



Lambeth Black Health and Wellbeing Commission

# FROM SURVIVING TO THRIVING

# Black Health and Wellbeing Commission

June 2014

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## **COMMISSION FOREWORD**

Since the Windrush generation arrived in the 1950s Lambeth has been home to the UK's biggest black community. Many people of African and Caribbean origin have thrived here and make a massive contribution to our cultural and economic life.

Despite the successes inequality remains, particularly for people of Caribbean descent, and in mental health and wellbeing this inequality is most obvious.

Black Caribbean people make up 7% of the population registered with Lambeth GPs and yet account for 17% of people with serious mental illnesses. Other black groups are also over-represented amongst those with serious mental health conditions and the disproportionate numbers get higher the more severe the diagnosis and treatment setting. Whilst 26% of people in Lambeth identify as Black African or Caribbean, 50% of Lambeth residents in high secure and 67% in low and medium secure psychiatric detention are from these groups. 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.

These kinds of figures and the coroner's report into the 2008 death of Sean Rigg prompted the borough's newly formed Health and Wellbeing Board to establish this Commission to look at improving prevention and treatment of mental illness amongst our black residents.

After months of taking evidence we have concluded that whilst many people and services are doing their best there is too little emphasis and investment in preventing illness, intervening early and supporting people in the community. Two thirds of the nearly £70 million spent in the borough on mental health goes into hospital care and only a tiny fraction is spent on prevention.

Examining education and support for our young people shows the potential benefits of investing more heavily in prevention and early intervention. Half of all lifetime mental health conditions start before the age of 14 and 75 per cent before the age of 24. In Lambeth it is estimated there are 4,728 children (under 16-year-olds) with a mental health condition and yet only 799, just 17%, are receiving Children and Adolescent Mental Health Services (CAMHS) support. That means that 83 per cent of our children with a mental health condition are not being treated by CAMHS.

Public health officials told the Commission that for every £1 spent on social and emotional education, building mental health resilience in children, £84 is saved in the longer term. Despite that fact the Department for Education scrapped the Ofsted inspection requirement to ensure the 'wellbeing' of pupils. Unlike schools in Scotland, Wales and Northern Ireland this means that children in England often miss out on social and emotional education. In Lambeth we should be ensuring that all our children are educated this way and that if they do become unwell that they get the professional support they need as early as possible. Parents too need the right skills and support to ensure future generations can cope better with the stresses of life.

People from the black community are disproportionately exposed to factors, like poverty, that increase their likelihood of developing a mental illness. Everyone in Lambeth needs to work

together to eradicate poverty, poor housing, abuse, substance misuse and lack of opportunity. These are big challenges but if we start by improving social and emotional education, early intervention and the experience of those with mental illness we will reduce one of the starkest areas of inequality in the borough.

Black people in Lambeth do not constitute a single, homogenous group but we as a whole community cannot ignore the evidence that shows people of African and Caribbean descent are suffering disproportionately when it comes to mental health. We are also well aware that mental illness is not confined to black people and the changes we suggest should benefit everyone in Lambeth regardless of their background.

We would like to take this opportunity to thank all of the Commission members, witnesses and people who attended the consultation event who gave freely of their time and experience.

**Cllr Edward Davie**

**Cllr Jacqueline Dyer**

## RECOMMENDATIONS

### **Prevention: promoting and improving health and wellbeing**

#### **Recommendation 1**

Lambeth's services must continue to develop a co-operative approach with residents to support and empower each other in order to enjoy better health and wellbeing. This should be underpinned by a long-term, integrated plan to ensure the best use of resources in creating and sustaining a life-course approach that supports people from conception to the end of their lives. Alignment with Lambeth parallel strategies and programmes e.g. Child and Adult Safeguarding, Lambeth Early Action Partnership will also contribute to improved outcomes.

#### **Recommendation 2**

To tackle the social pre-determinants of illness the Health and Wellbeing Board (HWB) and its members should work together to ensure:

- A Lambeth Housing Standard accommodation that is fit for purpose for everyone;
- A 'good' or 'outstanding' (as defined by Ofsted inspectors) 'whole school' (as defined by National Institute for Clinical Excellence [http://www.nice.org.uk/niceMedia/documents/whole\\_school.pdf](http://www.nice.org.uk/niceMedia/documents/whole_school.pdf)) place for all;
- A London Living Wage paid job or training for everyone;
- That there is a mechanism to assess all policies to ensure that there has been proper regard to their impact on health and wellbeing.

#### **Recommendation 3**

People in the community should be trained to promote good mental, physical and financial health and sign post people to relevant support services. Developing peer support in GP surgeries or the use of Health Champions (like those piloted by Well London) should be considered to unlock the power in communities across all age groups (inter-generational) and create supportive networks and environments.

#### **Recommendation 4**

All Lambeth schools should teach children about staying mentally and physically healthy and what to do if they start to feel emotionally unwell. This should be supported by a 'Lambeth Education Wellbeing Charter' to promote social and emotional wellbeing. Schools should also develop relations with local mental health services to ensure good relations, timely and appropriate sign-posting/referrals. Lambeth schools should take a 'whole school' approach to health and wellbeing as defined by National Institute for Clinical Excellence [http://www.nice.org.uk/niceMedia/documents/whole\\_school.pdf](http://www.nice.org.uk/niceMedia/documents/whole_school.pdf).

#### **Recommendation 5**

The Health and Wellbeing Board should develop a robust strategy to educate young people about the psychologically damaging impact of drugs, alcohol, violence, abuse and gangs. More support, including peer support and mentoring, should be targeted to those who are demonstrating risky behaviour and who want to change. It is important to note that girls join gangs for different reasons to boys and the route out of them is also different - The Centre

for Mental Health has done some noteworthy work on this area: [http://www.centreformentalhealth.org.uk/pdfs/A\\_need\\_to\\_belong.pdf](http://www.centreformentalhealth.org.uk/pdfs/A_need_to_belong.pdf)

### **Recommendation 6**

More needs to be done to ensure that the make-up of every Lambeth school reflects the local community it serves. An investigation should establish why some communities may be under/over represented in local schools and what practical steps can be taken to address it.

### **Recommendation 7**

The Health and Wellbeing Board should examine how communities and public services can further reduce teenage pregnancies.

### **Recommendation 8**

All parents, but particularly those in high risk groups, should be encouraged and given the opportunity to improve their parenting skills. The Health and Wellbeing Board should look at scaling up existing parenting skill initiatives and examine using models like 'peer parenting', 'empowering parents, empowering communities' and ensure these are a universal offer rather than stigmatising particular groups like the 'troubled families' initiative. 'Empowering parents, empowering communities' is a community-based programme, training local parents to run parenting groups in schools and children's centres. Developed in Southwark over the last 10 years, the programme has received a national Sure Start award for innovation and user involvement. The model assumes that parents find it less stigmatizing and more supportive to attend parenting groups run by local people who are in very similar circumstances to themselves. The Centre for Mental Health has done some noteworthy work on this area: [http://www.centreformentalhealth.org.uk/pdfs/Parents\\_voices.pdf](http://www.centreformentalhealth.org.uk/pdfs/Parents_voices.pdf)

### **Recommendation 9**

Provide extra support such as mentoring and professional help to parents who:

- Are young (teenagers);
- Have a mental health condition;
- Have a drug and/or drink problem;
- Have issues with violence or abuse, including sexual violence;
- Are living in poverty;
- Have been involved with the criminal justice system.

### **Recommendation 10**

Lambeth Council and other agencies work to reduce the harm caused by seeking to limit the availability of:

- Off licence alcohol;
- Very high interest, pay-day type loans;
- Fixed odds betting terminals.

### **Recommendation 11**

Proper attention should be paid to the physical health of people with mental health conditions and vice versa. This would include those with chronic physical health conditions. Mental health service users should be offered a physical health check up and given support to improve diet and exercise and, where appropriate, to stop smoking, harmful drinking and

drug use, address sexual violence . The British Heart Foundation have just published a new guide 'Everyday Triumphs' to encourage mental health service users to be physically healthier and this should be given to everyone in this category in Lambeth.

### **Recommendation 12**

The Health and Wellbeing Board should intensify work with the borough's sporting and cultural institutions like Surrey County Cricket Club, Brixton Top Cats, South Bank Centre, the Old Vic etc to ensure that all children and young people have access to high quality sporting, arts and leisure opportunities.

### **Recommendation 13**

A sense of pride in Lambeth and its people, particularly its black people, should be promoted further. The opening of the Black Cultural Archives (BCA) in Windrush Square offers new opportunities and one action could be to investigate funding options for a mural (possibly on the gable end of the building between the BCA and the Tate library) depicting the history of Lambeth and people connected with it such as Mary Seacole, Nelson Mandela, Olive Morris, David Bowie, Violette Szabo, William Blake etc

### **Recommendation 14**

Lambeth Clinical Commissioning Group (CCG) should build on the social-prescribing model (linking people up to activities in the community that they might benefit from) such as that developed by the Lambeth GP Food Co-Op which uses unused land around GP surgeries to build a garden and grow food. GPs can 'prescribe' for patients to get involved in food growing providing healthy food, social opportunities, strengthening community etc. Arrangements should be sought with other schemes like the Crystal Palace mental health football team, Blockworkout community fitness, local arts initiatives like Cooltan Arts and institutions like the Royal Festival Hall, Old Vic, Southbank, Tate Britain/Modern etc. If GPs and other professionals were able to 'prescribe' courses and activities with these kinds of providers in addition to medication and talking therapy it would create more choice and enable people to come out of isolation and learn new skills. This approach could be reflected within the Lambeth CCG's "Transforming Primary Care" strategy.

## **Access to appropriate services**

### **Recommendation 15**

The eligibility threshold for accessing Children and Adolescent Mental Health Services (CAMHS) needs to be significantly lowered and flexible provision made for those currently deemed not suffering from a 'serious enough' mental illness. Major efforts should be made to ensure that groups under-represented as CAMHS clients are given the support they need. This approach could be incorporated into the refresh of the local CAMHS strategy.

### **Recommendation 16**

The Health and Wellbeing Board should look at improving the transition between CAMHS and adult services and ensure this is linked with other transitions like moving out of care or criminal justice settings.

### **Recommendation 17**



The Well Centre for young people in Streatham is a model that should be examined carefully to see if other areas of the borough would benefit from similar provision and if so the approach should be rolled-out.

#### **Recommendation 18**

NHS Lambeth Clinical Commissioning Group (CCG) should ensure that the mental health services which it commissions are provided where possible within GP surgeries or in the locality. Where BME attendances at GPs are low work should be done to counter this.

#### **Recommendation 19**

NHS England and NHS Lambeth CCG should collaborate to reduce the variability experienced by service users in response to mental health problems when they attend primary care in Lambeth. Patients should be able to expect equivalence of standards of care; parity of service offer and appropriate timely sign posting to peer support, voluntary sector, secondary care and crisis services. For people who are particularly vulnerable sign posting will not be enough and link-workers may be needed to support them.

#### **Recommendation 20**

NHS Lambeth CCG should work with member practices to develop local practice networks. These networks should (1) ensure that where a practice cannot offer a mental health service that the service will be available in a neighbouring practice and (2) begin to develop links with the local community organisations.

#### **Recommendation 21**

NHS England and Lambeth CCG should also be working more closely together to eliminate (unless for good clinical reasons) the practice of treating Lambeth residents in areas with very different ethnic composition like Bromley.

#### **Recommendation 22**

Community leaders in places like churches, mosques, community centres, barbers and hairdressers should be offered training in 'mental health awareness training'; recognising mental ill health; providing basic counselling, training in mental wellbeing and sign-posting people to professional help. As the mental health provider South London and Maudsley NHS Foundation Trust (SLaM) should also facilitate working with community leaders. Mechanisms should also be established for coproduction between members of the community and SLAM. There should also be mental health training for other professionals, such as physiotherapist and district nurses, so that they can signpost their patients.

#### **Recommendation 23**

SLaM should also establish links with people working in the community, like community centres, tenants and residents groups, Brixton Soup Kitchen, and Blockworkout for example, so that individuals are linked to professionals and more people who are identified as needing help can be supported to access it.

#### **Recommendation 24**

Lambeth CCG needs to ensure that through its commissioning plans talking therapies, and a wide range of therapeutic approaches (including Mindfulness training, a mind-body based approach that helps people change the way they think and feel about their experiences, especially stressful experiences) are made available to everyone who need it when they need it.

**Recommendation 25**

More needs to be done to recruit, train and employ Black Caribbean clinical staff to support our diverse community. Across our local NHS Trusts there should be a commitment to target and stimulate local employment and maximise opportunities to recruit, develop and support local staff. To support the development of a professional clinical workforce that is reflective of the demographic population of Lambeth, Trusts should work more with schools to give our young people an understanding and experience of career opportunities within the health sector and create avenues into employment for them.

**Recommendation 26**

To support and sustain recovery and help gain confidence to engage in everyday social and workplace activities, people with mental ill health must have access to excellent and supportive training which improves literacy, numeracy, IT, communication and confidence skills. Our large group of black service users should be supported through Individual Placement Support and the Recovery College to use their unique experience to gain employment. Commissioners should work with both statutory (including Job Centre Plus; Adult Education) and community providers as well as users and carers to ensure that tailored support is available and in a setting and environment that people will be happy to access.

**Recommendation 27**

More needs to be done to educate Lambeth residents about mental ill health in order to improve understanding and reduce stigma. A good first step would be to arrange a 'Time to Change' (national anti-stigma campaign) village to visit Brixton. Stalls showcasing this Commission's recommendations or providing mental health education could also be provided at events like Brixton Splash and the Lambeth Country Show. Ongoing work to tackle mental health stigma and discrimination within services and our communities must be promoted.

**Recommendation 28**

Local African and Black Caribbean community members need better access to high quality information about what is available locally and nationally to support their aspirations. The opening of the Black Cultural Archives should be used as an opportunity to take this forward and the Health and Wellbeing Board should use its influence to work with the BCA.

**Patient experience – improving the care and support experience****Recommendation 29**

The Independent Commission on Mental Health and Policing (2012) recommendations, which aim to improve police leadership, police frontline work and working together with stakeholder community, must be fully implemented locally, monitored and reviewed regularly. The Health and Wellbeing Board should work with the relevant council cabinet lead to maintain an overview on progress in Lambeth. Additionally recognising that the police and the health and care services have strong shared interests and need to work together to manage issues such as mental health, the Health and Wellbeing Board should consider inviting a representative from Lambeth Borough Police Senior Leadership Team to be a

member of the Board. This would also encourage a joined up approach to a range of public health issues.

### **Recommendation 30**

Metropolitan police officers should be trained with black African and Caribbean mental health service users, whom are local residents, so that they relate to people with mental health conditions and respond appropriately to situations involving these people. This should include training on de-escalation techniques. Gaining resources from the Liaison and Diversion scheme should be investigated.

### **Recommendation 31**

Mental health providers should aim to abolish physical restraint and minimise forced treatment. Training and techniques developed to support mental health professionals diffuse and de-escalate situations should be provided to all front line mental health staff. The 'Respect' training and techniques developed by NAViGO to support mental health professionals diffuse situations without having to resort to physical restraint should, in particular, be examined for useful lessons learnt.

### **Recommendation 32**

All calls made to the police from a mental health ward/premises where officers are called to attend to assist in the restraint/control of patients should be treated as a serious incidents, and all serious incidents where the police are involved should be reported to both the Health and Wellbeing Board and to the CCG.

### **Recommendation 33**

The Commission recognises and commends the work of the Lambeth Living Well Collaborative Services and strongly supports moves that enable service users and carers to design and deliver their own services. A good example of delivering services is Dial House, a survivor-led crisis service in Leeds which now has a BME specific centre in Chapeltown. The Board should consider whether a similar service would benefit Lambeth residents.

### **Recommendation 34**

Everyone being treated for a serious mental illness should be given access to support from trained peer-supporters who have recovered from similar conditions.

### **Recommendation 35**

We suggest that Healthwatch Lambeth set up a sub-committee (or whatever mechanism they deem appropriate) to monitor mental health services as they relate to the black community in Lambeth including implementation of the recommendations set out in this report.

### **Recommendation 36**

SLaM should form a local, independent advisory group that builds trust and relationships and seeks to address the concerns of the African and Black Caribbean local community in particular.

### **Recommendation 37**

SLaM and NHS England should ensure that excellent and clear patient experience data, with ethnicity data included, is available in an easy to compare format (e.g. website) to enable service users, carers and commissioners to make informed choices.

**Recommendation 38**

Where National Institute for Clinical Excellence (NICE) guidelines exist Lambeth CCG and SLaM should ensure that all treatment adheres to them.

**Recommendation 39**

Public services should proactively identify those who care for people with mental health conditions including young carers and offer appropriate support.

**Recommendation 40**

Following the well-attended black health and wellbeing event held at Lambeth Town Hall on 15 March 2014 a further event should be planned to update interested parties; build momentum for the implementation of the findings and report on progress. A database of interested community members has been established to support this endeavour.

## 1. INTRODUCTION

1.1 In October 2012 Lambeth Council's Health and Adult Services Scrutiny Committee (HASCC) examined the coroner's report into the death of Sean Rigg – a local, black, mental health service user who died in police custody in 2008.

1.2 Having taken evidence from Sean Rigg's sister Marcia and South London and Maudsley NHS Foundation Trust (SLaM) the committee decided the borough needed to do more to address the issue of relatively poor mental health and outcomes amongst black African and Caribbean residents.

1.3 Overrepresentation of young African and Caribbean men in mental health services was a particular concern. Historically and currently, figures have shown that black people are over-represented at each heightened level in the psychiatric process and they are more likely to be treated as inpatients and sectioned when compared to other groups. The statistics are stark:

- National research has found a 15-fold difference in Severe Mental Illness [SMI] between prevalence in black men (3.1%) compared with white men (0.2%) (SMI - mainly psychotic disorders; schizophrenia and bipolar disorder)<sup>1</sup>. Other studies have found that incidence rates (the number of new cases a year) are also higher in black populations.
- The Health and Social Care Information Centre found that during 2012-13 about 42% of all white inpatients in England were subject to some form of restriction under the Mental Health Act but about 70% of black inpatients were subject to a form of compulsory detention.
- The 'Count Me In' census in 2011 found that black groups are 40% more likely to access mental health services via a criminal justice system gateway.
- The 2014 Time to Change Viewpoint Survey shows a shocking 93% of people from Black and Minority Ethnic communities who have mental health problems face stigma and discrimination because of them - showing the damaging combination of racial and mental health discrimination that many people with mental health challenges face.
- Lambeth Black Caribbean research 2013 identified dissatisfaction amongst Lambeth's Black Caribbean residents in various areas including social services, education, employment and equalities.

1.4 Locally the current proportion of Lambeth black men in low and medium secure detention is 67% and in high secure 50%.<sup>2</sup> (About 26% of Lambeth people considered themselves to be of black ethnicity in 2011 - just under 10% considered themselves to be black Caribbean and about 12% black African and a further 5% were also of black origin).

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<sup>1</sup> ONS Adult Psychiatric Morbidity Survey (APMS) In England 2007. This is a household survey published in 2009. <http://www.ic.nhs.uk/statistics-and-data-collections/mental-health/mental-health-surveys/adult-psychiatric-morbidity-in-england-2007-results-of-a-household-survey>

<sup>2</sup> Figures reported to the Commission by Lambeth CCG January 2014 (and referenced throughout this report)

- 1.5 The overrepresentation of people from Caribbean and African communities in adult mental health services continues to be an ongoing concern amongst the community.
- 1.6 Misconceptions and stereotypes have also led to perceptions that this group is more likely to pose a risk and more likely to be sectioned when compared to other groups. This has led to a fear of talking about mental health issues more openly and a fear of using mental health service.
- 1.7 These misconceptions and stereotypes cut both ways with some black residents, understandably, fearing mental health services then staying away from them until their mental health condition has deteriorated to a degree where a good outcome is less likely.
- 1.8 There is no single cause of any mental illness, although there is a recognition that the wider determinants of good mental health are intertwined with social, economic and environmental conditions and factors such as poverty and unemployment, poor housing or homelessness, trauma, bullying or harassment can contribute or trigger mental illness. Mental health among young people is increasingly associated with life chances and linked to issues of deprivation and disadvantage. Unemployment amongst young black men is significantly higher than for other groups and socio-economic deprivation including low paid work, unemployment and homelessness is a significant risk factor for depression in men. The national survey cited above found that men in the lowest income bracket were three times more likely to have a common mental disorder than those in highest income households.
- 1.9 Lambeth has high levels of deprivation which impacts on the health of its population and one of the highest levels of mental health in England. About 4,500 adults are known by their GP to have severe mental illness and the numbers of people who have SMI is higher than the average in London and significantly higher than rates across England (table 1). In Lambeth there are higher rates of homeless households and unemployment, poorer average rates of education, higher rates of violent crime and relatively high rates of looked after children all of which contribute to higher risks of mental ill health.

Table 1

<b>Area</b>	<b>Period</b>	<b>Number of registered patients aged 16 or over</b>	<b>Number with Severe Mental Illness</b>	<b>Detection rate (%)</b>
Lambeth	2012/13	304,464	4,548	1.5%
London	2011/12	7,178,822	89,289	1.2%
England	2011/12	45,284,513	452,608	1.0%

- 1.10 The committee agreed it was unacceptable that such wide health inequalities were allowed to exist, apparently, unchallenged in a borough with one of the largest black populations in the country. Previously the Lambeth Council Report of the Race Scrutiny Commission (2003) provided the council with a “clear steer to move the equalities and diversity agenda forward for the benefit of all staff and service users” through a set of 21 recommendations, however these were not fully implemented to date.

- 1.11 Health and Adult Services Scrutiny Committee recommended that the, then shadow, Health and Wellbeing Board examine practical ways of improving mental health prevention and services, with this particular group in mind. The Board accepted this recommendation and asked Cllr Davie, as HASSC chair with experience working for a mental health charity, to take this work forward.
- 1.12 The aim of the Black Health and Wellbeing Commission is to improve the outcomes for members of the black community experiencing mental health problems and ensure that services in Lambeth are designed and delivered in a way that meets their needs.
- 1.13 The Commission was established in October 2013. The Commission's 10 members comprise service users and carers, health service representatives and councillors from all three political parties represented on Lambeth Council when the Commission was established (*Cllr Clare Whelan was a member of the commission but stood down from the Council in May 2014 before this report was finalised*). The Commission agreed that it would focus on the black African and Caribbean community and mental health specifically rather, than Black and Minority Ethnic (BME) populations generally, recognising that there were particular issues for the black population in Lambeth and that BME populations do not comprise a single homogenous group. However in getting the learning right for a dedicated population those best practice principles could be applied across all population groups.
- 1.14 The Commission took as its base point the government's mental health strategy. 'No health without mental health'. Published in February 2011 this set out a vision for both improved mental health for all and better support for people with mental health problems. The strategy sets out six objectives to improve the mental health and wellbeing of the nation and to improve outcomes for people with mental health problems through high quality services:
- More people will have good mental health;
  - More people with mental health problems will recover;
  - More people with mental health problems will have good physical health;
  - More people will have a positive experience of care and support;
  - Fewer people will suffer avoidable harm;
  - Fewer people will experience stigma and discrimination.
- 1.15 The Commission agreed to set the context for its enquiry against whether the objectives of the mental health strategy are being delivered for the black community in Lambeth. In particular it focussed its investigations around three key questions:
1. How can we improve prevention and reduce stigma;
  2. How can we improve access to services (early intervention through to crisis);
  3. How can we improve the patient experience.
- 1.16 The Commission held five evidence gathering sessions and also considered a wide range of supporting papers. As part of the evidence gathering the Commission held a

public engagement event at Lambeth Town Hall in March 2014. This weekend event was attended by about 150 people including service users and carers, members of the public, representatives of community organisations, and mental health commissioners and service providers. Lambeth Clinical Commissioning Group (CCG) funded the public event with the council supporting in kind and the Commission members would wish to thank everyone who attended and all the individuals who have contributed during the course of this review.

1.17 The Commission's findings and recommendations are set out below.



## 2. PREVENTION: PROMOTING AND IMPROVING HEALTH AND WELLBEING

2.1 A clear message that came across in the review was the desire to reduce reliance on institutional care for mental illness and increase prevention and early intervention to improve access to support for everyone at the earliest possible stage. The consistent message is that people do not want to be treated in hospital but seek more peer support, befriending, talking therapies and that support be available in a community setting as and when needed. However feedback at the public stakeholder event is that there is a disconnection between what people want and what is available or offered.

2.2 There was also a huge enthusiasm at the stakeholder event for greater community involvement in the development of services. This enthusiasm needs to be harnessed with a greater emphasis on identifying and supporting community initiatives and empowering communities to take a lead. Community-driven, culturally appropriate programmes are critical for eliminating disparities and inequalities in health.

2.3 It is fair to say that there is an active approach across health and social care sectors in Lambeth to move care out of hospitals and into primary and community settings. A service change programme in adult mental health is currently underway which aims to transform the current crisis dominated service response to one of early intervention and recovery. Key principles for this re-design include improved access both in primary care and to secondary care assessments and treatment when needed; more and better information and guidance; and easier access to social and community support options including peer support. This is being led through the Lambeth Living Well Collaborative (LLWC). The LLWC launched in June 2010 and brings together users, carers, voluntary and community sector, GP's/primary care, SLaM, Lambeth council and NHS commissioners.

2.4 The Collaborative was established with an ethos of applying the principles of co-production to its commissioning of delivery of care and support. It has agreed three key outcomes for people experiencing mental health problems:

- To recover and stay well and experience greater quality of life and improved physical and mental health;
- Make their own choices and achieve personal goals;
- Participate on an equal footing in daily life.

2.5 The annual spend on adult mental health service across health and social care in Lambeth is £66m<sup>3</sup>. This includes:

- £43m spend on secondary care, predominantly with SLaM (and a small proportion with St Georges Mental Health Trust). This includes provision of 72 acute psychiatric beds and 40 rehabilitation beds;
- £3m spend on talking therapies. The service managed by SLaM combines Improving Access to Psychological Therapies (IAPT) and primary care counselling;

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<sup>3</sup> Lambeth CCG/The Collaborative System Resource Map Adult Mental Health 2013/14

- £12m is Lambeth Council spend on adult mental health. This covers social workers and practitioners based in the community mental health team, as well as social care packages of support and, spot placements (mainly based in Lambeth) and the Supporting People programme;
- £6.5m is voluntary and community sector provision (including £3.4m local authority funding for supporting housing/independent living). This covers 20 voluntary sector providers and 50/60 services.

2.6 There are two further key components of the local mental health service.

2.7 Child and Adolescent Mental Health Services (CAMHS) is a broad term embracing all services that contribute to the mental healthcare of children and young people including general practice (GP), school and social work support for less severe problems (Tier 1) but specifically specialist NHS services (Tier 2 – 4) which offer assessment and treatment when children and young people have more severe emotional, behavioural or mental health difficulties. CAMHS work with children and young people up to the age of 18.

2.8 Children and young people and their families can be referred to specialist NHS CAMHS if children are finding it hard to cope with family life, school or the wider world and if these difficulties are too much for family, friends or GPs to help with. Types of problems CAMHS can help with include violent or angry behaviour, depression, eating difficulties, low self-esteem, anxiety, obsessions or compulsions, sleep problems, self-harming and the effects of abuse or traumatic events. CAMHS can also diagnose and treat serious mental health problems such as bipolar disorder and schizophrenia.

2.9 Mental disorder in childhood leads to poorer outcomes and inequalities in adulthood e.g. higher levels of unemployment and lower earnings, higher risk of crime and violence and higher rates of adult mental disorder which in turn leads to higher rates of smoking, alcohol and drug abuse, increased risk of physical illness and reduced life expectancy. As 50% of lifetime mental health disorders (excluding dementia) start by the age of 14 and 75% by the age of 24, mental health promotion, prevention and early interventions are estimated to be able to prevent 25-50% of lifetime disorder. It is therefore important to maximise mental health promotion and preventative activity as well as treatment at an early age when problems arise to help prevent more severe problems in later life.

2.10 However an issue raised with the Commission was the high eligibility criteria to CAMHS which prevent access until problems are extremely severe, despite general acknowledgement of the importance of early intervention.

2.11 Forensic mental services are mainly for people who have been sentenced to psychiatric units and have been in contact with the police, court or prison service. Since April 2013 forensic services have been commissioned by NHS England; prior to this, services were commissioned via Lambeth Primary Care Trust (PCT). This represents £20m spend locally. Lambeth PCT (and now the CCG) had been seeking to decommission high secure services and move forensic mental health towards

community services to better divert funds and facilitate care pathways. However there have been reduced opportunities for working this through now that NHS England has responsibility and funding for forensics. Whilst it was recognised that there has always been some fragmentation around care pathways there is a need for better join-up to support community care pathways into wellbeing. However the Commission heard that NHS England engagement with Lambeth CCG commissioners has been limited. Of particular concern to the Commission was that services are now being commissioned on a pan-London, rather than local, arrangement, and services for Lambeth residents are now being provided in Bromley. It was not considered that the environmental and cultural circumstances where treatment was now delivered were reflective of borough residents' experience. This is particularly an issue in view of the high representation of young black men in forensic mental health services. Lambeth CCG is working with NHS England (London) to resolve this issue.

2.12 But it is also recognised that delivering good mental health for all our populations is wider than a single service and giving better life chances to all requires an inclusive approach – mental health services collectively cannot do everything; nor should they work in isolation from other public services or from communities. At a time of severe financial constraints there is also the need to ensure that the very best use of available resources is made with integrated, co-operative working across partnerships and communities to support and empower each other to ensure better health and wellbeing for all.

2.13 The social determinants of health are described by the World Health Organisation as 'the conditions in which people are born, grow, live, work and age' - the social, economic and environmental conditions that influence the health of individuals and populations. They include the conditions of daily life and the structural influences upon them. They determine the extent to which a person has the right physical, social and personal resources to achieve their goals, meet needs and deal with changes to their circumstances.

2.14 Some of the factors that contribute to mental illness include:

- Trauma suffered as a child, such as emotional, physical, or sexual abuse;
- An important early loss, such as the loss of a parent;
- Emotional and, or physical neglect;
- Difficulty in communicating or relating to others.

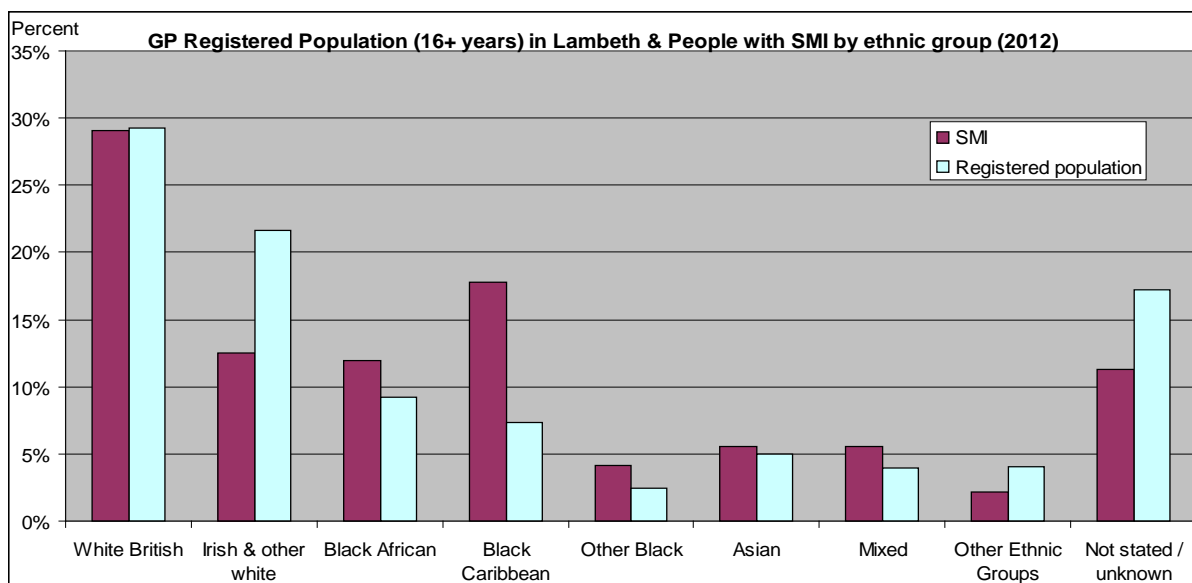
2.15 Environmental factors or stressors that may trigger mental illness in a person who is susceptible include:

- A difficult or chaotic family life including domestic violence;
- Death or divorce;
- Unemployment;
- Work place stress/unfair treatment;
- Bullying or harassment;
- Substance misuse by the person or the person's parents;
- Poor housing or homelessness;
- Poverty and socio-economic deprivation.

2.16 In Lambeth over 25,500 adults (8.3% of GP population) are known to their GP as having depression; however national estimates suggest that at any one time 16.2% of adults have symptoms of Common Mental Disorder (CMD) [anxiety, depression, panic attacks, obsessive compulsive disorder etc]. If applied locally this national estimate in Lambeth works out at an average of 41,700. National surveys do not find black people to be at increased risk of CMD, however as identified above people of black origin are more likely to be disadvantaged from a social and economic perspective arguably putting them at higher risk of CMD. Additionally the higher levels in representation at severe mental illness suggest that black African and Caribbean men are not seeking medical health support for mental health problems, or not identifying themselves as having problems, at an early stage.

2.17 The following (table 2) shows the ethnicity of the adult GP registered population in Lambeth compared with people known to have Severe Mental Illness (SMI). The figure shows that black, mixed and Asian groups are at higher risk of SMI than the white British population (although the extent of missing or unknown data should also be noted). This is particularly the case for black Caribbean groups where although they form only about 7% of GP registered adults in Lambeth they form about 18% of people on the SMI register i.e. more than twice what would be expected.

Table 2



2.18 The Commission also heard that mental health is only one aspect of a person's life. The Commission met with Dr Frank Keating, whose research work focusses on the relationships between African and Caribbean communities and mental health. He considered that working to change mental health services has to be linked with changing the overall situation of black and other minority ethnic groups. Much of the racism and discrimination that people from black African and Caribbean communities face has an historic context and is a reflection of the structural inequalities within society.

2.19 More must therefore be done by organisations not only those directly in healthcare but also in other sectors working collaboratively to reduce the causes of ill health and address the environmental and economic factors that contribute to poor mental health by tackling poor housing, unemployment and poverty. Recent changes to the public health system enable the delivery of a more co-ordinated response to health and wellbeing across council departments/clusters, however there is a risk that public health remains sidelined as a health issue rather than underpinning all that is done.

2.20 The UK Mental Health Outcomes Strategy (2011) highlighted the Mental Wellbeing Impact Assessment (MWIA) as a tool to support the integration of mental wellbeing into practice. MWIA is systematic approach to assessing how proposals, programmes, services, employers and projects can capitalise on opportunities to promote mental wellbeing, minimise risks to wellbeing and identify ways to measure success in achieving wellbeing.

2.21 A robust approach is needed and the Commission considers that the Health and Wellbeing Board is well placed to take a lead and ensure that public services individually and collectively are addressing the contributory factors to mental wellbeing and working with residents, providers and contractors to implement good practice, and leading by example with their own organisations.

#### **Recommendation 1**

Lambeth's services must continue to develop a co-operative approach with residents to support and empower each other in order to enjoy better health and wellbeing. This should be underpinned by a long-term, integrated approach to ensure the best use of resources in creating and sustaining a life-course approach that support people from conception to the end of their lives. Alignment with Lambeth parallel strategies and programmes e.g. Child and Adult Safeguarding, Lambeth Early Action Partnership will also contribute to improved outcomes.

#### **Recommendation 2**

To tackle the social pre-determinants of illness the Health and Wellbeing Board (HWB) and its members should work together to ensure:

- A Lambeth Housing Standard accommodation that is fit for purpose for everyone;
- A 'good' or 'outstanding' (as defined by Ofsted inspectors) 'whole school' (as defined by National Institute of Clinical Excellence) place for all ;
- A London Living Wage paid job or training for everyone;
- That there is a mechanism to assess all policies to ensure that there has been proper regard to their impact on health and wellbeing.

2.22 People's lives are most acutely influenced at the local level – in their homes, at school, in their places of work and in their neighbourhoods and communities. We want to work with African and Black Caribbean members of our community to ensure that good physical and mental health are valued and promoted equally by all.

2.23 *Mind the Gap – A report on BME Mental Health Service Provision in Croydon (2013)* highlighted that negative perceptions of mental health illness within many BME communities have created fear and anxiety in relation to a mental health diagnosis. ‘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’.

2.24 A report by the Sainsbury Centre for Mental Health (2002) and cited here from the African Health Policy Network research also found that there were barriers (‘circles of fear’) that prevent African and Caribbean communities seeking treatment and support and thereby increasing severity of mental illness.

### **Breaking the Circles of Fear**

(quoted from the Sainsbury Centre for Mental health)

1. Circles of fear prevent black people engaging with services. Staff see service users as potentially dangerous and service users perceive services as harmful.
2. Mainstream services are experienced as inhumane, unhelpful and inappropriate: Black service users are not treated with respect and their voices are not heard. Services are not accessible, welcoming, relevant or well integrated with the community.
3. The care pathways of black people are problematic and influence the nature and outcome of treatment and the willingness of these communities to engage with mainstream services: Black people come to services too late, when they are already in crisis, reinforcing the circles of fear.
4. Primary care involvement is limited and community-based crisis care is lacking.
5. Acute care is perceived negatively and does not aid recovery.
6. There is a divergence in professional and lay discourse on mental illness/distress: different models and descriptions of ‘mental illness’ are used and other people’s philosophies or worldviews are not understood or even acknowledged.
7. Service user, family and carer involvement is lacking.
8. Conflict between professionals and service users is not always addressed in the most beneficial way: the concept of ‘culture’ has been used to attempt to address some of these issues, but can divert professionals away from looking at individual histories, characteristics and needs.
9. Black-led community initiatives are not valued: secure funding and long term capacity building initiatives are absent.
10. Stigma and social inclusion are important dimensions in the lives of service users.

- 2.25 Whilst the report cited above was published in 2002 issues of trust, attitude and understanding cultural norms were all raised during the public stakeholder discussion event held by the Commission in 2014.
- 2.26 Prevention and early intervention within a community setting is a key mechanism to helping people experiencing (or in danger of experiencing) poor mental health receive or be directed towards the help and support they need to carry on with their lives. This needs to be led by people and peers with whom individuals feel comfortable including those who have lived the experience and can provide assurance when statutory services are not trusted. There is also a need to reduce the stigma associated with mental health and break the myths to prevent stigma and its associated discrimination ruining lives.
- 2.27 The Well London Health Champions programme has been evaluated by the University of East London as being successful at enabling people themselves to improve health in their communities. By bringing people together to decide how to improve their health and then being trained to make the changes needed community cohesion, employment and training opportunities as well as direct health benefits such as reduced levels of smoking and increased exercise are delivered. The White City pilot <http://www.welllondon.org.uk/searchSite.php?q=white+city> showed what can be achieved and was found to have saved more than £14 for every £1 invested.
- 2.28 Becoming a community health champion also has health benefits for the individual as well as the community by people having better knowledge and awareness about health issues, increased self-esteem and confidence, and improved well-being. For some individuals this will be the start of a journey to other opportunities such as education, volunteering roles or paid employment.
- 2.29 When people are empowered to make positive changes they are more effective than top down changes.

### **Recommendation 3**

People in the community should be trained to promote good mental, physical and financial health and sign post people to relevant support services. Developing peer support in GP surgeries or the use of Health Champions (like those piloted by Well London) should be considered to unlock the power across all age groups (inter-generational) in communities and create supportive networks and environments.

### **Children and young people**

- 2.30 It has already been highlighted that life-long mental health problems can start young. The emotional well-being of children therefore is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.

2.31 The Mental Health Foundation highlights that there are certain ‘risk factors’ that make some children and young people more likely to experience problems than other children. Some of these factors include:

- Having a long-term physical illness;
- Having long-standing educational difficulties;
- Having a parent who has had mental health problems, problems with alcohol or has been in trouble with the law;
- Experiencing the death of someone close to them;
- Having parents who separate or divorce;
- Having been severely bullied or physically or sexually abused;
- Living in poverty or being homeless;
- Experiencing discrimination, perhaps because of their race, sexuality or religion;
- Acting as a carer for a relative, taking on adult responsibilities.

2.32 The Commission heard from ‘Kids Company’ on the extent to which children and young people are affected by their life environment. For many children asking for help is shameful but those coming to Kids Company are encouraged to be proud of what they are coping with and not to limit their aspirations about what they can achieve. More needs to be done at an earlier age to ensure that those with mental health issues receive the appropriate care and support and are given every opportunity to reach their potential. It was also highlighted that for many children years 16 – 18 can be difficult as they transfer between education and, if involved in CAMHS, transfer into adult services.

2.33 The Commission was advised that a CAMHS Needs Assessment Strategy is currently underway. The work so far highlights that there is a knowledge gap in the information around child and adolescent mental health in Lambeth and much of the data is based on national level general population data. Since the advent of the pupil premium, schools have become responsible for commissioning their own mental health services and local authorities no longer have any direct input. The deficit in the robust collection of data about needs to inform service commissioning was an issue raised with the Commission. Additionally stakeholder feedback from schools into the Needs Assessment indicates that they would benefit from a greater understanding of mental health issues and a better understanding of services which CAMHS provide, when they can help, what the different roles of mental health professionals are, and where schools can find help for pupils who don’t meet the criteria for CAMHS but whom the school need more support with.

2.34 In her evidence to the Commission the Cabinet member for Children and Families advised that arising from the CAMHS review recommendations will be made to schools about how they work with social care. This should include a greater focus on school as a part of the local community, and less focus on Ofsted as that is not meeting the needs of Lambeth children. With 50% reduction in budgets it will be important to pool resources with the health service if Lambeth is to effectively resource mental health services for young people and a need to pull back from the acute end of provision to look at much earlier interventions which can have more far reaching impacts.



2.35 CAMHS services are divided into three age groups - under-fives, five years to 11 years and 12 to 17 years. Vulnerable times in children and young people's lives are at transition from primary to secondary school, and from CAMHS to adult mental health services.

2.36 The following (table 3) compares the number of children and young people in Lambeth who are estimated to have a mental disorder by age and gender to the number who have been seen by CAMHS in 2011-12.

Table 3

Local Authority	Measure	Age group and Gender						Total
		Males			Females			
		2-4 yrs	5-10 yrs	11-16 yrs	2-4 yrs	5-10 yrs	11-16 yrs	
Lambeth	<b>Numbers estimated to have mental disorder</b> (2-4yrs Egger, 2011; rest ChiMat)	634	989	1109	622	492	882	4728
	<b>Actual numbers seen by CAMHS</b> (SLAM data <sup>4</sup> )	22	175	242	9	75	276	799
	<b>% of estimated in treatment</b>	3%	18%	22%	1%	15%	31%	17%

2.37 The data shows that in Lambeth:

- Fewer than one in five children estimated to have a mental health disorder have been seen in CAMHS (17%);
- That two to four year olds are particularly under-represented (3%);
- Girls aged five and 10 are also very under-represented as CAMHS service users;
- Boys of all ages are also very under-represented compared to girls aged 11-16 years.

2.38 Some analysis has been done on the ethnicity of Lambeth CAMHS users compared to Lambeth populations with the following overview (draft conclusions only)

- Children and young people from Chinese ethnic backgrounds and Asian populations are most under represented;
- Children and young people from Black African populations are similarly under-represented, although less so at ages 15-19 where service users are about 76% of the number expected based on population;
- White and Black Caribbean ethnic groups are similar overall (81% and 76% of expected respectively) but there is bigger drop at ages 15-19 years in people from Black Caribbean ethnic groups;
- The largest numbers of children and young people from mixed / other are of mixed white/ black Caribbean ethnicity.

<sup>4</sup> No demographic data was provided for children and young people seen in tier 4 therefore they have not been included in table 32 above. Adding tier 4 activity to Lambeth increases the total to 20%

2.39 The thresholds level to access CAMHS services was raised with the Commission as a significant issue. There is not considered to be enough CAMHS provision and that referral criteria is too high meaning that children and young people who are considered to need and would benefit from more support are unable to do so. The draft needs assessment highlights that little information has been obtained on rejected referrals – this would provide more insight into the reported gap between expressed and normative needs (where services feel that a child or young person needs more specialised help, but they do not meet thresholds) and help determine appropriate recommendations for future services.

2.40 Whilst there is no significant different in representation in CAMHS, children and young people from Black African and Caribbean groups are over-represented in other situations that are said to have a negative impact on mental health, such as school exclusions and young offender institutions. The following (table 4) shows numbers of permanent school exclusions in Lambeth 2009 – 2012 recorded by ethnicity. <sup>5</sup>

Table 4

Ethnicity	2009/10 Total	2009/10 % of permanent exclusions	2009/10 Ethnicity as % of school of population	2010/11 Total	2010/11 % of permanent exclusions	2010/11 Ethnicity as % of school of population	2011/12 Total	2011/12 % of permanent exclusions	2011/12 Ethnicity as % of school of population
Caribbean	26	41.3%	18.2%	13	26.5%	17.3%	14	31.8%	17.4%
African	15	23.8%	23.7%	6	12.2%	23.9%	5	11.4%	24.7%
White British	8	12.7%	15.7%	9	18.3%	15.5%	7	15.9%	14.8%
Mixed White/Caribbean	4	6.3%	4.5%	3	6.1%	4.5%	3	6.8%	4.6%
Black Other	2	3.2%	4.6%	2	4.1%	4.2%	1	2.3%	4.4%
Any Other Group	2	3.2%	4.5%	1	2%	4.5%	2	4.5%	4.7%
Mixed Other	2	3.2%	4.8%	1	2%	4.6%	2	4.5%	5.1%
Other White	1	1.6%	6.6%	3	6.1%	6.3%	2	4.5%	7.5%
Mixed White/African	1	1.6%	1.6%	3	6.1%	2.1%	1	2.3%	1.9%
Gypsy/Roma	1	1.6%	0.1%	0	0	0.7%	0	0	0.1%
White Irish	1	1.6%	0.6%	0	0	0.6%	0	0	0.6%
Unknown	(2)	N/A	N/A	8	16.3%		7	15.9%	
<b>Total</b>	<b>65</b>			<b>49</b>			<b>44</b>		

<sup>5</sup> Report to Children and Young People's Scrutiny Sub-Committee, 5 February 2013

- 2.41 Caribbean pupils are disproportionately represented in the exclusion figures for Lambeth, and whilst there has been a 46% reduction in permanent exclusions for the Caribbean grouping the number of permanent exclusions recorded in 2011-2012 is still disproportionate to the ethnicity groups' representation in the school population.
- 2.42 The Head of Alternative Provision in Lambeth advised the Commission that over 70% of the cohort in both PRU schools have an association with CAMHS. But wider take-up of CAMHS is low which can be due to issues of parental support, how children get into or are referred to the service, and high threshold levels. Children can have many reasons for disruptive attendance or behaviour - unsatisfactory teachers, low level of literacy, pregnancy, caring for family members, gifted and talented but bored by school (schools are often not making the best of high achieving youngsters).
- 2.43 It is important that children and parents know how to access support when they need it; they also need to know how to recognise the signs that something is wrong.
- 2.44 The Commission also heard the experience of two residents both of whom highlighted the critical issue of problems and diagnosis being identified at an early age; many more examples were picked up in the roundtable discussion at the public event. A mother spoke on her son being diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) at six years old. His diagnosis and support had been managed in the school and in this environment he did not feel separated from his class nor did parents feel threatened and had been engaged in helping to learn techniques to manage his condition. Reflecting the low numbers of mental health incidence in children being picked up at an early age she highlighted the importance of identifying problems early.
- 2.45 Conversely a young man spoke on his own experience at school acknowledging that he had been disruptive. He had a late diagnosis of dyslexia, prior to that he had been unable to express to his parents that he couldn't engage with lessons nor had he been encouraged at school. Teachers didn't know how to deal with him, he was seen as different, but there was no attempt to sit down with him to explore problems. He only understood his own issues following a psychology report at university. He stressed that if children have a problem or are demonstrating behaviour such as not submitting work, it is critical those early signs are picked up and that they get a diagnosis or they will not improve and risk falling out of the education system.
- 2.46 There is evidence that lifestyle behaviours and habits established during school-age years can influence a person's health throughout their life. The Commission believes that there needs to be a pro-active approach across all Lambeth schools to educate and teach children and young people about staying mentally and physically well.
- 2.47 The Director of Public Health reported to the Health and Wellbeing Board in January 2014 on the Local Healthy Schools Programme and Personal, Social Health and Economic Education (PSHE). It was cited that over 50% of Lambeth schools participate in the local Lambeth Healthy Schools Programme. However the Commission considers that there needs to be a more consistent and core programme to educate, inform and promote pathways to good health and wellbeing provided through schools. Education is

a critical mechanism for empowering young people to do things for themselves, but not all young people would know the additional options and avenues open to them for support if they were facing distress and need greater awareness. The Commission suggests the development of a 'Lambeth Education Wellbeing Charter' to promote social and emotional wellbeing.

2.48 This should be championed through the Health and Wellbeing Board along with a strategy to inform on the damaging behaviours that can impact on health and that more support be provided to those young people who are seeking help.

2.49 When children are properly educated about good mental and physical health they are much more likely to enjoy it throughout their lives.

#### **Recommendation 4**

All Lambeth schools should teach children about staying mentally and physically healthy and what to do if they start to feel emotionally unwell. This should be supported by a 'Lambeth Education Wellbeing Charter' to promote social and emotional wellbeing. Schools should also develop relations with local mental health services to ensure good relations, timely and appropriate sign-posting/referrals. Lambeth schools should take a 'whole school' approach to health and wellbeing as defined by National Institute for Clinical Excellence [http://www.nice.org.uk/niceMedia/documents/whole\\_school.pdf](http://www.nice.org.uk/niceMedia/documents/whole_school.pdf).

#### **Recommendation 5**

The Health and Wellbeing Board should develop a robust strategy to educate young people about the psychologically damaging impact of drugs, alcohol, violence, abuse and gangs. More support, including peer support and mentoring, should be targeted to those who are demonstrating risky behaviour and who want to change. It is important to note that girls join gangs for different reasons to boys and the route out of them is also different - The Centre for Mental Health has done some noteworthy work on this area: [http://www.centreformentalhealth.org.uk/pdfs/A\\_need\\_to\\_belong.pdf](http://www.centreformentalhealth.org.uk/pdfs/A_need_to_belong.pdf)

### **Diversity in Schools**

2.50 It is important that pupils and parents and all Lambeth schools reflect the diversity of the local community rather than being predominantly the preserve of any one community whether that be on the basis of social class, ethnicity or faith. Socially, ethnically and religiously diverse communities are healthier communities.

2.51 The experience of Commission members suggests that some schools in Lambeth do not reflect the demography of the populations in which they are located. There may be valid reasons for this but there are concerns that not all schools are equally inclusive potentially due to either systematic, institutional or historic reasons or barriers. Whilst the Commission appreciates this may be a difficult issue to tackle, and at senior level many of our local schools are not the direct responsibility of the council, it considers that it is a fundamental equalities issue which should be investigated. Lambeth Council and its

Health and Wellbeing Board Partners should use their democratic legitimacy and powers to champion best outcomes for all children and young people.

**Recommendation 6**

More needs to be done to ensure that the make-up of every Lambeth school reflects the local community it serves. An investigation should establish why some communities may be under/over represented in local schools and what practical steps can be taken to address it.

**Support for young parents**

2.52 In evidence presented by public health officers it was suggested that because of its contribution to mental illness, childhood neglect/abuse is the area that may be most amenable to intervention and would give the biggest impact.

2.53 For most children, parents and carers have the central role in supporting their developing needs and their mental health and wellbeing. However not all parents are equally well equipped to provide their children with the best life chances. Parents need the skills and confidence to talk to their children about sex, relationships, personal boundaries, dignity and making smart life choices.

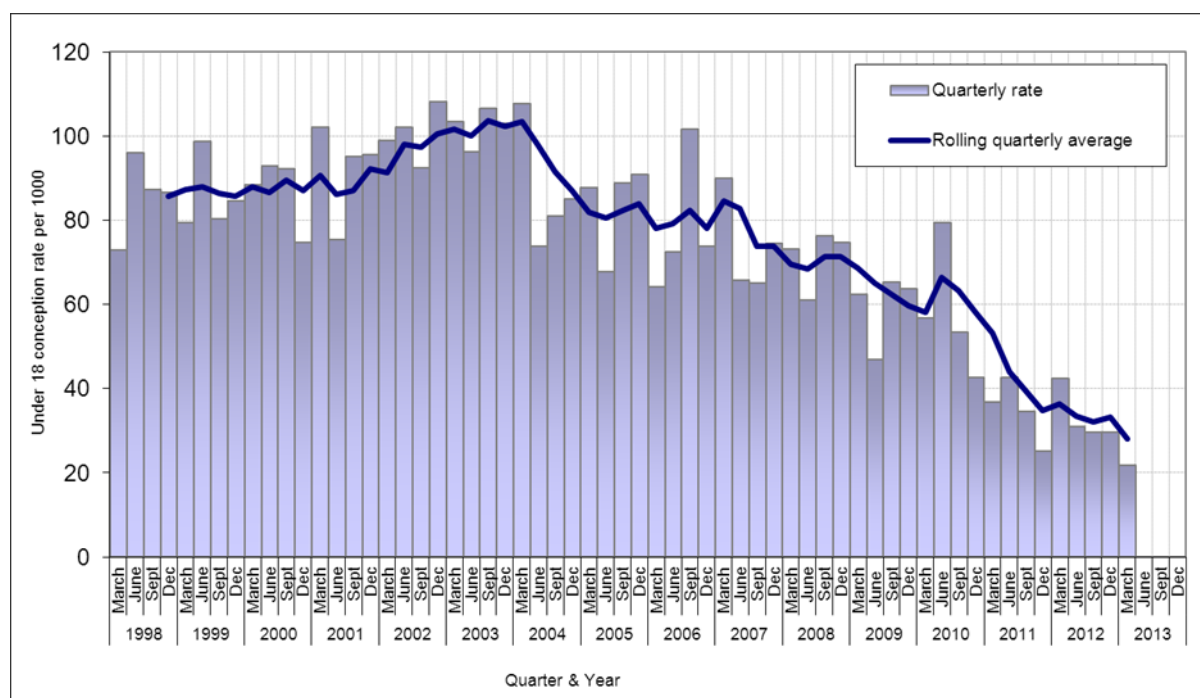
2.54 We want our young people to fulfil their own potential and gain experience before becoming parents themselves.

2.55 Lambeth has historically recorded high levels of teenage pregnancies but there has been a steady decline since 2003 when the rate was at its highest. The most recent data released by Office National Statistics (ONS) in May 2014 (*Table 5 - Lambeth Under-18 Conception Data: Quarter 1 of 2013*) shows that the quarterly rate of under-18 conceptions was 21.9 per 1000 girls aged 15-17. That is 48.5% reduction since the same quarter in 2012. The number of under-18 conceptions was 23 which represents 22 fewer conceptions than the same quarter in 2012. The rolling quarterly average is 28.2 conceptions per 1000 girls aged 15-17; the rolling quarterly average for England is 26.5 and 24.2 for London which represents an ongoing decline.

2.56 Whilst much progress has been made locally in reducing the rate of conceptions there is still more work to be done. Lambeth Clinical Commissioning Collaborative Strategy Plan (Refresh 2012/13 – 14/5) records that the poor outcomes experienced by teenage mothers and their children include:

- Poorer outcomes for children born to teenage mothers, both in terms of their health, but also in regard to their behaviour, attainment and future economic well-being;
- Poor emotional health and well-being; and
- Poor economic well-being.

Table 5



2.57 The Commission warmly welcomes the recent news that the bid made by the Lambeth Early Action Partnership (LEAP) to the Big Lottery Fund ‘A Better Start’ has been successful. The bid, for nearly £40m, focuses on supporting parents and carers and improving the life chances from conception and in the first three years of life of babies and young children. Narrowing the gap in health outcomes and improving the quality of life for our next generation is critical to support mental wellbeing and the emphasis on the physical and emotional health of women and their babies throughout pregnancy and excellent maternity care as well as early years are an essential part of giving children the best start of life care. Targeted on four wards – Coldharbour, Vassal, Stockwell and Tulse Hill which are amongst the most diverse and economically deprived areas in the country - the bid has potential to make a huge difference to the lives of children born in Lambeth over the next 10 years.

2.58 The Commission received information from South London and Maudsley NHS Foundation Trust (SLaM) on a range of family therapies and engagement interventions with young people including family clinics run in collaboration with the Institute of Psychiatry for children/young people and their families (33% attending are from black and Caribbean communities); the FAST programme (Families and Schools Together) groups at schools aimed at promoting family functioning and mental health; and EPEC (Empowering Parents, Empowering Communities) community based programme training local parents to run . The model works on the basis that parents find it less stigmatizing and more supportive to attend parenting groups run by local people.

2.59 More support should be made available to those parents and their children whose life circumstances are more challenging. For example substance misuse is an issue locally for both adults and children. In 2010, 7.25% of people using drug treatment in Lambeth

were under 18. There are strong links between substance misuse and poor mental health. Psychosis has been linked to cannabis use and parental substance misuse is a risk factor for poor mental health in children.

2.60 The Commission proposes that consideration be given to offering extra support to challenged young families and children potentially through a ‘personal budget’ to offer choice and control over the type of support required. Personal budgets are being introduced in conjunction with special education needs reforms and there could be good learning from the roll out of the proposals to consider a creative approach to extending personal budgets.

#### **Recommendation 7**

The Health and Wellbeing Board should examine how communities and public services can further reduce teenage pregnancies.

#### **Recommendation 8**

All parents, but particularly those in high risk groups, should be encouraged and given the opportunity to improve their parenting skills. The Health and Wellbeing Board should look at scaling up existing parenting skill initiatives and examine using models like ‘peer parenting’, ‘empowering parents, empowering communities’ and ensure these are a universal offer rather than stigmatising particular groups like the ‘troubled families’ initiative. ‘Empowering parents, empowering communities’ is a community-based programme, training local parents to run parenting groups in schools and children’s centres. Developed in Southwark over the last 10 years, the programme has received a national Sure Start award for innovation and user involvement. The model assumes that parents find it less stigmatizing and more supportive to attend parenting groups run by local people who are in very similar circumstances to themselves.

#### **Recommendation 9**

Provide extra support such as mentoring and professional help to parents who:

- Are young (teenagers);
- Have a mental health condition;
- Have a drug and/or drink problem;
- Have issues with violence or abuse, including sexual violence;
- Are living in poverty;
- Have been involved with the criminal justice system

### **Reducing harmful behaviours**

2.61 The social influences on our health are important to wellbeing. These influences include everyday circumstances – work, housing, the natural environment and social networks – but it is important to also consider the role of the wider factors in enabling people to make healthy choices. An individual’s capability to make a healthy choice will depend not only on their own free will but also on the range of choices presented in a locality, affordability of different options and their mental wellbeing and personal drive to value their own health.

2.62 We know that readily available cheap alcohol, expensive financial loans, and very expensive addictive forms of gambling are bad for health. There needs to be concerted effort to curb the proliferation on our high streets of retailers which are 'toxic' to wellbeing and particularly to vulnerable people:

- the Head of Addictions at SLaM has previously reported to the Council on the link between Off-Licences and ill health related to excessive drinking;
- Figures from the Gambling Commission have shown that Britons gambled £46m on betting machines last year, an increase of almost 50% in the past four years. Dubbed the "crack cocaine" of the high street, fixed odds betting machines (FOBTs) allow gamblers to lose up to £100 every 20 seconds. It was reported that more than 600,000 children were either stopped in - or trying to enter - betting shops last year, six times as many as in 2009.
- Payday loan firms charging desperate, low-income customers crippling interest rates of more than 4,000 per cent. Research by the charity Citizens Advice has evidenced the experience of people taking out pay day loans, including lenders arranging loans for under-18s, people with mental health issues and some who were drunk at the time.

#### **Recommendation 10**

Lambeth Council and other agencies work to reduce the harm caused by seeking to limit the availability of:

- Off licence alcohol;
- Very high interest, pay-day type loans;
- Fixed odds betting terminals.

### **Physical and Mental Health**

2.63 There is a close link between good physical and mental health. People with a mental illness are more likely to have poor physical health. This in part is due to higher rates of health risk behaviours such as smoking and alcohol and substance misuse, and people with mental health problems are more likely to suffer from serious diseases such as diabetes and coronary artery disease. There is overwhelming evidence that people with serious mental illness have a significantly shorter life expectancy than those without such illness. Improving the physical health of such patients is therefore important for reducing inequalities in health outcomes as well as the associated costs of mental illness.

2.64 The Commission believes that physical activities and therapeutic options need to be available as an alternative to (or alongside) medication and as an early preventative intervention to build and maintain wellbeing and good health and to combat social isolation, one of the issues that people have told us is important to them and effects their wellbeing and ability to cope.

2.65 As well as keeping people physically fit sport provides a positive social environment and can also help develop team work, self-discipline and other skills and qualities; similar opportunities exist through artistic and musical activities. The borough is the base of



some of the finest sporting and cultural institutions in the country and the development of strong relationships with these bodies should be encouraged to give access to new and wider experiences for our young people and encourage their aspirations.

2.66 We would also encourage investigating the commissioning of activity-based sessions in conjunction with local sporting and cultural institutions which would enable GPs and others to prescribe social activities rather than (or alongside) medical interventions. Social Prescribing is about linking people up to activities in the community that they might benefit from. Crystal Palace Football Club Foundation for example has a mental health initiative which supports football-coaching sessions for 16 year olds and over with mental health or learning difficulties <http://cpfcfoundation.org/mental-health/>; and there may be initiatives to be built with Surrey County Cricket Club, Southbank Centre, Tate Modern etc.

2.67 The Commission would also highlight excellent 'Eco-therapy' initiatives such as the Lambeth GP Food Co-Op which uses unused land around GP surgeries to build a garden and grow food. GPs can socially prescribe patients getting involved in growing healthy food, meeting others and strengthening community etc. In 2013 the Lambeth GP Food Co-op was recognized by the NHS and Public Health England as the Best Sustainable Food Initiative across the health sector. It is understood that around 12 GP surgeries are signed up; it is hoped that the Co-Op might build on its achievements and extend the project with the continued support of those involved and widen the project to include other practices and patients across Lambeth.

#### **Recommendation 11**

Proper attention should be paid to the physical health of people with mental health conditions and vice versa. This would include those with chronic physical health conditions. Mental health service users should be offered a physical health check up and given support to improve diet and exercise and, where appropriate, to stop smoking, harmful drinking and drug use, address sexual violence. The British Heart Foundation have just published a new guide 'Everyday Triumphs' to encourage mental health service users to be physically healthier and this should be given to everyone in this category in Lambeth.

#### **Recommendation 12**

The Health and Wellbeing Board should intensify work with the borough's sporting and cultural institutions like Surrey County Cricket Club, Brixton Top Cats, South Bank Centre, the Old Vic etc to ensure that all children and young people have access to high quality sporting, arts and leisure opportunities.

#### **Recommendation 13**

A sense of pride in Lambeth and its people, particularly its black people, should be promoted further. The opening of the Black Cultural Archives (BCA) on Windrush Square offers new opportunities and one action could be to investigate funding options for a mural (possibly on the gable end of the building between the BCA and the Tate library) depicting the history of Lambeth and people connected with it such as Mary Seacole, Nelson Mandela, Olive Morris, David Bowie, Violette Szabo, William Blake etc

**Recommendation 14**

Lambeth Clinical Commissioning Group should build on the social-prescribing model (linking people up to activities in the community that they might benefit from) such as that developed by the Lambeth GP Food Co-Op which uses unused land around GP surgeries to build a garden and grow food. GPs can 'prescribe' for patients to get involved in food growing providing healthy food, social opportunities, strengthening community etc. Arrangements should be sought with other schemes like the Crystal Palace mental health football team, Blockworkout community fitness, local arts initiatives like Cooltan Arts and institutions like the Royal Festival Hall, Old Vic, Southbank, Tate Britain/Modern etc. If GPs and other professionals were able to 'prescribe' courses and activities with these kinds of providers in addition to medication and talking therapy it would create more choice and enable people to come out of isolation and learn new skills. This approach could be reflected within the Lambeth CCG's "Transforming Primary Care" strategy.

### 3. ACCESS TO SERVICES

3.1 As mentioned in the previous section young people face particular challenges accessing appropriate services with eligibility criteria set very high for CAMHS and many feeling uncomfortable going to conventional provision. In round table discussions the quality of some CAMHS provision was also questioned; it was also commented that the experience in primary care is that the Common Assessment Framework (CAF) the mechanism for identifying the additional needs that a child may have and co-ordinate care across services has been less than satisfactory causing delays in referrals and referrals being rejected due to incorrect form completion.

3.2 Alongside this the Commission heard very positive comments about the Well Centre in Streatham, a young people's health centre which includes GP drop-in sessions and youth work advice and so providing a holistic approach to young people's health.

#### **Recommendation 15**

The eligibility threshold for accessing Children and Adolescent Mental Health Services (CAMHS) needs to be significantly lowered and flexible provision made for those currently deemed not suffering from a 'serious enough' mental illness. Major efforts should be made to ensure that groups under-represented as CAMHS clients are given the support they need. This approach could be incorporated into the refresh of the local CAMHS strategy.

#### **Recommendation 16**

The Health and Wellbeing Board should look at improving the transition between CAMHS and adult services and ensure this is linked with other transitions like moving out of care or criminal justice settings.

#### **Recommendation 17**

The Well Centre for young people in Streatham is a model that should be examined carefully to see if other areas of the borough would benefit from similar provision and if so the approach should be rolled-out.

3.3 Two thirds of the money spent on adult mental health in Lambeth is spent in hospitals and yet we know that most people would rather get help in the community. We also know that people from black African and Caribbean communities can have difficulty accessing services. We want to achieve better mental health outcomes across the health and social care system by increasing access to all.

3.4 There are a number of factors which the Commission has identified which affect the approach to services and the experience people have of services:

- Knowing what is available and how/where to access help;
- High thresholds and entry criteria;
- Fear/stigma;
- Fragmentation of services, variation on quality, providers not communicating.

3.5 From the public engagement event there were a number of corresponding themes raised:

- Need for better information about mental health services and what support might be on offer. Many people cited a lack of written information available and it was specifically requested that information should be provided in leaflets and paper form rather than an overreliance on the use of the internet as people may not have access to or be able to use a computer, or would not know where to start to look.
- The amount of time it took to get treatment both regarding talking therapies/ counselling, and in a crisis when an individual needed support immediately. There was also a perception that only those who react physically are able to get help.
- A need for better bridging between services – there is a lack of support when people leave care/an institution and in the period when they feel they may need more support to prevent going into crisis.
- Participants also highlighted the connection between mental health and social welfare changes and the negative impact on their mental health arising from benefit changes, assessments and re-assessments, and the underlying problems of poverty.

### **GP Provision**

3.6 People want and need services in their communities, but also in the first instance need effective signposting to the options available to them and to be provided with choice. GP surgeries are the obvious place to make this happen quickly and attending a GP practice provides a cover of confidentiality for individuals concerned about referral to an external mental health provider service and the potential stigmatization of a mental health diagnosis. But this also requires that all general practitioners are sufficiently knowledgeable and informed to advise people on the suite of referral options available to them whether this be for medical or therapeutic interventions or towards social or welfare support. (It should also be recorded that some workshop participants commented on the lack of privacy and discretion they felt was demonstrated at the reception area of some GP surgeries).

3.7 It is important to recognise the wide range of demands that are now placed on general practice, and the skill mix needed to address those various demands. Whilst not all GPs will be mental health specialists it must be expected that all individuals seeking mental health support from their GP are given access to a consummate level of service and the offer of high quality treatment appropriate to their needs regardless of which practice they might be registered or whom they might see. This is particularly critical if the inequalities in pathways into mental health and the higher in-patient admission among black patients are to be addressed.

3.8 For some practices there may be particular challenges and as applicable general practices should be encouraged to develop local clinical networks on mental health and a shared support model of working so that any practice which is not able to make a comprehensive service offer by providing assessment and accurate information about the range of treatment options etc would be able to refer to a neighbouring practice.

3.9 There is a role for both NHS England, now responsible for GP commissioning, and Lambeth CCG as primary care commissioners, to ensure parity of provision across practices and to work together to provide system support and development to individual practices as needed but also to monitor provision to reduce any variability in patient experience.

3.10 The Commission is also concerned about the fragmentation of commissioning mental health services. The new arrangements for the commissioning of forensic service on a pan-London arrangement have been highlighted previously; the Commission also heard that a single price is now applied across London and has meant that Lambeth forensic clients now need to go to Bromley for provision. We would wish to encourage NHS England to work with local commissioners to ensure that services for Lambeth residents are available in appropriate local community settings to best support recovery and seamless transition into local care.

**Recommendation 18**

NHS Lambeth Clinical Commissioning Group (CCG) should ensure that the mental health services which it commissions are provided where possible within GP surgeries or in the locality. Where BME attendances at GPs are low work should be done to counter this.

**Recommendation 19**

NHS England and NHS Lambeth CCG should collaborate to reduce the variability experienced by service users in response to mental health problems when they attend primary care in Lambeth. Patients should be able to expect equivalence of standards of care; parity of service offer and appropriate timely sign posting to peer support, voluntary sector, secondary care and crisis services. For people who are particularly vulnerable sign posting will not be enough and link-workers may be needed to support them.

**Recommendation 20**

NHS Lambeth CCG should work with member practices to develop local practice networks. These networks should (1) ensure that where a practice cannot offer a mental health service that the service will be available in a neighbouring practice and (2) begin to develop links with the local community organisations.

**Recommendation 21**

NHS England and Lambeth CCG should also be working more closely together to eliminate (unless for good clinical reasons) the practice of treating Lambeth residents in areas with very different ethnic composition like Bromley.

**Community led provision**

3.11 Some people feel more comfortable receiving help and services within community settings and services should be built around what people want. For instance many people do not want to inform statutory services of their vulnerability as they do not feel

safe about what will be done with their information both on record or in terms of how they might be treated by the organisation or service.

3.12 The Commission heard from Wandsworth Community Empowerment Network (WCEN) on the work it is leading to build capacity in the community and with community leaders. WCEN had come to realise that the prescribed conversations its local council wanted it to lead with the community were not the conversations that the community wanted to have or were relevant/important to them. The voluntary sector is only a small part of the community which includes also churches, residents associations, football clubs, mosques etc - most exist within their own networks and are not part of the decision-making network of the council, CCG etc. Occasionally faith leaders might meet with council leaders but the information is not translated back to the large communities which they serve. WCEN started to concentrate on these communities and saw how distant they are from any involvement in decision-making and the issues that impact on their lives. Such community groups exist outside council/health structures or have only a tenuous connection yet can represent a substantial cohort of people (two thousand in a large church congregation). Co-production is therefore critical to have reach into communities and bring together the skills that will make projects and interventions happen that resonate with the community and give to the community the capacity to allow them to do things for themselves rather than doing it 'to' them.

3.13 In Wandsworth black church leaders have been trained as family therapists and a pastoral network of family care is developing. This has taken time, and ministers may not initially see themselves in that role, but families experiencing mental health problems often present late and the pastor is often the first person to be contacted. They are therefore best placed for early interventions. There are also other options based around where people gather, talk and associate – barbers, shops, at the school gates – to develop skills based training and equip people with knowledge to provide interventions. Key is the redesign of pathways. At the moment the only pathway is GP/police/hospital. Many black people have a negative perception of mental health services or are unaware of sources of support and delay seeking help.

3.14 The Commission also heard about the 'Faith and Mental Health Training' project which SLAM is running in four boroughs including Lambeth. This trains faith leaders to promote mental health awareness within community groups often described as hard to reach and to facilitate engagement with SLAM services. SLAM reports that armed with a better understanding of the causes and cures of mental illness, pastors have been able to provide a far better and pragmatic pastoral care for those in their congregation. The biggest change that these trained Pastors have initiated is that they no longer take the approach to mental illness as a form of demonic possession but that members of the community must see a health professional, take their medication and that the church will also continue to support them spiritually.

3.15 In the report presented to the Commission it was highlights that many of SLAM users are members of faith groups and receive considerable support within the community. There is a need for mental health commissioners/providers to recognise that the cultural and religious diversity of its service users means that traditional models of support and

pathways into care may not be understood or utilised and there are often disparities between cultural and religious explanations of distress.

3.16 But there is also a need to work with a wider cohort of influencers to get professional help to people where they are more likely to access it, particularly in relation to reaching black youth who may not be engaged with faith organisations/community leaders as their parents are, but have closer and better contacts with grass root individuals or organisations.

3.17 As the Commission heard from a youth representative, Lambeth has the highest incidence of youth violence in London but his perception and experience is that there is no support for the victims of those events and a key issue is how individuals deal with their traumatic experiences such as a stabbing or shooting. The Brixton Soup Kitchen, with which he is now involved organising, had been set up to help homeless people, and many clients using the service experienced mental health problems but increasing numbers of young people are coming in who are seeking advice and counselling. They cannot access support that might be available and only become aware/are brought to the attention of support services when they commit a crime.

3.18 The founder of Blockworkout addressed the public engagement event. A former gang member, he now runs an urban fitness movement which he started in Lambeth. Many young people are involved and Blockworkout represents a neutral space where people come together.

3.19 Whilst recognising the work that is already underway through the Faith training project, the Commission considers that SLaM needs to develop and broaden links into communities to extend the reach of mental health awareness and training offer and providing counselling and mental health training to community workers and leaders and those who have 'listening' roles.

#### **Recommendation 22**

Community leaders in places like churches, mosques, community centres, barbers and hairdressers should be offered training in 'mental health awareness training'; recognising mental ill health; providing basic counselling, training in mental wellbeing and sign-posting people to professional help. As the mental health provider South London and Maudsley NHS Foundation Trust (SLaM) should also facilitate working with community leaders. Mechanisms should also be established for coproduction between members of the community and SLaM. There should also be mental health training for other professionals, such as physiotherapist and district nurses, so that they can signpost their patients.

#### **Recommendation 23**

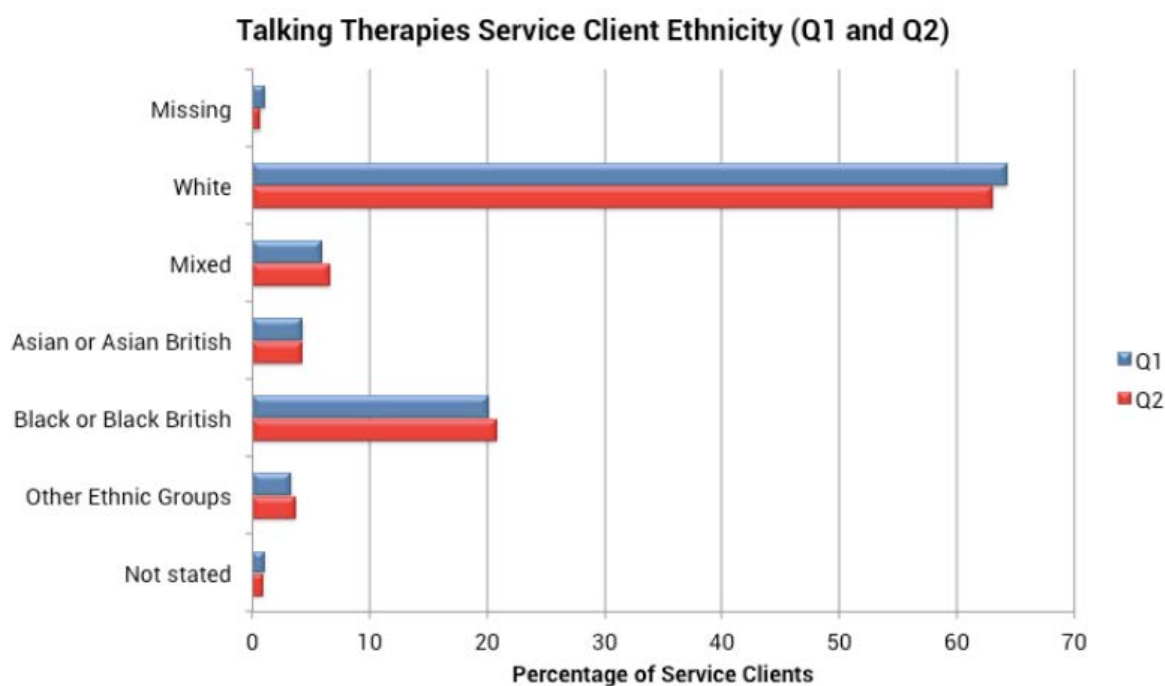
SLaM should also establish links with people working in the community, like community centres, tenants and residents groups, Brixton Soup Kitchen, and Blockworkout for example, so that individuals are linked to professionals and more people who are identified as needing help can be supported to access it.

- 3.20 The Commission heard from individuals and from organisations on the importance of a recovery model ethos whereby those with mental health issues are identified and supported earlier through access to psychological and counselling services such as Talking Therapies.
- 3.21 Most people with Common Mental Disorder [CMD] are managed in primary care and access to talking therapies services is the focus for these conditions (although people with CMD do also access other secondary care when the condition is more severe). But anecdotal feedback suggests variation in offers of access to psychological therapies and many people are not offered treatment such as talking therapies as an option - it was recorded at a BME focus group held in the town hall in January 2014 that out of 17 participants only three had had talking therapy and two of those found it useful. Long waiting times also deter or prevent people from getting timely treatments that might benefit them. In April 2014 waiting times in Lambeth for Cognitive Behaviour Therapy (CBT) were recorded as 13-14 weeks (and 9-10 weeks for guided self -help) and 8-10 weeks for counselling.
- 3.22 Additionally it must be recognised that there is diversity within the black community and the talking therapy service is not considered by some to be designed in a way to be accessible to all. There are issues of culture, trust and understanding which need to be addressed to more effectively 'sell' the service to some patients and for some individuals there may be a language barrier (physical but also emotional where the culture of the community is not to talk about feelings or problems). There was also recognition that people can have complex needs whereby their mental health problems may be driven by social factors (accommodation, welfare changes etc) as much as medical issues, and it is important for personalised interventions which can be co-ordinated with wider medical and social support aspects to provide an holistic approach. The Cares of Life Project piloted in Southwark with a focus on improving mental health services for black people and taking a whole-needs approach was cited as an effective and culturally acceptable psychosocial intervention. People should be given a full and informed choice when accessing psychological therapies - different therapies work well for different people. The more choice that can be given in talking therapies then the healthier people will be.
- 3.23 Talking therapies services in Lambeth are provided by SLaM and a number of other smaller providers working in collaboration with SLaM. Lambeth CCG which commissions the service advised the Commission that after the first year of operation of the new Improving Access to Psychological Therapies (IAPT) services in 2009-10, an audit identified that fewer older adults and men were being referred to the new services, and that access for ethnic minorities was also less good than for the general population. During the course of the first three years of operation a number of initiatives were pursued by SLaM on the request of NHS Lambeth including working with Fanon Care to do outreach to BME communities. This was effective at increasing the number of self-referrals to the service.
- 3.24 After three years the service was re-commissioned to take in a wider set of options for therapy (both counselling and cognitive behavioural therapy, and mother tongue options etc). The graph below (table 6) shows the ethnicity of clients for the first two quarters of the new service (first 6 months of operation of new service in 2013-14). The



CCG comments that the service has increased the proportion of black clients to much closer to what would be expected (and this is similar for other ethnic groups) suggesting that the interventions to improve access have led to substantial progress.

Table 6



3.25 In its written evidence to the Commission, SLaM reported that Lambeth IAPT recognises the difficulty of young black men accessing primary care mental health services and had discussed this with some community leaders and tried to look at it from a service user perspective. A number of approaches have been taken. Examples include 'taking the services to the patient' in a location that tried to redress perceived power differences. Staff have run a series of 'Mental Health Awareness' workshops with young black fathers and engaged with St. Michael's Fellowship (a voluntary community group) which has been successfully running a weekly young fathers group at a childcare centre in Brixton. This platform allowed the attendees of the group to set the agenda to openly discuss their perceptions and fears about mental health services. It raised awareness about what mental health can look like, what therapy looks like and normalising experiences. Having access to a clinician (not dressed formally) allowed group attendees to start developing more trusting relationships with the clinician and by extension with services. This was demonstrated in group attendees asking for service leaflets by the final (third) session and being more able to discuss mental health in a less stigmatising way, with more openness to seek help from services.

3.26 In discussions with the Commission, SLaM also highlighted that the availability of psychological therapy is determined by levels of commissioning. The level of service also depends on what else is done - or not done: if the number of inpatient beds is reduced then there will be more resource to provide community therapies. The Commission heard that about 20% of people on a ward do not need to be there for psychiatric interventions

but there are not always other support options and there is a need to look at other actions with partners.

**Recommendation 24**

Lambeth CCG needs to ensure that through its commissioning plans talking therapies, and a wide range of therapeutic approaches (including Mindfulness training, a mind-body based approach that helps people change the way they think and feel about their experiences, especially stressful experiences) are made available to everyone who need it when they need it.

3.27 Highlighted by many present at the stakeholder event was the need for greater awareness of cultural sensitivities and particularly within a clinical or hospital setting. It was felt that there was a lack of understanding of black populations and cultural differences and this exacerbated problems for those who fear or have difficulties accessing mental health services in the first place. The short 5-8 minute appointments which many patients have with their GP were also raised - a patient may visit his/her GP a number of times without talking about the real issues which are distressing them and GPs do not readily recognise black patients in distress. People also wanted contact with workers in the community who have an understanding of the traditions and religions of the communities with whom they are working and who would show a greater understanding of the culture of the community and how people might react to certain circumstances. Focus should be given to building positive relationships with service users to address concerns such as fear, language and racism that can affect an assessment.

3.28 Our local services should reflect the diversity of the community that they support. People of black Caribbean ethnicity are seriously underrepresented in senior health jobs and Lambeth's young people should have greater opportunities to pursue rewarding clinical and medical careers.

3.29 The location of Kings Academic Health Science Centre (AHSC) and its constituent partners in Lambeth and Southwark should be exploited to best local advantage. Lambeth schools and health trusts should be encouraged to work together so that there is greater exposure in our schools to medical and clinical professions as a career option, with more guidance at a younger age and more black role models from the clinical and medical professions for our young people to emulate. Trusts must be encouraged to maximise local employment opportunities and young black people encouraged to raise their aspirations and given opportunities through the AHSC to realise their potential.

**Recommendation 25**

More needs to be done to recruit, train and employ Black Caribbean clinical staff to support our diverse community. Across our local NHS Trusts there should be a commitment to target and stimulate local employment and maximise opportunities to develop and support local staff. To support the development of a professional clinical workforce that is reflective of the demographic population of Lambeth, Trusts should work with schools to give our young

people an understanding of career opportunities within the health sector and creatively champion their avenues into employment for them.

3.30 One of the 'Big 3 Outcomes' identified by the Lambeth Living Well Collaborative is that people with mental health problems

- *Participate on an equal footing in daily life – to be included especially in relation to education, employment, adequate income and stable housing.*

3.31 People recover best when they are given hope and control over their own lives. Employment can be an integral part of recovery from mental illness but individuals, and particularly those who may have suffered severe mental ill health, may need help with skills and support to help them into work and bring structure into their lives. As discussed earlier, many mental health problems present themselves first in late adolescence and early adulthood making it difficult for individuals to complete their education or interrupting study, or making it hard to secure a first job. Others may experience a mental health crisis and be forced to leave their employment, or attempt to balance periods of work and periods of illness.

3.32 The Commission heard from SLAM that the Recovery College, an initiative sponsored by the Maudsley Charity, had been launched in 2013. The Recovery College offers a wide range of courses and workshops which are designed to help people recovering from mental illness become experts in their own recovery. Courses range from understanding psychosis to confidence in social situations, and using social media to find a job.

3.33 The Recovery College focus is to be welcomed as are volunteering opportunities which help people integrate into a work environment or are supported to learn new skills. For example, recognising that potential employers often expect a basic level of digital literacy, and that more and more services from benefits to banking and health on-line, Lambeth is piloting the Digi-buddies scheme which will match community volunteers who are web-savvy to help others get on-line.

3.34 People with mental illness need to have a full and fair chance for inclusion in work and education. It is vital that effective assistance and support is available and that this is designed in a way and in a setting which gives confidence to individuals to participate.

### **Recommendation 26**

To support and sustain recovery and help gain confidence to engage in everyday social and workplace activities, people with mental ill health must have access to excellent and supportive training which improves literacy, numeracy, IT, communication and confidence skills. Our large group of black service users should be supported through Individual Placement Support and the Recovery College to use their unique experience to gain employment. Commissioners should work with both statutory (including Job Centre Plus; Adult Education) and community providers as well as users and carers to ensure that tailored support is available and in a setting and environment that people will be happy to access.

- 3.35 There is no doubt that there is widespread ignorance, fear and stigma which continue to surround mental illness and more needs to be done to tackle attitudes to people experiencing mental health difficulties. Educating the public continues to be crucially important. A number of national and local campaigns are trying to change public attitudes to mental illness. These include the anti-stigma campaign [Time to Change](#). Run by the charities Mind and Rethink Mental Illness the national programme is seeking to challenge attitudes and change behaviour around mental health problems.
- 3.36 The Commission also heard about local initiatives such as the Brixton Reel, an annual film and arts event promoting positive mental health and well-being and working with diverse local communities. The event which is supported by NHS Lambeth CCG explores positive images of mental well-being and self-empowerment.
- 3.37 But to reach different audiences it is important that initiatives are promoted in settings relevant to the places that members of the public in all their diversity go, and that campaigns are developed to accord with cultural responsiveness. It would also be appropriate to comment on the availability of information. For example whilst Lambeth Mind has an excellent on-line directory for support services for mental health including counselling, advice and advocacy the Commission heard that not all clients/carers have access to the internet or would know where to start to look things up (or have the capacity to search on the internet in a crisis) and there was a clear demand for written information which could be picked up or passed on about services which could be contacted.
- 3.38 Conversely suggestions from young people proposed an app for smart phones which could be downloaded which could include how to spot a mental health issue, action that could be taken and a chat section where young people can have an anonymous contact with experts and other young people suffering similar health issues.
- 3.39 The five ways to wellbeing are five evidence based messages developed by the New Economic Foundation in response to the foresight report into mental capital and wellbeing. The Maudsley Charity has funded a significant programme to develop these messages into easily accessible resources called the Wheel of Wellbeing. This is a simple framework designed to translate wellbeing theory into positive practice to help build more flourishing communities. At the heart of the Wheel of Wellbeing is the WoW website ([www.wheelofwellbeing.org](http://www.wheelofwellbeing.org)) which is a practical collection of free tips, tools, activities and ideas, all designed to inspire people to develop new ways to improve wellbeing.
- 3.40 What is key is using diverse media and appropriate settings to promote messages and provide or direct people to high quality information about what is available.

**Recommendation 27**

More needs to be done to educate Lambeth residents about mental ill health in order to improve understanding and reduce stigma. A good first step would be to arrange a Time to Change (national anti-stigma campaign) village to visit Brixton. Stalls showcasing this

Commission's recommendations or providing mental health education could also be provided at events like Brixton Splash and the Lambeth Country Show. Ongoing work to tackle mental health stigma and discrimination within services and our communities must be promoted.

**Recommendation 28**

Local African and Black Caribbean community members need better access to high quality information about what is available locally and nationally to support their aspirations. The opening of the Black Cultural Archives should be used as an opportunity to take this forward and the Health and Wellbeing Board should use its influence to work with the BCA.

#### **4. PATIENT EXPERIENCE – IMPROVING THE CARE AND SUPPORT EXPERIENCE**

- 4.1 A clear message throughout the Commission's review has been the need for earlier more effective community interventions targeted at the boroughs black populations. We know a disproportionately high number of Lambeth's African and Black Caribbean residents are subject to compulsory treatment, restraint and deaths in police custody. We also know that people from African and Black Caribbean communities experience poorer outcomes from the services they access. We want actions that achieve better mental health outcomes from across the health and social care system.
- 4.2 The cases of Sean Rigg and Olaseni Lewis, both black mental health service users who died after being restrained by Metropolitan Police Officers show that more needs to be done to avoid similar tragedies. Apart from the obvious harm, such events make people less likely to get the help they need.
- 4.3 When asked what had stopped people from seeking help, responses recorded at the Lambeth BME focus group (January 2014) included – fear of the system; fear of losing power; stigma; fear of being institutionalised; ego; lack of service choice; confusion; anxiety. A comment was made to the Commission that for the black community their perception of the Maudsley Hospital is a place of either over-medication or restraint. These issues remain of serious concerns in the black community and it is important to help perceptions within local communities so that people have more assurance and confidence to access services earlier and avoid conflicting situations.
- 4.4 The role of the Metropolitan Police Service (MPS) in relation to the delivery of safe services to people with mental health issues was comprehensively examined by the Independent Commission on Mental Health and Policing. Chaired by Lord Victor Adebowale CBE this was set up in September 2012 at the request of the Metropolitan Police Commissioner to review the work of the MPS with regard to people who have died or been seriously injured following police contact or in police custody and to make recommendations to inform MPS conduct, response and actions where mental health is, or is perceived to be, a key issue. The Adebowale Commission published its report in May 2013 and the 28 recommendations arising from the review are set out at Appendix 1.
- 4.5 Representative from the police – both Lambeth borough and from the MPS mental health team - met with Lambeth's Black Health and Wellbeing Commission. The MPS advised the Commission that the service is well on the way to achieving the recommendations within Lord Adebowale's report. However an officer from the MPS mental health team also commented on the lack of statutory police representation on Health and Wellbeing Boards which can cause difficulties in HWBs adopting some key principles focusing on mental health and a failure to recognise the impact on communities and the scale of police interaction with those who suffer with mental health or people suffering a mental health crisis. He advised that Police are 24/7, yet mental health services do not provide sufficient cover, leaving police to pick up elements of mental health crisis that should be covered by the NHS. HWB's should be considering how 'Parity of Esteem' can be

achieved within Lambeth that will in turn support those in crisis and alleviate the continued pressures on the police filling an unavoidable 'void' in healthcare.

- 4.6 The Black Health and Wellbeing Commission endorses the recommendations of the Adebowale Commission and considers that the Health and Wellbeing Board has a role to play in reviewing local implementation. It also acknowledges the police and the health and care services have strong shared interests and need to work together to manage issues such as (but not limited to mental health), and suggests that the Health and Wellbeing Board should consider inviting a representative from Lambeth Borough Police to be a member of the Board.
- 4.7 Recognising that the police may be a first point of call when an individual suffers a public mental health crisis and the involvement of police called to incidents on mental health wards, it is critical that the police have effective training in recognising and supporting vulnerable people with mental health conditions, that the use and techniques of restraint are addressed, and the community has confidence in contacting and using local support services.
- 4.8 The Commission heard from MPS officers that there is recognition that mental health is a core business of policing. The MPS is taking a London-wide approach to mental health to ensure consistency across London policing and the Met is keen to ensure implementation of best practice in all boroughs. Arising from the Adebowale Commission a Vulnerability Assessment Framework (VAF) has been developed as a tool to help officers when called to an incident to identify individuals who may be high risk and provide appropriate support. Since 2013 all new officers who have joined the force have been trained in the VAF and it is intended that all officers will have completed training by March 2014. A Vulnerability Advisory Group is looking at wider training and roll out across the MPS and a Restraint Working Group has been established looking at use and managing of restraint. The Police and the nine London Mental Health trusts are also working together through a Partnership Board looking at mental health issues that impact on the individual and the response of the services.
- 4.9 At local level the custody suite at Brixton Police Station has been renewed and refurbished with two holding cells designed for vulnerable people and mental health trained nurses who are also able access the SLaM system (which the police cannot) and can offer liaison and diversion support. The Street Triage pilot is being undertaken as a collaboration between the Police and SLaM providing a 24-hour helpline for police officers with the option of a second level face to face contact with a SLaM clinician if necessary. The project aims to reduce the use of Section 136 Mental Health Act (1983), and support police officers on the ground to manage people with mental health problems.
- 4.10 However to fully understand how people feel and might react in a crisis, to appreciate community concerns and cultural perspectives, and to build trust between police and the black community the Commission believes that there needs to be more direct engagement and working between the police and black mental health services/service users. This could be developed via police dropping into mental health groups or black service users/carers attending police training sessions to help learning on mental health.

The Commission also highlights the recent changes in policing arrangements which has meant that there is a reduction in local neighbourhood officers and a loss of relationships with local communities. An emphasis needs to be put on engagement with community organisations and sustaining local relationships to better manage situations and develop understanding of vulnerable clients. It was also raised whether in the circumstances of the police being called to a mental health incident there is a role for community leaders talking people down rather than the police.

4.11 In discussing restraint practices by police officers and by staff in hospital setting and the circumstances in which the police would be called by healthcare staff, it was highlighted that the police are called to attend to situations where mental health professionals are not able to manage and the police are called in to disarm violent incidents when other options have failed. They are also called to incidents on mental health wards involving drugs, alcohol and legal highs.

4.12 The issue of physical restraint and restrictive (including chemical) interventions remains an issue of significant concern for patients, public and professionals alike. A report by the mental health charity MIND published in June 2013 (Mental Health Crisis Care: physical restraint in a crisis) found huge variation across the country in the use of physical restraint in hospital settings and highlighted the psychological and physical injuries caused as a direct result of a patient being physically restrained.

4.13 MIND made 2 key recommendations:

- 1) For the government to introduce an end to face down physical restraint in all healthcare settings and the use of face down physical restraint to be included in the list of 'never events'.
- 2) For the government to establish national standards for the use of physical restraint and accredited training for healthcare staff. The principle so this training should be respect-based and endorsed by people who have experienced physical restraint.

4.14 The Commission recognises that mental health professionals work under challenging circumstances where there is potential for violent incidents to occur. The Commission also heard the concerns and experience of service users on the overuse of drugs in mental health institutions to keep patients quiet, the lack of dignity afforded to in-patients, the trauma of hospital admission particularly via the police, and feelings of abuse when not conforming to hospital rules - '*Hospitals can be dangerous places*'.

4.15 The Commission believes that mental health providers should aim to abolish physical restraint and minimise forced treatment. Less restraint and coercion equals better experiences and recoveries. SLAM reported to the Commission that it encourages the use of early intervention behavioural interventions and that staff are trained in de-escalation techniques. An emphasis is placed on activities as an occupational therapy distraction. The Commission would also wish to highlight the 'Respect' person-centred intervention training developed by NAViGO [Health and Social Care CIC] and designed with the direct input of service user groups. It seeks to ensure that the least restrictive options are used and no pain or panic is present in physical elements. The whole ethos



of the training and associated policy is to maintain the therapeutic alliance between staff and service users and seek co-operation wherever possible.

4.16 The Commission considers that there needs to be transparency about the extent to which police support is sought on mental health wards and the outcomes and learning from such attendance and other serious incidents. It believes that occurrences where the police are called to attend should be classed as Serious Incidents and reported to Lambeth CCG and to the Health and Wellbeing Board.

4.17 SLaM has advised that all Serious Untoward Incidents (SUIs) are currently reported to the CCG and a process is being piloted whereby SLAM and the police jointly review critical incidents in inpatient settings. This will help evaluate the reasons why police assistance was requested and on the subsequent roles and actions SLAM staff and the police took in managing the incidents including any restraint. Reporting mechanisms to monitor all incidents that involve the police are currently being developed which will enable the mental health trust to better identify any trends by service user groups and in particular individuals with protected characteristics. SLaM advises that it currently makes around one hundred and fifty calls to the police monthly across the four boroughs which is gradually reducing. The calls comprise a very broad range of requests, overwhelmingly these requests relate to occasions where patients are absent without leave (AWOLs) through absconding or not returning from periods of agreed leave or where there are welfare concerns for a patient. SLaM is working jointly with the MPS mental health police unit to try to reduce the numbers of AWOLs. Such cases, although serious in their own way, would not warrant the establishment of an investigation panel as happens with SUIs. The MPS has also advised on work that is underway with NHS England on calls made to the police from a mental health premises for assistance in the control/restraint of patients and the triggers for a review.

4.18 It is the Commission's view that it is critical that there is effective recording and monitoring of all serious incidents (including all calls for police support to attend to assist in the control/restraint of patients whether they are required to take action or not). The Commission co-chair, Jaqueline Dyer, and Kings Health Partner representative to the HWB have made the offer to develop measures which will assist effective local monitoring arrangements in respect of this matter.

#### **Recommendation 29**

The Independent Commission on Mental Health and Policing (2012) recommendations, which aim to improve police leadership, police frontline work and working together with stakeholder community, must be fully implemented locally, monitored and reviewed regularly. The Health and Wellbeing Board should work with the relevant Council Cabinet lead to maintain an overview on progress in Lambeth. Additionally recognising that the police and the health and care services have strong shared interests and need to work together to manage issues such as mental health, the Health and Wellbeing Board should consider inviting a representative from Lambeth Borough Police Senior Leadership Team to be a member of the Board. This would also encourage a joined up approach to a range of public health issues.

**Recommendation 30**

Metropolitan police officers should be trained with black African and Caribbean mental health service users, whom are local residents, so that they relate to people with mental health conditions and respond appropriately to situations involving these people. This should include training on de-escalation techniques. Gaining resources from the Liaison and Diversion scheme should be investigated.

**Recommendation 31**

Mental health providers should aim to abolish physical restraint and minimise forced treatment. Training and techniques developed to support mental health professionals diffuse and de-escalate situations should be provided to all front line mental health staff.

The 'Respect' training and techniques developed by NAViGO to support mental health professionals diffuse situations without having to resort to physical restraint should, in particular, be examined for useful lessons learnt.

**Recommendation 32**

All calls made to the police from a mental health ward/premises where officers are called to attend to assist in the restraint/control of patients should be treated as a serious incidents, and all serious incidents where the police are involved should be reported to both the Health and Wellbeing Board and to the CCG.

4.19 At its stakeholder event the Commission heard many comments about the need for people/professionals who listen to them properly, support from peers who understand mental health as a personal experience, and more community-based support which can be accessed as and when needed in a crisis.

4.20 The Commission has highlighted the £40m spend on acute/secondary mental health services and the need for a better balance of investment at the living well stage. The Commission also welcomes the emphasis which the Lambeth Living Well Collaborative has put on working with users and carers and applying the principles of co-production in making commissioning decisions based on what stakeholders say they want and moving from a crisis focussed system to one that is focussed on early intervention and reablement.

4.21 The Commission heard from the voluntary sector provider Certitude advising of its experience that people with mental health problems do not want more medicalised services or help taking their medication, what they want to support their lives/wellbeing are more friends, decent housing, and a job. It also heard from Solidarity in Crisis (SiC), a Lambeth based service providing peer support to people experiencing a mental health crisis. Crisis means different things to different individuals and in developing the project people had been invited to discuss why they felt they were not being heard or were not participating in services. Issues around trust and inclusion were key. SiC is based around Peer Supporters from Black/Black British/Asian communities, individuals who have experience of mental health as users of services, and accordingly can empathise and share experience with those seeking support and who have directly lived the experience. For some people outcomes have meant reduced admissions, and there have been examples of people moving on into employment. But active follow up is

critical; people are happy with the service but only engage further if chased up. GPs in Lambeth have identified that there is a small cohort of black men who need to be followed up and reminded that the service is there. Peer supporters engage with people on a weekly basis, and liaise with Lambeth Hospital.

4.22 Organisations such as Certitude/SiC will recruit local people to work within its services; those people bring direct lived-experience of the services to the service users they are supporting; and focus on the quality of life issues such as friends, families and jobs. The Lambeth Living Well Collaborative (LLWC) redesign is correctly using the community asset base and driving a person-centred approach to mental health and providing opportunities for people to pursue options in their lives. This is to be commended. It has also been brought to the attention of the Commission that Lambeth residents value facilities located in neighbouring boroughs e.g. Peckham Befrienders which reduce the social isolation and loneliness experienced by Black African and Caribbean people suffering mental health problems; and the Blackfriars Settlement which is valued for its peer support. There is good work taking place with some housing associations such as Metropolitan Housing Association which offers referral to peer support.

4.23 The LLWC reflects the need for more community based services and access where people experiencing mental health problems most need support or will seek support. These services get least investment yet potentially provide best opportunities to support people to move on from secondary care or connect with communities where individuals mistrust statutory service provision.

4.24 The Commission recognises that there will always be a need for acute beds. However the experience of in-patient mental health care at a time when individuals are at their most vulnerable can be deeply distressing and negative. Additionally as highlighted previously commentary to the Commission is that about 20% of people on a ward do not need to be there for psychiatric interventions but there are not always other support options. There is a clear demand for support that people in a crisis can access away from statutory services and including out of hours. Night-times and weekends can be the worst times for people and services which operate a working week are not there to support them. The Commission would therefore wish to highlight the Leeds Survivor-Led Crisis Service which operates out of Dial House. This was set up in 1999 by a group of mental health services users in response to the lack of out-of-hours support and wanted an alternative to hospital admission for people in acute mental distress. The service provides an evening helpline 365 days a year and a crisis house, open Friday to Monday, 6pm to 2am, for anyone in crisis. It is run by people who have experienced mental health problems.

**Recommendation 33**

The Commission recognises and commends the work of the Lambeth Living Well Collaborative Services and strongly supports moves that enable service users and carers to design and deliver their own services. A good example of delivering services is Dial House, a survivor-led crisis service in Leeds which now has a BME specific centre in Chapeltown. The Board should consider whether a similar service would benefit Lambeth residents.

**Recommendation 34**

Everyone being treated for a mental health condition should be given access to support from trained peer-supporters who have recovered from similar conditions.

4.25 Notwithstanding the positive work which is underway via the LLWC, to date the black African Caribbean experience of mental health services remains negative; outcomes are not yet sufficiently changing and some people will not engage with services.

4.26 To ensure that the inequalities experienced by black African and Caribbean mental health service users continue to be a focus for improvement and that there is independent challenge and oversight of the outcomes, the Commission would like to propose that the Health and Wellbeing Board invite Healthwatch Lambeth as the patient champion for health and social care to monitor health services as they relate to the black community in Lambeth, including implementation of the recommendations set out in this report.

4.27 It is also critical to assist monitoring that this includes collection of clear and comparative statistical data so that it can be measured whether outcomes are being achieved. This should also include a coherent approach to ethnicity data as some designations can be crude and not account for differential designations within BME groups. Furthermore the experience of the Commission is that information available the public, commissioners etc can be absent or opaque and we would recommend that SLaM and NHS England ensure that excellent and clear patient experience data is available to make informed choices.

4.28 Further the Commission believes that SLaM needs to build a more positive relationship with BME communities generally, and African and black Caribbean specifically, and could do this by hosting an independent group which seeks to build trust and address community concerns.

**Recommendation 35**

We suggest that Healthwatch Lambeth set up a sub-committee (or whatever mechanism they deem appropriate) to monitor mental health services as they relate to the black community in Lambeth including implementation of the recommendations set out in this report.

**Recommendation 36**

SLaM should form a local, independent advisory group that builds trust and relationships and seeks to address the concerns of the African and Black Caribbean local community in particular.

**Recommendation 37**

SLaM and NHS England should ensure that excellent and clear patient experience data, with ethnicity data included, is available in an easy to compare format (e.g. website) to enable service users, carers and commissioners to make informed choices.

**Recommendation 38**

Where National Institute for Clinical Excellence (NICE) guidelines exist Lambeth CCG and SLaM should ensure that all treatment adheres to them.

4.29 For many people with mental health problems, family members and friends may provide the vast majority of support and care they receive. But carers will face their own challenges, particularly those who may be young carers. The Commission believes it important that carers have their own networks to enable them to share experiences, seek support and advice, and manage in time of crisis. The Lambeth Carers Hub based at Lambeth Accord is commissioned by Lambeth Council to connect carers. Networks for carers for people with mental health conditions should be actively supported and promoted by public services including good information about how patient and carer groups can be contacted and what exists etc.

**Recommendation 39**

Public services should support networks of those who care for people with mental health conditions including young carers and offer appropriate support.

4.30 The Commission's stakeholder event held in March 2014 was extremely well attended by members of the public. This reflected both the disquiet which exists within the black African Caribbean communities around experiences of mental health and a willingness to be engaged in the issues to ensure better and more responsive local services. There was a clear enthusiasm for a follow up event as well as a desire to ensure that the issues raised and proposals put forward at the event are not lost or dropped. The Commission proposes that a future event is held to maintain momentum and report back on progress.

**Recommendation 40**

Following the well-attended black health and wellbeing event held at Lambeth Town Hall on 15 March 2014 a further event should be planned to update interested parties, build momentum for the implementation of the findings, and report on progress. A database of interested community members has been established to support this endeavour.

### Independent Commission on Mental Health and Policing – Recommendations

#### Summary of Recommendations

The Commission's findings lead to 28 recommendations for change

#### Leadership

#### **Mental health is core business and needs to be reflected in all policy, guidance and operating procedures**

**Recommendation 1:** Implementation of the One Met Model for policing in London should reflect, at all levels, in day to day police business, the impact of mental health for vulnerable adults who are at risk.

**Recommendation 2:** The MPS should include a mental health-specific indicator as part of performance measurement of the 20% Mayor's Office for Police and Crime (MOPAC) target for improving public confidence.

**Recommendation 3:** MOPAC should hold the MPS to account for identification and delivery of a mental health specific performance indicator within the 20% MOPAC target.

#### On the frontline

#### **Skills, awareness and confidence of frontline staff need to improve in regards to mental health and the MPS must become a learning organisation**

**Recommendation 4:** The Mental Health Liaison Officer (MHLO) role should be full time to at least coterminous levels with mental health trusts and supported by expert teams based on assessment of local needs.

- The MHLO role should have explicit and accountable links with external agencies, including the NHS, Local Authorities and the voluntary sector.
- The MHLO role should be integrated and supported throughout the MPS, including with frontline police officers and neighbourhood teams.
- The MHLO role should be operationally accountable at senior management level; and should include provision for continuing professional development.

**Recommendation 5:** The MPS Commissioner should take personal responsibility for devising and implementing a strategy to ensure that the culture and working practices of the MPS demonstrably promote equality in relation to those with mental health conditions. This should include devising a strategy with key milestones and providing annual reports on progressing this strategy. This report should also detail complaints concerning the treatment of people with mental health conditions and action taken to address them.

**Recommendation 6:** The MPS needs to implement an organisational learning strategy in order to give lasting effect to the recommendations of external bodies, and the key findings of internal reviews. This strategy should include a named lead and clearly defined timeframe

for implementation and review, ensuring that responsibility for the implementation process resides at Commander level and not within each business group.

**Recommendation 7:** The MPS should ensure that personal issues of mental health and wellbeing are incorporated into staff induction, and ongoing mental health awareness training.

- The MPS should ensure that processes for debriefing and supervision enable police officers and staff to discuss issues of concern and stress which may relate to their own mental wellbeing.
- The MPS should ensure that occupational health policies and procedures enable all frontline staff to access appropriate mental health support, without recourse to stigma or discrimination, if a need is identified.

**Recommendation 8:** The MPS should establish a high level expert group of stakeholders that can provide the MPS with ongoing and specific advice and review; which are aimed at improvements in outcomes with regard to race, faith and mental health. This group should report to the Commissioner.

**Recommendation 9:** That the MPS should create a comprehensive suite of mandatory training for staff and officers developed in partnership with experts, including from the voluntary sector, and individuals with mental health needs. This programme should be developed in conjunction with the London Mental Health Partnership Board; College of Policing and be independently evaluated.

**Recommendation 10:** The MPS should seek external experts in mental health to assist in the routine review of guidance, SOPs and information materials. This review should be a public report, available on the MPS website and submitted at six-monthly intervals to the London Mental Health Partnership Board.

**Recommendation 11:** The MPS should adopt a corporate approach to suicide prevention with both a strategic and operational focus. Suicide prevention training and guidance must be put in place immediately with the advice and assistance of external stakeholders.

### **The police need to develop a safer model of restraint**

**Recommendation 12:** The MPS has to work with ACPO and the College of Policing on policy and training on restraint to ensure that the principles outlined in this report are enforced or utilised.

### **Better information and IT systems are needed**

**Recommendation 13:** The MPS information systems need to be improved to provide:

- A central intranet depository to collect policies and protocols information, advice, news on mental health issues to be a resource to police officers and staff; and
- A centralised database and paper based collection of all internal and external case reviews involving mental health.

**Recommendation 14:** A new process needs to be introduced in the review of standard operating procedures and policies with relevance to mental health so that stakeholders from the statutory and voluntary sectors are involved as partners in the process.

**Recommendation 15:** Establish a system on Merlin for vulnerable adults which includes both a mechanism to record and a mechanism to refer incidents involving adults in mental distress.

**Recommendation 16:** The MPS should invest in technology for CCC which is fit for purpose.

- Guidance and protocols on vulnerable persons and mental health at CCC should be reviewed in collaboration with external sources, including service users and carers, as well as voluntary sector agencies, to improve their effectiveness at identifying relevant issues.
- Within the bounds of confidentiality information about carer/ family member and a health support person should be captured.

### **Improved health care in custody must be assured**

**Recommendation 17:** Mental health nurses with experience related to offenders must be available to all custody suites as required. The MPS should conduct a 360 degree review every six months to ensure that they are accessing the proper advice from psychiatric nurses in the delivery of health care in custody suites.

**Recommendation 18:** Practices and policies in custody suites must acknowledge the needs of people at risk on grounds of their mental health issues as part of pre-release risk assessment and take appropriate steps, to refer them to other services and to ensure their safe handover to relatives, carers or professionals.

**Recommendation 19:** The MPS should adopt the Newcastle health screening tool or one that meets the same level of effectiveness for risk assessment in all custody suites.

**Recommendation 20:** The MPS Commissioner should publish a public report on the care of people with mental health and drug or alcohol conditions in custody suites, the referral pathways and the outcomes of pre-release risk assessments.

**Recommendation 21:** The MPS should transfer commissioning and budgetary responsibility for healthcare services in police custody suites to the NHS.

### **Working together: Interagency working**

#### **There needs to be more effective interagency working**

**Recommendation 22:** The Mental Health Partnership Board should have formal recognition and mandate specifically agreed with NHS England, the MPS, the Association of Directors of Adult Social Services (ADASS) and Mayor's Office for Police And Crime (MOPAC) as part of the Mayor's accountability for health. This would constitute a central oversight mechanism for improving mental health and policing in London.



**Recommendation 23:** NHS England should work with Clinical Commissioning Groups, health and wellbeing boards and the CQC to ensure that:

- No person is transferred in a police van to hospital;
- Funds are made available through an appropriate dedicated response for mental health, for instance provision of a dedicated paramedic in a car; and
- That demand management systems of the LAS be reviewed, and changes implemented in order to ensure parity of esteem between mental and physical health.

**Recommendation 24:** NHS England should work with Clinical Commission Groups to ensure sustainable liaison psychiatry services are set up, which are based on and reflect the needs of local populations.

**Recommendation 25:** The MPS should:

- Establish joint protocols to identify a basis for effectively sharing information London-wide with partner agencies for adults at risk with mental health problems;
- Work with the Mental Health Partnership Board to establish a multiagency mechanism for risk assessing, case managing and information sharing in relation to people with mental health problems who are perceived to be at high level of vulnerability.
- Ensure senior and authoritative representation on the Local Authority-led multiagency Adult Safeguarding Partnership Boards.

**Recommendation 26:** The MPS and its NHS partners should immediately implement the Bradley Report recommendation so that all police custody suites should have access to liaison and diversion services.

**Recommendation 27:** The MPS should urgently work with local authorities and mental health trusts to ensure existing protocols and procedures for information sharing; risk assessment and management are adhered to and monitored. This should include taking account of local authority led strategic safeguarding structures to promote public safety and wellbeing.

**Recommendations 28:** The MPS should agree protocols for joint working on service provision with reference to AMHPs, emergency duty teams and wider social care services.

### Black Health and Wellbeing Commission

- **Cllr Ed Davie (co-chair)**
- **Jacqueline Dyer (co-chair)**
- **Cllr Judy Best**
- **Sandra Griffiths**
- **Barbara Lindsay**
- **Dr Dele Olajide**
- **Oliver Paul**
- **Cordwell Thomas**
- **Dr Ray Walsh**
- **Cllr Claire Whelan**

### Commission Members Biographical Information

- **Ed Davie**

Ed Davie is chair of Lambeth council's health and adult services scrutiny committee. Apart from being a councillor and father of three Ed is himself a mental health service-user and works as communications and public affairs manager for the National Survivor User Network which lobbies for and supports the involvement of people with experience of psychological conditions in their own services and communities.

- **Jacqueline Dyer**

Jacqui Dyer is an independent health and social care consultant with a background in adult mental health commissioning as well as community and family social work. As a mental service user and carer for the past two and a half decades Jacqui's experiential knowledge of mental health services is extensive. Currently she is a senior management board lived experience advisor for the DH national mental health 'Time To Change' anti-stigma and discrimination campaign. In May 2014 Jacqui was elected a Councillor to Lambeth Council.

- **Judy Best**

Former Councillor Judy Best was the local Lib Dems' spokesperson for Young People. She has lived in Madeira Road for 15 years. She has helped hundreds of families with housing problems and school places. In the summer she runs "Streatham's Got Talent", with the campaigning charity Music4Children. Judy has exposed hundreds of cases where Lambeth's housing arm "Lambeth Living" have left residents waiting for repairs for years, often in damp or unsafe homes. She has worked with youth groups not only in her ward but also in Tulse Hill and Coldharbour.

- **Barbara Lindsay**

Barbara Lindsay is a former civil servant and freelance Management Consultant and HR professional specialising in race equality and diversity including events management. She was a member of the 2012 Azelle Rodney Inquiry Team, where her main role was that of Family Liaison (for the Ministry of Justice), acting as the bridge between the family and Inquiry Team. In 2013 she worked alongside

the Foreign and Commonwealth Office to mark its launch of BHM which acknowledged the work of Marcus Mosiah Garvey. She is currently working on a project to encourage more Black and Minority Ethnic people to get involved in Opera as it is often considered very elitist.

- **Dr Dele Olajide**

Dr Olajide is a consultant psychiatrist in the Psychosis Clinical Academic Group and Trust Caldicott Guardian for South London and Maudsley NHS Foundation Trust. During his career he has worked on secondment in the Department of Health as a Senior Medical Officer where he was responsible for Ethnic Minority Mental Health Policies. Over the past 30 years, Dr Olajide has contributed to and developed many services for ethnic minority mental health.

- **Oliver Paul**

Oliver Paul's background is in drug and alcohol service provision, and he moved into commissioning approximately 12 years ago. He was the substance misuse commissioner for the Surrey Drug and Alcohol Action Team for 7 years and moved to Wandsworth PCT in 2007 to be the Offender Health Commissioner with lead responsibility for forensic mental health and healthcare services at HMP Wandsworth. Following the NHS reforms, he moved to NHS England in April 2013 to join the Health in the Justice Team as one of the 3 commissioning managers.

- **Cordwell Thomas**

Cordwell Thomas has a great passion for developing community services, in particular mental health services. He has over 15 years' experience of working within the community sector, private sector performing the role of mental health advocate, appropriate adult at police stations, practice educator, training facilitator and mediator. His present employment status is full time at Prostate Cancer UK as their African, African-Caribbean Project Manager.

- **Dr Ray Walsh**

Redmond Walsh has been a GP in Lambeth since 1996 including 3 years as lead GP at HMP Brixton. He has investigated deaths in custody for Hammersmith and Fulham PCT and the MDU. He was mental health lead for north Lambeth primary care group and is the mental health lead for the Lambeth Clinical Commissioning Group as well as being one of the early members of the Lambeth Living Well Collaborative.

- **Clare Whelan**

Until May 2014 Clare Whelan was a councillor on Lambeth Council holding many roles over 24 years including Mayor and joint Executive Member for Social Care. Until May she was on the Health & Wellbeing Board and Health Scrutiny Committee. Clare remains an adviser to the Local Government Association (LGA). She is a non-exec director of UK wide environmental organisation, a Trustee of 4ALL-Buiding Community in West Dulwich, Patron of the South London Theatre and Hon President of the Lambeth 50F Air Cadets Civilian Committee.

- **Sandra Griffiths**

## Appendix 3

The Commission held evidence gathering sessions as follows:

Date	Attendees	Role/Organisation
19 <sup>th</sup> November 2013	Dr Frank Keating	Senior Lecturer in Health and Social Care & Director of Research and Graduate Studies, Royal Holloway University of London
	Malik Gul	Wandsworth Community Empowerment Network
	Dr Sarah Corlett	Public Health (Lambeth & Southwark)
10 <sup>th</sup> December 2013	Cllr Rachel Heywood	Cabinet Member for Children and Families, Lambeth Council
	Richard Leonard	Head of Alternative Education Provision
	Michael Kerman	Clinical Director, Kids Company
	Mahamed Hashi	Lambeth resident/issues for young people
	Solomon Smith	Founder Lambeth Soup Kitchen/issues for young people
5 <sup>th</sup> February 2014	Dr Ray Walsh	Lambeth Clinical Commissioning Group, (lead for mental health)
	Denis O'Rourke	Assistant Director Integrated Commissioning, Adult Mental Health, Lambeth CCG
	Nicholas Campbell Watts	Director, Certitude
	Ambersit Tekest	Certitude
	Patrick Nyikavaranda	Peer Involvement coordinator for the Solidarity in Crisis peer support scheme
25 <sup>th</sup> February 2014	Chief Inspector Dan Thorpe	Metropolitan Police Service, Mental Health Team
	Sgt Biju Premnath	Lambeth Police
	Inspector Mark McLellan	Lambeth Police
	Oliver Paul	NHS England
	Dr Martin Baggaley	Medical Director, SLaM
	Dr Tom Fahy	Forensic Services, SLaM
	Dr Iris Rathwell	Child and Adolescent Services, SLaM
	Dr Lade Smith	Schizophrenia commission and research data, SLaM
	Steve Davidson	Service Director and police liaison, SLaM
	Lucy Canning	Service Director and Lambeth Living Well SLaM,
	Zoë Reed	Director of Organisation and Community, SLaM
15 March 2014 – Black Health and Wellbeing Commission Event Workshop based event attended by approximately 150 people with following guest speakers		
Guest Speakers	Cllr Jim Dickson	Chair of Lambeth Health and Wellbeing Board

	Dr Matthew Patrick	Chief Executive, SLaM
	Derrick Anderson	Lambeth Council Chief Executive
	Marcia Rigg	Sean Rigg Justice and Change Campaign
	Terroll Lewis	Founder of Blockworkout
	Cllr Lib Peck	Leader, Lambeth Council

## Appendix 4

### Background Documents

No Health Without Mental Health Mental Health - A cross-government mental health outcomes strategy for people of all ages (Department of Health -2011)

No Health Without Mental Health – Implementation Framework (Department of Health - 2011)

Independent Commission on Mental Health and Policing Report [*Adebowale Report*]

Mind the Gap – A report on BME Mental Health Service Provision in Croydon

The Mental and Emotional Wellbeing of Africans in the UK – African Health Policy Network

The Mental Health of Black and Minority Ethnic Children and Young People - Afiya Trust

Mental Health Crisis Care: physical restraint in a crisis – MIND 2013

Improving Adult Mental Health Services – seeking insight from BME communities - Report to Lambeth Health and Wellbeing Board (10/7/13)

Psychotic disorders in ethnic minority populations in Lambeth and Southwark: An Introduction – Lambeth and Southwark Public Health Team

Working with Black Majority Churches (BMCs) to improve the Mental Health & Wellbeing of Southwark people – Southwark Clinical Commissioning Group

CAMHS *Draft* Needs Assessment (Lambeth and Southwark) 2013 [Not published]

Lambeth CCG/The Collaborative System Resource Map Adult Mental Health 2013/14

Lambeth Black Caribbean Insight Research November 2013 (published Lambeth Council 2014)