries accessing mental health support across the seven projects.

48% of beneficiaries lived in the 30% most deprived parts of England and 26% in the 10% most deprived.

WHAT WORKS?

Case Study One: A beneficiary of the Great Mental Health Programme

The person

Stephen is a 71 -year-old gentleman who used to live with his wife but is now living on his own after his wife died last year. His sister and her family live outside London but visit him whenever is possible.

The problem or issue

Stephen got in touch asking for support with his depression, loneliness, and lack of self-esteem. This had begun 7 months earlier, prior to losing his wife, he was diagnosed with cancer which significantly limited the activities he used to enjoy doing.

- feeling sad all the time
- difficulty sleeping
- loss of appetite
- lethargic and little interest in the activities that previously gave him pleasure.
- He stopped spending time with his family and friends.

Intervention

- Weekly bereavement support group sessions
- 10 weeks 1-2-1 counselling
- 1-2-1 telephone support

'By meeting and listening to other's stories and examples of how they've been coping, I feel less alone'.

Outcome

Stephen's Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) report demonstrated a significant psychological change following engagement with the programme. Stephen found the peer support group helpful in dealing with his loneliness, depression, and low self-esteem. He still misses his wife but is attempting to embrace life and achieve his vision of a good life. He is now socialising more and leaving his house more when he is invited out. Stephen is now wearing a proper coat and hat.

WHAT WORKS?

Case Study Two: The Haringey Wellbeing Network

The Haringey Wellbeing Network is a mental health and wellbeing community support service. The network is comprised of three specialist mental health organisations and is the single point of entry for all community mental health support needs in Haringey. Support services available to adults living in Haringey are designed to help improve resilience and reduce the onset of mental health problems. The network works with its clients to improve their mental and physical health which is achieved through a programme of initiatives and activities and agreeing on a set of objectives. The service aims to help people to make positive changes in their lives.

Andy contacted the network as he had issues with seeing his GP and he was struggling with his mental health and required a mental health assessment. Andy told staff at the network that he felt that his GP was not taking him very seriously and he felt anxious that his mental health was deteriorating. Andy was an ex-drug user and an alcoholic, but he had been clean for five years. Andy is Polish and speaks limited English.

Andy felt that he wasn't receiving the right support from his GP, so staff at the network referred him to rehabilitation counselling for immediate support. Staff at the network told Andy that a haven service was available and he could contact them or be referred at any time when he felt at crisis point. Andy agreed to the referral to the haven service and he is now attending regular sessions and is benefitting from these. He was also referred to NHS Talking Therapy. A translator was provided who spoke in Polish to support Andy when he attends the therapy sessions. Staff at the network encouraged him to attend an ESOL class run by Haringey Learns, which he now attends. Andy was grateful for all the help received and feels that his mental health and wellbeing has improved as a result.

WHAT WORKS?

Suicide Prevention

The Suicide Prevention Strategy for England 2023-28[24] sets out the government's ambitions over a five-year period to:

- Reduce suicide rates
- Improve support for people who have self-harmed
- Improve support for people who are bereaved by suicide

The strategy was informed by the mental health call for evidence launched in 2022 and identifies those priority groups who are at greatest risk of suicide. The strategy identifies **common risk factors** which are linked to suicide where early intervention and tailored support is required. The risk factors include:

1. Physical illness
2. Financial difficulty and economic adversity
3. Gambling
4. Alcohol and drug misuse
5. Social isolation and loneliness
6. Domestic abuse.

Actions are set out in the strategy which will be led by government departments, NHS, VCS, and other partners to tackle the risk factors associated with suicide. Haringey's Suicide Prevention Strategy contains information on the local context and measures to reduce suicides in the borough.

RECOMMENDATIONS

Social Isolation and Common Mental Health Disorders

- Public health and VCS organisations to continue to work with residents and communities to implement targeted support to improve community connectedness with the aim of reducing loneliness through local services and asset-based approaches.

- Mental health commissioners continue to explore opportunities to support the utilisation and access to parks and green space to improve mental and emotional wellbeing among residents, including through physical activity.

- Further work with Primary Care to ensure that talking therapy and social prescribing-based programmes are designed to meet the needs of older residents who may be experiencing loneliness, isolation or other CMDs.

- Public health commissioners to identify opportunities to strengthen the links between physical and mental health professionals to achieve parity of esteem and to consider mental health issues in an inclusive and culturally sensitive way with the aim of providing more integrated services for patients.

- Further work with Primary Care to understand the variations in the data among different ethnic groups accessing talking therapy and whether any cultural and structural barriers exist which could lead to inequalities in referral, assessment and treatment of CMDs.

RECOMMENDATIONS

Self-Harm and Suicide

- Public health intelligence to obtain and analyse real time suspected suicide cluster data for 2023-24 to establish patterns in the data and inform timely suicide prevention activity.
- Public health to lead on the development of a Suicide Prevention Strategy for Haringey setting out key measures to:
    - Improve support for people bereaved by suicide.
    - Identify opportunities to reduce access to the means of suicide focusing on self-poisoning, railway suicides and in other public places.
    - Prevent suicides in people who use alcohol and drugs particularly those with a dual diagnosis.
    - Build local suicide prevention towards vulnerable and higher risk groups such as middle-aged men, older people, people experiencing domestic abuse, people experiencing financial struggles and those who are socially isolated.
- Public health to support VCS organisations bid for the £10 million national grant to develop innovative preventative services for those at-risk of suicide.

RECOMMENDATIONS

Early Help and Intervention

- Undertake a review of the digital mental health offer available in the borough and continue to promote apps such as Good Thinking to support self-management of mental health conditions.

- Continue to work with VCS partners to support Haringey's most diverse communities through network events, forums, workshops etc to understand the mental health needs of these residents.

- Apply the learning from local engagement work with the most diverse communities to re-design programmes and interventions to improve the local offer. For example, improving the offer to communities such as the Somali and Kurdish-Turkish network.

- Continue to support the design and development of health promotion programmes to tackle health inequalities and long-term conditions prevalent amongst people with SMI.

- Further partnership work to expand the existing offer to support residents experiencing mental health challenges into work and to help them sustain employment in the longer term.

RECOMMENDATIONS

Dementia

- Continue to work with communities, VCS and statutory sector partners in the care system and GP practices to improve dementia awareness (particularly to under-served communities and groups) through the Age Well Training/Awareness Programme being rolled out as part of developing a Dementia Friendly Borough.

- Promotion of information and advice such as the provision of support packs for older residents in the borough covering the signs of dementia and post diagnostics support as part of Age Well guides.

- Work with practices to improve their dementia diagnostic rates and reduce any unwarranted variation in identification, treatment, clinical practice and patient review associated with dementia.

- Improve post diagnostic support for people with dementia and their carers including the provision of accessible and timely information to understand their needs, navigate the solutions that might help them and know what to do in crisis. This includes improving accessibility and timeliness of access to these services, as well as extending the scope of these services.

- Improve access to advanced care planning and Universal Care Plans for people with dementia and carers to prepare for the future including end of life services.

- Work towards a dementia friendly Haringey encouraging organisations and services to sign up to the programme.

FURTHER INFORMATION

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16. Age UK reported figures of wave 12 of Understanding Society report. Collected 2020-22
17. Adult Social Care Outcomes Framework, based on the Personal Social Services Adult Social Care Survey, NHS Digital.
18. Department of Health, No Health Without Mental Health: A cross-government mental health outcomes strategy for people of all ages
19. Haringey Age Well Strategy 2019-2023 (Living with Dementia section)
20. NHS Confederation, The Joint Strategic Needs Assessment: A vital tool to guide commissioning, July 2011, Issue 221

FURTHER INFORMATION

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22. Haringey's Great Mental Health Programme: https://www.haringey.gov.uk/social-care-and-health/health/public-health/mental-health-and-wellbeing/great-mental-health-haringey#what

23. Haringey Suicide Prevention Group: https://www.mindinharingey.org.uk/our-services/suicide-prevention/

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About Haringey's JSNA

Haringey.gov.uk brings together information held across the organisations into one accessible place. It provides access to evidence, intelligence and data on the current and anticipated needs of Haringey's population and is designed to be used by a broad range of audiences including practitioners, researchers, commissioners, policy makers, Councillors, students and the general public.

This factsheet was produced by Rick Geer, Public Health Intelligence Specialist and Paul Allen, Head of Integrated Commissioning, with contributions from many other colleagues and approved for publication by Dr Chantelle Fatania in June 2024.

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