Wandsworth

Mental Health Needs Assessment

Bethan Harries, Public Health Registrar
Melissa Barker, Programme Support Officer
Graeme Markwell, Senior Public Health Lead
Natalie Daley, Consultant in Public Health

Public Health

THE BRIGHTER BOROUGH
Wandsworth

Contents

Acknowledgements

This report is the cumulation of hard work from colleagues, stakeholders, service users and their families, whose valuable contributions have made this possible.

We are grateful to everyone who gave their time and generously shared their stories and experiences with us.

We wish to express a particular thanks to the Insights and Analytics Team and all the members of the steering groups as this would not have been possible without their hard work, support and continued dedication.

Bethan Harries	Public Health Registrar	Richmond and Wandsworth Councils
Graeme Markwell	Senior Public Health Lead	Richmond and Wandsworth Councils
Melissa Barker	Public Health Programmes Support Officer	Richmond and Wandsworth Councils
Natalie Daley	Public Health Consultant	Richmond and Wandsworth Councils

Acronyms

A&E: Accident & Emergency
ACE: Adverse Childhood Experience
ASO: Adult Social Care
AMHP: Approved Mental Health Practitioners
APMS: Adult Psychiatric Morbidity Survey
ASCOF: Adult Social Care Outcomes Framework
ASD: Autism Spectrum Disorders
CCG: Clinical Commissioning Group
CAHMS: Children and Adolescent Mental Health Services
CBT: Cognitive Behavioural Therapy
CECS: CAMHS Emergency Care Service
CMD: Common Mental Disorder
CMHT: Community Mental Health Team
CQC: Care Quality Commission
CRHTT: Crisis Resolution Home Treatment Team
CYP: Children and Young People
EMHIP: Ethnicity and Mental Health Improvement Project
GAD: Generalised Anxiety Disorder
GLA: Greater London Authority
GP: General Practice
HBPoS: Health Based Place of Safety
HES: Hospital Episode Statistics
HRBQ: Health-Related Behaviour Questionnaire
IAPT: Improving Access to Psychological Therapies
ICS: Integrated Care System
IMD: Index of Multiple Deprivation
LA: Local Authority
LAS: London Ambulance Service
LD: Learning Disability
LGB: Lesbian, gay and bisexual
LGBTQI: Lesbian, gay, bisexual, transgender, questioning and intersex
LGB: Lesbian, gay, bisexual
MHA: Mental Health Act
MHAA: Mental Health Act Assessment
MHNA: Mental health needs assessment
MHST: Mental Health Support Team
NHS: National Health Service
NICE: National Institute for Health and Care Excellence
OHID: Office for Health Improvement and Disparities
ONS: Office for National Statistics
OP: Older People
PBS: Positive Behaviour Support
PHE: Public Health England
PICU: Psychiatric Intensive Care Unit
PTSD: Post-Traumatic Stress Disorder
QOF: Quality and Outcomes Framework
S136: Section 136
SEND: Special Education Needs and Disabilities
SMI: Severe Mental Illness
SPA: Single Point of Access
SWL: South West London
SWLStG: South West London and St Georges (Mental Health Trust)
UK: United Kingdom

Recommendations

Children and young people

1 Develop a public mental health strategy to prevent mental disorder and improve community resilience.
2 Provide appropriate advice, information and training to help parents and carers develop increased resilience in children and young people.
3 Increase access to targeted early help services to reduce adverse childhood experiences.
4 Ensure that Mental Health Support Teams cover all schools and colleges.
5 Consolidate whole school approaches to improve the mental health and well-being of CYP.
6 Increase access to advice, guidance, and targeted early intervention to meet the unmet mental health needs of CYP.
7 Implement a needs-based system of support for children experiencing mental health disorder based upon the Thrive Framework.
8 Support vulnerable children and young people (Carers, SEND, LGBTQ+, children in need) to access evidenced-based prevention and early intervention programmes in universal settings.
9 Integrate voluntary and third sector provision with the statutory services to provide a seamless comprehensive Child and Adolescent Mental Health Service.
10 Develop and disseminate clear care pathways for CYP's mental health need based upon NICE guidance.
11 Evaluate the effectiveness of the Kooth Mental Health Programme to meet children and young people's mental health need
12 Develop and communicate a clear guide of local community, voluntary sector and national resources to support children and families to access appropriate levels of support.
13 Improve crisis care, self-harm, and suicide prevention pathways.
14 Increase access to targeted support for children and young people with emerging anxiety, depression and self-harm.
15 Increase the use of personalised, co-produced safety and coping plans for children and young people experiencing mental health crisis.
16 Improve communication, support and resources for children and families waiting for treatment.
16 Prioritise a multi-agency, multi-disciplinary workforce development strategy to improve recruitment and retention of children's workforce.
17 Develop effective professional development programmes to improve staff ability to support the mental health of children with special educational needs.
18 Improve mental health support for ethnic minority children and young people through culturally appropriate co-produced evidence-based community programmes.

Adults and Older Adults

1 Develop clear and accessible evidenced-based treatment pathways to support residents with mental health disorders.[1]
2 Build capacity in the community and voluntary sector to support care and recovery.
3 Improve the uptake of psychological therapies for 18–24-year-old women.
4 Review service provision to ensure adequate support for the increasing numbers of residents experiencing trauma related conditions especially in young adult populations.
5 Explore ways to reduce the number of people who do not attend appointments.
6 Increase the representation of ethnic minority groups in early intervention services.
7 Develop the capacity for ethnic minority communities to provide support, care and early intervention through co-produced community-based services.
8 Explore the barriers to ethnic minorities accessing home treatment and crisis care.
9 Increase access to appropriate psychological therapies for older people.
10 Increase emphasis on maintaining recovery to avoid mental health crisis.
11 Improve integrated working for people with co-occurring mental health and substance misuse conditions.
12 Prioritise workforce development plans to improve recruitment and retention of mental health professionals.
13 Improve engagement and support for vulnerable groups including LGBTQI+, those with learning needs and neurodiverse communities.
14 Reduce ethnic inequalities in mental health care by improving access, experience and outcomes through the expansion of co-produced community mental health programmes.
15 Engage General Practitioners in the development of early intervention in psychosis pathways to improve access.
16 Ensure maternity, general practice and health visiting services effectively implement perinatal mental health care pathways Perinatal summary page (rcpsych.ac.uk)

Introduction

Good mental health, like good physical health, is vital for leading a healthy and happy life.

Our mental health affects how we make choices; how we relate to others; how we build resilience and recover from stressful life events; and significantly contributes to our overall health and wellbeing. Never has this been more evident than during the COVID-19 pandemic. This mental health needs assessment for Wandsworth provides a timely review of the mental health needs of the borough's residents, charting how mental health affects us from childhood through to old age, including the imprint left by the pandemic.

Mental health is defined by the World Health Organisation as, "a state of wellbeing in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community".[2]

Mental health problems are common. At any one time, one in four adults and one in ten children (aged 5–16) experience a mental health problem.[3] Mental ill health has significant effects on the lives of individuals, families and communities, and has broad impacts across social, educational, occupational and health outcomes. This has become more evident during the COVID-19 pandemic.

Along with substance abuse, mental illness accounts for 21.3% of the total burden of disease in England.[4] The estimated economic cost to the UK is £118 billion a year, equivalent to 5% of the GDP.[5]

Anyone can experience mental ill health, though certain groups are at a significantly higher risk. Social inequality is a significant driver of mental ill health, as unfavourable social, economic, and physical environments increase the risk of becoming unwell. These avoidable and unfair disadvantages often start before birth and accumulate throughout life; half of mental health problems are established before the age of 14 and three quarters are established by 24 years, demonstrating the importance not only of early identification and treatment but also of prevention. Taking early action to prevent ill health and encourage wellbeing is therefore the cornerstone of improving mental health across the population.

Why Undertake a Mental Health Needs Assessment?

A health needs assessment is a systematic process to assess the health problems facing a population. This includes determining whether certain groups appear more prone to illness than others and identifying any inequalities in service provision.

The aim is to maximise the health gain from available resources by identifying priorities for commissioning.

The last mental health needs assessment for Wandsworth was undertaken over a decade ago, and since then the profile of mental health has significantly increased. The NHS Long Term Plan, launched in 2019, committed to improving access to mental health support for all those who require it.[6] National evidence suggests that there is a growing number of people seeking help from mental health services, and that this has been exacerbated by the COVID-19 pandemic.[7] Anecdotally, there is evidence that mental health need in Wandsworth is growing, and this needs assessment endeavours to investigate and examine this hypothesis.

The MHNA will provide a systematic evidence base for future policy and commissioning intentions in Wandsworth for the next five years and help to ensure that services are equipped to provide sufficient, effective and safe delivery of mental health services to meet the needs of all Wandsworth residents.

Aims and Objectives

The MHNA will provide an overview of the impact of mental health disorders across the life-course and assess the current challenges facing commissioned services in meeting this need. The life-course cohorts are as follows:

- Childhood and adolescence (0 – 19).
- Working age and adults (16 – 64).
- Older people (65+).

The aims of the MHNA are to:

- Understand the level of mental health need in Wandsworth and how this is being met by services.
- Inform policy and commissioning intentions for mental health services in Wandsworth over the next five years.

This will be achieved by:

- Estimating the scale of mental health need in the Wandsworth population, including groups at increased risk of mental ill health.
- Estimating levels of unmet mental health need.
- Understanding the impact of the COVID-19 pandemic on the mental health of the Wandsworth population and whether any specific groups have been disproportionately affected.
- Developing recommendations for more effective and efficient services that better meet the mental health needs of the population.

Methodology

This health needs assessment uses the following approaches:

- **Epidemiological:** considering the epidemiology of mental health disorders across the population, current service provision, and the effectiveness and cost-effectiveness of interventions and services.
- **Comparative:** comparing service provision between different populations and boroughs with a similar population.
- **Corporate:** eliciting the views of stakeholders including professionals and service users.

Steering Groups

Health needs assessments require a multi-disciplinary approach and engagement from a range of stakeholders. Two steering groups were formed – one for CYP, the other for adults and older adults

– to guide the development of the needs assessment and support strategic decision making. Members of the steering groups included representation from South West London CCG, Children's Services, Social Care, the Data, Insights and Analytics Team, voluntary sector organisations and the local mental health trust. Both steering groups met monthly from December 2021 to June 2022.

Core Data Sources

The core data sources available to support an understanding of the prevalence of mental health disorder for the purpose of the MHNA are:

- Mental Health of Children and Young People in England, 2017 [PAS], NHS Digital
- Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey
- Adult Psychiatric Morbidity Survey: Survey of Mental Health and Well-being, England,2014, NHS Digital

National studies are established in seven-year cycles and the most recent APMS was carried out in 2014. The next survey is due imminently, however, will not be completed early enough to inform this MHNA. National mental health datasets were also used including from NHS Digital and NHS Benchmarking .

Data specifications were developed and distributed to relevant stakeholders in the borough. This data was requested to understand how mental health services are being used, by who and how the pandemic has affected service provision. Data was collected from NHS services, local authority commissioned services, CCG commissioned services, social care and from the voluntary sector.

Stakeholder Engagement

Focus groups were conducted with multiple stakeholders to provide detailed insight into the mental health needs of Wandsworth's population. A semi-structured discussion guide was created to support them. This approach ensured that stakeholders were able to lead the discussion within a flexible framework. A copy of the discussion guide can be found in the appendix.

Focus groups were delivered at the following forums:

- Wandsworth Mental Health Clinical Reference Group
- Wandsworth Mental Health Stakeholder Forum
- Wandsworth Children's Emotional Wellbeing & Mental Health Partnership Board
- Wandsworth ALD Support Group
- Wandsworth Learning Disabilities Partnership Forum
- Hestia Recovery Café
- Black Minority Ethnic Mental Health Forum
- Free2B LGBTQ+ Youth Group
- Wandsworth Mental Health Support Team Cluster Meeting
- Talk Wandsworth
- Housing Allocation Group
- Elias Ward, Tolworth Hospital

Stakeholder views were also obtained through the THRIVE framework[8] and South West London Mental Health Strategy workshops. The voice of CYP was captured through responses to the 2022 Wandsworth Young People's Survey issued to multiple schools through the School Health and Education Unit.

National Policy Context

Over the last decade the profile of mental health has increased significantly. It is now firmly on the public and political agenda, with a significant change in public attitudes towards those with mental illness.[9] This has become even more apparent following the COVID-19 pandemic as the effects of lockdown, illness, isolation, and the loss of life has impacted the mental health and wellbeing of an entire population.

The government has renewed its commitment to improving mental health services for all. In 2012 the Health and Social Care Act pledged to ensure parity of esteem, meaning that those with a mental health problem would receive the same safe and effective care as those with a physical health problem.[10]

Despite this, in February 2016 an Independent Mental Health Taskforce published the Five Year Forward View for Mental Health which acknowledged ongoing significant failings in care quality and access to services.[11] It made a series of recommendations to improve outcomes, which along with the NHS Long Term Plan, adds further commitments to improve mental health services. These include:[12]

- getting care at the right time
- an integrated mental and physical health approach
- promoting good mental health and preventing poor mental health
- improving access to jobs, quality relationships and community
- tackling inequalities, as mental health problems disproportionately affect those living in poverty, are unemployed and who already face discrimination.

In March 2021 the government announced its Mental Health Recovery Action Plan backed by £500 million to address the impact of the pandemic on the public's mental health.[13]

There is widespread recognition of the significant impact that mental health disorders cause and the need to redress the inequality in the current allocation of resources in the health system.

Wandsworth Policy Context

Policy	Key Points Related to Mental Health
Joint Strategic Needs Assessment Wandsworth 2021	• Committed to integration through the theme of "prevention and joined-up services throughout people's lives, to enable all residents to start well, live well and age well". • Emphasised the importance of promoting resilience and emotional wellbeing for all CYP. • Promoted tackling poor emotional and mental wellbeing for adults, which is responsible for significant ill health and long-term conditions in the borough. • Identified that loneliness and isolation are principal concerns among older adults.
Wandsworth Mental Health Transitions Framework 2020-2023	• Provided guidance to manage mental health transitions for young people and their parents/carers by providing a clear pathway. • Clarified the role of each agency to simplify and improve the process of accessing support leading up to and during the transition from Children's to Adult Mental Health Services.
SWL Suicide and Self-Harm Health, Needs Assessment, SWLCC 2021 – 2022	• Aimed to reduce the rate of suicide, suicidal behaviour and self-harm. • Outlined that this will be achieved through improving the understanding of local need; challenging the stigma and discrimination associated with mental health disorder; improving access to information and postvention support; preventing self-harm amongst young people; improving crisis responses and pathways.
Health Inequality in Wandsworth, Director of Public Health Annual Report, 2020	• Shared steps taken to address health inequalities through population level interventions using borough assets to promote healthy lives and highlight areas where more is needed. • For mental health this included: Promoting Alternative Thinking Strategies (PATHS) - a social and emotional learning programme for primary schools; Mental Health First Aid Training; The Good Thinking Programme; suicide prevention strategy; substance misuse strategy
Dementia Health Needs Assessment (Prevention and Care) 2019	• Assessed the health needs related to dementia, with a focus on prevention and social care. • Designed with the aim of informing ASC commissioning activities in the borough.

Prevention and Mental Health

Public mental health in Wandsworth is concerned with a population-based approach that considers:[14]

- Primary prevention – stopping people from developing a mental health disorder and promoting good mental health for everyone.
- Secondary prevention – supporting those who are at higher risk of developing a mental health disorder.
- Tertiary prevention – supporting those with an established mental health problem to stay well.

As with other initiatives across the borough, public health is concerned with preventing mental illness by:

- Promoting good mental health and wellbeing for all.
- Preventing the development and worsening of mental distress across the population.
- Preventing the development of mental health problems.
- Preventing suicide and alleviating mental distress.
- Improving the lives of people living with, struggling with and recovering from mental ill health.

Risk Factors for Mental Disorders

Our mental health and wellbeing are influenced by multiple factors and are shaped to a large extent by the social, economic, and physical environments in which we grow, live, work and age. These factors can either act to protect or work against our mental health. The link between mental illness and the social context is well established, and social inequalities are associated with an increased risk of many common mental health disorders.[15]

Determinants of mental health and wellbeing include:

- **Individual attributes and behaviours:** these include our innate and learned ability to deal with our thoughts and feelings, to manage daily life and to engage with the social world. This can be influenced by genetic and biological factors.[16]
- **Social, economic and environmental circumstances:** these social determinants of health include non-medical factors that place individuals at a higher risk of becoming unwell and developing a health disorder, as the capacity of any individual to flourish in society is significantly influenced by their surroundings.[17]

Table 1: Adverse and Protective Determinants of Mental Health on Individual, Social and Environmental Levels.

Level	Adverse factors		Protective factors
Individual attributes	Low self-esteem	↔	Self-esteem, confidence
	Cognitive/emotional immaturity	↔	Ability to solve problems and manage stress or adversity
	Difficulties in communicating	↔	Communication skills
	Medical illness, substance use	↔	Physical health, fitness
Social circumstances	Loneliness, bereavement	↔	Social support of family & friends
	Neglect, family conflict	↔	Good parenting / family interaction
	Exposure to violence/abuse	↔	Physical security and safety
	Low income and poverty	↔	Economic security
	Difficulties or failure at school	↔	Scholastic achievement
	Work stress, unemployment	↔	Satisfaction and success at work
Environmental factors	Poor access to basic services	↔	Equality of access to basic services
	Injustice and discrimination	↔	Social justice, tolerance, integration
	Social and gender inequalities	↔	Social and gender equality
	Exposure to war or disaster	↔	Physical security and safety

Source: WHO report on risks to mental health: an overview of vulnerabilities and risk factors[18]

Demographic Risk Factors

Age:[19]

- Mental disorder is more common in middle aged adults (35-54) than any other age group
- In CYP, mental disorders are more common in later adolescence, with young women aged 16-24 emerging as a key risk group for poor mental health.

Sex:[20]

- Mental disorder prevalence changes throughout adolescence depending on whether you are male or female
- In early adolescence, boys experience greater likelihood of developing behavioural disorders
- During secondary school years, girls are more likely than boys to experience emotional disorders
- By the late teens, mental disorder is noticeably more common in young women than young men[21]
- As the life course continues, women remain more likely to have mental health problems than men.

Ethnicity:[22]

- For males, there are no meaningful differences in the experience of a CMD by ethnic group
- However, a higher percentage of Black men experience psychotic disorders than White men
- Women from Black or Black British ethnic groups experience higher levels of CMD than women from White or White British ethnic groups
- CMDs are more prevalent in White British than Other White women.

Risk Factors in Childhood:

- Poor child-parent relationships are predictive of significantly increased risk of mental disorder in adulthood, with poorer relationships associated with increasing risk[23]
- Persistent poverty and transition into poverty is strongly associated with child mental disorder[24]
- School absence and exclusion is associated with increased risk of adolescent mental disorder[25]
- Sexual abuse in childhood is associated with increased risk of mental disorder in adulthood[26]
- Child adversity accounts for 30% of adult mental disorder. This is one of the strongest predictors of mental disorder, particularly when associated with dysfunctional family functioning, for example parental mental disorder, child abuse and neglect.[27]

Socioeconomic Risk Factors:[28]

- Children living in the most deprived areas and the most deprived communities have lower levels of happiness
- Children in families with problem debt have low wellbeing levels compared to households without problem debt
- Adolescent wellbeing is lower in those growing up in the poorest households compared with least poor
- In adults, lower wellbeing is associated with being unable to keep the house warm enough and in a decent state of repair, replacing worn out furniture and making regular savings.

Lifestyle Risk Factors:

- Studies show that smoking is strongly associated with lower life satisfaction, as well as lower optimism and purpose in life[29]
- Drug use among 11–15-year-olds is associated with lower wellbeing[30]
- Alcohol problems and mental ill health are closely linked. Research shows that those who have severe mental health problems are more likely to have problems with alcohol, and those who consume high levels of alcohol are more likely to develop mental health problems[31]
- Less exercise is associated with increased risk of low mental wellbeing[32]
- Decreased fruit and vegetable intake is associated with lower wellbeing in adults.[33]

Health Risk Factors:

- Obesity is associated with lower self-esteem, lower quality of life in children, and lower mental well-being in adults[34]
- Poorer self-reported general health among 11–15-year-olds is associated with lower wellbeing.[35]
- Poor health is strongly associated with low life satisfaction and mental wellbeing. The odds of low life satisfaction are 7-10 times greater in those with very bad health compared to those with very good health.[36]
- Chronic medical illness is associated with impaired quality of life and wellbeing.[37]

Vulnerable Groups

Certain subgroups within the population are at higher risk of mental ill health due to exposure to these unfavourable wider determinants. For example, there is good evidence that some common mental disorders are distributed according to a gradient of economic disadvantage across society.[38] This disadvantage often starts before birth and accumulates throughout life.

These groups require proportionately more targeted prevention, promotion, and treatment to prevent widening of inequalities.

A recent briefing paper from the Royal College of Psychiatrists identifies the following groups as more vulnerable to experiencing a mental disorder:[39]

- Looked after children
- People with intellectual disabilities and neurodevelopmental disorders
- People who are homeless
- People who are unemployed or who are on low incomes
- People in contact with the criminal justice system
- Refugees and asylum seekers
- Certain ethnic groups
- Gypsy, Roma and traveller populations
- People who Identify as LGBTQ+
- People with chronic physical health conditions
- Young women

It is important to recognise that inequalities lead to multiple vulnerabilities so that some people will belong to more than one group. For example, people who are homeless are more likely to experience chronic physical conditions, be in contact with the criminal justice system, experience alcohol and drug dependencies and be unemployed.[40]

Wellbeing and Mental Health

In consultations, many stakeholders raised the idea of wellbeing and the 'unofficial' work being done in our families, friendship groups and wider communities to support people's wellbeing; and how this in turn affects mental health.

Though closely related and able to impact each other, it remains important to distinguish between mental wellbeing and mental health. In relation to mental wellbeing, the WHO states that, "wellbeing exists in two dimensions, subjective and objective. It comprises an individual's experience of their life as well as a comparison of life circumstances with social norms and values".[41] It induces a person's overall sense of self and the ability to live as close as possible to the way they want. Mental health on the other hand is defined by a very specific set of signs and symptoms that cause significant and persistent emotional distress which can be classified as a mental health problem, or mental illness.

Both physical and mental health can influence wellbeing, and conversely mental wellbeing can influence mental and physical health.

It is crucial to understand that mental wellbeing is not simply the opposite of mental illness. Someone could have a mental disorder and high levels of wellbeing; while someone else could have low levels of mental wellbeing without a mental disorder.[42]However, low levels of mental wellbeing over a long period could make a person more likely to develop a mental health problem, and those with a mental health problem are more likely to experience low mental wellbeing.[43]

In addition, people with high levels of wellbeing are 1.14 times more likely to recover from illness than individuals with a low level of wellbeing. High levels of wellbeing are also associated with reduced mortality and a lower likelihood of engaging in risky behaviours such as smoking, drug use and alcohol use.[44]

It has been identified that promoting social networks, physical activity and time spent socialising delivers health benefits, including wellbeing.[45] There is a strong evidence base for the following actions to improve mental wellbeing:

NHS Guidance [46]

Five Steps to Mental Wellbeing

1. Connect with other people
2. Be physically active
3. Learn new skills
4. Give to others
5. Pay attention to the present moment (mindfulness)

Improving the mental health and wellbeing of the Wandsworth population would have wide reaching effects. As identified nationally, it would:[47]

- Equip people with the social and emotional skills to manage their lives, to have a sense of meaning and purpose, to develop and maintain good relationships and to be able to cope with life's challenges.
- Create healthy, inclusive and pro-social places and communities, safe and pleasant physical environments and healthy organisations and settings.
- Tackle socioeconomic and environmental factors such as poverty, financial insecurity, discrimination, access to education, employment, transport, housing and support for the most vulnerable people; and increase individual and community resilience.
- Improve physical health through reducing the likelihood of developing a range of chronic illnesses.
- Make workplaces more productive with reduced absenteeism.

This report acknowledges the importance of supporting wellbeing through policies and local initiatives, and the informal support provided by families, friends and wider networks. However, due to the scope of the report its focus will be on mental health.

The Effect of the COVID-19 Pandemic on Mental Health

The COVID-19 pandemic had an unprecedented impact on our communities, as this novel virus caused high rates of morbidity and mortality, and sustained periods of social isolation and economic insecurity.

The crisis heightened risk factors associated with poor mental health - unemployment, insecurity, and fear - whilst simultaneously depriving individuals of the usual coping mechanisms to mitigate this uncertainty, including social connection, daily routines, physical exercise and attendance at school or work.[48] This has led to a significant and unprecedented worsening of the population's mental health.[49]

Studies have also found that the COVID-19 pandemic substantially impacted the mental health of CYP.[50] Data from February and March 2021 shows that rates of probable mental disorder among CYP increased between 2017 and 2021.

Among 6–16-year-olds, data shows that this increased from 11.6% in 2017 to 17.4% in 2021, and among 17- to 19-year-olds this increased from 10.1% to 17.4% over the same period.[51] Data from NHS Digital shows that in 2020 potentially one in six young people had a diagnosable mental health disorder, up from one in nine in 2017

The proportion of CYP with possible eating problems also increased. Among 11- to 16-year-olds, the proportion increased from 6.7% in 2017 to 13% in 2021, and among 17- to 19-year-olds the proportion increased from 44.6% to 58.2% in the same period.[52] These trends have been found to have more negatively impacted girls and young women.[53]

Ofsted, in its second report on the impact of the pandemic, report that children who were hardest hit by school closures and restrictions have regressed in some basic skills and learning. Some young children, who were previously potty-trained, have lapsed back into nappies, particularly those whose parents were unable to work flexibly.

Older children have lost stamina in their reading and writing, some have lost physical fitness, others show signs of mental distress, including an increase in eating disorders and self-harm. Concerns remain about children who were out of sight during school closures, with falling referrals to social care teams raising fears that domestic neglect, exploitation, or abuse is going undetected.[54]

In 2019, the proportion of adults aged 18 and over reporting clinically significant levels of psychological distress was 20.8%. This increased to 29.5% in April 2020.[55] The percentage reduced in September 2020, however increased again in January 2022 to 27.1%.[56] The fluctuant nature of the psychological distress coincides with periods of national lockdown and high COVID-19 cases.

Certain groups have been identified as being particularly affected by the pandemic, reporting high levels of anxiety and distress. These include:[57]

- Young women
- Individuals with pre-existing mental health conditions
- Those facing increased financial insecurity
- Older adults
- Those advised to 'shield'
- Those exposed to violence
- Frontline workers
- Those directly affected by COVID-19 infection, including those with long COVID or the those who were very unwell and requiring rehabilitation.[58]

In response to the impact of the pandemic on mental health, the government launched the Mental Health Recovery Action Plan in March 2021, which granted additional funding, with a focus on supporting those most affected by the pandemic.[59]

The successive waves of COVID-19 have not only affected the population's mental health, but the care systems that meet this need. The prioritisation of COVID care during the first two waves of the pandemic meant that all but the most urgent of non-COVID care was substantially reduced, leading to a mounting backlog, and causing significant delays to the identification and treatment of health needs.[60] In addition, some services dramatically changed their mode of delivery from face-to-face to digital. Therefore, the long-term health impacts for those who did not or were unable to access services during the pandemic also need to be considered.[61]

Demographics of the Wandsworth Population

In 2021, Wandsworth had an estimated 335,468 residents, which is the second largest population in inner London. By 2031 the population is expected to increase by 6% to more than 355,000, which is one of the fastest rates of population growth in London. Local population increase is currently driven by natural change (more birth than deaths) and in the next 10 years will be driven by large new housing developments such as Nine Elms.

Most who live in Wandsworth are mobile, young, educated and economically active, and the borough has one of the highest employment rates in London, at almost 80%, which is higher than London and England.

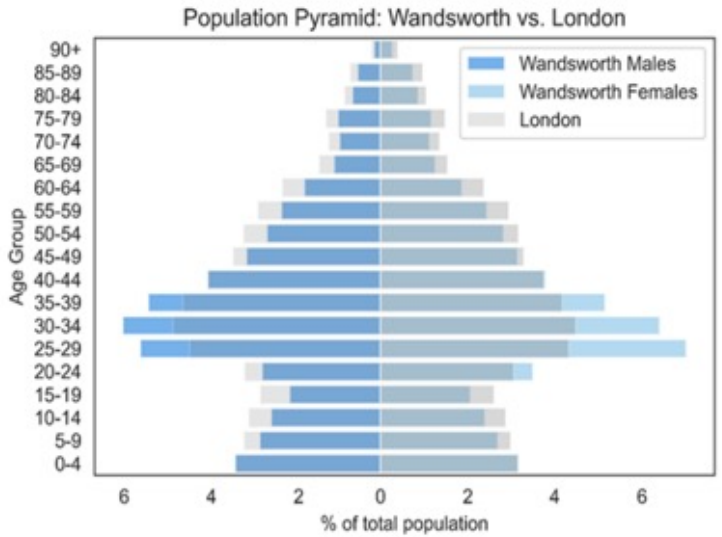
Age[62]

- Wandsworth has one of the youngest populations in the country, with a median age around 33.7 years (the median age in London is 35.1)
- The borough has one of the highest proportions of the local population aged 20-44 years in London
- The largest increase in numbers will be among those aged 20-39 years, driven by internal migration from other parts of UK moving into the borough
- However, the largest percentage increase will be in age groups 60 years and older, with the population of those aged 85+ years growing by 42% by 2029.

Sex and Gender[63]

- The borough's population is made up of 52% females and 48% males, and both are projected to increase by 13% (approx. 22,000) by 2029
- The proportion of women and men are roughly equal across the life-course age-bands until later in life
- As women experience longer life expectancy than men, 84.2 years in females versus 80.6 years in males, by the time people are aged 75 years and over, one starts to see a shift in balance between the proportion of both genders (59% female, 41% male)
- There are estimated to be more females living alone in Wandsworth in 2019 than males and these numbers are projected to increase by 2029

Figure 2: Population Pyramid by Quinary Age Group for Year 2021 - Wandsworth vs. London



Source: Wandsworth Joint Strategic Needs Assessment. 2021.

Ethnicity[64]

- The largest ethnic group in Wandsworth is White British; 7 out of 10 residents are White (British, Irish, or other)
- Almost 1 in 3 identify as Black, Asian, and Minority Ethnic (BAME), a lower proportion than the average for London and Inner London
- The BAME population is younger with a higher proportion of children and fewer older people. Wandsworth children's population is 45% BAME, compared to 30% BAME in the whole population
- Major specific ethnic groups, other than White British, in Wandsworth are Somali and Pakistani.

Table 3: Ethnicity Breakdown in Wandsworth, Inner London and London by number and percentage in 2019

Ethnicity	Wandsworth n	Wandsworth %	Inner London %	London %
White	230621	70.2	56.9	56.6
White British	157737	48	34.7	39
White Irish	9484	2.9	2.3	2
White Other	63400	19.3	19.9	15.6
BAME	98209	29.9	43.1	43.3
Black Caribbean	11802	3.6	4.5	3.8
Black African	16999	5.2	8	7.2
Pakistani	10559	3.2	1.9	3
Indian	8322	2.5	3.6	7.1
Other BAME	50527	15.4	25.1	22.2
Total	**328830**	**100**	**100**	**100**

Source: Greater London Association Housing-led ethnic group projections.

Inequalities and Deprivation in Wandsworth

The social context in Wandsworth can influence the risk and resilience factors of developing a mental illness as described above.

Deprivation in Wandsworth

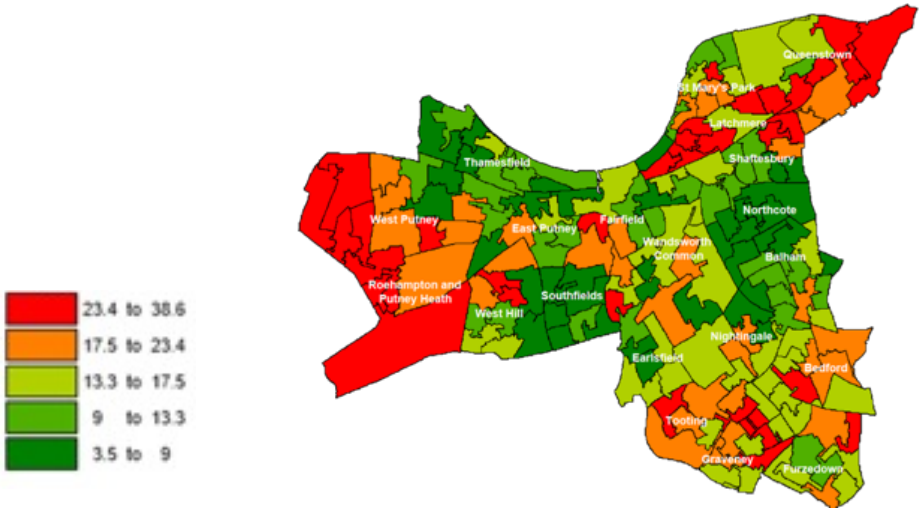
The IMD provides a set of relative levels of deprivation across small geographical areas in England.[65] A rank of 1 is the most deprived while a rank of 32,844 is the least deprived. The indicators fall across seven broad domains: income; employment; health and disability; education, skills and training; barriers to housing and services; crime; and living environment.

In 2019 Wandsworth ranked in the 50% least deprived local authorities in England.[66] This is an improvement since 2015 when it was in the 50% most deprived.[67] It is also within the least deprived third of London's Local Authorities between 2015 and 2019.[68]

Wandsworth compares favourably against the national benchmark and ranks amongst the least deprived of England's local authorities nationally for four of the seven deprivation domains. These are: Income; Employment; Education, Skills and Training; Health Deprivation and Disability.[69]

Relative IMD can give an indication of risk factors for poor emotional wellbeing and mental illness and inform where higher levels of service demand may be. Individuals who are unemployed, have low educational attainment, live in poverty and are socially isolated have a greater risk of poor mental health.

Figure 4: Ward-level IMD scores in Wandsworth in 2019.



Source: Wandsworth Joint Strategic Needs Assessment. 2021.

Educational Attainment in Wandsworth

Wandsworth has one of the highest rates in London and England of residents achieving a degree level qualification or equivalent (65.5%), which is more than double the England level (32%).[70] This level of educational attainment explains higher levels of income and employment in the borough, with 70% if the population working as managers, directors and in professional occupations.[71] The number of the population that have no qualifications has also dropped – from 7.7% in 2004 to 3.5% in 2018.

Employment and Income

83.5% of those aged 16 to 64 in Wandsworth were economically active in the twelve months to June 2019; above the London (78.2%) and England (79.1%) rates. Proportionally, employment and economic activity rates are lower amongst females in the borough compared to males.[72]

Wandsworth is estimated to have one of the lowest unemployment rates in London at 4.3% in the year up to June 2019.[73]

It is estimated that Wandsworth residents working full-time earned £43,470 in 2019, which is amongst the top three annual earnings in London and England.[74] Though the local median income is higher than in London and England, 20% of residents made less than £440.80 per week.[75]

Child Poverty

It is estimated that 17% of children in Wandsworth were living in poverty in 2017/2018.[76] Within the borough, the wards with the highest proportion of children living in poverty were Queenstown, Roehampton and Putney Heath, Latchmere, Tooting and St Mary's Park.

In Wandsworth the number of children under 16 living in families with absolute and relative low income is lower than in London and England.[77]

Table 5: Number and percentage of children under 16 living in families with absolute and relative low income

	Wandsworth n	Wandsworth %	London n	London %
Children under 16 living in families with Absolute Low Income	5,380	9.1	258,530	14.1
Children under 16 living in families with Relative Low Income	7,078	12	322,107	17.6

Source: DataWand. 2018-2019.

Children and Young People: Start Well

The Start Well chapter focuses on those below the ages of 18, providing an overview of the mental health of the population from childhood to adolescence. The chapter will start by presenting the estimated prevalence of mental disorder, then consider the potentially vulnerable groups, before looking at service activity and stakeholder views of mental health need in the borough.

Introduction

There has been growing concern about the mental health and wellbeing of young people in recent years with national data demonstrating that CYP were facing a mental health crisis even before the pandemic.[78]

In 2018 it was estimated that one in seven young people between the ages of 11 and 19 had a mental health disorder.[79] Recent evidence suggests that CYP's mental health and wellbeing have further deteriorated due to the unprecedented disruptions caused by the pandemic. According to the Centre for Mental Health, 1.5 million CYP in England need new or additional mental health support as a direct consequence of the pandemic.[80]

The South West London CCG's local transformation plan (2021) confirms the significant and ongoing impact of COVID-19 on the mental health of local children, young people and their families.[81] The government have committed to supporting post-COVID recovery and South West London CCG has secured additional funding including:[82]

- £1.2 million for CYP's community and crisis services.
- £363k for developing 18-25 services.
- £335k for eating disorder services.
- £2.4m for supporting discharge from inpatient services across adults, CYP.

Meeting this increased mental health need is made more challenging by the gap that has long existed between the availability of services and the need for treatment.[83] In addition, stakeholders consulted for this needs assessment reported that mental health conditions among young people in Wandsworth are increasing in prevalence, complexity, acuity and longevity, placing additional demand on services.

Age	Wandsworth population (n)	% of total Wandsworth population
0-4	19,631	6
5-9	17,903	5.4
10-14	17,193	5.26
15-19	14,767	4.52

Children and Young People in Wandsworth

There are 64,4400 CYP aged 0 –19 years living in Wandsworth according to the 2021 census; which is a 5% increase from the last census.[84] By 2029 the number of 0 – 19-year-olds is projected to decrease to 67,472.

Source: DataWand, using Greater London Association 2020 based population projections

Predictors of Mental Disorder Among Children and Young People

It is significant that half of adult mental health problems start before the age of 24. Evidence shows that many mental and physical health conditions emerge in later life but originate in early childhood.[85]

Adverse conditions during this early period are associated with a higher risk of mental disorders, with family-related factors and socioeconomic status having a significant effect. Experience of ACEs are associated with increased prevalence of a range of problems in adulthood. A UK survey identified that those who had suffered four or more ACEs had an increased prevalence of problems including poor mental wellbeing, health-harming behaviour and chronic disease.[86]

The Institute for Health Equity found that certain factors in early childhood have a particularly significant impact: "lack of secure attachment, neglect, lack of quality stimulation, and conflict, negatively impact on future social behaviour, educational outcomes, employment status and mental and physical health".[87]

The Mental Health of Children and Young People in England 2017 report also found that social and family context was associated with a mental health disorder.[88] A summary of the key findings is below:

Social/Family Context	Impact on Mental Health
Parental Mental Health	Rates of mental disorder tended to be highest in children living with a parent with poor mental health, or in children living with a parent in receipt of disability related income.
Adverse Life Events	Children with a mental disorder were more likely than those without one to have experienced certain types of adversity in their lives, like parental separation or financial crisis at home.
Social Support and Participation	Having low levels of social support, a smaller social network, and not participating in clubs or organisations (either in or out of school) were all associated with the presence of mental disorder.
Family Functioning	Family functioning was associated with the presence of mental disorder. Over a third (38.2%) of children living in families with the least healthy functioning had a mental disorder. While problems with family functioning may contribute to the onset of mental disorder, the presence of mental disorder could also lead to problems with family functioning.

Source: adapted from Mental Health of Children and Young People in England 2017. Summary of Key Findings.

Multiple stakeholders have also identified that CYP in Wandsworth face a particular set of stressors, including an increase in prevalence, complexity, acuity and longevity of mental health issues, which has been further exacerbated by the pandemic. Stakeholders also reported a concern around the growth of eating disorders and escalating rates, pace and early onset of high-risk behaviours, such as self-harm and suicidal ideation. With some stakeholders identifying this growth to be particularly significant in the "affluent areas of Wandsworth."

Estimated Mental Health Need Among Children and Young People in Wandsworth

Assessing the prevalence of mental health disorders among CYP in Wandsworth is particularly challenging due to incomplete data sets, lack of clinical diagnoses at a community level and unavailable data for some groups. It has therefore been necessary to apply national data to the local population to estimate the level of need. It is expected that the pattern of mental disorders seen nationally will be representative of the Wandsworth population.

Method of Estimating Local Prevalence Based on National Data

When estimating local prevalence of mental health disorders in age bands the ONS mid-year population estimates for 2020 were used. The total number of 5–19-year-olds according to ONS mid-year 2020 population estimates for Wandsworth was 49,151 To calculate ethnicity the Census 2011 population was used as a source of age and ethnic breakdown. The total number of 5–19 year olds from the 2011 Census was 39,201. Due to the calculation of each figure individually 'All' does not necessarily equate to the total sum of figures in the tables.

The figures presented below are estimates and should be interpreted with caution. When applying national level surveys to a smaller geographical areas local factors are more likely to have an effect and should be considered when interpreting these estimates.

Summary of National Data Findings

The Mental Health of Children and Young People Survey in England provides data on the trends in child mental health in England. The survey was carried out in 1999, 2004, 2017 and most recently in 2021. The survey assessed for a range of different types of mental health disorder according to the International Classification of Disease (ICD-10) diagnostic criteria.

Disorders were grouped into four broad categories: emotional disorders, behavioural disorders, hyperactivity disorder, and other less common disorders (see table below). To meet the threshold of a mental health disorder the symptoms experienced need to be sufficiently severe to cause distress to the child or young person or to impact on their functioning.[89]

Table 6: Description of mental health disorders affecting children aged 2-4-years-old.

Type of Disorder	Description
Emotional Disorders	Include a range of anxiety and depressive disorders that manifest themselves in fear, sadness and low self-esteem.
Behavioural (Conduct) Disorders	Characterised by repetitive and persistent patterns of disruptive and antisocial behaviour in which the rights of others and social norms or rules are violated. Generally, only diagnosed in CYP.
Hyperactivity	Start in childhood and are characterised by developmentally inappropriate patterns of inattention, impulsivity and hyperactivity.
Less Common Disorders	Less common mental and neurodevelopmental conditions were also identified. These included: ASD, eating disorders, tic disorders, and several very low prevalence conditions such as psychosis, stereotypic movement disorder, selective mutism, and attachment disorders. In the preschool population feeding, sleeping, and toileting disorders were also assessed.

Source: adapted from the Mental Health of Children and Young People Survey (2017)[90]

The Mental Health of Children and Young People Survey (2017) found that:

- One in eight 5-19-year-olds had at least one mental disorder when assessed in 2017.
- One in twenty 5-19-year-olds met the criteria for two or more mental disorders.
- There was a slight increase in overall rates of mental disorder between 1999 and 2017.
- Emotional disorders have become more common, with an increase in both boys and girls, while other disorder types were stable.
- Rates of mental disorder were higher in older age groups. Young people between 17–19 were three times more likely to have a disorder than those under 17.

Estimated Local Prevalence of Mental Health Disorder in Preschool Children aged 2-4 years

Mental disorders in this age range are grouped under the four categories described above. For this age group in particular, the threshold of a mental disorder is reached when the manifestation of the symptoms exceeds levels expected in preschool aged children or age-appropriate societal norms.[91]

The total number of 2–4-year-olds in Wandsworth is estimated to be 12,365.[92] When the prevalence rates from the Mental Health of Children and Young People in England Survey (2017) were applied to the borough population, it was estimated that the following numbers of preschool children experience a mental health disorder in Wandsworth.

Table 7: Estimated number of children aged 2–4 in Wandsworth with a mental disorder by sex, based on national prevalence

Type of Disorder	All 2-4-year olds (n)	Boys 2-4 year olds (n)	Girls 2-4 year olds (n)
Any Mental Disorder	680	429	254
Any Emotional Disorder	124	63	54
Any Behavioural Disorder	309	196	115
Any Hyperactivity Disorder	62	38	18
Any Less Common Disorder	346	227	115

Source: NHS Digital: Mental Health of children and young people in England, 2017.

- In this age group boys are more likely than girls to have a disorder across all four categories.
- Behavioural and less common disorders were the most common in this age group.
- One in eighteen preschool children were identified with at least one mental disorder.

Estimated Local Prevalence of Mental Disorder in Children and Young People aged 5–19 years

When the prevalence rates from the Mental Health of Children and Young People in England Survey (2017) are applied to the borough population, it is estimated that the following numbers of CYP aged 5-19 will experience a mental health disorder in Wandsworth.

Table 8: Estimated number of children in Wandsworth between 5–19 with a mental health disorder by age group, based on national prevalence

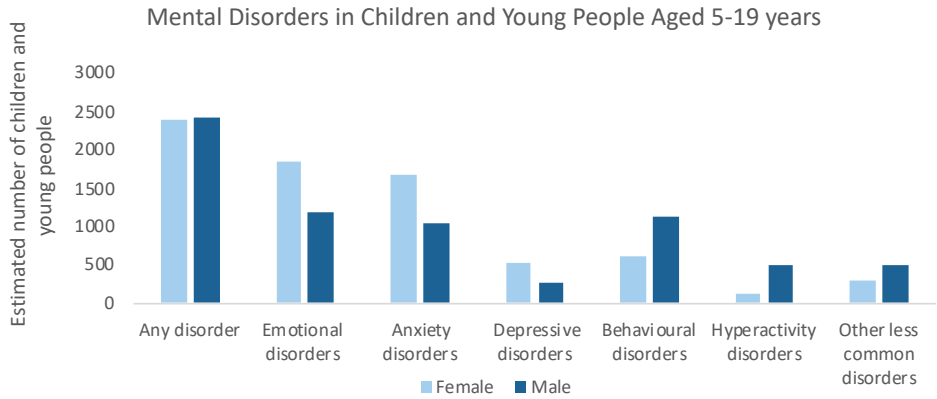
Types of Disorder	5–10-year olds (n)	11–16-year olds (n)	17-19-year olds (n)	All
Any Mental Disorder	2247	2569	1294	6110
Any Emotional Disorder	970	1606	1140	3716
Any Behavioural Disorder	1183	1106	61	2350
Any Hyperactivity Disorder	402	357	61	820
Any Less Common Disorder	520	393	138	1051

Source: NHS Digital: Mental Health of children and young people in England, 2017

Estimated Prevalence of Mental Disorder by Age and Sex

- Over the life course of CYP, it is predicted that there will be a shift from a higher prevalence of mental disorders in males to females.
- It is estimated that the prevalence of mental disorders will be highest among boys between the ages of 5–10 years.
- Between the ages of 11–16 years the prevalence of mental disorders is estimated to be relatively equal between males and females.
- There is estimated to be a higher prevalence of mental disorders in girls aged of 17–19 years.
- It is estimated that there will be a higher prevalence of behavioural, hyperactivity and other less common disorders among boys.
- By contrast, it is estimated that girls will be more likely to experience emotional, anxiety and depressive disorders.

Figure 9: Estimated number of children in Wandsworth aged 5–19 years with a mental health disorder by type of disorder and sex, using ONS mid-2020 population estimates



Source: NHS Digital: Mental Health of children and young people in England, 2017.

Estimated Prevalence of Mental Disorders by Ethnicity

Figure 10: Estimated number of children in Wandsworth aged 5 – 19 years with any mental disorder by ethnicity and sex, based on national prevalence

Ethnicity	All	Boys	Girls
White British	2582	1275	1308
White Other	273	147	126
Black/Black British	430	131	295
Asian/Asian British	292	110	183
Mixed/Other	673	347	282

Source: NHS Digital: Mental Health of children and young people in England, 2017.

- Estimates suggest that a higher number of White British CYP in Wandsworth will have a mental disorder compared with other ethnicities.
- There will be higher numbers of girls with a mental disorder in White British, Black or Black British and Asian or Asian British ethnic groups.
- By contrast, there will be higher numbers of boys with a mental disorder in White Other and Mixed/Other ethnic groups.
- The difference between the number of White British girls and boys with a mental disorder is relatively small.
- The difference between the number of boys and girls with a mental disorder is most pronounced in Black or Black British and Asian or Asian British CYP.

Estimated Number of Children and Young People Aged 5-19 Years with Emotional Disorders

Emotional disorders can be divided into three broad categories: anxiety disorder, depressive disorder and bipolar affective disorder/manic episode. They are described in further detail below.[93]

Anxiety Disorders: include separation anxiety; generalised anxiety disorder; obsessive compulsive disorder; specific phobia; social phobia; agoraphobia; panic disorder; post-traumatic stress disorder; other anxiety disorders; and body dysmorphic disorder.

Depressive Disorders: characterised by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration. Major depressive episodes and other depressive episodes are included in this category.

Bipolar Affective Disorder/Manic Episode: characterised by intense mood swings, where mood and activity levels are significantly disturbed.

Table 11: Estimated number of children in Wandsworth with emotional disorders by age and sex, based on national prevalence

	5-10 year-olds			11-16 year-olds			17-19 year-olds	
Type of Disorder	Boys	Girls	All	Boys	Girls	All	Boys	Girls
Emotional Disorders Overall	558	413	971	645	953	1599	301	858
Anxiety Disorders	533	391	924	566	847	1414	293	778
Depressive Disorders	44	27	71	149	336	486	122	250
Bipolar Affective Disorder	Data Not Available	<5	Not Available	<5	Not Available	10		

Source: NHS Digital: Mental Health of children and young people in England, 2017

- In those under 10 years boys are more likely to have an emotional disorder; in those aged 11 and above girls are more likely.
- Anxiety disorders are the most common type of emotional disorders across all age groups.
- The highest number of emotional disorders is among those aged 11–16-year-olds.

Estimated Number of Behavioural Disorders in Children and Young People aged 5 – 19 Years

Behavioural disorders are characterised by repetitive and persistent patterns of disruptive and violent behaviour which exceed age-appropriate societal norms causing problems in school, at home and in social situations. They include oppositional defiant disorder, socialised conduct disorder and unsocialised conduct disorder.

Figure 12: Estimated number of children in Wandsworth with behavioural disorders by age and sex, based on national prevalence

	5-10-year-olds			11-16-year-olds			17-19-year-olds		
Type of Disorder	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Behavioural disorders	810	368	1179	676	438	1113	39	21	60

Source: NHS Digital: Mental Health of children and young people in England, 2017. Table 5: Any mental disorder and specific disorders by age and sex, 2017. Using ONS Mid-year population estimates, UK, June 2020

- Behavioural disorders are more common among boys for all age groups.
- The highest number of behavioural disorders is among those aged 5-10 years.

Estimated Number of Hyperactivity Disorders in Children and Young People Aged 5 – 19 Years

These disorders are characterised by developmentally inappropriate patterns of inattention, impulsivity, and hyperactivity. Children with hyperactivity disorders may find it hard to sit still, act without thinking first, and not finish the things they start. While most children behave like this sometimes, for those with hyperactivity disorders these symptoms are marked, persistent and cause problems in more than one setting, such as at nursery, at home and in social situations. Hyperactivity disorders include hyperkinetic disorders and other hyperactivity disorders.[94]

- Hyperactivity disorders are more common in boys than girls between the ages of 5–16 years.

Figure 13: Estimated number of children in Wandsworth with hyperactivity disorders by age and sex, based on national prevalence

	5-10-year-olds			11-16-year-olds			17-19-year-olds		
Type of Disorder	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Behavioural disorders	810	368	1179	676	438	1113	39	21	60

Source: NHS Digital: Mental Health of children and young people in England, 2017. Table 5: Any mental disorder and specific disorders by age and sex, 2017. Using ONS Mid-year population estimates, UK, June 2020

Estimated Number of Less Common Disorders in Children and Young People Aged 5–19 Years

Less common disorders can be divided into four broad categories: ASD, eating disorders, tics and other less common disorders. Each is described in further detail below:[95]

ASD: characterised by severe impairment in social interaction, communication, and the presence of stereotyped behaviours, interests, and activities.

Eating Disorders: characterised by disturbances in eating behaviours, appetite and/or food intake. They include anorexia nervosa, bulimia nervosa, and binge-eating. They usually start in the teenage years.

Tics: fast, repetitive muscle movements that result in sudden and difficult to control body jolts or sounds. Tourette's syndrome involves vocal and motor tics that have persisted for over a year.

Other less common disorders: this includes psychosis, stereotypic movement disorder, selective mutism and attachment disorders.

- Eating disorders are most common among 11-16-year-old girls.
- Tics and other less common disorders are most common among 5 - 10-year-olds
- Autism spectrum disorders are more common in boys across all age groups.

Table 14: Estimated number of children in Wandsworth with Other Less Common Disorders by age and sex, based on national prevalence

	5-10-year-olds			11-16-year-olds			17-19-year-old		
Type of Disorder	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Other Less Common Disorders	408	109	519	218	173	391	52	85	136
Pervasive Developmental Disorder (PDD)/ Autism Spectrum Disorder (ASD)	303	44	348	161	57	218	36	0	37
Eating Disorders	7	6	13	21	84	105	Not Available	61	60
Tics/Other Less Common Disorders	196	73	269	75	37	112	16	32	47

Source: NHS Digital: Mental Health of children and young people in England, 2017. Table 5: Any mental disorder and specific disorders by age and sex, 2017. Using ONS Mid-year population estimates, UK, June 2020

Estimated Prevalence of Self-harm and Suicide in Children and Young People aged 5–19 years

Self-harm is when somebody intentionally damages or injures their body, usually as a way of coping or expressing overwhelming emotional distress. More than half of people who die by suicide have a history of self-harm. Although some people who self-harm are at a high risk of suicide, most people who self-harm do not want to end their life. Self-harm is a risk factor for suicide and provides an important indicator to inform preventative interventions.[96]

A young person with a diagnosed mental health disorder is more likely to have self-harmed or attempted suicide at some point.[97] Recent data from 2017 highlights that for young people between 11 and 16 years with a mental health disorder, 25.5% had self-harmed or attempted suicide at some point compared to 3.0% for those without a disorder.[98] For those between 17 and 19 years with a mental health disorder the rate is even higher, with almost half (46.8%) reporting that they had made a suicide attempt or self-harmed at some point.[99] Young women with a mental disorder between the ages of 17 and 19 have been identified as a particular high-risk group with just over half (52.7%) reporting that they had self-harmed or made a suicide attempt.[100]

Since 2011, hospital admissions for self-harm for those aged 10–24 years in Wandsworth have been relatively stable. The most recent data (2020/21) identifies that Wandsworth has the seventh highest rate of self-harm (10–24) in London at 259.7 per 100,000.[101]

Primary Care Data: Common Mental Health Disorders

Primary care data was supplied in May 2022 for common mental disorders and serious mental illness in CYP registered with a general practice in Wandsworth.

It is acknowledged that not all CYP who present to their GP with a mental health problem will be captured under these indicators. There are multiple reasons for this. Not all patients who present to their GP with symptoms of mental ill health will receive a diagnosis and, as QOF is a voluntary programme, not all practices will participate. Consequently, these figures may not be representative of the true prevalence in the population.

The depression and mental health indicators were extracted from the QOF long term condition indicators while the anxiety indicator was extracted from GP databases. QOF covers four domains and each one consists of a set of measures of achievement against which general practices accrue points.[102] Ultimately the aim of QOF is to improve standards of care.

The number of patients on the clinical registers can be used to calculate disease prevalence.[103] Caution must be taken however when using this data to estimate prevalence as figures differ depending on how sources code and define disease, leading to differences in the estimates.[104]

- These figures are lower than expected from the national prevalence estimates suggesting that this metric does not capture the expected need of the CYP in Wandsworth.

Table 15: Number of CYP in Wandsworth captured in primary care data

Data Source	Age 0 – 4	Age 5 – 18
QOF Depression	Not available	235
QOF Mental Health	Not available	9
Anxiety Database	8	41

Source: South West London Health & Care Partnership. Depression and mental health data extracted from Long Term Conditions and QOF indicators; anxiety data extracted from GP database.

Comparison with Other London Boroughs

Hospital Admission as a Result of Self-harm

- Compared to other London boroughs, Wandsworth had the seventh highest rate of hospital admissions due to self-harm across all age groups (10 – 24) in 2020/21, with the highest rates among 15-19-year-olds. Of all the South West London boroughs only Croydon is outside the top ten.[105]
- Between the ages of 10-14 years for 2020/21 Wandsworth is sixteenth with a rate of 122.5 per 100,000. [106]
- Hospital admissions due to self-harm among 15–19-year-olds in 2020/21 was the eighth highest in London with a rate of 542.6 per 100,000. The London average is 330.9 per 100,000.[107]
- Between the ages of 20-24 years the hospital admissions rate due to self-harm in 2020/21 was the ninth highest in London at 391.9 per 100,000. The London average was 181.5 per 100,000.[108]

Hospital Admission as a Result of Alcohol

- Hospital admissions due to alcohol-specific conditions among under-18s have been declining in Wandsworth since 2007.
- Latest figures (for 2018/19 – 2020/21) show that Wandsworth has the twelfth highest rate in London of 15.5 per 100,000, which is not statistically significantly different from the London average of 14.3 per 100,000.[109]

Hospital Admission for Mental Health Conditions

- Wandsworth had the tenth highest rate of hospital admissions for mental health conditions for those under the age of 18 in 2020/21 at 69.3 per 100,000. This compared to the London average of 61.3 per 100,000.[110] There had been no significant change since 2010/11.
- In 2019/20 Wandsworth had the tenth highest rate for new referrals of under-18s to secondary mental health services in London at a rate of 5,570 per 100,000.[111]
- Wandsworth has one of the lowest rates of inpatient stays in secondary mental health services in London; and has the lowest rate of all South West London boroughs that are represented.[112] Wandsworth is also in the bottom third of boroughs for young people who attended community and outpatient mental health services in 2019/20.[113]

Estimated Mental Health Need: Key Findings

- There are an estimated 6,110 5-19-year-olds with a mental health disorder in Wandsworth.
- Emotional disorders have become more common, with an increase in both boys and girls, while other disorder types were stable.
- Anxiety disorders are the most comment type of emotional disorders across all age groups
- The highest number of emotional disorders is among those aged 11-16.
- Rates of mental disorder were higher in older age groups: young people between 17-19 were three times more likely to have a disorder than those aged 5-17.

Vulnerable Groups and Mental Disorders

Mental health problems in CYP can have a wide range of causes. For many there is likely to be a combination of factors that make them more susceptible to poor mental health outcomes particularly in relation to social and family context.[114] Having a parent who is struggling with mental health problems and experiencing ACEs increases risk. Other risk factors include poverty, discrimination, inaccessibility to good quality support services and overall lack of awareness about mental health. The following section highlights groups of CYP who are more vulnerable to mental health disorders due to adversity. It sets out the evidence of increased vulnerability and provides estimates, using local data, to identify need relating to each group.

Estimates of local need have been calculated by applying local population data to relevant prevalence studies for each vulnerable group. Population estimates were identified through GLA 2020-based population projections unless otherwise indicated. It is important to recognise that the smaller the geographical area becomes when applying estimated prevalence from national level surveys, the more likely local factors come into play, reducing the reliability of the estimates. This must be taken into consideration when interpreting the estimates in the table below. Examples of local factors include socioeconomic deprivation, access to services, levels of crime, the extent of community cohesion etc.

Note: There are inconsistencies in the terminology relating to mental health disorder, psychiatric disorder, and psychological symptoms. Where limited availability of evidence prevents local estimates, relevant proxy-indicators have been included.

Vulnerable Group	Risk Factors for a Mental Health Disorder	Evidence	Local Context and Identified Need
Young Carers	The emotional and mental health needs of young carers[115] • Poor physical health • High stress levels • Poor sleep • Loneliness • Lack of awareness from professionals	Children of parents with a mental illness were at a greater risk of poorer outcomes than their peers, with higher rates of mental illness and poorer development in behavioural and academic domains. CYP who cared for a parent with a mental illness may be at higher risk of a range of emotional, behavioural, and mental health needs. Aggregated data suggested that a child had a 30–50% chance of developing a serious mental illness if they had two parents with mental illness[116] (Dharampal, R., & Ani, C.2020).	It is estimated that there are approximately 830 young carers In Wandsworth (Wandsworth Young Carers Strategy 2020-2023).
Gypsy, Roma and Travellers	Risk factors for poor mental health in Gypsy, Roma and Traveller communities:[117] • Poverty • Economic instability • Social exclusion • Stigma and discrimination • Racism and racial discrimination • Low educational achievement • High rates of school exclusion • Poorer physical health • Poor access to services • Poor awareness of mental health • Distrust of support services	Research identifies that Gypsy, Roma and Traveller communities experience two and a half times higher rates of poor mental health compared to the general population.[118]	Limited evidence available of local need.

Vulnerable Group	Risk Factors for a Mental Health Disorder	Evidence	Local Context and Identified Need
Learning Disabilities	Risk factors for poor mental health in people with learning disabilities:[119] • Pain • Physical ill health • Taking multiple types of medication • Genetic syndromes associated with specific mental health problems • Experience of deprivation, poverty, abuse, and other negative life events earlier in life • Lack of social support and reduced coping skills • Stigma and discrimination	CYP with SEND (5-19 years) with a mental health disorder (MHCYP, 2017):[120] • 51.0% boys • 39.1% girls • CYP (5-19 years) with a learning disability:[121] • 36.0% with a psychiatric disorder • 12.0% with an emotional disorder • 20.5% with a conduct disorder • 8.3% with a hyperkinetic disorder CYP with SEND (6-16 years):[122] • 56.7% with a probable mental health disorder	In 2021/22, there were 1,660 boys (5-19 years) with an Education and Health Care Plan (EHCP) • Estimated 847 boys with a mental health disorder In 2021/22, there were 698 girls (5-19 years) with an EHCP. • Estimated 273 girls with a mental health disorder In 2021/22, there were 2,358 CYP (5-19 years) with an EHCP: • Estimated 849 with a psychiatric disorder • Estimated 283 with an emotional disorder • Estimated 483 with a conduct disorder • Estimated 196 with a hyperkinetic disorder In 2021/22, there were 1,755 CYP (6-16 years) with an EHCP: • Estimated 995 with a probable mental health disorder
LGBTQ+	Risk factors for poor mental health in LGBTQ+ young people:[123] • Negative experience of healthcare • Discrimination and bullying in school • Victimisation and violence • Loneliness and isolation • Gender dysphoria • Higher levels of drug and alcohol use	Non-heterosexual young people (14-19 years):[124] • 34.9% with a mental health disorder	It is estimated that in Wandsworth there are: • 1,173 (13.2%) non-heterosexual girls (14-19 years) • 645 (7.1%) non-heterosexual boys (14-19 years) with a mental health disorder. • Estimated 409 non-heterosexual girls (14-19 years) with a mental health disorder. • Estimated 225 non-heterosexual boys (14-19 years) with a mental health disorder.

Vulnerable Group	Risk Factors for a Mental Health Disorder	Evidence	Local Context and Identified Need
Looked After Children	Risk factors for poor mental health in looked after children and young people:[125] • Adverse childhood experiences • Low socioeconomic status • Overcrowded housing • Parental marital distress • Parental criminality • Parental mental health • Parental drug and alcohol use • Poor attachment • Experience of abuse and neglect	Children (5-17 years) looked after by local authorities:[126] • 45.3% with a psychiatric disorder • 12.4% with an emotional disorder • 37.7% with a conduct disorder • 8.4% with a hyperkinetic disorder	From March 31, 2022, Wandsworth Council was responsible for 204 looked after children (5-17 years): • Estimated 92 children looked after with a psychiatric disorder • Estimated 25 children looked after with an emotional disorder • Estimated 77 children looked after with a conduct disorder • Estimated 17 children looked after with a hyperkinetic disorder • Wandsworth Children's Services has identified 28 (21.7%) children looked after (5-16 years) whose emotional wellbeing is a cause for concern.[127]
Low-Income Families	Children in low-income households are disproportionately more likely to experience:[128] • Poor housing conditions • Poor nutrition • Trauma • Stressful life events • Domestic abuse • Social isolation • Parental mental disorder • Parental drug and alcohol use • Punitive parental practice Children in low-income households are disproportionately less likely to benefit from: • Exposure to varied environments • Exposure to positive educational activities and materials • Positive parent-led experiences	Parental receipt of benefits, low-income and or disability (5-10 years): [129] • 16.9% with a mental health disorder Parental receipt of benefits, low-income and or disability (5-19 years):[130] • 20.7% with a mental health disorder	In 2017, there were 2,295 children (5-10 years) with a parent receiving a low income and/or disability benefits: • Estimated 388 with a mental health disorder In 2017, there were 2,480 young people (11-19 years) with a parent receiving a low income and/or disability benefits: • Estimated 513 with a mental health disorder

Vulnerable Group	Risk Factors for a Mental Health Disorder	Evidence	Local Context and Identified Need
Refugees and Asylum Seekers	Risk factors for poor mental health in child refugees and asylum seekers:[131] • Poverty • Poor physical health • Trauma • Family breakdown and separation • Bereavement • Victims of violence and abuse • Imprisonment • Unstable living conditions • Poor access to healthcare	Unaccompanied asylum-seeking children:[132] • 41.9% Psychiatric Disorder • 30.6% PTSD	As of March 31, 2022, there were 33 unaccompanied asylum-seeking children in Wandsworth: • Estimated 14 with a psychiatric disorder • Estimated 10 with PTSD
Young Women	Young women have emerged as a high-risk group, with high rates of common mental disorder, self-harm, and positive screens for PTSD and bipolar disorder. The gap between young women and young men increased markedly over the last 20 years. The evidence is under-developed, there are several theories including:[133] • Intimate partner violence • Physical and sexual abuse • Gender discrimination • Misogyny • Social media consumption • Physiological differences including hormonal influence	Females (17-19):[134] • 23.9% any mental disorder • 52.7% with a mental disorder had self-harmed or made a suicide attempt. Females (16-24):[135] • 26.0% Common mental disorders • 12.6% PTSD • 25.7% ever self-harmed	In 2022, there are 4,229, females (17-19) (DataWand, 2022): • Estimated 1,011 with a mental disorder • Estimated 533 with a mental health disorder had self-harmed or made a suicide attempt In 2022, there are 14,882 females (16-24) (DataWand, 2022): • Estimated 3,869 with CMD • Estimated 1,875 with PTSD • Estimated 3,825 had ever self-harmed

Vulnerable Group	Risk Factors for a Mental Health Disorder	Evidence	Local Context and Identified Need
Youth Justice	Risk factors for children and young people's involvement in the youth justice system:[136] • Homelessness • Inconsistent and erratic parenting • Over harsh discipline • Hyperactivity • Learning difficulties • Numeracy and literacy problems • Risk taking behaviours • Drug and alcohol dependency • History of abuse • Interactions with the criminal justice system	Prevalence of young people in contact with the criminal justice system with a mental health disorder.[137] • 25% to 81%, with highest rates for those in custody. • 69.9% Detained male adolescents (10-19) with a Psychiatric Disorder • 84% Male young offenders (10-21-year-olds) on remand with a personality disorder The Youth Offending Service use the Asset Plus Assessment system to identify mental health need amongst young people in the youth justice system.	During 2021-22, 77 young people received 'substantive outcomes' these cover the following categories: Out of court disposal; first tier penalty, community penalty; and custodial sentence. Applying the Mental Health Foundation research, it is estimated that at least 19 young people in this cohort had a mental health disorder. This will be the minimum number of young people with a disorder in this cohort and the actual number is likely to be higher. The number of young people receiving a custodial sentence in Wandsworth was 8 it is estimated that 6 have a psychiatric disorder. The Asset Plus Assessment identified that in 2021/22, 16 young people in the Wandsworth Youth Offending Service had mental health needs.

Vulnerable Groups and Mental Disorders: Key Findings

- It is estimated that in CYP with Education and Health Care Plans, boys are three times more likely to have a mental health disorder than girls
- It is estimated that more than half of CYP with Education and Health Care Plan have a probable mental health disorder
- It is estimated that almost half of Looked After Children have a psychiatric disorder a cause for concern in half of Looked After Children
- It is estimated that 1 in 3 CYP who identify as non-heterosexual have a mental health disorder
- It is estimated that 1 in 5 children with parents who claim benefits or have low income, have a mental health disorder
- Young women are emerging as a high-risk group for mental disorder, it is estimated that
  - 1 in 4 (3,869), 16-24-year-old-females have a CMD
  - 1 in 4 (3,825), 16-24-year-olds-females have self-harmed
  - Almost 2,000 16-24-year-old-females have PTSD

Service Activity

This section presents data on service activity with the aim of using it to understand levels of unmet mental health need in CYP.

It will outline how services are commissioned including the transition to the THRIVE framework; look at the effect of COVID-19 on service provision; and outline the local system of care and how CYP with differing mental health needs access the services they need from the NHS Trust and the voluntary sector.

South West London Context

In April 2020 South West London's six CCGs (Croydon, Kingston, Merton, Richmond, Sutton, and Wandsworth) merged into one South West London CCG. This was in line with the national move towards ICSs. The move provides an opportunity for collaboration and joint working across health and care.

Several areas have been prioritised in South West London for the care of CYP which is relevant for the Wandsworth population. These include:

- Early support and prevention to promote resilience.
- The implementation of the THRIVE framework in place of the tiered approach to service delivery (see detailed description below).
- New MHSTs to help children with mild to moderate mental health needs within schools and colleges.

Common themes and challenges have been identified across South West London that also reflect what stakeholders have experienced in Wandsworth.111 These include:

- A growing demand for CYP mental health services with greater acuity and complexity, particularly after the pandemic.
- Long waiting times in some services.
- Complex and sometimes fragmented commissioning arrangements for CAMHS/ CYP provision across the six boroughs in South West London with multiple providers (both NHS and non-NHS), resulting in variability of service provision.

Effect of COVID-19 on Service Delivery in South West London

The pandemic had a significant effect on the delivery of services. Many psychological interventions began to be delivered online, although 42% of NHS commissioned CAMHS services continued to see patients face to face. During the first lockdown the delivery of Kooth, an online counselling platform for young people, was expanded to the whole of South West London.

The biggest impact of COVID-19 was on the number of referrals to mental health services. In April 2020, referrals to SWLSTG CAMHS were at 40% of the level of the previous year. As referrals often involve schools a dip in referrals was also experienced in January 2021 when schools were closed for most pupils.[138]

The Local System of Care

CAMHS are a specialist mental health service that provides assessment and treatment for CYP who have emotional, behavioural or mental health difficulties.

Within CAMHS there are different levels of support, traditionally known as tiers 1, 2, 3 and 4:

Tier 1: Provides universal support in the form of early intervention and prevention and is not delivered by mental health specialists. It includes GPs, social workers, health visitors, early years providers, school nurses, teachers teaching social and emotional skills and the Healthy Schools curriculum.

Tier 2: Provided by SWLStG which has an early intervention approach for CYP who experience mild-moderate mental health disorders.113 The service offers assessment and treatment with the aim of helping to improve a person's ability to function and cope with the difficulties they experience.

Tier 3: Provided by SWLStG, offering assessment, diagnosis and treatment to CYP with signs and symptoms of a mental health disorder that impacts significantly on their ability to function. 114

Tier 4: Provided by SWLStG, offering inpatient services for CYP with exceptionally high levels of distress and complex mental health disorders.115

Needs-led Approach: THRIVE Framework

The THRIVE framework moves away from the traditional tiered system of service provision and is instead needs-led. This focuses on what support young people and their families require through shared decision making alongside professionals, rather than a service-led definition of severity, diagnosis, or pathway. It is planned for this model to be implemented in Wandsworth.

The framework is characterised by five 'needs based groupings' which can be seen in the diagram below.

- **Thriving:** Most CYP can cope with day-to-day life and will not need individualised advice or support around their mental health
- **Getting Advice:** This group includes both those with mild or temporary difficulties and those with fluctuating or ongoing severe difficulties, who are managing their own health and do not want goals-based specialist input.
- **Getting Help:** This grouping comprises CYP and their families who would benefit from focused, evidence-based help and support, with clear aims, and criteria for assessing whether these aims have been achieved.
- **Getting More Help:** This is not conceptually different from Getting Help. It is a separate needs-based grouping only because the need for extensive resource allocation for a small number of individuals may require particular attention and coordination from those providing services across the locality.
- **Getting Risk Support:** This grouping comprises CYP and their families who are currently unable to benefit from evidence-based treatment but remain a significant concern and risk.

Figure 16: The THRIVE Framework for System Change

Using the THRIVE Framework to Estimate the Numbers of Children and Young People at Each Level of Need

The THRIVE Framework provides a helpful proxy measure to understand the estimated numbers of CYP requiring the different needs-based approaches. The evidence for this model was gathered as part of the Tavistock Portman research into a CAMHS payment system. This proxy is helpful to understand unmet need and help plan future resourcing.

The model identifies that most young people requiring a mental health intervention sit within the 'Getting Advice' and 'Getting Help' groups. Interventions in these groups rely on a well-co-ordinated and resourced system. The single largest grouping is 'Getting Help', often referred as to as Tier 2, and is typified by one-to-one professional support.

Table 17: Estimated number of CYP aged 5-17 years in Wandsworth requiring a mental health intervention according to the THRIVE Model

Needs Based Grouping	Estimated Percentage of Children and Young People Aged 5-17 Years	Estimated Number of Children and Young People Aged 5-17 Years
Thriving	80%	35,300
In Need of a Mental Health Intervention	20%	8,800
Total Population of CYP in Wandsworth	100%	44,100

Source: CAMHS Payment System, Tavistock Portman and GLA-2020 based population projections

However, this model was developed in 2015 and does not take into consideration the impact of the COVID-19 pandemic on the mental health of CYP. The prevalence of mental disorders in CYP has increased since its development. The model is helpful to illustrate the proportion of need but was not developed to be used as predictive model so caution should be taken when interpreting estimated numbers.

Table 18: Estimated number of CYP aged 5-17 years in Wandsworth by needs based grouping according to the THRIVE Model

Needs Based Grouping	Estimated Percentage of Children and Young People Aged 5-17 Years	Estimated Number of Children and Young People Aged 5-17 Years
Getting Advice	30%	2,640
Getting Help	60%	5,280
Getting More Help	5%	440
Getting Risk support	5%	440
Total Population Aged 5-17 Years	100%	8,800

Source: CAMHS Payment System, Tavistock Portman and GLA-2020 based population projections

The Local System of Care

This section will look at services under each tier/level of need identified by the steering group as being key to this needs assessment. There is a focus on the demographics of those referred to service, to see if these align with the expected population prevalence; waiting times, to understand how these have changed over time and the impact of the pandemic; and reasons for and sources of referral to understand how young people are accessing services.

The South West London CCG has created a Young People's Emotional Support Services guide that lists all of the services in Wandsworth to support well-being. It can be found here: CAMHS Map Sept 2021 - Wandsworth.pdf Due to the scope of the needs assessment not all of these services are reviewed in this needs assessment.

For most services outlined below, data provided for 2021/22 is only for quarters 1-3. This has been noted where applicable. Where this is not specified the data can be assumed to be for the full year.

Tier 1: Getting Advice

Mental Health Support Teams in Schools

The 2017 Green Paper Transforming children and young people's mental health provision recognises the crucial need for schools to be equal partners in identifying and supporting the mental health needs of CYP.

The MHST offers a variety of support through individual interventions, group work and the whole-school approach and is funded through the national Trailblazer Programme.

There are four support teams working across schools and colleges in Wandsworth: in Battersea, Southfields, Balham and Tooting, Putney and Roehampton and in further education colleges. The support teams provide training and guidance to teachers and other professionals and support CYP with anxiety, low mood and challenging behaviour. They can also support access to other CAMHS services.

Referrals to Mental Health Support Teams

- The number of service users to MHSTs has increased since the programme started.
- More females than males have accessed the service, which is in keeping with the estimated prevalence of mental ill health among CYP.
- Wait times increased in 2021/22.
- The service is overwhelmingly used by those between the ages of 5–16 years. In 2020/21 this was mostly 11-16 year olds. However, in the first three quarters of 2021/22 service users have been 5-10 years old.

The Barnardo's PATHS Programme for Schools

This is a whole-school programme to help young people learn social skills, emotional understanding, resilience and problem-solving.

The total number of visits scheduled by the PATHS programme for 2021 was 63 visits in 14 schools across the borough.

Table 19: Table showing the uptake of the PATHS Programme in Wandsworth primary schools between 2018/19 and 2019/20

Description	2018/2019	2019/2020	2020/2021
Number of Schools	14	14	Not available
Number of Teachers Trained	32	0	
Number of Pupils Enrolled in Programme	4780	4693	

Source: Barnado's PATHS Programme. 2018-2022.

Table 20: Estimated number of CYP aged 5-17 years in Wandsworth by needs based grouping according to the THRIVE Model

Needs Based Grouping	Estimated Percentage of Children and Young People Aged 5-17 Years	Estimated Percentage of Children and Young People Aged 5-17 Years
Getting Advice	30%	2,640
Getting Help	60%	5,280
Getting More Help	5%	440
Getting Risk support	5%	440
Total Population Aged 5-17 Years	100%	8800

Source: CAMHS Payment System, Tavistock Portman and GLA-2020-based population projections

Tier 2: Getting Help

Kooth Online Counselling

Kooth provides rapid online access to counselling, peer support and self-help information across south west London.

- There were 3817 new user registrations in 2021/22 across south west London.
- 47% of new registrations were from ethnic minority groups.
- 70% of logins were out of normal office hours, and most users were active between 1900 and 2000. 73% of users were female.

Table 21: Table showing presenting issues from 2019 to 2022 among Kooth service users.

Presenting Issues in Wandsworth	% of all recorded presenting issues		
	2019/2020	2020/2021	2021/2022
Anxiety/Stress	38.5	52.4	39.8
Suicidal Ideation	15.4	7.1	24.1
Depression	7.7	11.9	12
Family Relationships	23.1	14.3	18.1
Self-harm	15.4	21.4	18.1
Eating Issues	0	14.3	13.3

Source: A Kooth Conversation: South West London 2021/22

Place2Be Therapeutic Support in Primary Schools

Place2Be is a whole-school approach to improving young people's well-being. Place2Be is offered in 17 primary schools in Wandsworth and is available to support young people, staff and parents/carers.

For young people: helping young people to enhance their emotional wellbeing, through one-to-one counselling, group work and class-based work. Young people can self-refer or be referred by their parents/carers, school staff or other professionals.

For teachers/staff: support for their own emotional well-being, as well as training to help teachers understand how to support young people's well-being.

For parents/carers: one-to-one therapeutic support, short term and long term, for parents and carers.

Table 22: Table showing the use of Place2Be services in Wandsworth between 2018/19 and 2020/21

	2018/19	2019/20	2020/21
Total Number of Children Assessed for 1:1 Intervention	169	143	84
Number of Children Receiving 1-1 Therapeutic Intervention	810	829	357
Number of Sessions 1-1 Attended	4,787	4,406	1,587
Number of Sessions 1-1 Offered	5,664	5,501	1,857
Total Number of Children who Self-Refer to Place2Talk	5,027	3,873	1,489
Total Number of Self-referral (Place2Talk) Sessions	4,597	3,155	1,432

Source: Place2Be. 2018-2021.

- The rates of children being assessed and self-referring have continued to decrease from 2018/19. This may be due to the disruption of schools during the pandemic. With a particular decline in Q2 of 2019/2020 and Q2 and Q3 of 2020/2021.
- Attendance at sessions offered is 80-85%.

Catch 22 Young People's Health Service

Catch 22 is a substance misuse and mental health service for 11-18-year-olds in Wandsworth. The service offers an initial assessment and six sessions of counselling for a young person's emotional and mental health needs. Sessions are targeted towards those who do not meet the criteria for CAMHS.

Table 23: Use of Catch 22 services in Wandsworth between 2019/20 and 2020/21 (Q1-3)

	Target	2019/20	2020/21 (Q1-Q3)
Number of Appropriate Referrals	300	436	300
Numbers Assessed	300	364	190
Numbers that Engaged for6 or More Sessions as Per Contract	225	316	159
Numbers Contacted Within 24 Hours	100%	100%	100%
Waiting Times			
Under 2 Weeks (target 95%)	95%	91%	83%
Impact of Service - Numbers Reported Positive Change in their Emotional and Mental Health	100%	100%	100%

Source: Catch 22. 2019-2021.

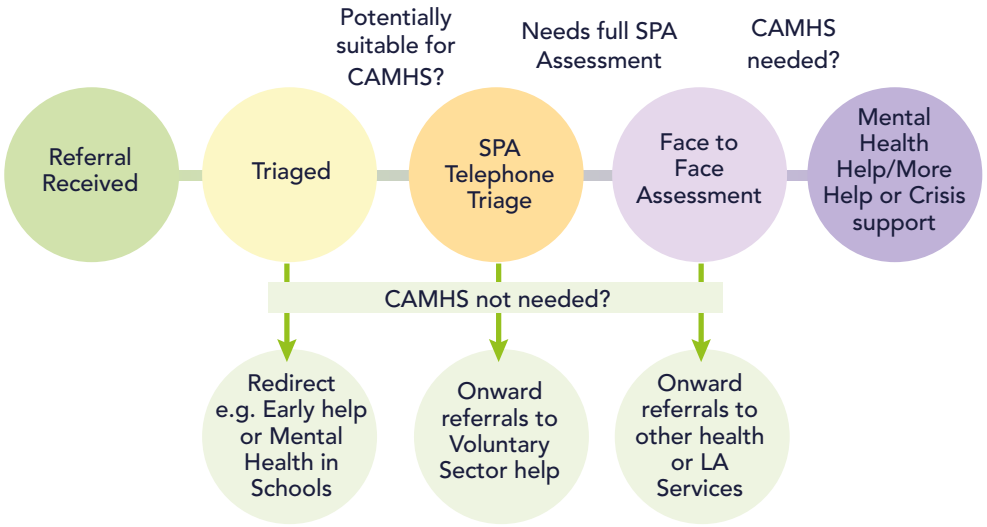
- Waiting times did not meet the under two-week target in 2019/20 or 2020/21 (Q1-3).
- 2019/20 exceeded targets for referrals, numbers assessed and those that engaged with 6 or more sessions.
- All service users reported a positive change in their emotional and mental health.

CAMHS Single Point of Access

All CYP that require mental health support access this through a referral to the CAMHS SPA. In Wandsworth the service is provided by SWLStG and Wandsworth Council.

The SPA is an integrated multi-agency team that facilitates different levels of support for CYP. The team consists of Contact and Information Officers, Social Workers, CAMHS clinicians, Health Teams, Police Officers and Health Visitors.

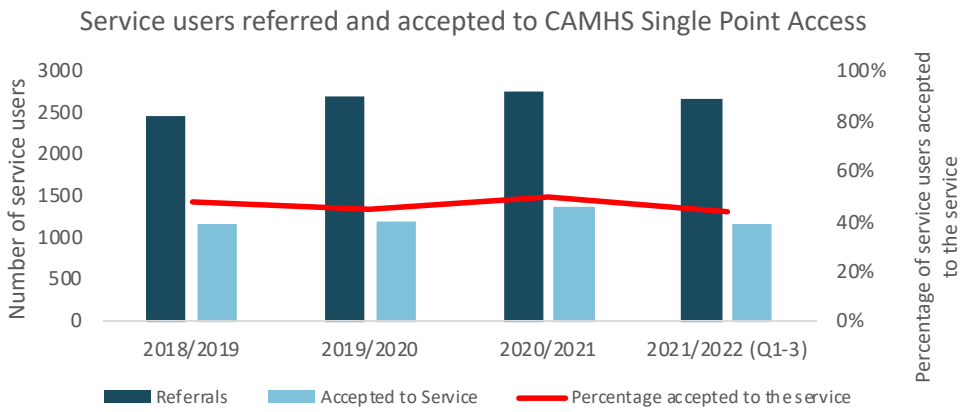
Image 24: SPA Process in Wandsworth[139]



Source: South West London Clinical Commissioning Group. 2021.

Referrals to CAMHS Single Point of Access

Figure 25: Graph showing the number of referrals to CAMHS SPA between 2018/19 and 2021/22 (Q1-3)



Source: CAMHS Single Point of Access. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), 10,600 CYP were referred to the CAMHS SPA.
- Between 2018/19 and 2020/21 the number of CYP referred to the service increased each year from 2,471 to 2,745.
- In Q1-3 of 2021/22, there had already been 2680 CYP referred to the service.
- Similarly, between 2018/19 and 2021/22, the number of CYP accepted to the service increased each year from 1,175 to 1,374 overall.
- The percentage of CYP accepted fluctuated, starting at 48% in 2018/19 before falling to 45% in 2019/20. There was an increase to 50% in 2020/21 before a decline to 44% in 2021/22 (although 2021/22 represents only three quarters of data).

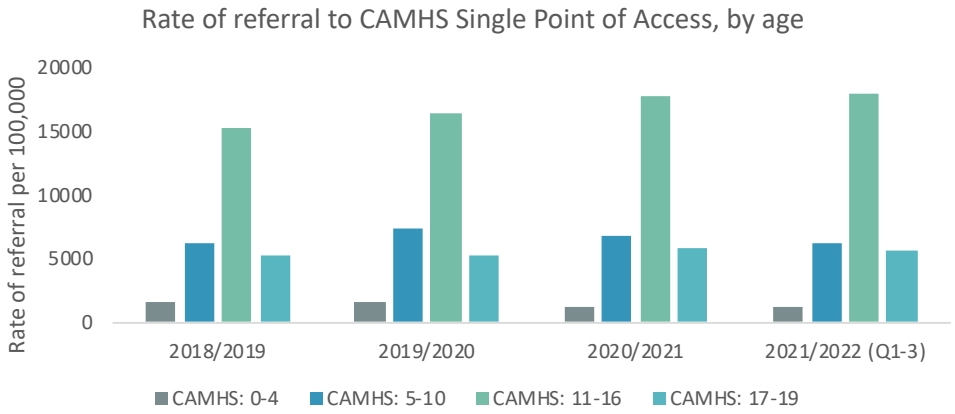
Age of Referrals to CAMHS Single Point of Access

Table 26: Table showing the number of clients referred to CAMHS SPA by age and sex between 2018/19 and 2021/22 (Q1-3)

	Female				Male			
Age	2018/19	2019/20	2020/21	2021/22 (Q1-3)	2018/19	2019/20	2020/21	2021/22 (Q1-3)
0-4	55	54	46	42	106	112	90	89
5-10	242	283	293	313	507	586	520	423
11-16	690	805	975	957	670	663	600	638
17-19	119	123	142	140	82	77	78	78

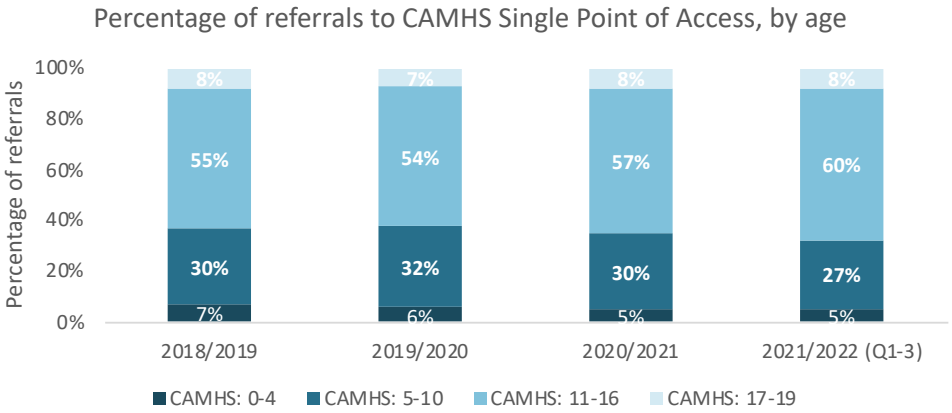
Source: CAMHS Single Point of Access. South West London St George's NHS Trust. 2018-2022.

Figure 27: Graph showing the rate of referrals per 100,000 to the CAMHS SPA between 2018/19 and 2021/22 (Q1-3), by age



Source: CAMHS Single Point of Access. South West London St George's NHS Trust. 2018-2022.

Figure 28: Graph showing the percentage of referrals to the CAMHS SPA between 2018/19 and 2021/22, by age

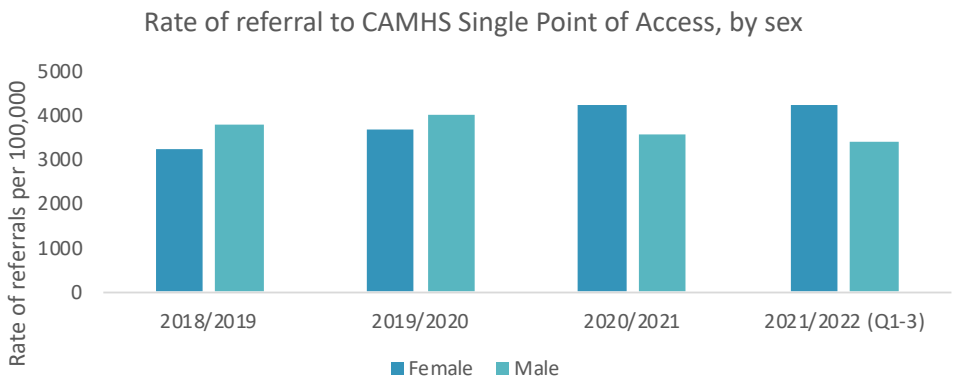


Source: CAMHS Single Point of Access. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, most service users referred to the CAMHS SPA were between the ages of 11-16 years (av. 57%) and 5-10 years (av. 30%).
- The 11-16-year age group had the highest rate of referrals to the SPA (av. 16,863 referrals per 100,000). This increased from a low of 15,255 per 100,000 in 2018/19 to 17,958 per 100,000 in 2021/22 (Q1-3).
- The 17–19-year age group also saw an increased rate of referrals after 2019/20, rising from a rate of 5,249 and 5,222 per 100,000 in 2018/19 and 2019/20 respectively, to 5,743 per 100,000 and 5,691 per 100,000 in 2020/21 and 2021/22 (Q1-3).
- These rising referral rates may be linked with increased mental health need as a result the COVID-19 pandemic.
- By contrast, the rate of referral 5-10-year-olds declined from 2020/21 onwards.

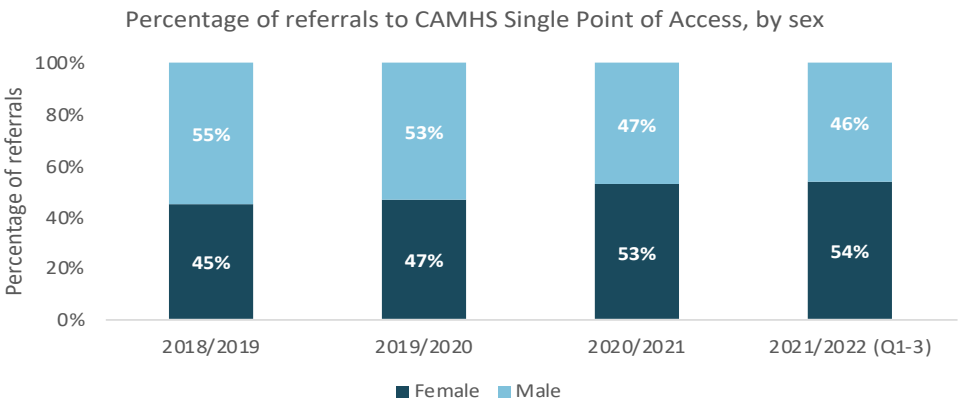
Sex of Referrals to CAMHS Single Point of Access

Figure 29: Graph showing the rate of referrals per 100,000 to the CAMHS SPA between 2018/19 and 2021/22, by sex



Source: CAMHS Single Point of Access. South West London St George's NHS Trust. 2018-2022.

Figure 30: Graph showing the percentage referrals to CAMHS SPA between 2018/19 and 2021/22, by sex

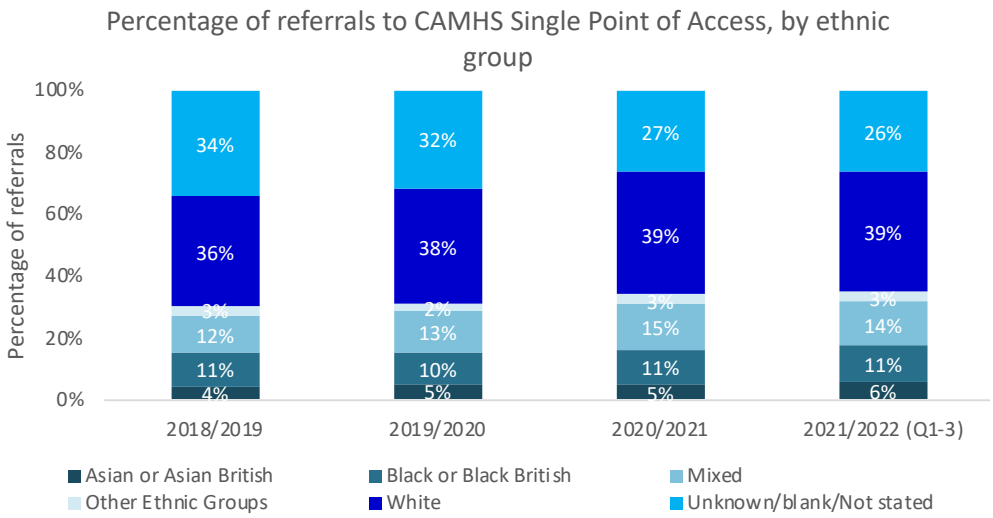


Source: CAMHS Single Point of Access. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), the sex balance of CYP referred to the CAMHS SPA shifted. In 2018/19 and 2019/20, there were more males (55% and 53% respectively) than females (45% and 47% respectively) referred to the SPA. However, in 2020/21 and 2021/22 (Q1-3), there were more females (53% and 54% respectively) referred than males (47% and 46% respectively).
- The female referral rate increased from 3,223 per 100,000 in 2018/19 to 3,686 per 100,000 in 2019/20, and 4,243 per 100,000 in 2020/21. The rate of female referrals in Q1-3 of 2021/22 was already at 4,231 per 100,000.
- The male referral rate increased between 2018/19 and 2019/20 from 3,811 per 100,000 to 4,015 per 100,000. However, it fell to 3,596 per 100,000 in 2020/21 and was 3,429 per 100,000 in 2021/22 (Q1-3).

Ethnicity of Referrals to CAMHS Single Point of Access

Figure 31: Graph showing the percentage of referrals to the CAMHS SPA between 2018/19 and 2021/22, by ethnicity

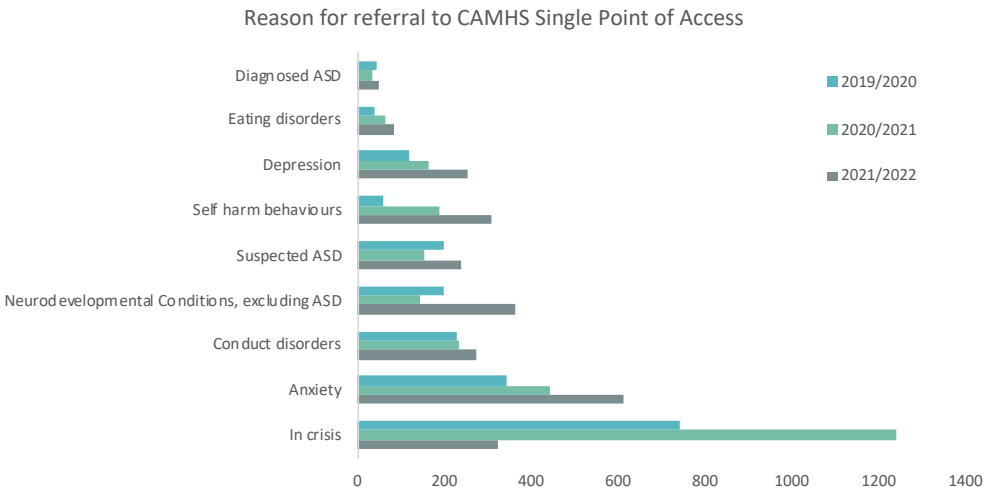


Source: CAMHS Single Point of Access. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, 38% of clients referred to the SPA were from White ethnic groups. This was followed by 14% of Mixed ethnicity, 11% Black or Black British, 5% Asian or Asian British and 3% from Other ethnic groups.
- There was a high percentage of clients referred to the service whose ethnic group was not recorded. However, this declined from 34% of referrals in 2018/19 to 26% in 2021/22 which suggests that the collection of ethnicity data has improved but could still be better.

Reason for Referral to CAMHS Single Point of Access

Figure 32: Graph showing the reason that clients were referred to CAMHS SPA between 2019/20 – 2021/22



Source: CAMHS Single Point of Access. South West London St George's NHS Trust. 2019-2022.

- In 2018/19, the reason for 92% of referrals to CAMHS SPA was not recorded.
- The most common reasons for referral were being in crisis (26%), anxiety (17%), conduct disorders (9%) and neurodevelopment conditions excluding ASD (9%).
- The percentage of children referred to the service for being in crisis peaked at 45% in 2020/21.
- There have been a growing number of children referred to the service for self-harm behaviours over the four-year period; this grew from 1% and 2% in 2018/19 and 2019/20 respectively, to 7% in 2020/21 and 11% in 2021/22.
- There have also been growing numbers of children referred to the service with anxiety and depression, particularly in 2020/21 and 2021/22.

Source of Referral to CAMHS Single Point of Access

Table 33: Table showing the sources of referral to CAMHS SPA between 2018/19 and 2021/22

Source of Referral to CAMHS Single Point of Access	Year			
	2018/2019	2019/2020	2020/2021	2021/2022
GP	3%	36%	47%	45%
Unknown	93%	28%	6%	7%
School	0%	10%	12%	16%
Hospital-based Paediatrics	1%	5%	7%	6%
A&E Department	2%	4%	6%	6%

Source: CAMHS Single Point of Access. South West London St George's NHS Trust. 2018-2022..

- In 2018/19, the source of referrals to the CAMHS SPA for most service users was unknown.
- Between 2019/20 and 2021/22, more than 40% of service users were referred to CAMHS SPA from GPs (43%).
- Between 2019/20 and 2021/22, the largest percentage increase in referrals came from schools (60% increase) and A&E (50% increase).

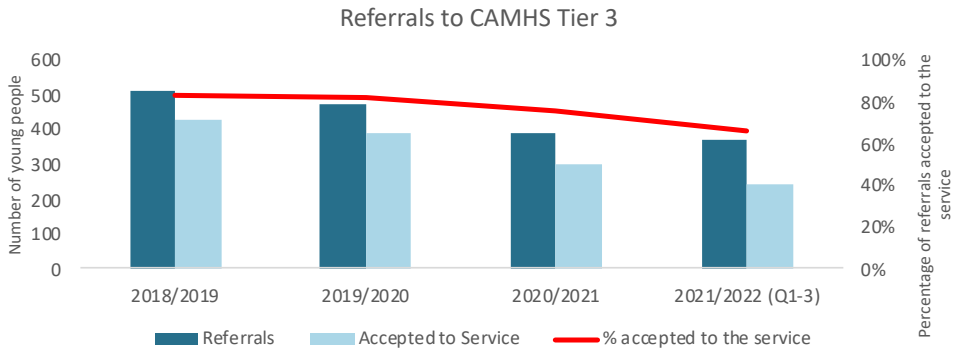
Tier 3: Getting More Help

CAMHS Tier 3

CAMHS Tier 3 is a comprehensive assessment and treatment service for young people experiencing severe, complex, and persistent emotional and mental health disorders. The service offers evidence-based talking therapies such as Cognitive Behavioural Therapy, Interpersonal Therapy for Adolescents and Family Therapy. In some circumstances, the service may also consider treatment through medication.

Referrals to CAMHS Tier 3 and Service Use

Figure 34: Graph showing the number of CYP referred and accepted to the CAMHS Tier 3 services between 2018/19 and 2021/22 (Q1-3)

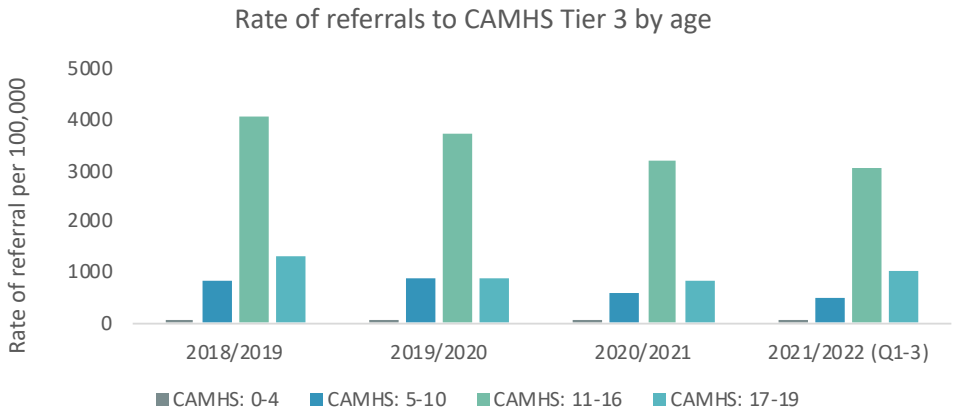


Source: CAMHS Tier 3. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2020/21, the number of CYP referred to CAMHS Tier 3 declined annually, falling from a high of 515 referrals in 2018/19, to 392 referrals in 2020/21.
- In Q1-3 of 2021/22, 372 CYP had been referred to the service.
- The number of CYP accepted to CAMHS Tier 3 also declined each year but was not proportionate to the decline in the number of referrals.
- Resultantly, the percentage of CYP accepted to the service fell from a high of 83% in 2018/19 to a 66% in Q1-3 of 2021/22.
- Between 2019/20 and 2020/21, the percentage of referrals seen within 8 weeks increased, rising from 89% and 87% in 2018/19 and 2019/20 to 96% and 94% in 2020/21 and 2021/22 (Q1-3).

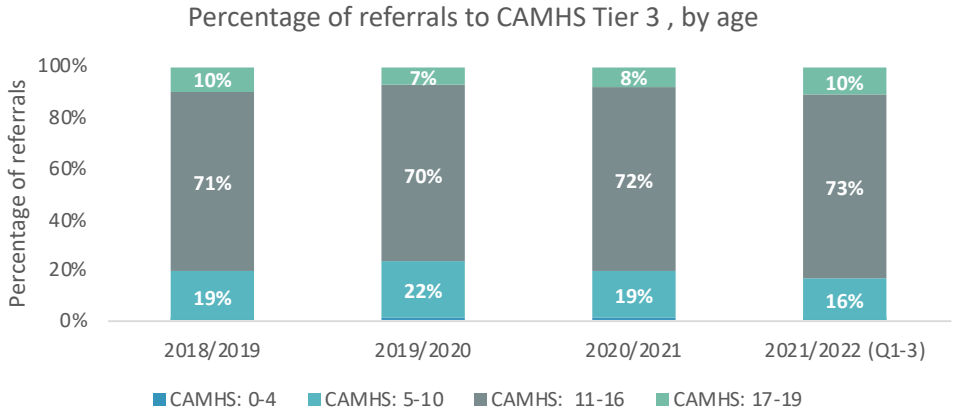
Age of Referrals to CAMHS Tier 3 Services

Figure 35: Figure showing the rate of referrals per 100,000 to CAMHS Tier 3 between 2018/19 and 2021/22 (Q1-3), by age



Source: CAMHS Tier 3. South West London St George's NHS Trust. 2018-2022.

Figure 36: Graph showing the percentage of service users referred to CAMHS Tier 3 between 2018/19 and 2021/22 (Q1-3), by age

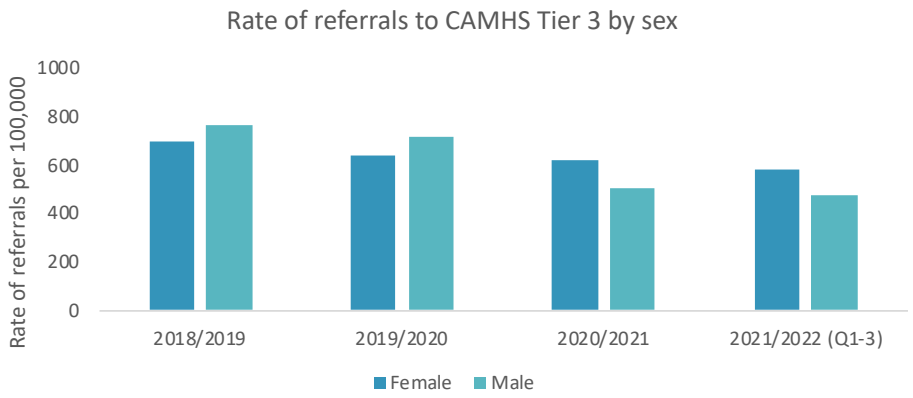


Source: CAMHS Tier 3. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, most service users referred to CAMHS Tier 3 services were aged 11-16 years (71%). This group had a higher rate of referrals than all other age groups.
- This was followed by service users aged 5-10 years (19%) and 17-19 years (9%).
- There were very low numbers of 0-4-year-olds referred to the service (av. rate 35.26 referrals per 100,000).
- The rate of referral of 11–16-year-olds declined between 2018/19 and 2020/21, falling from 4081 per 100,000 in 2018/19 to 3176 per 100,000 in 2020/21.
- In 2021/22 (Q1-3) the rate of referrals of 11–16-year-olds was already at 3059 per 100,000, suggesting that it is likely to exceed that of 2020/21.
- The rate of referrals of 17–19-year-olds also declined each year between 2018/19 and 2020/21.
- However, between 2020/21 and Q1-3 of 2021/22 the rate of referrals of 17–19-year-olds increased from 809 per 100,000 to 1018 per 100,000.

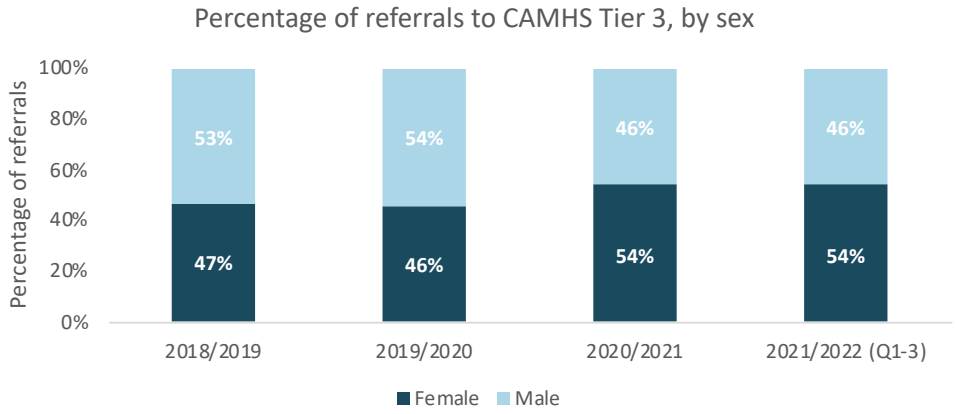
Sex of Referrals to CAMHS Tier 3 Services

Figure 37: Graph showing the rate of referrals per 100,000 to CAMHS Tier 3 between 2018/19 and 2021/22 (Q1-3), by sex



Source: CAMHS Tier 3. South West London St George's NHS Trust. 2018-2022.

Figure 38: Graph showing the percentage of referrals to CAMHS Tier 3 between 2018/19 and 2021/22 (Q1-3), by sex

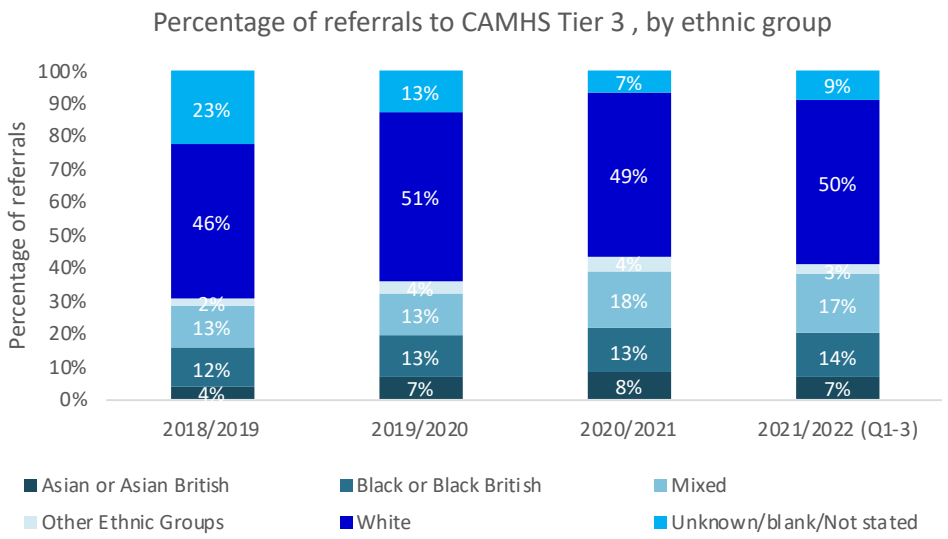


Source: CAMHS Tier 3. South West London St George's NHS Trust. 2018-2022.

- In 2018/19 and 2019/20, a greater percentage of males (53% and 54%) than females (47% and 46%) were referred to the service.
- However, in 2020/21 and 2021/22 (Q1-3) this reversed to a higher proportion of females (54%) than males (46%).
- Both males and females experienced reductions in their rate of referrals to the service each year between 2018/19 and 2020/21.
- However, the rate of male referrals declined more steeply than female referrals; between 2018/19 and 2020/21, the rate of male referral declined by 35%, whereas the rate of female referral declined only by 12%.
- The rate of male referrals declined most steeply between 2019/20 and 2020/21, falling from a rate of 718 per 100,000 to 503 per 100,000 – a 30% decrease. By contrast, the rate of female referrals only fell by 3% in the same period.
- Referral rates for both males and females in Q1-3 of 2021/22 were only slightly lower than the rates seen in 2020/21, which would suggest an increased rate of referrals for both sexes in this year.

Ethnicity of Referrals to CAMHS Tier 3 Services

Figure 39: Graph shows the percentage of referrals to CAMHS Tier 3 between 2018/19 and 2021/22 (Q1-3), by ethnic group

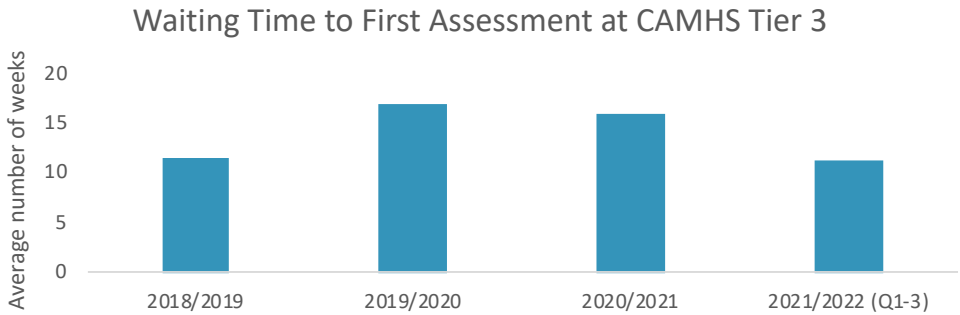


Source: CAMHS Tier 3. South West London St George's NHS Trust. 2018-2022.

- Between 2018/10 and 2021/22, most service users referred to CAMHS Tier 3 were from White ethnic groups (av. 49%).
- This was followed by service users from Mixed (av. 15%), Black or Black British (av. 13%), Asian or Asian British (av. 7%) and Other ethnic groups (av. 3%).
- An average of 13% of service users did not have their ethnicity recorded, although looking at each year individually, this was on a downward trend.

Average Wait for First Assessment

Figure 40: Graph showing the average number of weeks clients waited for a first assessment at CAMHS Tier 3 services between 2018/19 and 2021/22 (Q1-3)



Source: CAMHS Tier 3. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2019/20, the average number of weeks that service users waited for a first assessment at CAMHS Tier 3 increased from 11.5 weeks to 16.8 weeks.
- In 2020/21 and 2021/22 (Q1-3), the wait time decreased to 15.9 weeks and 11.2 weeks respectively.

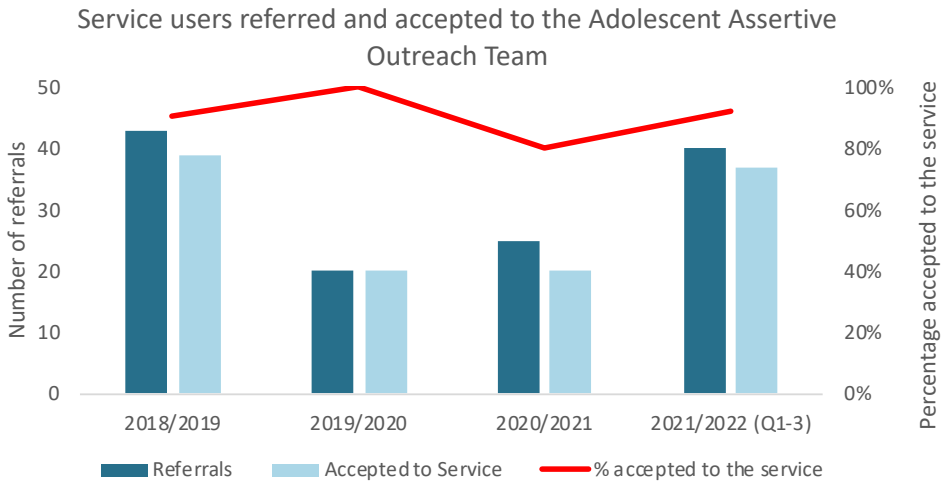
Adolescent Assertive Outreach Team

The Adolescent Assertive Outreach Team is a small multidisciplinary community team, working across South West London, with the aim of providing more intensive support in the community to young people aged 12-18 years who are experiencing an acute mental health crisis and who might be at risk of needing an inpatient admission owing to the severity of their illness or risk.

The service treats the following conditions: anxiety disorders, bipolar disorder, depression, obsessive compulsive disorder, PTSD and psychosis.

Referrals to the Adolescent Assertive Outreach Team

Figure 41: Graph showing the number of children and young people referred and accepted to the Adolescent Assertive Outreach Team between 2018/19 and 2021/22 (Q1-3)



Source: CAMHS Adolescence Assertive Outreach Team. South West London St George's NHS Trust. 2018-2022

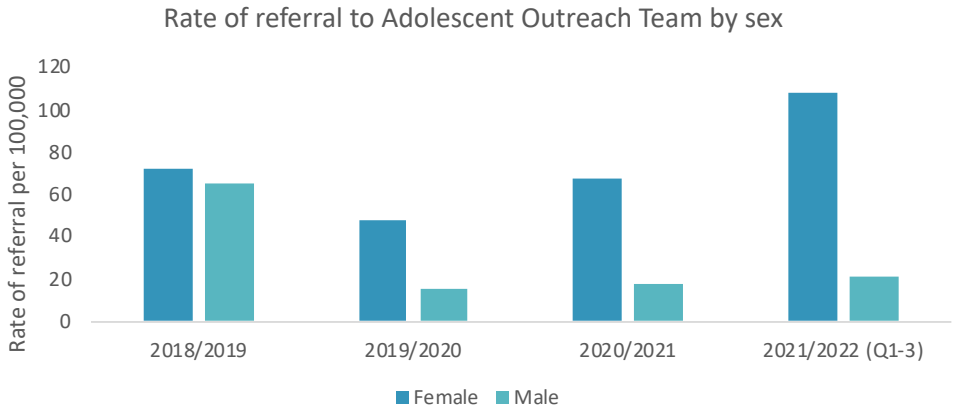
- Between 2018/19 and 2021/22, there were 126 CYP referred to the Adolescent Assertive Outreach Team.
- The number of CYP referred to the service fluctuated over the four-year period; in 2018/19 there were 43 CYP referred to the service, falling to 20 and 25 CYP in 2019/20 and 2020/21 respectively.
- In Q1-3 of 2021/22 there had already been 40 CYP referred to the service. This correlates with national evidence of an increase in CYP experiencing an acute mental health crisis since the COVID-19 pandemic.
- The percentage of CYP accepted to the service was highest in 2019/20 at 100% but fell to 80% the following year. From 2020/21 to 2021/22 the percentage of service users accepted has started to increase.

Age of Referrals to the Adolescent Assertive Outreach Team

- Between 2018/19 and 2021/22 (Q1-3), 97% of service users referred to the Adolescent Assertive Outreach Team were between the ages of 0–17 years.
- Across the four-year period, very low numbers of 18-24-year-olds were referred to the service.

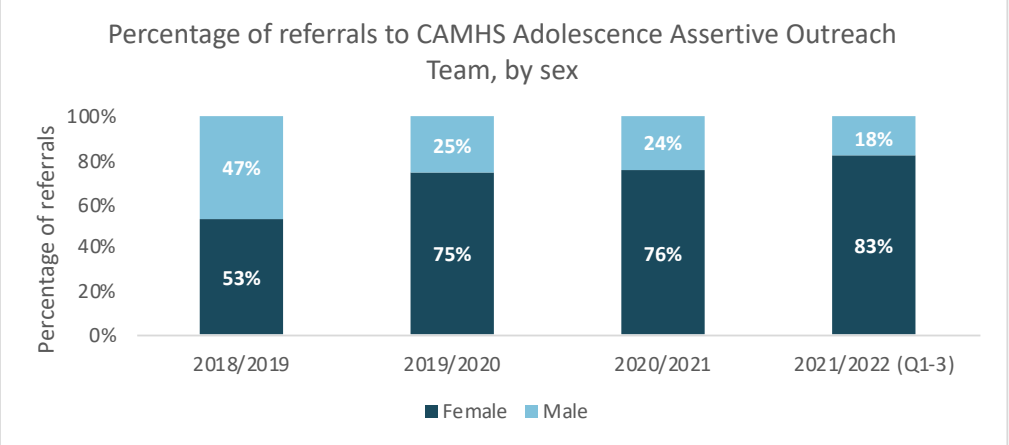
Sex of Referrals to the Adolescent Assertive Outreach Team

Figure 42: Graph showing the rate of referrals per 100,000 to the Adolescent Assertive Outreach Team between 2018/19 and 2021/22 (Q1-3) by sex



Source: CAMHS Adolescence Assertive Outreach Team. South West London St George's NHS Trust. 2018-2022.

Figure 43: Graph showing the percentage of service users referred to the Adolescent Assertive Outreach Team between 2018/19 and 2021/22 (Q1-3) by sex

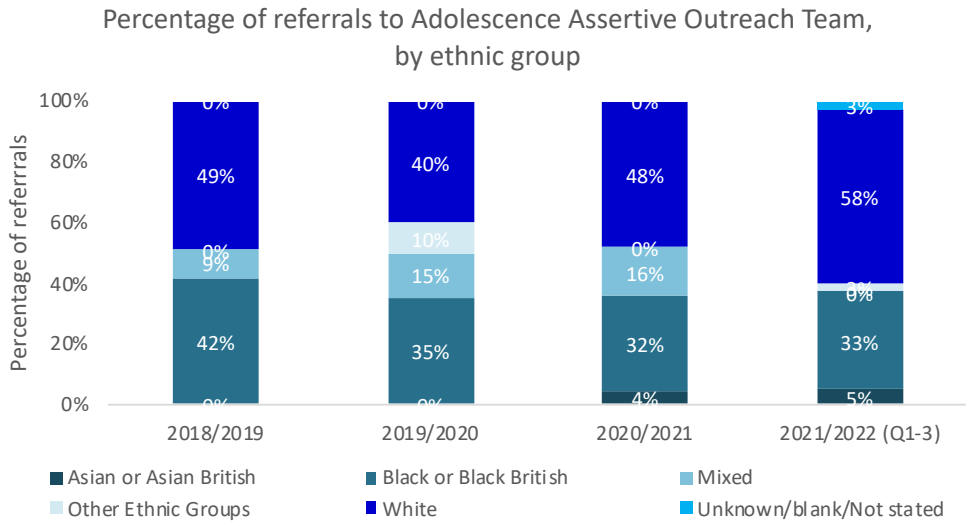


Source: CAMHS Adolescence Assertive Outreach Team. South West London St George's NHS Trust. 2018-2022.

- Over the four year period, there were more females than males referred to the Adolescent Assertive Outreach Team.
- Whilst in 2018/19, there was only a slightly higher proportion of females referred to the service than males, this imbalance became particularly marked from 2019/20 onwards, with females making up 75%, 75% and 83% of referrals each year respectively.
- This was caused by a decrease in the rate of male referrals in 2019/20. Between 2018/19 and 2019/20, the rate of male referrals fell by 77% from 65.5 referrals per 100,000 to 15 referrals per 100,000. The rate of male referrals has seen only small increases in the years following this.
- By contrast, although the rate of female referrals also decreased between 2018/19 and 2019/20, this only fell by 37%, and subsequently increased each year after that.
- In Q1-3 of 2021/22, the rate of female referrals had already increased by 60% from the previous year, suggesting there to be a substantial increase in female referrals to the service. This fits with national data indicating that the pandemic has had particularly adverse impacts on the mental health of young females.[140]

Ethnicity of Referrals to the Adolescent Assertive Outreach Team

Figure 44: Graph showing the percentage of service users referred to the Adolescent Assertive Outreach Team between 2018/19 and 2021/22 (Q1-3) by ethnicity



Source: CAMHS Adolescence Assertive Outreach Team. South West London St George's NHS Trust. 2018-2022

- Between 2018/19 and 2021/22 (Q1-3), most service users referred to the Adolescent Assertive Outreach Team were from White ethnic groups (av. 49%) or Black or Black British ethnic groups (av. 35%).
- The proportion of service users referred from Black or Black British ethnic groups is high by comparison to referrals to other CAMHS services in Wandsworth.
- There were no service users referred from Asian or Asian British ethnic groups in 2018/19 and 2019/20, and they constituted only 4% and 5% of total referrals in 2020/21 and 2021/22 (Q1-3) respectively.

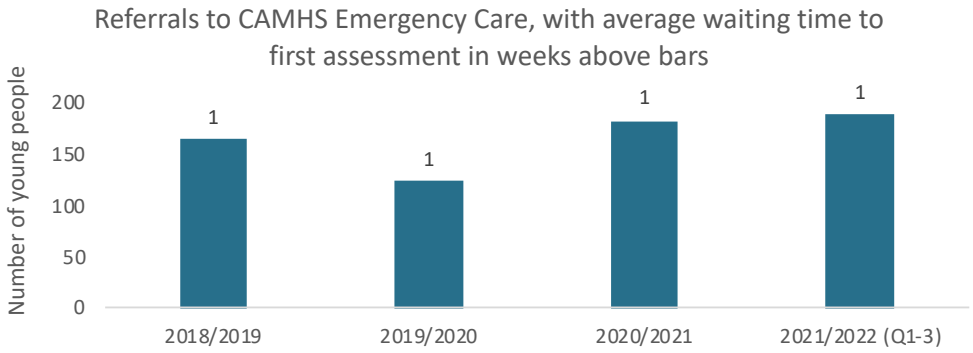
CAMHS Emergency Care Service

CECS is a specialist CAMHS nursing team which carries out mental health and self-harm assessments at emergency departments or on paediatric wards when a young person has required a brief inpatient stay following an episode of self-harm. CECS will carry out the initial assessment and then offer a follow up in 5-7 days.

However, if the CYP is already known to local CAMHS they will provide the follow up.

Referrals and Wait Time to the CAMHS Emergency Care Service

Figure 45: Graph showing the number of children and young people referred to CAMHS Emergency Care Service and the average wait time to first assessment between 2018/19 and 2021/22.

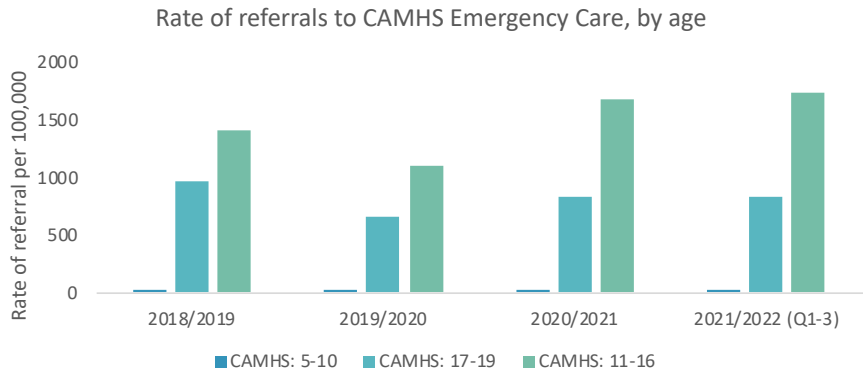


Source: CAMHS Emergency Care Service. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2019/20, the number of referrals to CECS declined from 164 to 124 CYP.
- In 2020/21 and 2021/22 (Q1-3), there was an increase in the number of referrals to CECS to 182 and 188 CYP respectively. This may have been caused by the impacts of the COVID-19 pandemic on CYP mental health, as national studies have found that the pandemic escalated rates of self-harm behaviour and eating disorders, particularly among young females.
- Wait times remained at a stable approximately 1 week across the four-year period.

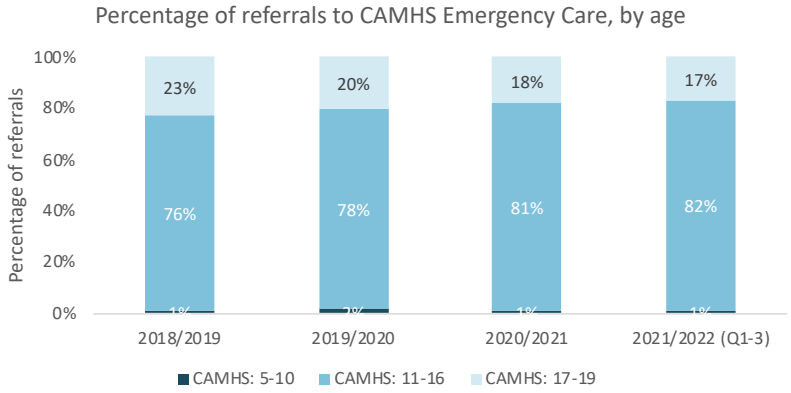
Age of Referrals to the CAMHS Emergency Care Service

Figure 46: Graph showing the rate of referrals to CAMHS Emergency Care Service between 2018/19 and 2021/22 by age



Source: CAMHS Emergency Care Service. South West London St George's NHS Trust. 2018-2022.

Figure 47: Graph showing the percentage of service users referred to CAMHS Emergency Care Service between 2018/19 and 2021/22 by age

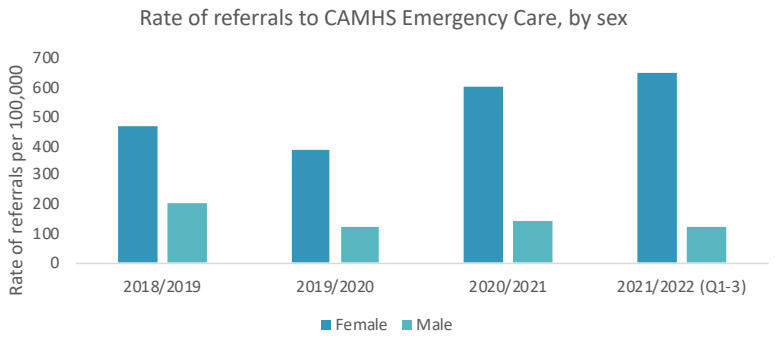


Source: CAMHS Emergency Care Service. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, most referrals to CECS were between the ages of 11 and 16 years (79%).
- 19% of referrals were between the ages of 17 and 19 years.
- There were very small numbers of CYP aged 5–10 years referred to the service (1%), and their rate of referral remained at a stable 16.5 per 100,000 over the period.
- Both the 11–16 and 17–19-year age groups saw large declines in their rates of referral between 2018/19 and 2019/20:
- For 11–16-year-olds, the referral rate fell from 1412.8 per 100,000 to 1099.4 per 100,000.
- For 17–19-year-olds it fell from 965.8 per 100,000 to 652.4 per 100,000.
- In 2020/21, both age groups saw large increases in their rates of referral, though this was greatest for the 11–16-year-old age group:
- The referral rate of 11–16-year-olds increased by 53% from 1099.4 per 100,000 to 1682 per 100,000.
- The referral rate of 17–19-year-olds increased by 30.7% from 652.4 per 100,000 to 835 per 100,000.
- Whilst the rate of referrals for 17–19-year-olds remained the same in Q1-3 of 2021/22, for 11-16-year-olds it increased further.
- Over the four-year period, 11–16-year-olds have therefore constituted a growing proportion of total referrals to CECS, rising from 76% of total referrals in 2018/19 to 82% of total referrals in 2021/22 (Q1-3).

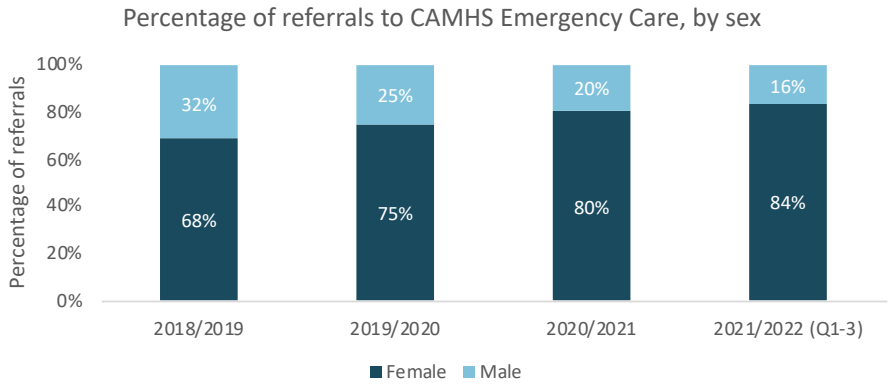
Sex of Referrals to the CAMHS Emergency Care Service

Figure 48: Graph showing the rate of referrals per 100,000 of service users to CAMHS Emergency Care Service between 2018/19 and 2021/22 (Q1-3) by sex



Source: CAMHS Emergency Care Service. South West London St George's NHS Trust. 2018-2022.

Figure 49: Graph showing the percentage of service users referred to CAMHS Emergency Care Service between 2018/19 and 2021/22 (Q1-3) by sex

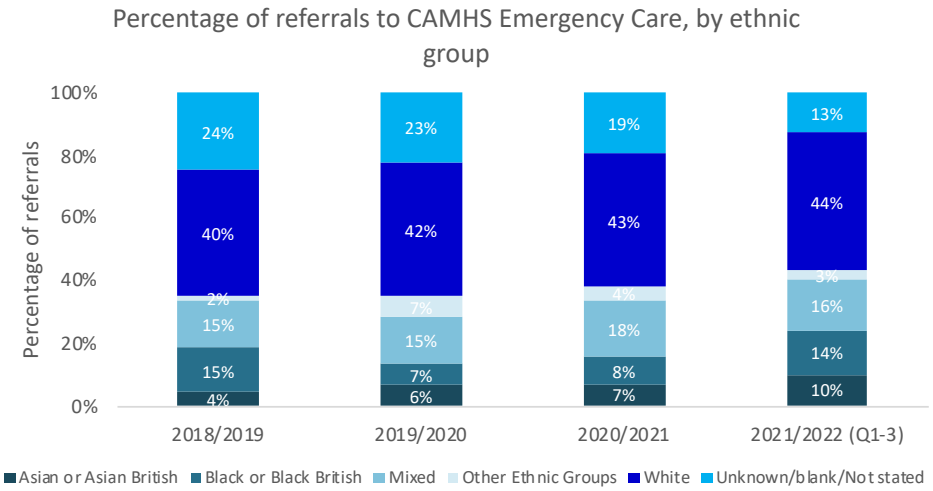


Source: CAMHS Emergency Care Service. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, there were more females than males referred to CECS.
- The imbalance in total referrals to the service has grown over time. Whilst in 2018/19, 68% of referrals were female and 32% were male, in 2021/22 (Q1-3), 84% of referrals were female and 16% were male.
- This imbalance is in keeping with the higher prevalence of self-harm behaviour observed nationally among female CYP. [141]
- Between 2018/19 and 2019/20, both males and females saw reduced rates of referral, however, the reduction was greater for males than females; the male rate of referrals fell by 40% whereas the female rate of referrals only fell by 17%.
- In 2020/21, both males and females saw an increased rate of referrals, however, the increase was greater for females than males; the female rate of referrals grew by 57% whereas the male referral rate grew only by 16%.
- Whilst the rate of female referrals has continued to increase in Q1-3 of 2021/22, the rate of male referrals has decreased slightly.
- The increase in the rate of female referrals to CECS in 2020/21 and 2021/22 may have been associated with the COVID-19 pandemic, as national studies have suggested that this has increased risk-taking behaviours, particularly among young females[142].

Ethnicity of Referrals to the CAMHS Emergency Care Service

Figure 50: Graph showing the percentage of service users referred to CAMHS Emergency Care Service between 2018/19 and 2021/22 (Q1-3) by ethnicity



Source: CAMHS Emergency Care Service. South West London St George's NHS Trust. 2018-2022.

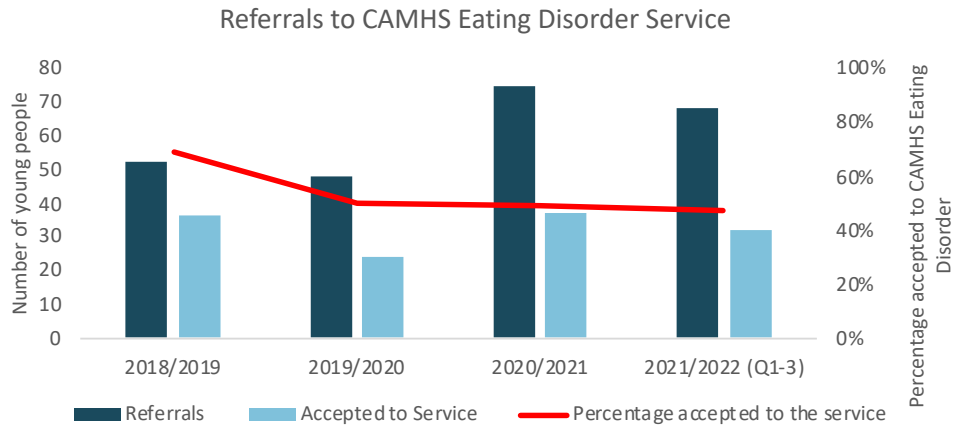
- Between 2018/19 and 2021/22, 42% of clients referred to CECS were from White ethnic groups, 16% were from Mixed ethnic groups, 11% from Black or Black British ethnic groups, 7% from Asian or Asian British ethnic groups and 4% from Other ethnic groups.
- Between 2018/19 and 2021/22 (Q1-3), the ethnic group of 20% of referrals was not recorded. Although this decreased from 24% in 2018/19 to 13% in 2021/22, the incompleteness of the data makes it challenging to draw firm conclusions.

CAMHS Eating Disorder Service

A young person diagnosed with an eating disorder will be referred from Tier 3 to the CAMHS Eating Disorder Service at Springfield Hospital. The service treats the following conditions: binge eating, anorexia nervosa, bulimia nervosa and other eating disorders.

Referrals to CAMHS Eating Disorder Service and Use of the Service

Figure 51: Graph showing the number of children and young people referred and accepted to CAMHS Eating Disorder Service, and the percentage of referrals treated within 4 weeks, between 2018/19 and 2021/22

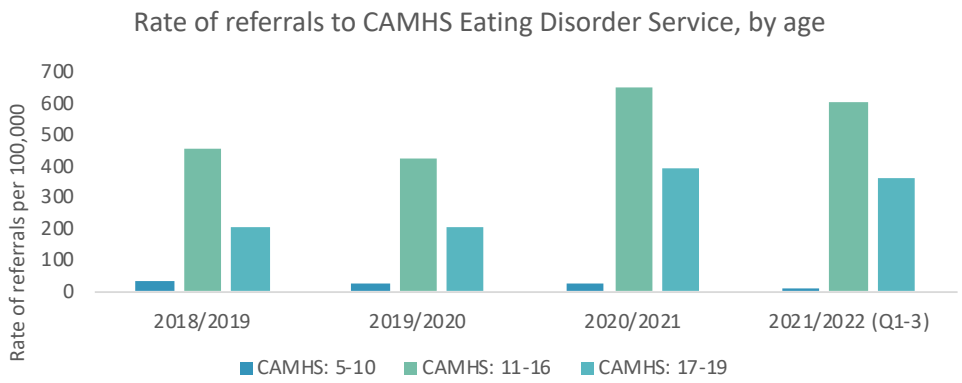


Source: CAMHS Eating Disorder Service. South West London St George's NHS Trust. 2018-2022.

- In 2018/19 and 2019/20, there were 52 and 48 CYP respectively referred to CAMHS Eating Disorder Service.
- From 2020, there was an increase in the number of CYP referred to the service, rising to 75 and 68 CYP referred in 2020/21 and 2021/22 (Q1-3) respectively. This may have been caused by the COVID-19 pandemic, which national studies suggest increased eating disorders among CYP.[143] It should be noted however, that these are small numbers and are subject to random variation.
- The number of CYP accepted has experienced small changes, falling from 36 in 2018/19 to a low of 24 in 2019/20 before reaching 32 in 2021/22 (Q1-3).
- The percentage of CYP accepted to the service declined annually, falling from a high of 69% in 2018/19 to a low of 47% in 2021/22. Although, there has been an overall decline this occurred predominantly between 2018/19 and 2019/20.

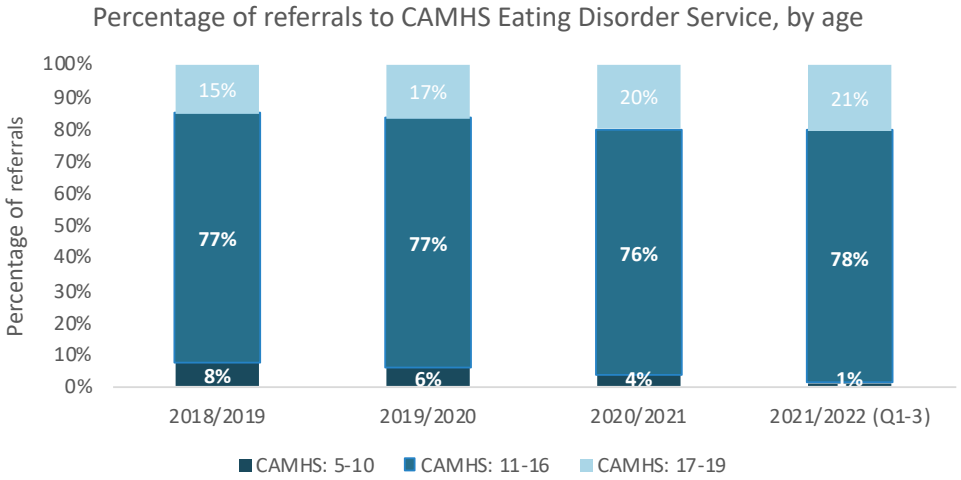
Age of Referrals to CAMHS Eating Disorder Service

Figure 52: Graph showing the rate of referrals per 100,000 to CAMHS Eating Disorder Service between 2018/19 and 2021/22 (Q1-3) by age



Source: CAMHS Eating Disorder Service. South West London St George's NHS Trust. 2018-2022.

Figure 53: Graph showing the percentage of referrals to the CAMHS Eating Disorder service between 2018/19 and 2021/22 (Q1-3) by age

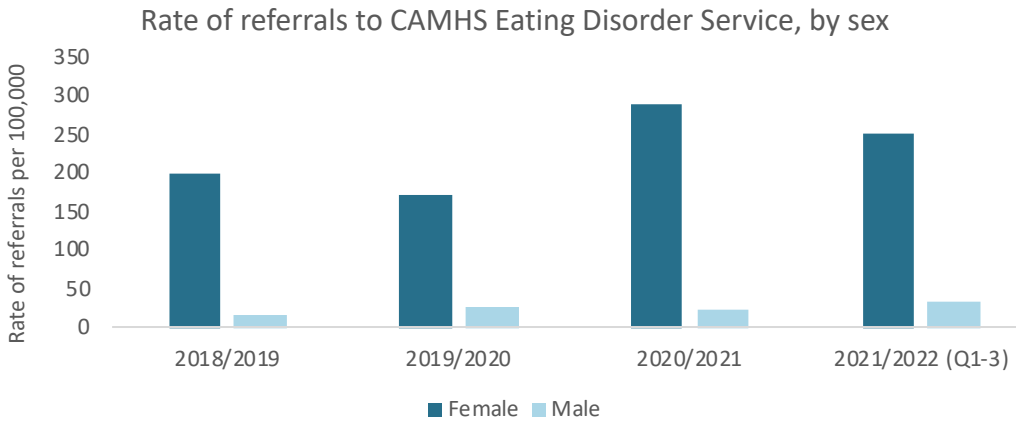


Source: CAMHS Eating Disorder Service. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, 77% of service users referred to the CAMHS Eating Disorder Service were between the ages of 11-16 years, 18% aged 17-19 years and 5% were between 5-10-years-old.
- In 2020/21, there was an increase in the rate of 11-16-year-olds and 17-19-year-olds referred to service.
- The rates of referrals of 11-16-year-olds and 17-19-year-olds remained elevated in Q1-3 of 2021/22

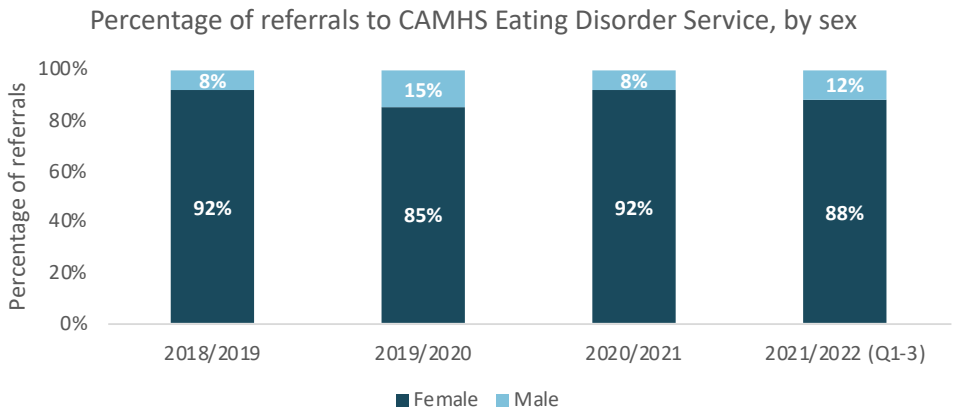
Sex of Referrals to CAMHS Eating Disorder Service

Figure 54: Graph showing the rate of referrals per 100,000 to CAMHS Eating Disorder Service by between 2018/19 and 2021/22 (Q1-3) by sex



Source: CAMHS Eating Disorder Service. South West London St George's NHS Trust. 2018-2022.

Figure 55: Graphs showing the percentage of referrals to CAMHS Eating Disorder Service between 2018/19 and 2021/22 (Q1-3) by sex

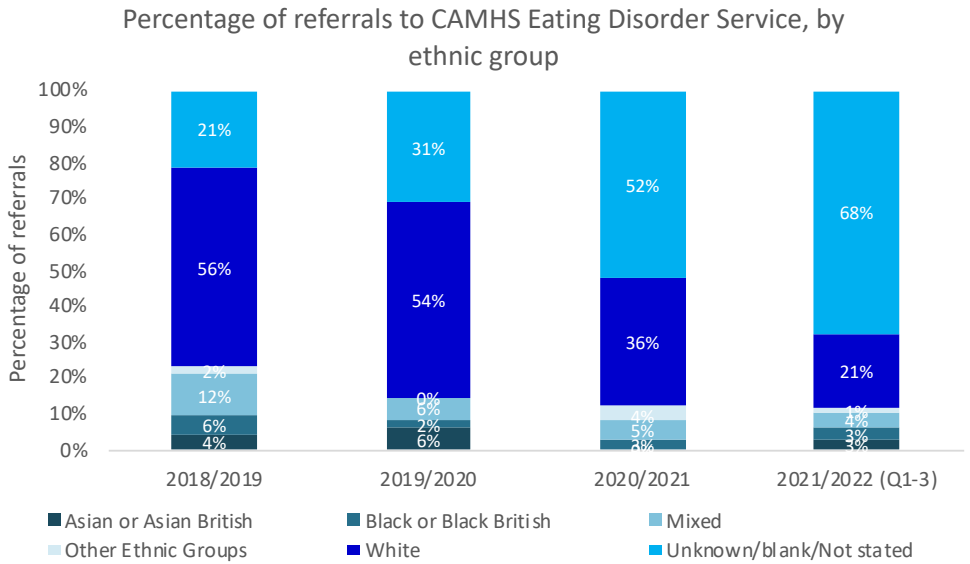


Source: CAMHS Eating Disorder Service. South West London St George's NHS Trust. 2018-2022.

- Across all years the number of females referred to the CAMHS Eating Disorder Service is higher than males; on average, females constituted 89% of referrals whereas males constituted just 11%.
- There was a large increase in the number of females referred to the service in 2020/21; this increased from 170.3 per 100,000 CYP in 2019/2020 to 286.6 per 100,000 in 2020/21, a 68% increase.
- These increases in referrals correlate with national increases in eating disorders among CYP following the COVID-19 pandemic.[144]
- A similar increase in male referrals was not observed.
- The increased rate of female referrals to the service remained elevated in Q1-3 of 2021/22.

Ethnicity of Referrals to CAMHS Eating Disorder Service

Figure 56: Graph showing the percentage of referrals to CAMHS Eating Disorder Service between 2018/19 and 2021/22 (Q1-3) by ethnicity

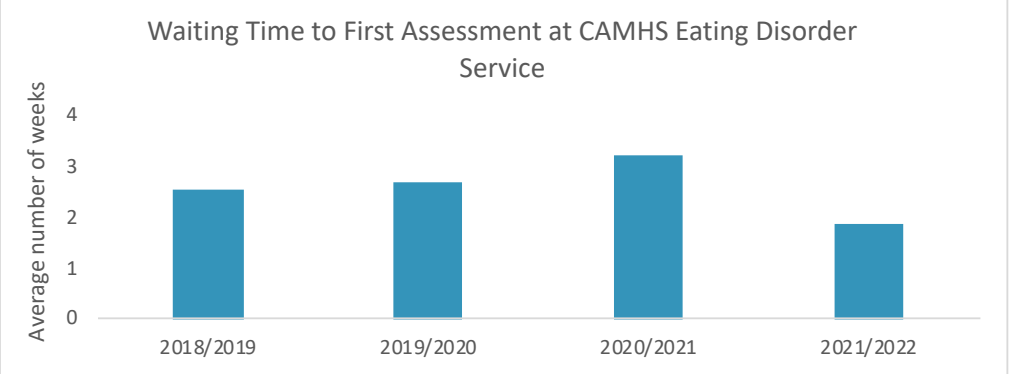


Source: CAMHS Eating Disorder Service. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, the ethnicity of almost half (av. 43%) of service users referred to the CAMHS Eating Disorder Service was unknown.
- The proportion of service users whose ethnic data is unknown has increased sizeably over the period from 21% of referrals in 2018/19 to 68% in 2021/22 (Q1-3), indicating the need for improved ethnicity data collection.
- Such high proportions of missing ethnicity data make it challenging to draw any conclusions the ethnic make-up of referrals to the service.
- The average wait time for the CAMHS Eating Disorder Service has declined overall, from 2.5 weeks in 2018/19 to 1.85 weeks in 2021/22.

Wait Time for CAMHS Eating Disorder Service

Figure 57: Graph showing the average number of weeks that clients waited for a first assessment at CAMHS Eating Disorder Service between 2018/19 and 2021/22 (Q1-3)



Source: CAMHS Eating Disorder Service. South West London St George's NHS Trust. 2018-2022.

- The average wait time for the CAMHS Eating Disorder Service has declined overall, from 2.5 weeks in 2018/19 to 1.85 weeks in 2021/22.

CAMHS Tier 4: Getting Risk Support

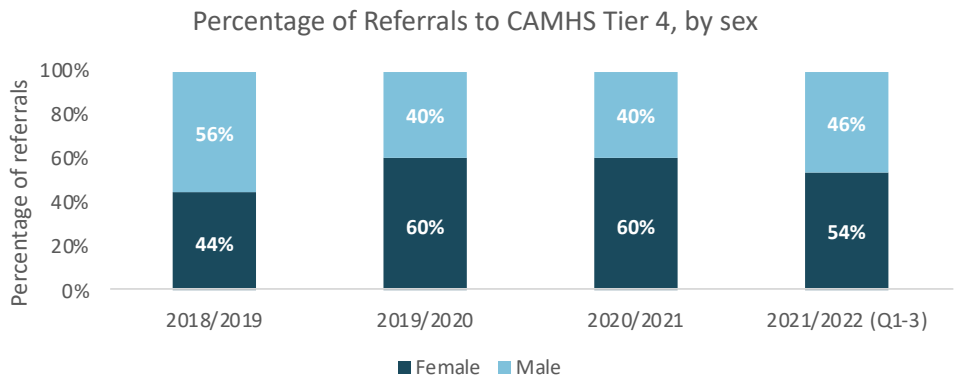
CAMHS Tier 4 provides specialised day and inpatient services for young people with mental health disorders associated with significant impairment and/or significant risk to themselves or others, and whose needs cannot be safely and adequately met by CAMHS Tier 3 in the community.

Referrals to CAMHS Tier 4 Services

There are a low number of CYP using CAMHS Tier 4 services in Wandsworth with just 42 referrals between 2018/19 and 2021/22. In 2018/19 there were 9 CYP in the service, 10 in 2019/20 and 2020/21 and 13 in 2021/22 (Q1-3).

Sex of Referrals to CAMHS Tier 4 Services

Figure 58: Graph showing the percentage of referrals to CAMHS Tier 4 services between 2018 and 2022 (Q1-3) by sex



Source: CAMHS Tier 4. South West London St George's NHS Trust. 2018-2022.

- In 2018/19, there were more males than females referred to CAMHS Tier 4 services.
- However, since 2019/20 this trend has reversed and there have been more females than males referred to the service.

Use of CAMHS Tier 4 Services

- Over the four-year period, 51% of CYP spent between 1-30 days in CAMHS Tier 4 services. 22% spent between 31-60 days, 15% spent more than 90 days and 12% spent between 61-90 days in the service.
- The CAMHS Tier 4 service specification promotes a national ambition to reduce young people's length of stay on inpatient wards.[145]
- Most referrals came from NHS wards for general patients (59%). This was followed by referrals from a CYP's usual place of residence (20%) and NHS wards for mentally ill/ learning disabilities (15%).
- 93% of CYP were discharged back to their usual place of residence.

Service Activity: Key Findings

- The MHST, PATHS and Place2Be programs are growing but do not have comprehensive coverage across all the borough's schools.
- Most CYP who access the MHST program are 11-16 years old.
- The rate of referrals to Place2Be decreased in 2019/20 and continued to do so in 2020/21.
- Between 2018 and 2021 the number of CYP referred to the Single Point of Access increased each year. Most referrals are from those between 11-16 years.
- Referrals of boys to the SPA and CAMHS Tier 3 Services decreased after 2019/20.
- In contrast to 2018/19, since 2019/20 there have been more girls than boys in Tier 4 services.
- The most common reasons for referral to the SPA were being in crisis (26%) and anxiety (17%).
- There was a surge in young people requiring crisis care during the height of pandemic restrictions, particularly among girls.
- Between 2018 and 2022 referrals to the SPA for self-harm increased each year.
- In 2021/22 (Q1-3) there were increased numbers of referrals to the Adolescent Assertive Outreach Team, CAMHS Emergency Care Service and CAMHS Eating Disorder Service. This is likely due to an increase in acute mental health crisis since the COVID-19 pandemic. From 2019/20 there was a signifyingly higher proportion of females referred to all three services.
- There has been a noticeable increase in eating disorders in girls. Between 2019/20 and 2020/21 there was a 68% increase of females referred to the Eating Disorder Service.
- Between 2018/19 and 2020/21, the number of CYP referred to CAMHS Tier 3 declined annually.
- Increased waiting times for services in 2021/22 (Q1-3) suggests a surge in need.
- Across all services, there are a large percentage of CYP whose ethnicity is not recorded, which makes analysing the ethnicity balance of service users challenging. Effort should be made to improve recording of service users' ethnicity to ensure particular groups are not under- or over-represented within services.

Stakeholder Consultation

Focus Group Discussions

Focus groups were conducted with multiple stakeholders to provide detailed insight into the mental health needs of Wandsworth's population. A detailed list of the groups that participated in these discussions can be found in the introductory section.

Key Issues for Children and Young People's Mental Health in Wandsworth

Through the consultations, the following key issues facing CYP in Wandsworth were identified:

Increased Prevalence of Mental Health Need

Stakeholders reported that mental health conditions among CYP in Wandsworth are increasing in prevalence, complexity, acuity and longevity. Although recognised as a significant issue beforehand, respondents felt that the COVID-19 pandemic had further adverse impacts on mental health needs.

Concern was especially raised about the increase in "risk and complexity," with stakeholders particularly reporting concern for the growth in eating disorders and escalating rates, pace and early onset of high-risk behaviours, such as self-harm and suicidal ideation. One stakeholder identified this growth to be particularly significant in the "affluent areas of Wandsworth."

The prevalence of these high-risk behaviours has become so high that stakeholders commonly reported that "self-harm is now a bread-and-butter issue" for mental health services to contend with, and this was observed to be on the rise among "children as young as year two or three [who] come into one-to-one sessions and talk about self-harming." In addition, stakeholders reported that CYP are adopting self-harm behaviours at a faster pace and at milder stages of a mental health struggle, and that there is a "much lower threshold to move into self-harm over cutting behaviour."

Stakeholders expressed particular concern about the rise in risk-taking behaviours in the context of long waiting times to access services. Services reported that they are resultantly having to do "a lot more risk management with wait lists because everyone on these is suicidal, self-harming, depressed at really high levels," and that they are struggling to balance the extensive waiting lists with the need to deliver personalised tailored care to CYP with complex mental health needs.

Self-diagnosis of Mental Health Issues

Schools reported that they are witnessing an increase in self-diagnosis of mental health needs by CYP and their parents. Stakeholders expressed concern that we have become a "victim of our success" in de-stigmatising mental health, suggesting that "there has been a normalising about having a bit of a mental health indicator for yourself." Stakeholders suggested that CYP actually "seem concerned to have something to talk about with their mental health" and that they feel "it is not normal not to" have something to talk about.

In addition, stakeholders reported that CYP struggle to "separate the things that they are going through and the things that are them," as they increasingly conflate their mental health struggles with their identity. Stakeholders suggested how CYP commonly take their mental health issue and "wear it like a label or a part of their identity" and stressed that they need to learn how to be able to "talk about it without becoming it."

Insufficient Access to Services

Stakeholders reported that CYP are experiencing long waiting lists to access mental health services in Wandsworth due to their limited capacity and the heighted demand. Stakeholders criticised these waiting lists as being so extensive that CYP "cannot access services they need when in crisis."

The waiting times to access CAMHS services were particularly highlighted as an issue, with one stakeholder commenting, "I think that the single biggest issue in Wandsworth is CAMHS and the waiting list." CAMHS was reportedly "unable to deal with the capacity" requiring their services, and stakeholders suggested that this was placing a heavy burden onto other services to pick up CYP experiencing mental health crisis.

Stakeholders particularly identified the burden that this was placing on schools, particularly those that offered the Place2Be programme, which is increasingly seen as a "solution" to CYP's mental health issues. Stakeholders reported that schools offering the Place2Be programme were seeing students referred back from CAMHS to the school for mental health services, and consequently felt that they "can never escalate anything", even if an issue "need[s] additional input." This leaves schools and Place2Be in the holding position to manage high-risk CYP, with one stakeholder highlighting that Place2Be are "having to counsel people who are suicidal" despite the fact that "this should be CAMHS' job."

Even when accepted into mental health services, stakeholders felt that capacity demands limited the extent of care service users subsequently received. It was suggested that services over-prescribed medication as an alternative to therapy, placed time limits on provisions and discharged CYP prematurely from services. In addition,

stakeholders expressed frustration at the lack of flexibility service users were offered to tailor their care to their needs: "with waiting times so long, there is no choice – you have to accept whoever you get". Mental health staff also recognised the challenges in balancing the increasing wait times with offering effective treatments which invest time into really engaging service users.

Transition from Child to Adult Mental Health Services

Stakeholders identified the transition from child to adult mental health services as a significant service disjuncture. Poor joint working between children and adult mental health services at the transition period was identified as causing a 27% fall in activity between the 15-19 and 20-24-year-old age groups. This was also described as placing service users on a "cliff edge" and resultantly placing individuals at significant risk. The disjuncture between child and adult services needs to be properly addressed to ensure continuity and prevent service users being lost in the transition.

Inadequate Resourcing of Schools to Support Students' Increasing Mental Health Needs

Stakeholders identified that "mental health has grown exponentially in every school" and suggested that schools are resultantly struggling to manage expectations about the mental health support they can deliver within the school environment; "We are all trained as teachers, not as mental health workers."

Stakeholders particularly challenged the lack of funding provided to schools in Wandsworth to support CYP's mental health. As the mental health needs of CYP in the borough grow, stakeholders suggested that schools are "throwing more and more money" at putting in place mental health interventions and appointing mental health staff. However, without sufficient funding specific to mental health, schools are having to extract this from their wider budget, which is "taking away from other things in the school that need doing".

Stakeholders also challenged the "scatter gun" allocation of commissioning money in Wandsworth and the disconnections between the CCG, CAMHS commissioners and schools, recognising that this is conducted "much better in other authorities." The current approach was identified as preventing the development of a coordinated approach to funding allocation based on what schools actually require.

Although stakeholders recognised the Trailblazer Programme to have been "a godsend in terms of putting [mental health] support into schools" and perceived the Place2Be programme to be highly beneficial, they also noted that these programmes were not available across the board. Stakeholders acknowledged that those schools which were able to offer the programme were "very lucky" and that their continuation of the programme was dependent on funding.

LGBTQ+ Children and Young People

Stakeholders highlighted that LGBTQ+ CYP experience heightened mental health needs, and that these needs were further exacerbated by the COVID-19 pandemic.

It was also felt that LGBTQ+ CYP face additional challenges in mental health services. Stakeholders commonly reported feeling that their mental health needs were not believed when they presented, which they felt prevented them from getting the support they required. Stakeholders also felt that the mental health workforce lacked diversity, which meant that LBGTQ+ CYP "do not feel they can relate to their therapist." Stakeholders suggested that it would be beneficial to be able to be given a choice of therapist but recognised that this was highly challenging with current demands on the mental health system.

Children and Young People from Black, Asian and Minority Ethnic groups

Across the focus groups, there was a lack of common themes expressed by stakeholders regarding children and young people from Black, Asian and minority ethnic groups.

However, a few stakeholders reported that they felt some groups of children are difficult to reach as their parents struggle to access mental health services. Stakeholders particularly identified the impact of language or cultural barriers on preventing parents bringing children forward to mental health services. Whilst some stakeholders suggested that we "need to be more proactive about getting people registered with GPs", others promoted the value of community organisations suggesting that we "need to support community organisations to support their community members...and be as effective in the community as they want to be."

Individual stakeholders also raised concerns that Black Afro-Caribbean young people are "grossly over-represented in [the] data" and that there are disproportionate numbers of older Black boys entering the care system.

Beneficial Services to Support Children and Young People's Mental Health in Wandsworth

Stakeholders identified the following support and/or treatment approaches as beneficial to supporting CYP mental health in Wandsworth:

- As the place where CYP are already present, it was considered beneficial to utilise schools as a key venue for them to access mental health support and services. This was something that stakeholders identified as having proven success with Place2Be and the Trailblazer Programme. Stakeholders felt that locating mental health support in schools was important for "capturing children and parents" at an early stage and for obtaining "the trust of the schools and families" to refer CYP to other organisations and services. It was recommended that this work could be furthered by situating a skilled mental health practitioner from CAMHS on-site in schools to support this work.
- Stakeholders recognised the importance of strong, collaborative links and communication between services and organisations working to support CYP's mental health and wellbeing in Wandsworth. This was suggested to be particularly important for managing difficult crisis cases which require a sophisticated package of care.
- Stakeholders recognised that mental health services had become increasingly flexible in their service offering and means of engagement following the COVID-19 pandemic. However, this needs to be developed further to enable services to be able to fully respond to the individual needs of CYP.
- Building the emotional resilience of CYP through community groups and activities, such as music, art and exercise, and ensuring that these are available at an accessible cost.
- For LGBTQ+ young people, Free2B and Spectra were identified as beneficial.

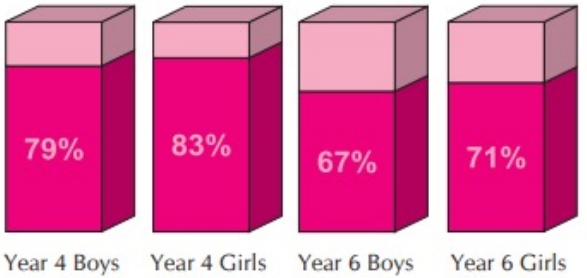
Children and Young People's Voice: Findings from the 2022 Wandsworth Young People's Survey.[146]

The Wandsworth Young People's Survey was developed by the Schools Health Education Unit in partnership with the London Borough of Wandsworth Public Health Team to obtain pupils' views on different aspects of health and wellbeing.

All primary and secondary schools were invited to participate in the survey during the spring and summer terms 2022, with the focus on years 4, 5, 6, 8 and 10 pupils. A total of 3,263 pupils took part from 21 primary schools and 4 secondary schools.

A selection of key themes identified within the survey has been summarised below. Wandsworth Primary School Pupils in Years 4 – 6 (ages 8–11 years). The summary and topical reports can be read online here.

Worrying



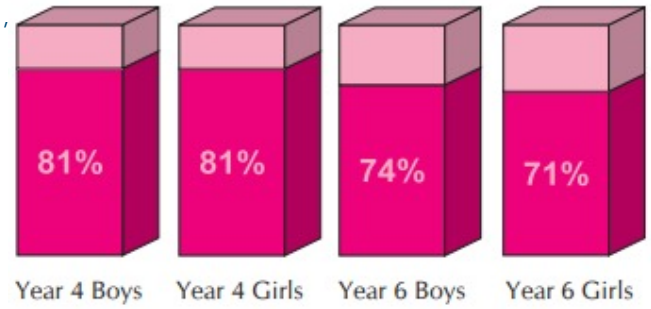
Source: Wandsworth Young People's Survey. 2022.

- 75% of pupils worry 'quite a lot' or 'a lot' about at least one issue:
- 17% of boys and 29% of girls worry about more than 5 issues 'quite a lot' or 'a lot'.
- 19% of pupils worry about their mental health whilst 26% worried about the mental health of someone in their family.
- 14% of pupils worried about having enough food to eat.
- Year 6 pupils worried 'quite a lot' or 'a lot' about the following issues (top 5):

Year 6	Boys		Girls
The environment	27%	School work	31%
School work	20%	The environment	29%
The mental health of someone in their family	19%	Problems with friends	28%
Crime	18%	COVID-19	25%
Terrorism	17%	The way they look	23%

Source: Wandsworth Young People's Survey. 2022

- 77% of pupils have at least one negative feeling/experience 'often' or 'everyday



Source: Wandsworth Young People's Survey. 2022.

Problem-solving

- 31% of pupils responded that they at least 'sometimes' deal with things by hurting themselves in some way when they are struggling/feel bad or are stressed/have a problem that worries them.
- 79% of pupils responded that they at least 'sometimes' keep it to themselves when they are struggling/feel bad or stressed/have a problem that worries them, while 50% said they get into trouble (at home or school).

Resilience

- 17% of year 5+ pupils (13% of year 6 boys and 21% of year 6 girls) had a low measure of resilience (0 – 16).
- Pupils were asked what they do if something goes wrong:

Year 6	Boys		Girls
I learn from it for next time	56%	I learn from it for next time	55%
I'm calm and can carry on	51%	I'm calm and can carry on	29%
I might feel a bit bad but soon forget it	44%	I might feel a bit bad but soon forget it	33%
I get upset and feel bad for ages	11%	I get upset and feel bad for ages	20%
I might feel something else	7%	I might feel something else	9%

Source: Wandsworth Young People's Survey. 2022.

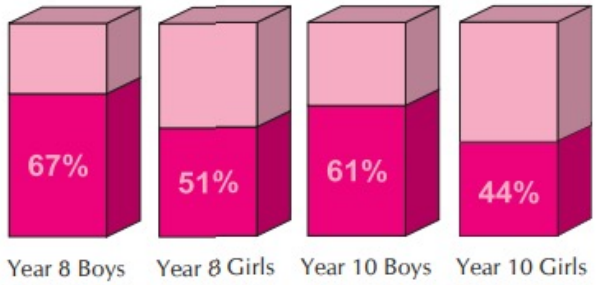
Inequalities

Significant differences between potentially vulnerable groups and 'all year 6 pupils' are as follows:

- Pupils entitled to free school meals are more likely to worry about at least one issue (83% vs 69%).
- Pupils with SEND are more likely to have hurt themselves when worried or stressed (33% vs 26%).
- Pupils entitled to free school meals are more likely to feel unsafe going out during the day (6% vs 2%).
- Pupils with SEND are more likely to have negative emotions/experiences every day (61% vs 39%).
- Girls are more likely to have low resilience scores (23% vs 18%).

Wandsworth Secondary School Pupils in Years 8 and 10 (ages 12–15 years)

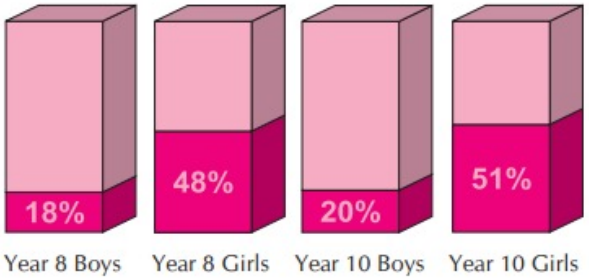
Happiness



Source: Wandsworth Young People's Survey. 2022.

- 57% of pupils responded that they are 'quite' or 'very' happy with their life at the moment:
- 17% of boys and 24% of girls said they are 'quite' or 'very' unhappy with their life at the moment.

Worrying



Source: Wandsworth Young People's Survey. 2022.

- 75% of pupils responded that they worry about at least one issue 'quite a lot' or 'a lot'.
- 19% of boys and 50% of girls responded that they worry about more than 5 issues 'quite a lot' or 'a lot':
- 24% of Year 8 pupils responded that they worry 'quite a lot' or 'a lot' about their mental health; 20% worry about the mental health of someone in their family.
- Pupils worry 'quite a lot' or 'a lot' about the following (top 5):

	Boys		Girls
My future	43%	School work	66%
School work	34%	My future	65%
Getting a job	34%	Their mental health	49%
Their mental health	18%	The way you look	48%
Mental health of family	15%	Getting a job	47%

Source: Wandsworth Young People's Survey. 2022.

Problem Solving

- 33% of girls (and 14% of boys) 'at least sometimes' deal with problems by hurting themselves in some way.
- 16% of pupils said they at least 'sometimes' get help from online advice websites/ helplines e.g. Kooth/Childline etc. and 9% said they get help from a charity, e.g. Samaritans, Young Minds etc.
- Pupils said they at least 'sometimes' deal with problems by doing the following (top 5):
- Pupils said they at least 'sometimes' deal with problems by doing the following (top 5):

	Boys		Girls
Spending time on the computer/ gaming etc.	87%	Relaxing	88%
Relaxing	82%	Crying	76%
Playing sport, being active etc.	78%	Spending time on the computer/gaming etc.	64%
Speaking to/confronting the person who is causing you to worry	47%	Eating less	51%
Crying	33%	Playing sport, being active etc.	47%

Source: Wandsworth Young People's Survey. 2022.

Resilience

- 28% of pupils had a low measure of resilience (0 – 16).
- 48% of pupils responded that if something goes wrong, they learn from it for next time, while 37% are 'usually' or 'always' calm and can carry on and 20% get upset and feel bad for ages.

Thoughts and Feelings

Source: Wandsworth Young People's Survey. 2022.

- 46% of pupils said they felt anxiety 'often' or 'every day':
- 9% of pupils (16% of Year 10 girls) said they experience suicidal thoughts 'often' or 'every day'.
- 74% of pupils have at least one negative feeling/experience 'often' or 'every day'.
- 36% of boys and 74% of girls experience at least 3 negative feelings/experiences 'often' or 'every day'.

Inequalities

Significant differences between potentially vulnerable groups and 'all year 8 or 10 pupils' are as follows:

- Year 8 pupils with SEND or who are transgender are more likely to have negative emotions/experiences every day (51% and 67% vs 36%).
- Year 8 young carers are less likely to have an adult they can go to for support or worries (49% vs 68%).
- Year 10 LGBTQ+ pupils are more likely to have self-harmed when stressed (44% vs 20%).
- Year 10 LGBTQ+ pupils are less likely to be happy with life (32% vs 55%).
- Year 10 pupils entitled to free school meals are less likely to have an adult they can go to for support for worries (51% vs 60%).
- Year 10 Transgender pupils and girls are more likely to have a low resilience score (68% and 46% vs 30%).

Stakeholder Consultation: Key Findings

- Stakeholders reported that mental health conditions among CYP in Wandsworth were increasing in prevalence, complexity, acuity, and longevity, and expressed particular concern for increasing rates of eating disorders, self-harm and suicidal ideation.
- Although a significant issue beforehand, the COVID-19 pandemic was felt to have had dramatic adverse impacts on mental health needs.
- Stakeholders reported that CYP are experiencing long waiting lists to access mental health services in Wandsworth.
- The long wait times for mental health services was identified as placing significant pressure on schools, who are operating as a holding space for high-risk children and their parents/carers, but are not adequately resourced or funded to do this.
- Schools reported that they are witnessing an increase in self-diagnosis of mental health needs by CYP and their parents, and noted a growing tendency for CYP to conflate their mental health struggles with their identity.
- Stakeholders identified the transition from child to adult mental health services as a critical service disjuncture which placed individuals at significant risk.
- It was felt that LGBTQ+ CYP experience heightened mental health needs and face additional challenges to receiving support when in mental health services.
- The SHEU survey of Wandsworth pupils' views on health and wellbeing found that:
  - 75% of pupils worry quite a lot or a lot about one listed issue, and this is higher for girls than boys.
  - 31% of primary school pupils at least 'sometimes' deal with things by hurting themselves in some way when they are struggling/feel bad or feel stressed/worried.
  - 46% of secondary school pupils felt anxiety 'often' or 'every day', and this was significantly higher for girls than boys.
  - 9% of pupils said they experience suicidal thoughts 'often' or 'every day'.
  - There are significant differences between the mental health of potentially vulnerable groups and all pupils.

Transition from Children and Young People to Adult Services

Young people face a 'cliff edge' when trying to access mental health care after reaching the upper age limit of CAMHS. If they still require support, care should be transferred to an adult mental health service (AMHS), through a process known as transition.[147] Transition to AMHS should be part of the therapeutic process, considering the young person's preferences, current circumstances and developmental maturity.[148] Research identifies that in most cases a successful transition does not occur, leaving young people to try to manage their illness on their own. A recent systematic review identifies published earlier only 25% of young people were successfully transitioned to AMHS, with another 25% remaining in CAMHS even after crossing the age boundary. There were no records for what happened to the remaining 50%.[149]

When young people do make the transition to AMHS, it is rarely well managed. Previous research exploring transition in the UK found that only 4% of young people experienced all four features of optimum transition:[150]

- the young person is fully involved in the decision for care to move to a new service
- at least one joint meeting between members of both services and the young person
- a period of handover or joint care between both services
- full transfer of the young person's information to the new service

Poor experiences of transition can be due to different approaches between the two services. Children's services are generally viewed as more nurturing, with a focus on treating developmental and emotional disorders.[151] In contrast, adult services focus on treating severe and enduring mental illnesses, such as psychosis or bipolar disorder, meaning young people without these diagnoses are less likely to be accepted.[152] If their care does move to the AMHS, young people can also struggle to adapt to a different model of care.

Another factor which makes the transition to adult services more challenging is that they often have strict criteria in place when assessing whether a young person is suitable for that service. These high entry thresholds can mean that all but the most severely ill are denied treatment. Young people are often told they are not ill enough for services.[153] Although these entry thresholds are in part to do with the care philosophy of adult services to treat those with severe and enduring mental illness, they are also thought to be caused by resource pressures and staffing shortages.[154]

As well as problems between the services, there are also cases where there are simply no appropriate services for a young person to transition to. This is especially common if they have a diagnosis such as autism or ADHD. These conditions were previously regarded as being 'childhood illnesses', therefore there is little service provision for adults, even though young people can still need support after they have turned 18.[155]

Key Messages for Transition[156]

- Adolescence is a period of intense change for young people and a time when mental health problems may emerge or become more severe.
- It is important that young people understand and are given information about their mental health problems. Staff should be able to offer information about treatment and support options.
- The transition from child to adult mental health services should consider the young person's whole life, including their family, friends, housing, school, college, and work. Services need to be age-appropriate and flexible.
- It is vital that young people fully participate in planning their transition. Planning should start at least six months in advance.
- Staff need to work collaboratively with other services (health, social care and voluntary services) in order to support young people throughout the transition process.
- Young people need access to a consistent, pro-active key worker and peer support from other young people.
- It is important to consider the needs of groups who may have difficulty accessing transition services.
- Managers should commission training for staff on use of the Child Assessment Framework and Care Planning Approach and monitor service performance.
- The voice of young people, parents and carers must be fully factored into routine monitoring indicators.
- Monitoring young people's outcomes, including those who do not go to AMHS, is critical to capture whether needs and resources were matched and to evaluate all unmet need.

Adults and Older Adults: Live Well and Age Well

The Live Well and Age Well chapter focuses on those above the ages of 18, providing an overview of the mental health needs of the population from working age to older adults. The chapter will start by presenting the estimated prevalence of mental health disorders, then consider vulnerable groups before looking at service activity and stakeholder views of mental health need in the borough.

Working-age Adults

One in four adults in England has a mental health disorder in any given year.[157] It affects people from all walks of life, and anyone can be affected at any point. Understanding the mental health needs of this demographic is therefore vital to ensure that services are configured to meet current and future need.

Individuals with severe and enduring mental illness are at greater risk of poor physical health and have a reduced live expectancy compared to the general population.

They face particular challenges including being less likely to live in safe areas in appropriate housing; having less opportunity to be involved in healthy activities; having complex and urgent social care needs; and finding it difficult to gain and maintain employment.[158] Addressing these factors are therefore key to reducing these inequalities faced by those with mental ill health.[159]

Older Adults

Older adults' mental health has been increasingly recognised as a significant health and wellbeing issue; it is increasingly noted how ageing impacts the individual, as well as the interconnections between physical and mental health. For example, depression occurs in higher rates among older people with physical health conditions, such as heart disease, than those without such conditions.

Older adults may experience certain stressors that are more common during this stage of life, all of which place a strain on mental health. [160] These include:

- Physical health conditions causing chronic pain and impaired functionality, which may lead to reductions in independence and social activity.
- Older adults are more likely to experience loneliness due to the loss of a loved one or the onset of disability and illness.
- Dementia can trigger mental health problems, with estimates suggesting that 20-40% of people living with dementia are depressed. It can also make treatment of mental health conditions more challenging.
- Older adults are also at-risk of elder abuse (e.g. physical or psychological abuse) which can result in long-term adverse psychological impacts such as depression and anxiety.[161]

With the growing proportion of older adults in the Wandsworth population, it is vital the needs of older people are recognised and integrated into local mental health services.

Overview of Local Need: Estimated Prevalence of Mental Health Conditions

Assessing the prevalence of mental health disorders among adults in Wandsworth is challenging due to incomplete data sets and unavailable data for some groups. It has therefore been necessary to apply national data from the Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing 2014 (APMS) to the local population to estimate the level of need.

The Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, 2014

Using the 2014 APMS provides data on prevalence of both treated and untreated psychiatric disorders in the adult population of England (aged 16 and over).[162] The survey is conducted every seven years and was previously carried out in 1993, 2000 and 2007. The findings of the 2021 survey have yet to be released; this report therefore relies on the 2014 survey.

Caution on figures: the national survey only looked at those who were aged 16 and over and lived in private housing. People who were in hospital, in prison, in sheltered housing, were homeless or rough sleeping were excluded from the survey.[163]

The 2014 APMS found that: [164]

- One in six adults met the criteria for a CMD in 2014.
- Women were more likely than men to have reported symptoms of a CMD – one in five women compared to one in eight men.
- Women were also more likely to report severe symptoms of a CMD – 10% of women compared to 6% of men
- Reported rates of self-harm have increased in both men and women across all age groups since 2007. This may be due to greater awareness of the behaviour.
- Young women have emerged as a high-risk group with higher rates of CMDs and self-harm, and more positive screens for PTSD and bipolar disorder.
- The gap between young women and young men has increased
- Most mental disorders were more common in people living alone, in poor physical health or disability, and not employed.[165]

The survey also reported the following trends in treatment and service use:[166]

- One in three people with a CMD reported current mental health treatment, an increase from one in four reported in the 2000 and 2007 surveys.
- Demographic inequalities exist for those who receive treatment. Those in Black ethnic groups had particularly low treatment rates, whereas those who were White British, female or in mid-life (35 – 54 years) were more likely to receive treatment.
- People in lower income households were more likely to request but not receive mental health treatment.
- People with a CMD were more likely to use community services and discuss their mental health with a GP than in 2007.[167]

Using the 2014 Adult Psychiatry Morbidity Survey to Estimate the Prevalence of Mental Health Disorders in Wandsworth

The prevalence rates from the 2014 APMS have been applied to the borough population. The figures below are estimates and should be interpreted with caution. When applying national level surveys to smaller geographical areas local factors are more likely to have an effect and should be considered when interpreting these estimates

Common Mental Disorder

CMDs are a group of disorders that cause marked emotional distress and interfere with daily function, though usually they do not affect insight or cognition.[168] They are regarded as 'common' because these mental health problems affect more people than any other mental health disorder; reducing their prevalence is therefore a major public health challenge.[169] Despite usually being less disabling than other psychiatric disorders, their higher prevalence means that the cost of CMD to society is significant.[170]

CMDs range in their severity from mild to severe:

- Mild: when a person has a mental health problem with a small number of symptoms that have a limited effect on their daily life.[171]
- Moderate: when a person experiences a mental health problem with a greater number of symptoms that makes their daily life more difficult. [172]
- Severe: when a person experiences a mental health problem with a lot of symptoms that makes their daily life very difficult.[173]

CMDs include the following:

- Depression: Symptoms of depression include low mood, feelings of sadness and loss of interest and enjoyment in things that were once pleasurable.[174] People can experience negative thoughts and feelings of worthlessness. All these symptoms can impact on emotional and physical wellbeing as well as behaviour.[175] Depression can have a lifelong course of relapse and remission.
- Generalised Anxiety Disorder: Symptoms of GAD include experiencing a number of worries that are in excess and out of proportion to a particular situation.[176] People with GAD also have difficulty in controlling their worries.[177]

Symptoms of depression and anxiety frequently co-exist; therefore, many people meet the criteria for more than one CMD.[178]

Estimated Prevalence of Common Mental Disorders in Wandsworth

When the prevalence rates from the 2014 APMS were applied to the Wandsworth borough population it was estimated that:

- 45,877 adults in Wandsworth have a CMD.
- The most common type of CMD experienced is GAD, followed by depressive episodes and phobias.

Estimated Prevalence of Common Mental Disorder by Age

Table 59: Table showing the estimated number of people in Wandsworth with a common mental disorder in the past week by age and type, using ONS mid-2020 population data

For further detailed breakdown of CMD in terms of age and sex please refer to appendix.

Type of Common Mental Disorder	Age							
	16-24	25-34	35-44	45-54	55-64	65-74	75+	All
Generalised Anxiety Disorder	1,961	4,874	4,177	2,862	1,734	705	359	15,922
Depressive Episode	716	2,797	2,482	1,765	1,165	370	187	8,905
Phobias	1,027	2,637	1,816	1,059	623	106	72	6,477
Obsessive Compulsive Disorder	560	1,119	969	627	406	53	43	3,508
Panic Disorder	373	400	182	196	135	123	86	1,619
Common Mental Disorder - Not Otherwise Specified	2,614	7,271	4,964	3,411	2,194	917	704	21,049
Any Common Mental Disorder	5,882	15,181	11,684	7,489	4,876	2,027	1,265	45,877

Source: NHS Digital Adult Psychiatric Morbidity Survey, 2014. Table 2.3 common mental disorder in past week, by age and sex. Using Office for National Statistics Mid-year population estimates, UK, June 2020

- The highest numbers of GAD and depression are in those aged between 25–34.
- The number of adults with any CMD decreases across the life course.
- The lowest numbers of GAD and depression are in those over the age of 75.

Estimated Prevalence of Common Mental Disorder by Sex

Table 60: Table showing the estimated number of people in Wandsworth with a common mental disorder in the past week by sex and type, using ONS mid-2020 population data

Type of Common Mental Disorder	Sex	
	Males	Females
Generalised Anxiety Disorder	6242	9688
Depressive Episode	3694	5271
Phobias	2293	4274
Obsessive Compulsive Disorder	1401	2137
Panic Disorder	382	1140
Common Mental Disorder - Not Otherwise Specified	7389	13677
Any Common Mental Disorder	16816	29491

Source: NHS Digital Adult Psychiatric Morbidity Survey, 2014. Table 2.3 common mental disorder in past week, by age and sex. Using Office for National Statistics Mid-year population estimates, UK, June 2020

- More females than males will experience any type of CMD.
- Both males and females will experience a tailing off of CMD symptoms in later life.

Estimated Prevalence of Common Mental Disorder by Ethnicity

Table 61: Table showing the estimated number of people in Wandsworth with a common mental disorder in the past week by ethnicity and sex, using ONS mid-2020 population data

Sex	Ethnic Group				
	White British	White Other	Black/Black British	Asian/Asian British	Mixed, multiple and other
Males	9184	3053	1492	1568	988
Females	14350	4155	4300	3066	1946
All Adults	23646	7195	5850	4478	2890

Source: Source: NHS Digital Adult Psychiatric Morbidity Survey, 2014. Table 2.7 CMD in past week, by ethnic group and sex. Using Office for National Statistics Mid-year population estimates, UK, June 2020

- It is estimated that most adults with a CMD in Wandsworth will be from White British or White Other ethnic groups.
- Across all ethnic groups, it is estimated that more females than males will experience any type of CMD.
- It is estimated that there will be a particularly high number of females compared to males with a CMD in Black or Black British ethnic groups; it is estimated that there will be 5850 Black or Black British adults with a CMD in Wandsworth, of which 4300 are expected to be female.

Primary Care Data for Common Mental Disorders in Wandsworth

Primary Care data was supplied in May 2022 for depression, anxiety and mental health in adults registered with a GP in Wandsworth. The depression and mental health indicators were extracted from QOF Long Term Condition indicators; and the anxiety indicator was extracted from GP databases. The data has been used to provide another estimate of prevalence for CMDs in the population.

QOF covers four domains, and each domain consists of a set of measures of achievement against which General Practices accrue points. Ultimately the aim of QOF is to improve standards of care. It is acknowledged that not all service users who present to their GP with a mental health problem will be captured under these indicators. There are multiple reasons for this.

Not all patients who present to their GP with symptoms of mental ill health will receive a diagnosis and, as QOF is a voluntary programme, not all practices will participate. Consequently, these figures may not be representative of the true prevalence in the population.

Table 62: Table showing the number adults with depression and anxiety who are registered with a General Practice in Wandsworth by age in May 2022

	Age			Total	Prevalence
	19-49	50-64	65+		
Depression	20,992	8,524	4,834	34,585	83.31 per 1,000
Anxiety	10,015	4,663	2,893	17,620	42.44 per 1,000

Source: South West London Health & Care Partnership. Depression and mental health data extracted from Long Term Conditions and QoF indicators; anxiety data extracted from GP database

The primary care data suggests that:

- Consistent with the national prevalence estimates, depression and anxiety tail off in later life, with the lowest rates among those over 65 years.
- There are higher numbers of adults with depression than anxiety across all age brackets.
- Most people with a diagnosis of depression and anxiety are aged 19–49 years.

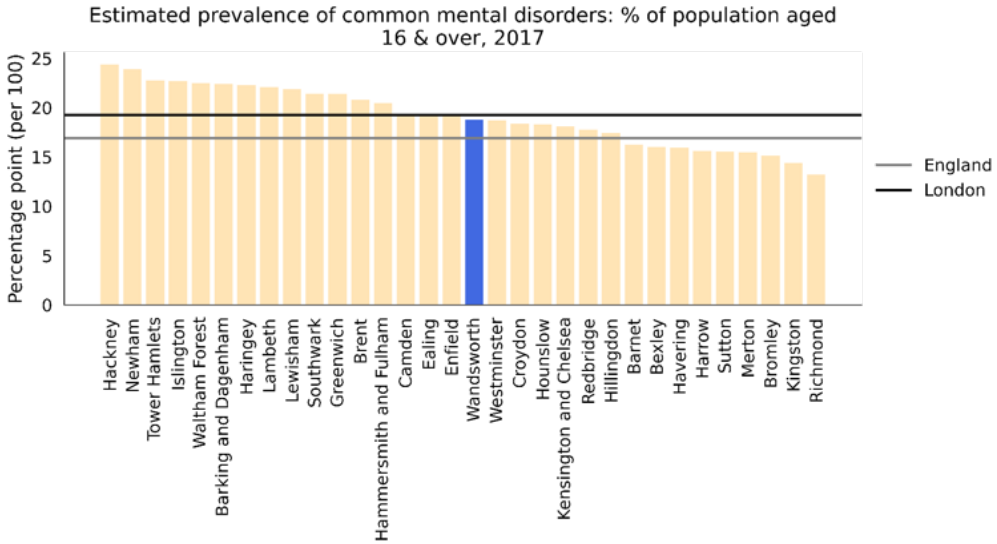
Office for Health Improvement and Disparities Data on Common Mental Disorder in Wandsworth

The OHID Fingertips profiles provide up to date local data for Wandsworth across a range of mental health themes and allow for the benchmarking against regional or England averages.

The OHID data shows that:

- The recorded prevalence of depression in Wandsworth has steadily increased year-on-year over the last decade, rising from 4.7% (13,902) of the population in 2013/14 to 8.5% (28,363) in 2020/21.[179]
- The incidence rate has remained fairly stable over the same period, consistently between 0.8% (2,420) and 1.1% (3,772).
- Data from 2017 estimates that the prevalence of CMD for those aged 16 and over in Wandsworth is 18.8% (49,805) of the population. This is significantly worse than the England average of 16.9%.
- For those aged 65+ in Wandsworth, the estimated prevalence of CMD was 11.4% of the population (3,474). This is not significantly different to the London (11.3%) or England (10.2%) average. However, it is lower than that the estimate provided from the GP data.

Figure 63: Graph showing the estimated prevalence of common mental disorders by local authority, 2017



Source: Wandsworth Joint Strategic Needs Assessment. 2021.

Severe Mental Illness

A SMI refers to a group of mental disorders that cause psychological problems which are of a severe enough nature to seriously impair a person's ability to engage in usual life activities.[180] They include schizophrenia and bipolar disorder.

People with SMI are at greater risk of poor physical health and premature mortality than the general population.[181] In England, people with a SMI have a 3.7 times higher death rate under the age of 75 years compared to the general population and on average die 15-20 years earlier.[182]

It is estimated that two in three deaths among people with a SMI are preventable. Major causes of death in people with SMIs are hypertension, respiratory disease, cardiovascular disease and diabetes.[183] People with SMIs also have an increased risk of suicide. For people with a SMI, suicide risk is particularly high following acute psychotic episodes and psychiatric hospitalisation.[184]

Psychotic Disorders

People with a psychotic disorder experience disturbances in their thinking and perception that distort their perception of reality.[185] Symptoms include auditory hallucinations, disorganised thinking and delusional beliefs.[186]

Schizophrenia and affective psychosis are the most common types of disorder.[187]

People with psychotic disorders can make a full recovery, although some will have persisting difficulties and remain at risk of future episodes.[188] Psychotic disorders are also associated with considerable stigma, which can contribute to social exclusion and distress.[189]

Key Findings on Psychotic Disorders in the Adult Psychiatric Morbidity Survey:[190]

- There was no significant difference in the rate of psychotic disorders in men and women.
- The rate was highest in those aged 35–44 years.
- Rates of psychotic disorder were found to be higher in Black men (3.2%) than men from other ethnic groups.
- Certain socioeconomic factors were strongly linked with having a psychotic disorder. It was more common in those who were economically inactive and in those who lived alone.

Estimated Number of Adults with a Psychotic Disorder

Table 64: Table showing the estimated number of people in Wandsworth with a psychotic disorder by sex, based on national prevalence

Sex	Estimated Number of Adults
Men	892
Women	1,140
All Adults	1,889

Source: NHS Digital Adult Psychiatric Morbidity Survey, 2014. Table 5.1 psychotic disorder in the past year by sex. Using ONS Mid-year population estimates, UK, June 2020

- Using national prevalence data, it is estimated that more women than men in Wandsworth have a psychotic disorder.

Bipolar Disorder

Bipolar disorder is a common lifelong mental health condition, previously known as manic depression.[191] It is characterised by recurring episodes of depression and mania.[192]

Key Findings on Bipolar Disorder in the 2014 Adult Psychiatric Morbidity Survey:[193]

- There was no significant difference in the rates of bipolar disorder for men and women.
- Bipolar disorder was more common in younger age groups with a prevalence of 3.4% in 16–24-year-olds compared to 0.4% in 65–74-year-olds.
- Screening positive for bipolar disorder did not vary by ethnic group.

Primary Care Data for Severe Mental Illness

Primary care data was supplied in May 2022 for those who are registered with a GP in Wandsworth. The SMI indicators were extracted from the QOF Long Term Conditions indicators. The QOF Mental Health was also supplied, which includes the number of adults on GP clinical registers with a diagnosis of schizophrenia, bipolar affective disorder, other psychoses and patients on lithium therapy for other reasons.[194]

Table 65: Table showing the number of adults with a SMI who are registered with a general practice in Wandsworth in May 2022

Number of Adults Registered with a GP in Wandsworth	Age			Total	Prevalence
	19-49	50-64	65+		
Severe Mental Illness	1,816	1,216	671	3,709	8.93 per 1,000
Schizophrenia, Bipolar Affective Disorder, Other Psychoses and Patients on Lithium Therapy for Other Reasons	1,921	1,269	1702	3,901	9.4 per 1,000

Source: South West London Health & Care Partnership. SMI and mental health data extracted from the QOF Long Term Conditions and Mental Health indicators.

The primary care data suggests that:

- Adults registered with a SMI or with a diagnosis of schizophrenia, bipolar affective disorder and/or other psychoses are higher than predicted in the national estimates.
- These disorders are highest among 19-49 year olds in Wandsworth, which is in line with expectations.
- Those aged 65+ have the lowest rates of SMI.

Office for Health Improvement and Disparities Data on Severe Mental Illness in Wandsworth

The OHID Fingertips profiles provide up-to-date local data for Wandsworth across a range of mental health themes and allow for the benchmarking against regional or England averages.

OHID data suggests that:

- Premature mortality in adults with SMI in Wandsworth between 2018–2020 was 67.3 per 100,00, which is the seventeenth highest in London.
- However, this is lower than the England average of 103.6 per 100,000 and the London average of 102.5 per 100,000.[195]
- The rate of premature mortality in adults with SMI has been stable since 2015–2017.
- The excess under-75 mortality rate in adults with SMI in Wandsworth between 2018-2020 was 357.4 per 100,000, which is lower than the London and England averages.[196]

Suicide, Suicidal Thoughts, Suicide Attempts and Self-harm

Suicidal thoughts and behaviours are associated with high levels of distress for those affected. They are often associated with mental illness and important in identifying those at risk of taking their own life in the future.[197]

Key Findings on Self-harm and Suicide in the 2014 Adult Psychiatric Morbidity Survey:[198]

- The proportion of adults who reported self-harm behaviour increased between 2007 and 2014 from 3.8% to 6.4%.
- The gap between the prevalence of self-harm in young men and women has increased; one in four women between the ages of 16–24 years reported having self-harmed at some point, which is almost twice the rate for men.

Estimated Number of People Experiencing Suicidal Thoughts, Suicide Attempts and Self-harm in Wandsworth

Table 66: Estimated number of people in Wandsworth experiencing suicidal thoughts, self-harm, suicidal attempts in terms of age, based on national prevalence data

Estimated number of people in Wandsworth	Age							
	16-24	25-34	35-44	45-54	55-64	65-74	75+	All
Experiencing Suicidal Thoughts	8,341	18,058	13,258	9,293	6,149	2,080	1,164	55,592
Experiencing Suicidal Attempts	2,801	6,792	4,843	2,666	1,896	635	244	18,081
Experiencing Self-harm	5,446	9,668	4,783	1,608	1,111	335	43	19,700

Source: NHS Digital Adult Psychiatric Morbidity Survey, 2014. Table 12.1 prevalence and recency of lifetime suicidal thoughts, suicide attempts and self-harm, by age and sex. Using ONS Mid-year population estimates, UK, June 2020

- Suicidal thoughts and attempts, and self-harm are estimated to be most prevalent among those between 25–34 years.
- The rates are lowest amongst the 65+ age group, which is in-keeping with expectations.

Office for Health Improvement and Disparities Data on Suicidal Thoughts, Suicide Attempts and Self-harm

- The suicide rate for 2018-2020 in Wandsworth was 8 per 100,000, which is the same as the London average but lower than the England average of 10.4 per 100,000.[199]
- The suicide rate has been stable in Wandsworth since 2009–2011.
- Wandsworth had the eighth highest rate of emergency hospital admissions for intentional self-harm for London in 2020/21 with a rate of 98.7 per 100,000.[200]
- There has been no significant trend in the rate of emergency hospital admissions for intentional self-harm over the last decade.
- In 2019 self-harm was the leading cause of death for males and females between the ages of 15-49.[201]

Post-Traumatic Stress Disorder

Many people experience traumatic events in their lives, during and after which people will commonly feel distressed and anxious. Sometimes these symptoms persist, and individuals go on to develop PTSD. Around a third of adults in England report having experienced at least one traumatic event.[202]

Estimated Numbers of People with Post-Traumatic Stress Disorder in Wandsworth

Table 67: Table showing the estimated number of PTSD screen positive people in Wandsworth by age, based on national prevalence data

Estimated number of adults in Wandsworth	Age							
	16-24	25-34	35-44	45-54	55-64	65-74	75+	All
PTSD Screen Positive	2,490	4,315	2,785	1,765	1,002	282	86	11,874

Source: NHS Digital Adult Psychiatric Morbidity Survey, 2014. Table 4.1 Domain, screen positive for probable PTDS in lats month and whether experienced trauma, by age and sex. Using ONS Mid-year population estimates, UK, June 2020

- Younger people are more likely to experience PTSD than older people; in Wandsworth, with the largest number of those identified as screen positive aged 25-34 years.
- The lowest number of those screening positive for PTSD are aged 75+.

Estimated Numbers of People with Post-Traumatic Stress Disorder in Wandsworth by Sex

- For women in Wandsworth, those between 16-24 were more likely to screen positive for PTSD.
- For men, the rate of a positive screen for PTSD remained stable from 16–65, before declining with old age.

Personality Disorder

Personality disorders are longstanding distortions of personality that affect a person's ability to build and maintain relationships. Impairment in relational functioning is an enduring feature of personality disorders, along with substantial social difficulties.[203]

Individuals with personality disorders are also at higher risk of poor general health and reduced life expectancy, and the disorder places a substantial burden on the affected individual, their families and wider society.[204]

There are two primary types of personality disorder:

- **Antisocial personality disorder:** characterised by a disregard for and violation of others' rights.[205]
- **Borderline personality disorder** (also known as emotionally unstable personality disorder): characterised by high levels of personal and emotional instability associated with significant impairment.[206]

Estimated Number of People with a Personality Disorder in Wandsworth

Table 68: Table showing the estimated number of personality disorder screen positive people in Wandsworth by age and sex, based on national prevalence data

Estimated number of adults in Wandsworth Screen Positive for a Personality Disorder	Age 16/18-24	25-34	35-54	55-64	All
All Adults					
Antisocial	1,525	3,675	2,394	596	7,849
Borderline	1,774	1,838	1,496	271	5,709
Males					
Antisocial	924	2,379	1,793	539	5,559
Borderline	607	324	847	145	2,156
Females					
Antisocial	550	1,184	649	56	2,239
Borderline	1,218	1,623	699	111	3,608

Source: NHS Digital Adult Psychiatric Morbidity Survey, 2014. Table 7.1: Screen positive for antisocial and borderline personality disorder (SCID-II), by age and sex. Using ONS Mid-year population estimates, UK, June 2020

- It is estimated that antisocial personality disorder is more common in men, while borderline personality disorder is more common in women.
- The number of people with a personality disorder declines with age.
- The number of people estimated to have a personality disorder is highest among those aged 25–34 years.

Co-occurring Mental Health and Alcohol and Drug Use

It is common for people who experience problems with their mental health to also experience issues with drug and/or alcohol use at the same time (co-occurring). For example, it is acknowledged that the majority of those in community substance misuse treatment for alcohol and drug use experience a mental health problem.[207]

Those with co-occurring conditions have a greater risk of other health problems and premature death. It is notable that 54% of suicides in those experiencing mental health problems have a history of alcohol or drug use. [208]

Alcohol Use

Alcohol problems and mental ill health are closely linked. Research shows that those who have severe mental health problems are more likely to have problems with alcohol and those who consume high levels of alcohol are more likely to develop mental health problems.[209]

For example:[210]

- Regular heavy drinking is linked to symptoms of depression
- Alcohol consumption can worsen anxiety.
- Regular and excess consumption of alcohol can be associated with psychosis.
- Alcohol is often implicated in episodes of self-harm and suicide.
- Long-term excessive alcohol consumption can lead to brain damage and may increase the risk of developing dementia.[211]
- Korsakoff syndrome is a chronic memory disorder commonly caused by the misuse of alcohol.[212]

Estimated Number of People with Hazardous or Harmful Drinking Habits in Wandsworth

Table 69: Table showing the estimated number of people with hazardous or harmful drinking habits in Wandsworth by age, based on national prevalence in 2014. Using the Alcohol use disorders identification test (AUDIT).

Estimated number of adults in Wandsworth	Age							
	16-24	25-34	35-44	45-54	55-64	65-74	75+	All
Hazardous Drinking (AUDIT Score 8 or More)	8,994	18,777	12,653	7,489	5,824	2,115	676	53,163
Harmful Drinking (Audit Score 16 or More)	1,307	3,516	2,603	1,098	758	194	43	8,366

Source: NHS Digital Adult Psychiatric Morbidity Survey, 2014. Table 10.1: Harmful and dependent drinking in the past year, by age and sex. Using ONS Mid-year population estimates, UK, June 2020

- An estimated 1.48% of adults in Wandsworth are dependent drinkers. Using 2019 population estimates, this equates to 3,909 individuals.[213]
- It is estimated that those between the ages of 25–34 years are more likely to drink at hazardous and harmful levels.
- Hazardous and harmful drinking is declines with age.
- White British adults were more likely to drink at hazardous, harmful or dependent levels than adults from any other ethnic groups.
- In women, drinking at hazardous levels and above was most common in those aged 16-24 years.

Drug Use

The World Health Organisation defines substance misuse as 'the harmful or hazardous use of psychoactive substances, which can lead to dependence syndrome'.[214] In the UK, the most common illicit drug is cannabis, followed by cocaine and ecstasy. Other drugs include painkillers, prescription drugs, illegal highs and drugs used for chemsex (sexual activity engaged in while under the influence of stimulant drugs).[215]

A substance use disorder can also have serious long-term health risks including increasing blood pressure, stroke, pancreatitis, liver disease, cancer, depression, dementia, sexual problems, mental/emotional health needs and infertility.[216]

According to the 2021 census an estimated 1 in 11 adults aged 16-59 years had taken an illicit drug in the last year.[217]

Estimated Number of People Who Have Used Illicit Drugs in Wandsworth

Figure 70: Estimated number of people who have used illicit drugs in Wandsworth in terms of age in 2014, based on national prevalence

Number of Adults in Wandsworth	Age							
	16-24	25-34	35-44	45-54	55-64	65-74	75+	All
Use of Any Illicit Drug	11,577	35,077	24,882	11,019	5,851	1,551	431	77,990

Source: NHS Digital Adult Psychiatric Morbidity Survey, 2014. Table 11.1: Lifetime experience of illicit drug use, by age and sex. Using ONS Mid-year population estimates, UK, June 2020

- It is estimated that illicit drug use is highest among 25–34-year-olds.
- Illicit drug use reduces with age, with the lowest levels among those above the age of 65.

Gambling and Mental Health

In recent years there has been increasing concern about harms associated with gambling. The harms associated with gambling are wide-ranging though there is a clear link with mental health.[218]

For example:

- Gambling can increase the likelihood of some people thinking about, attempting or dying from suicide.
- People with mental health issues were twice as likely to participate in harmful gambling compared to those without a mental health issue.
- Those with a mental health issue who gambled were 2.4 times more likely to experience gambling-related harms.

There is limited regional data about problem gambling due to its occurrence in such small numbers. However national evidence estimates that 0.5% of the adult population have a gambling problem.[219]

Perinatal Mental Health

Perinatal mental health problems are those that happen during pregnancy and the year following the birth of a child. The perinatal period can lead women to develop mental ill health for the first time or exacerbate pre-existing mental health conditions. It is expected that perinatal mental health problems affect up to 20% of new or expectant mothers. [220]

Perinatal mental health problems can have long-lasting effects on the woman and her family, as well as on the development of the child.

The general fertility rate (number of live births per 1,000 women of child-bearing age) in Wandsworth in 2020 was 46.5 per 1,000, which amounts to an expected 4,258 births.[221] This means that up to 852 women in Wandsworth in 2020 were at risk of developing a mental health problem during and/or after pregnancy.

Dementia

Dementia refers to a group of cognitive and behavioural symptoms associated with a progressive decline in brain functioning. Symptoms include problems with memory, thinking or language, and changes in mood, emotions, perception and behaviour, and therefore impact an individual's ability to live independently. Dementia predominantly affects people over the age of 65, however around 1 in 20 people with dementia are younger than 65 – this is often called young-onset dementia.[222]

The most common forms of dementia are:[223]

- Alzheimer's Disease: typically starting with impairment of episodic memory, the disease progresses to affect other brain functions. This is the most common form of dementia, accounting for approximately 60% of cases.
- Vascular dementia: typically presents with a progressive deterioration in brain function, occasionally with localised weakness or reduction in vision. This is the second most common form of dementia, accounting for approximately 20% of cases.
- Dementia with Lewy bodies: often associated with delusions, hallucinations and transient loss of consciousness. This is the third most common form of dementia, accounting for approximately 15% of cases.

Estimated Prevalence of Dementia in Wandsworth

A Dementia Needs Assessment was carried out in Wandsworth in 2019 to assess the health needs related to dementia in the population to inform commissioning activities in the borough.[224] The key findings of the needs assessment were:[225]

- Whilst five years ago dementia prevalence in Wandsworth was lower than average regionally and nationally, due to a high local incidence rate, prevalence in the borough is increasing faster than average elsewhere.
- The number of people aged 65+ affected by dementia is expected to increase by 47% by 2035.
- For those aged 65+ years registered with a GP in Wandsworth, 12.6 per 1000 are diagnosed with dementia each year. This is significantly higher than average in London (10.3 per 1000) and England (11.1 per 1000).
- Amongst those aged under-65 in Wandsworth, dementia prevalence is 1.58 per 10,000. This is significantly lower than prevalence of dementia in under-65s in London (2.28 per 10,000) and England (3.41 per 10,000).

Overview of Local Need: Key Findings

- There are an estimated 45,877 of adults in Wandsworth with a CMD.
- It is estimated that 3,709 adults in Wandsworth have an SMI.
- It is estimated that one in six adults in Wandsworth has a mental disorder.
- Primary care data in Wandsworth shows that depression is more common than anxiety.
- Women in Wandsworth are more likely to have a CMD than men.
- Young women in Wandsworth have emerged as a high-risk group.
- In 2019 self-harm was the leading cause of death for males and females between the ages of 15-49. The trend for admission for self-harm has been stable over the last decade in Wandsworth.
- The prevalence of most CMDs and SMIs diminishes with age.
- The prevalence of dementia in Wandsworth is increasing faster than average elsewhere, by 2035 those <65 years with dementia is expected to increase by 47%.

Vulnerable Groups and Mental Disorders

Mental health problems in adults can have a wide range of causes. For many there is likely to be a combination of factors that make them more susceptible to poor mental health outcomes particularly in relation to their social context.

Adverse childhood experiences increase risk. Other risks include poverty, discrimination, inaccessibility to good quality support services and overall lack of awareness about mental health.[226]

The following section highlights groups that are more vulnerable to mental health disorders. It sets out the evidence of increased vulnerability and provides estimates, using local data, to identify need relating to each group.

Estimates of local need have been calculated by applying local population data to relevant prevalence studies for each vulnerable group. Population estimates were identified through GLA 2020-based population projections unless otherwise indicated. It is important to recognise that the smaller the geographical area becomes when applying estimated prevalence from national level surveys, the more likely local factors come into play making the estimates used less reliable.

This must be taken into consideration when interpreting the estimates in the table below. Examples of local factors include socioeconomic deprivation, access to services, levels of crime, the extent of community cohesion etc.

It should be noted that there are inconsistencies in the terminology relating to mental health disorder, psychiatric disorder, and psychological symptoms.

Where limited availability of evidence prevents local estimates, relevant proxy-indicators have been included.

Vulnerable Group	Risk Factors for Mental Disorder	Evidence	Local Context and Identified Need
Individuals Dependent on Alcohol and/or Drugs	Risk factors for mental health disorders in alcohol and drug dependent individuals.[227] • Common risk factors can contribute to both mental illness and substance use and addiction • Substance use and addiction can contribute to the development of mental illness • Mental illness may contribute to substance use and addiction • Genetic predisposition • Adverse childhood experiences • Exposure to trauma • Chronic stress	76.1% alcohol dependent outpatients in Madrid had a current diagnosis of co-occurring conditions.[228] Co-occurring conditions in substance misuse and community mental health services study:[229] • 44% of CMHT patients reported drug use and/or harmful alcohol intake • 75% of drug and alcohol service patients (n=161) rated positive for at least one psychiatric disorder: • 37% personality disorder • 27% severe depression • 8% psychotic disorder was present	It is estimated that 3,741 out of 262,634 residents (1.42%) in Wandsworth are alcohol dependent.[230] 1,146 people are in drug and alcohol treatment in Wandsworth.[231] 566 new presentations to drug and alcohol services in 2021-22:[232] • 373 (65.9%) drug and alcohol treatment clients identified as having a mental health treatment need • Estimated 860 with at least one co-occurring psychiatric disorder • Estimated 424 with a co-occurring personality disorder • Estimated 309 with co-occurring severe depression • Estimated 92 with a co-occurring psychotic disorder • Estimated 107 (25.5%) with concurrent contact with mental health services and substance misuse services for drug misuse • Estimated 87 (22.0%) concurrent contact with mental health services and substance misuse services for alcohol misuse
Carers	Risk factors for poor mental health in Carers:[233] • Poor physical health • High stress levels • Poor sleep • Loneliness • Lack of awareness from professionals	English national survey into the health of caregivers identified:[234] • Among individuals caring 0-19 hours per week, 18.72% had a CMD • Among individuals caring >20 hours per week, 28.53% had a CMD	Estimated 19,000 residents (16-90 yrs. old) identified as carers.[235] Estimated 3,000 residents (16-90 yrs. old) providing more than 20 hours informal care:[236] • Estimated 856 with a common mental health disorder

Vulnerable Group	Risk Factors for Mental Disorder	Evidence	Local Context and Identified Need
Ethnic Minority Groups	Risk factors for poor mental health in ethnic minority groups:[237] • Deprivation • poor educational outcomes • Structural racism • Discrimination • Stigmatisation • Poor access to services	Age standardised prevalence of CMD (all adults) age standardised:[238] • Black/Black British 24.0% • Mixed/Multiple/Other 19.8% • Asian/Asian British 16.5% Prevalence of CMD (women): • Black/Black British 31.9% • Mixed/Multiple/Other 26.0% • Asian/Asian British 21.3% Prevalence of PTSD (all adults): • Black/Black British 10.0% • Mixed/Multiple/ Others 8.0% • Asian/Asian British 6.6% Prevalence of psychotic disorder (all adults) • Black/Black British 1.4% • Asian 0.9% Prevalence of psychotic disorder (men) • Black 3.2% • Asian 1.3% Prevalence of bipolar disorder (all adults) • 4.3% Black/Black British • 1.4% Asian/Asian British	Estimates below based upon age standardised rates: Estimated number of adults with a CMD: • Estimated 5,850 Black/Black British • Estimated 2,890 Mixed/Multiple/Other • Estimated 4,478 Asian /Asian British Estimated number of women with a CMD: • Estimated 4,300 Black/Black British women • Estimated 1,946 Mixed/Multiple/Other women • Estimated 3,066 Asian/Asian British women Estimated number of adults with PTSD: • Estimated 2,437 Black/ Black British • Estimated 1,168 Mixed/Multiple/Others • Estimated 1,791 Asian/Asian British Estimated number of adults with a psychotic disorder: • Estimated 296 Black/Black British • Estimated 219 Asian Estimated number of men with a psychotic disorder: • Estimated 304 Black men • Estimated 149 Asian men Estimated number of adults with bipolar disorder: • Estimated 1,048 Black/Black British • Estimated 380 Asian/Asian British • Estimated 248 Mixed/Multiple/Others

Vulnerable Group	Risk Factors for Mental Disorder	Evidence	Local Context and Identified Need
Gypsy, Roma and Traveller	Risk factors for poor mental health in Gypsy, Roma and Traveller:[239] • Poverty • Economic instability • Social exclusion • Stigma and discrimination • Racism and racial discrimination • Low educational achievement • High rates of school exclusion • Poorer physical health • Poor access to services • Poor awareness of mental health • Distrust of support services	Research identifies that in the Gypsy, Roma and Traveller communities, individuals experience two and a half times higher rates of poor mental health compared to samples of the general population.[240]	Insufficient evidence available to estimate
Learning Disabilities	Risk factors for poor mental health in people with learning disabilities:[241] • Pain • Physical ill health • Taking multiple types of medication • Genetic syndromes associated with specific mental health problems • Experience of deprivation, poverty, abuse, and other negative events earlier on in life • Lack of social support and reduced coping skills • Stigma and discrimination	Data from census studies shows:[242] • 23.4% of adults (16-64 years old) with intellectual disability had a mental health disorder (excluding problem behaviours and autism) • 27.2% of older adults (65 years old and above) with an intellectual disability had a disorder (excluding problem behaviours and autism)	• Estimated 1,343 people with learning disabilities (16-64 years) with a mental health disorder • Estimated 179 people with learning disabilities (65+ years) with a mental health disorder

Vulnerable Group	Risk Factors for Mental Disorder	Evidence	Local Context and Identified Need
LGBTQ+	Risk factors for poor mental health in LGBTQ+ people:[243] • Negative experience of healthcare • Discrimination and bullying in school • Victimisation and violence • Loneliness and isolation • Gender dysphoria • Higher levels of drug and alcohol use	Mental health of the non-heterosexual population of England:[244] • 22.2% with any neurotic disorder in past week • 6.3%with generalised anxiety disorder • 4.1% with a depressive episode in the past week • 20.6% with lifetime suicidal thoughts • 8.9% with lifetime suicidal attempts	Estimated LGB mid-2014 population of England 5.3% (18 – 90 yrs. old):[245] • Estimated 13,953 LGB persons in Wandsworth • Estimated 3,098 LGB persons with a neurotic disorder in the past week • Estimated 879 LGB persons with generalised anxiety disorder • Estimated 572 LGB persons experiencing a depressive episode in the last week • Estimated 2,874 LGB persons ever have experienced suicidal thoughts • Estimated 1,242 LGB persons attempting suicide
Co-morbid Physical and Mental Health Issues	Risk factors for co-morbid physical and mental health:[246] • Unhealthy diet high in salt, sugar, or unhealthy fats • Tobacco use • Air pollution • Harmful use of alcohol • Physical inactivity	Evidence suggests that at least 30% of all people with a long-term condition also have a mental health problem[247] People with three or more long-term conditions living in highly deprived areas, more than half had signs of significant psychological distress.[248]	The number of Wandsworth residents with a long-term condition is 152,127 (37% of the population):[249] • Estimated that at least 45,600 have a mental health problem • 35,084 on the depression QOF register

Vulnerable Group	Risk Factors for Mental Disorder	Evidence	Local Context and Identified Need
Unemployed/Low Income	Risk factors for poor mental health in low-income groups:[250] • Poverty • High crime rates • Poor housing • Lower educational attainment • Stigmatisation • Discrimination • Debt • Poor physical health • Poor access to services (Boardman et al., 2015)	The Adult Psychiatric Morbidity Survey shows:[251] • 34.6% of unemployed women (16-64) and 24.5% of unemployed men had a CMD • 47.4% of adults aged 16-64 years in receipt of out-of-work benefits had a CMD • 35.1% of adults aged 16-64 in receipt of housing benefit had a CMD	Estimates below are based on age standardised prevalence rates (16-64 years old): • Estimated 2,249 unemployed women with a CMD • Estimated 1,348 unemployed men with a CMD • Estimated 2,838 benefit claimants with a CMD
Homelessness	Risk factors for poor mental health in homeless people:[252] • Adverse childhood experiences • Victim of violence • Family conflict • Relationship breakdown • Poor physical health • Poor mental health • Learning difficulties • Domestic abuse • Drug and alcohol dependencies • Housing instability • Poverty • Debt	Prevalence of mental disorder in people experiencing homelessness:[253] • 12.7% psychotic illness • 11.4% major depression • 23.1% personality disorder • Severe depression 17% • Self-harm 14% • Suicidal thoughts 19% • Bipolar disorder 5% • Schizophrenia 4% • Personality disorder 60%	In Wandsworth in 2017/18 there were 822 households who were homeless and in priority need:[254] • Estimated 104 with a psychotic illness • Estimated 94 with major depression • Estimated 190 with a personality disorder In Wandsworth there were 137 rough sleepers recorded in June 2022:[255] • Estimated 23 with severe depression • Estimated 19 self-harming • Estimated 26 experiencing suicidal thoughts • Estimated 7 with bipolar disorder • Estimated 5 with schizophrenia • Estimated 82 with a personality disorder

Vulnerable Group	Risk Factors for Mental Disorder	Evidence	Local Context and Identified Need
Refugees and Asylum Seekers	Risk factors for poor mental health in refugees and asylum seekers:[256] • Poverty • Poor physical health • Trauma • Family breakdown and separation • Bereavement • Victims of violence and abuse • Imprisonment • Unstable living conditions • Poor access to healthcare	Prevalence of mental disorder in refugees and asylum seekers[257]: • Depression 44% • Anxiety 40% • PTSD 36%	Wandsworth has received 412 adults as part of the 'Homes for Ukraine' scheme.[258] • Estimated 181 with depression • Estimated 165 with anxiety • Estimated 148 with PTSD
Young Women	Young women have emerged as a high-risk group, with high rates of CMD, self-harm, and positive screens for PTSD and bipolar disorder. The gap between young women and young men increased markedly over the last 20 years. The evidence for this group is under-developed but there are several theories including:[259] • Intimate partner violence • Physical and sexual abuse • Gender discrimination • Misogyny • Social media consumption • Physiological differences including hormonal influence	Females (17-19-year-olds): [260] • 23.9% had any mental disorder • 52.7% with a mental disorder had self-harmed or made a suicide attempt. Females (16-24-year-olds):[261] • 26.0% had a CMD • 12.6% had PTSD • 25.7% had ever self-harmed	In 2022, there are 4,229 females (17-19 years):[262] • Estimated 1,011 with a mental disorder • Estimated 533 with a mental health disorder had self-harmed or made a suicide attempt In 2022, there are 14,882 females (16-24 years): [263] • Estimated 3,869 with a CMD • Estimated 1,875 with PTSD • Estimated 3,825 had ever self-harmed

Vulnerable Groups and Mental Disorders: Key Findings

- Over half of adults in drug and alcohol treatment have a co-occurring substance misuse and mental health disorder.
- It is estimated that there are almost 856 carers with a CMD.
- It is estimated that there are 1,343 adults with a learning disability who also have a CMD.
- It is estimated that almost 1,242 lesbian, gay, and bisexual adults have attempted suicide in their lifetime.
- There are an estimated 45,600 adults with a long-term condition and a mental health disorder.
- It is estimated that almost half of adults in receipt of out of work benefits have a CMD.
- Almost half of adults housed through the 'Homes for Ukraine' scheme experience anxiety and depression, up to a third may have PTSD.
- Young women are emerging as a high-risk group for mental disorder. It is estimated that:
    - One in four (3,869), 16-24-year-old-females have a CMD.
    - One in four (3,825), 16-24-year-olds-females have self-harmed.
- 1,875 16-24-year-old-females have PTSD.
- It is estimate that a large numbers of adults in contact with the criminal justice system have personality disorders (342) and substance misuse needs (428)..

Mental Health Service Utilisation in Wandsworth

This section will look at services under each level of need identified by the steering group as being key to this needs assessment. There is a focus on the demographics of those referred to services, to see if these align with the expected population prevalence; waiting times, to understand how these have changed over time and the impact of the pandemic; and reasons for and sources of referral to understand how adults and older adults are accessing services.

For most services outlined below, data provided for 2021/22 is only quarters 1-3. This has been noted where applicable. Where Q1-3 is not specified the data can be assumed to be for the full year.

South West London Context

In 2020, the South West London Health and Care Partnership was formally designated as an Integrated Care Board (ICB). The South West London ICB brings health and care partners closer together to improve local health and care services. The South West London ICB is made up of six boroughs – Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth.[269]

As a system the ICB is reviewing the mental health needs of the community to effectively meet local demand. This includes working with mental health partners to focus on prevention and early intervention and develop the capacity to support people.[270]

Several areas have been prioritised by the South West London ICB for the improvement of mental health, including:[271]

- Developing a three-year mental health strategy.
- Improving crisis care provision.
- Transforming community mental health.
- Developing the health workforce.
- Preventing suicide and self-harm.
- Developing a new maternal mental health service.

In Wandsworth, mental health services are provided by South West London and St George's NHS Trust.[272]

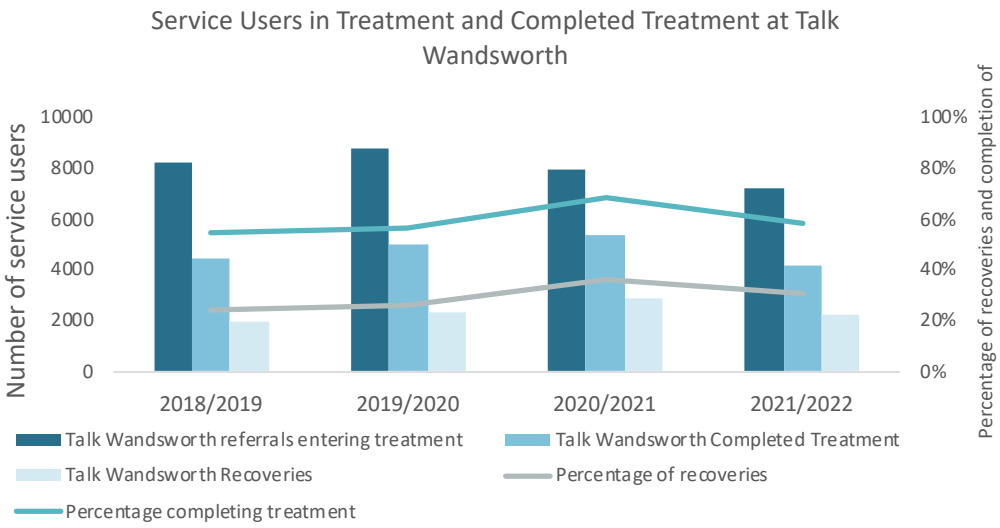
Improving Access to Psychological Therapies Programme (IAPT)

The IAPT programme in Wandsworth is delivered by Talk Wandsworth. The service is for adults over the age of 18 who live in Wandsworth or are registered with a Wandsworth GP. IAPT is an evidence based talking therapies programme that began nationally in 2008 and has transformed the treatment of common mental disorders, especially adult anxiety disorders and depression, in England. Expected national service standards include:

- Waiting times: 75% of people referred to IAPT services should start treatment within 6 weeks of referral.
- Recovery standard: at least 50% of people who complete treatment should recover.

Referrals to IAPT and Service Use

Figure 71: Graph showing the number of service users in treatment and completed treatment at Talk Wandsworth between 2018/19 and 2021/22



Source: Talk Wandsworth. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2019/20, there was a 7% increase in referrals to Talk Wandsworth, rising to a high of 8731 referrals.
- In 2020/21, the number of referrals to the service saw a 10.6% decline, likely due to the impacts of the COVID-19 pandemic.
- The number of referrals to the service in 2021/22 is below all previous years, though the data is for Q1-3 only so conclusions cannot be drawn.
- Approximately a quarter of service users referred to Talk Wandsworth do not enter treatment each year.
- The percentage of service users who complete treatment increased each year between 2018/19 and 2020/21, rising from 54% of referrals to 68% of referrals. In Q1-3 of 2021/22, 58% of referrals had completed treatment.
- Though the percentage of service users who recovered following treatment also rose over the same period from 24% to 36% of referrals, this remains below the 50% recovery standard aimed for by IAPT.
- Approximately 99.1% of service users began their treatment within six weeks of referral to the service over the period, which exceeds the 75% standard set by IAPT.

Voluntary Sector Services

Togetherall

Togetherall is a clinically managed, online community designed to improve mental health. The platform provides peer-to-peer interactions, allowing users to benefit from instant, easy-access support. Wandsworth CCG commissioned Togetherall to connect residents with low-level mental health and wellbeing support.

Table 72: Table showing the number and demographics of service users referred to Togetherall between 2018/19 and 2021/22 (Q1-3)

		2018/19	2019/20	2020/21	2021/22 (Q1-Q3)
Total Service Users		854	1032	791	318
Referred		65	9	<5	<5
Self-referred		789	1023	788	315
Total Service Users by Age	16-24	201	220	200	78
	25-34	379	506	324	138
	35-44	146	165	137	56
	45-54	92	90	79	26
	55-64	33	38	37	13
	65-74	<5	11	12	6
	75+	0	<5	<5	1
Total Service Users by Sex	Female	564	654	537	210
	Male	197			
	246	157	61		
	Undisclosed	61	99	10	9
	Unknown	<5	<5	<5	<5
Total Service Users by Ethnicity	White British	450	546	297	121
	White Other	134	132	8	<5
	Black British	51	63	32	17
	Not specified	66	103	19	13
	Mixed	43	44	<5	<5
	Asian British	38	64	20	7

Source: Togetherall. 2018-2022.

- Most service users self-refer to Togetherall.
- Most service users are female which aligns with local estimates based on national prevalence data.
- Those between the ages of 25-34 years are most represented in the service, followed by 16-24-year-olds.
- Very few people above 65+ years access the service.
- The greatest number of service users were seen in 2019/20.

Sound Minds

Sounds Minds is a mental health charity transforming lives through music, film and art. They offer a range of services: filmmaking, recording, design, entertainment, rehearsal space and peer support work (which includes ward visiting).

Table 73: Table showing the number and demographics of service users referred to Sound Minds between 2018/19 and 2021/22 (Q1-3)

Total Service Users		2018/19	2019/20	2020/21	2021/22 (Q1-Q3)
		897	910	732	241
Ward Visiting					
Sex	Female	538	564	150	105
	Male	359	346	123	136
Ethnicity	White British	502	539	171	151
	Black, Asian Minority Ethnic	495	472	132	117
All Other Services					
Sex	Data not available				
Ethnicity	White British	138	167	124	88
	Black, Asian Minority Ethnic	136	165	211	152

Source: SoundMinds. 2018-2022.

- Most service users accessing Sound Minds are female.
- Service users from Black, Asian and minority ethnic groups are most represented in other services that Sound Minds offer.
- Most referrals to Sound Minds are from Community Mental Health Teams (CMHT), followed by GPs and other voluntary sector organisations.

Family Action Wandsworth WellFamily and Foodbank Service

WellFamily is an early intervention mental health and well-being service for adults in Wandsworth. In June 2020 the Wandsworth WellFamily started supporting Earlsfield and Wandsworth Foodbank guests. This includes providing emotional and practical support for families and individuals.

Table 74: Table showing the number and demographics of service users referred to Wandsworth WellFamily in 2020/21

		2020/2021
Total Service Users Wandsworth and Earlsfield		132
Sex	**Female**	103
	Male	28
Age	**16-24**	9
	25-34	12
	34-44	42
	45-54	35
	55-64	24
	65+	9

Source: Family Action Wandsworth. 2020/21.

- Most who accessed this service were aged 34-44 years.
- There were few service users aged 65+ years which is in line with what would be expected based on estimates of mental ill health from national prevalence data.
- Most service users were female while males were underrepresented in the service.

Enable: Active Wellbeing

The Enable: Active Wellbeing programme is delivered across Wandsworth and is designed to promote health and wellbeing to individuals who aged over 18 years and diagnosed with severe mental illness. It supports individuals to improve their physical activity levels, reduce isolation and loneliness, and live independent and fulfilling lives.

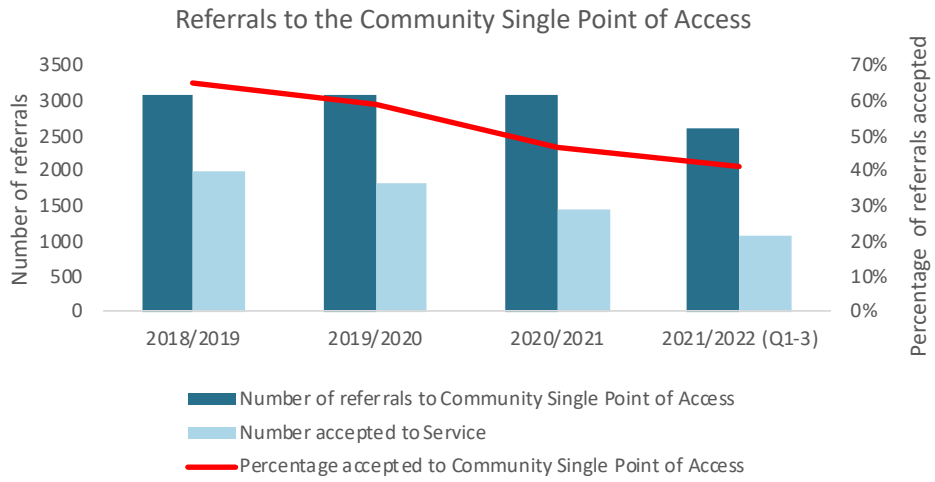
Since 2015 the programme has worked with over 700 patients. During the COVID-19 pandemic the number of referrals to the service was found to have increased. An increase in social isolation and safeguarding issues was also noted. In line with infection, prevention and control guidance, the service transitioned from face-to-face to virtual exercise sessions and 80% of participants joined up.

Community Single Point of Access

The SPA is used by healthcare professionals to refer adults registered with a GP into community-based services. SPA will triage all referrals to direct them to the appropriate service.[211]

Referrals to the Community Single Point of Access

Figure 75: Graph showing the number of service users referred and accepted to the Community Single Point of Access between 2018/19 and 2021/22 (Q1-3)

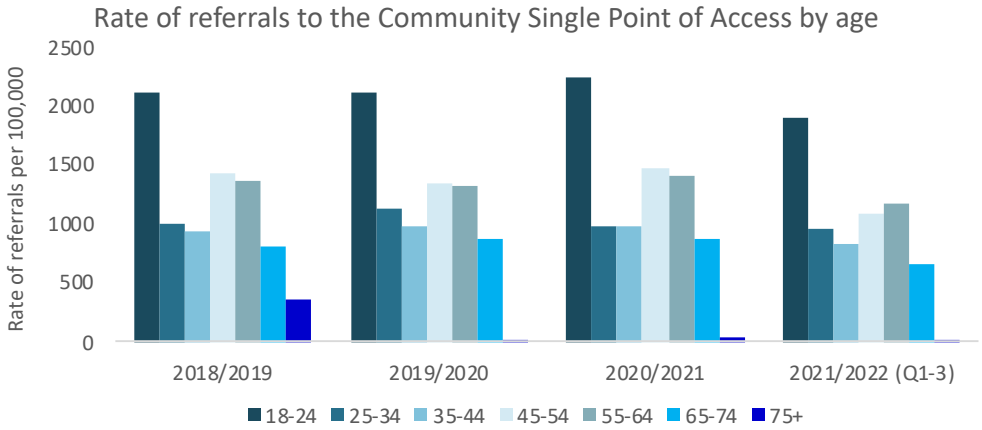


Source: Community Single Point of Access. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2020/21, the SPA received an average of 3087 referrals to the service each year. In this period, there was little variation annually.
- In Q1-3 of 2021/22, there were 2617 referrals to Community SPA.
- The percentage of referrals accepted to the service declined each year between 2018/19 to 2021/22, falling from a high of 65% in 2018/19 to 41% in 2021/22 (Q1-3).

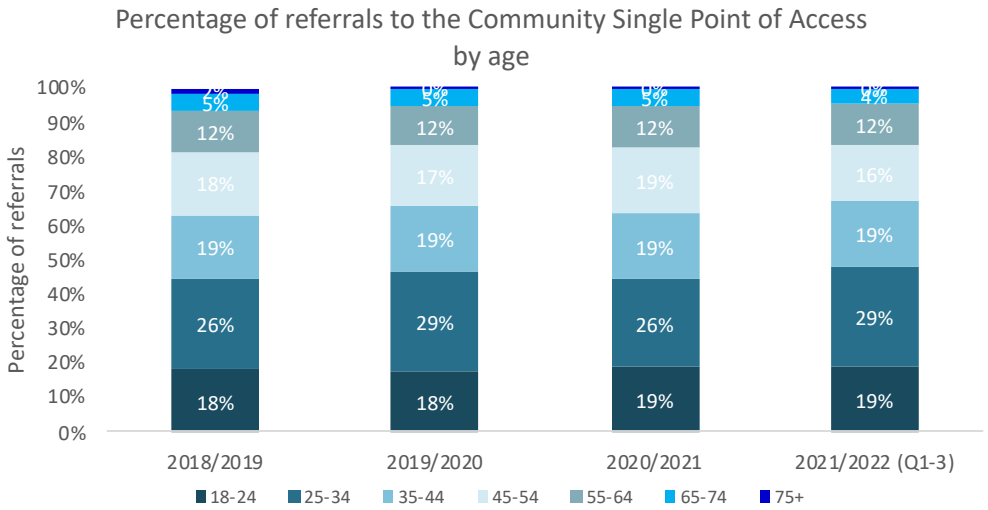
Age of Service Users Referred to the Community Single Point of Access

Figure 76: Graph showing the rate of referrals per 100,000 to the Community SPA between 2018/19 and 2021/22 (Q1-3) by age, using ONS mid-2020 population data



Source: Community Single Point of Access. South West London St George's NHS Trust. 2018-2022.

Figure 77: Graph showing percentage of service users referred to the Community SPA between 2018/19 and 2021/22 (Q1-3), by age

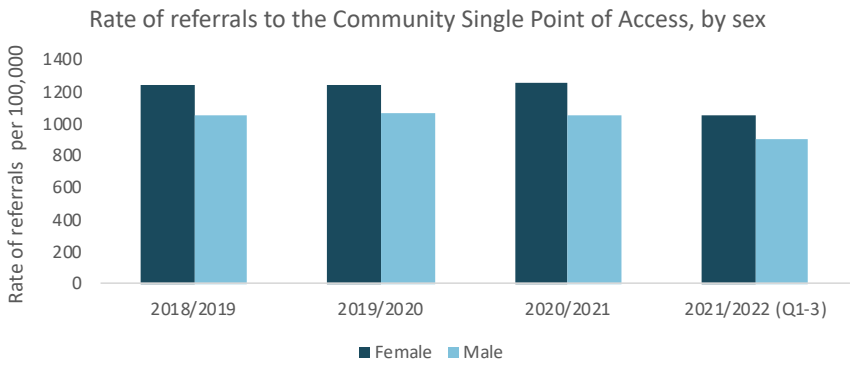


Source: Community Single Point of Access. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, most referrals to the Community SPA were between the ages of 18 and 54 years (av. 84%).
- The largest proportion of referrals came from the 25-34-year age group (av. 28%).
- However, the 18-24-year age group had the highest rate of referrals to the service (2090.7 per 100,000), followed by 45-54 years and 55-64 years.
- There were low rates of referrals of older adults to the service, with 65–74-year-olds referred at an average rate of 800 per 100,000 and over 75's at an average of 113 per 100,000.
- After 2018/19, there was a large reduction in the rate of referrals of over 75's to the service, falling from a rate of 369 per 100,000 in 2018/19 to an average of 27.8 per 100,000 across all other years.

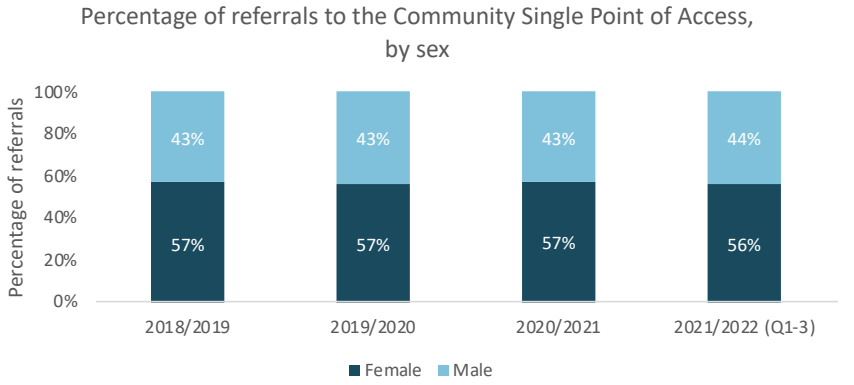
Sex of Service Users Referred to the Community Single Point of Access

Figure 78: Graph showing the rate of referrals per 100,000 of service users referred to the Community SPA between 2018/19 and 2021/22 (Q1-3) by sex, using ONS mid-2020 population data



Source: Community Single Point of Access. South West London St George's NHS Trust. 2018-2022.

Figure 79: Graph showing the percentage of service users referred to the Community SPA between 2018/19 and 2021/22 (Q1-3), by sex

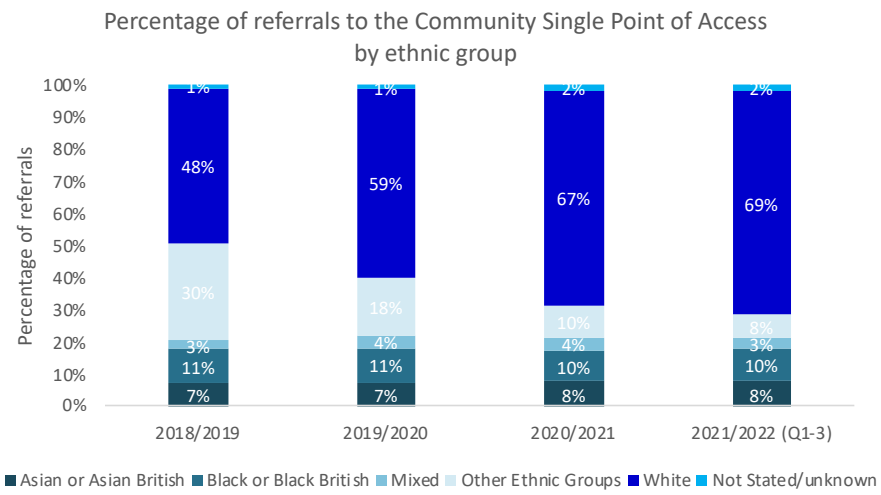


Source: Community Single Point of Access. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), there were consistently more females than males referred to the SPA (57% females vs. 43% males).

Ethnicity of Service Users Referred to the Community Single Point of Access

Figure 80: shows the percentage of service users referred to the Community SPA between 2018/19 and 2021/22 (Q1-3), by ethnicity



Source: Community Single Point of Access. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, most referrals to the Community SPA were from White ethnic groups (av. 61%).
- The percentage of referrals from White ethnic groups increased from 48% of total referrals in 2018/19 to 69% of total referrals in 2021/22 (Q1-3).
- This increase correlates with the declining percentage of referrals of service users from Other ethnic groups, which decreased from 30% in 2018/19 to 8% in 2021/22 (Q1-3).

Source of Referrals to the Community Single Point of Access

Table 81: Table showing the source of referrals to the Community SPA by percentage between 2018/19 and 2021/22 (Q1-3)

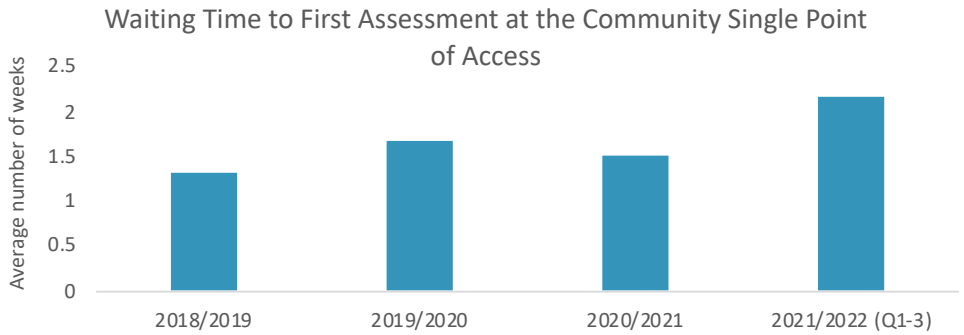
Source of Referrals to the Community Single Point of Access	Year			
	2018/2019	2019/2020	2020/2021	2021/2022 (Q1-3)
GPs	84%	78%	67%	67%
IAPT	8%	8%	10%	11%
Justice System - Police	1%	2%	8%	9%
Social Services	3%	4%	2%	2%
Other Service or Agency	1%	1%	5%	2%
Other Primary Health Care	0%	1%	2%	2%
Emergency Care Department	0%	1%	1%	1%
Other Secondary Care Specialty	1%	1%	1%	1%
Community Mental Health Team	0%	1%	1%	1%
Housing Service	0%	1%	1%	1%

Source: Community Single Point of Access. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), most referrals to the Community SPA came from a GP (8,805 referrals), followed by IAPT (1,082 referrals), the police (567 referrals) and social services (355 referrals).
- The number of referrals to the service received from GPs has declined over time, from 84% in 2018/19 to 67% in 2021/22.
- From 2018/19 to 2021/22 there was a large increase in the number of referrals from the police, from 1% and 2% of total referrals in 2018/19 and 2019/20 respectively to 8% and 9% in 2020/21 and 2021/22.

Wait Times to First Assessment by Community Single Point of Access

Figure 82: Graph showing the average number of weeks that service users waited for a first assessment by the Community SPA between 2018/19 and 2021/22 (Q1-3)



Source: Community Single Point of Access. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), the wait time to access the Community SPA fluctuated between 1.5 and 2 weeks.
- In 2021/22 (Q1-3) it was at its highest at 2.05 weeks. Given that this is only three quarters of data, there is potential for the wait time to rise further.

Contact Medium to Access the Community Single Point of Access

- Between 2018/19 and 2021/22, most service users accessed the Community SPA by telephone (av. 63.7%).
- In 2018/19 and 2019/20, an average of 38% of service users each year accessed the service through face-to-face consultation. This fell to just 13% of service users in 2020/21, likely due to restrictions on the operation of health services during the COVID-19 pandemic.[273] Whilst the percentage of service users accessing the service through face-to-face consultation increased to 18.8% in 2021/22 (Q1-3), this is still much lower than pre-pandemic levels.
- The restrictions on methods of accessing the service since 2020 led the service to expand the range of contact mediums it offered. Whilst telephone consultation continued to be the most popular contact medium in 2020/21 and 2021/22 (Q1-3) at 65.5%, service users also accessed the service by eConsultation (8.5%), text (7.43%) and email (2.3%).

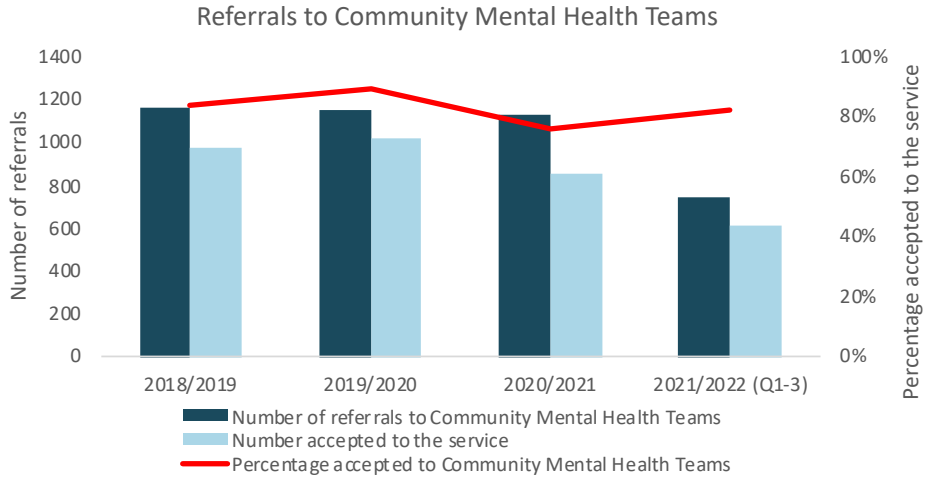
Community Mental Health Services

Community Mental Health Teams

The CMHT is a community based, multi-disciplinary mental health service which provides assessment and evidence-based treatment for patients with suspected or diagnosed moderate to severe mental illness / mental disorder who for reasons of complexity, severity or lack of treatment response require specialist secondary care input.

Referrals to Community Mental Health Teams

Figure 83: Graph showing the number of service users referred and accepted to CMHTs between 2018/19 and 2021/22 (Q1-3)

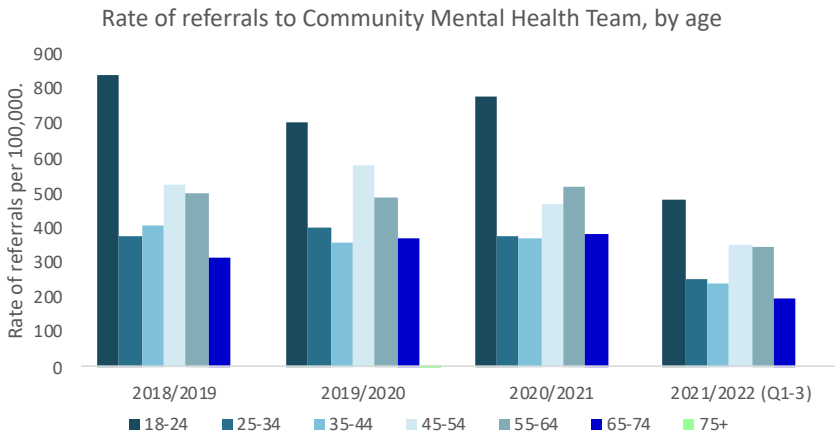


Source: Community Mental Health Teams. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2020/21, the annual number of referrals to CMHTs was relatively stable; there were 1162 referrals to the service in 2018/19, 1148 in 2019/20 and 1123 in 2020/21.
- In Q1-3 of 2021/22 there were 742 referrals to the service, which is at 65% of the total referrals in previous years.
- The percentage of referrals accepted to the service fluctuated over time. 84% of referrals were accepted in 2018/19, increasing to 89% in 2019/20. It declined to a low of 76% in 2020/21 rising to 82% in 2021/22 (Q1-3), remaining lower than in 2018/19 and 2019/20.

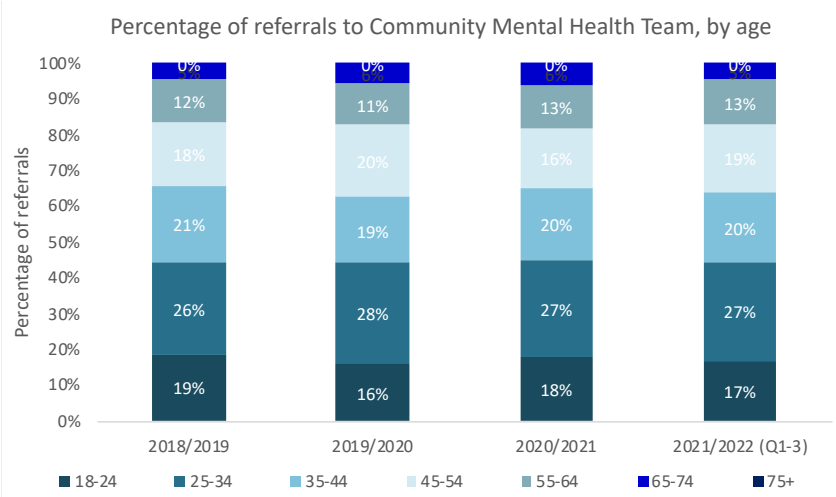
Age of Service Users Referred to Community Mental Health Teams

Figure 84: Graph showing the rate of referrals per 100,000 to CMHTs between 2018/19 and 2021/22 (Q1-3) by age, using ONS mid-2020 population data



Source: Community Mental Health Teams. South West London St George's NHS Trust. 2018-2022.

Figure 85: Graph showing the age of service users referred to CMHTs by percentage between 2018/19 and 2021/22 (Q1-3)

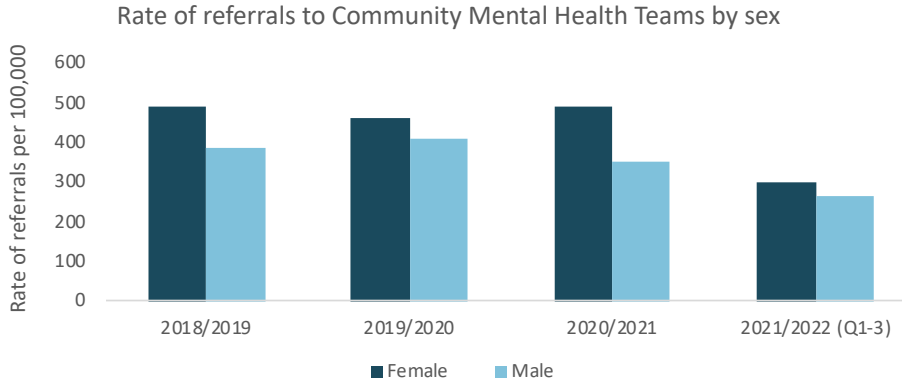


Source: Community Mental Health Teams. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), most referrals to CMHTs were between the ages of 18 and 54 years (83%).
- The highest rates of referral were for service users aged 18-24 years (701.71 referrals per 100,000).
- There were low numbers of older adults referred to the service; 65–74-year-olds made up 5.3% of referrals and over 75's made up just 0.02% of referrals.

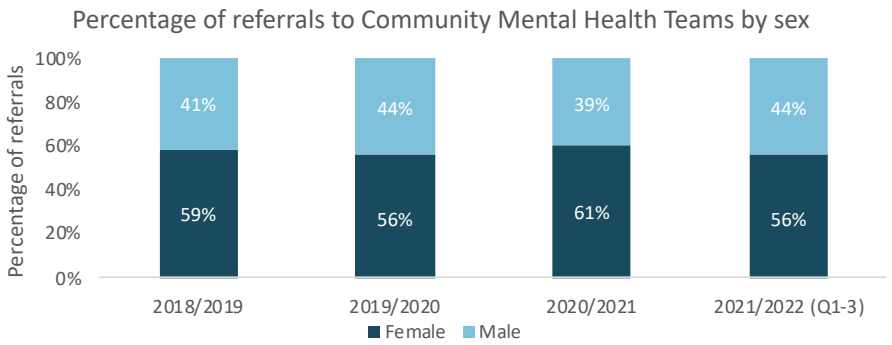
Sex of Service Users Referred to Community Mental Health Teams

Figure 86: Graph showing the rate of referrals per 100,000 to CMHTs between 2018/19 and 2021/22 by sex, using ONS mid-2020 population data



Source: Community Mental Health Teams. South West London St George's NHS Trust. 2018-2022.

Figure 87: Graph showing the percentage of service users referred to CMHTs between 2018/19 and 2021/22 (Q1-3), by sex

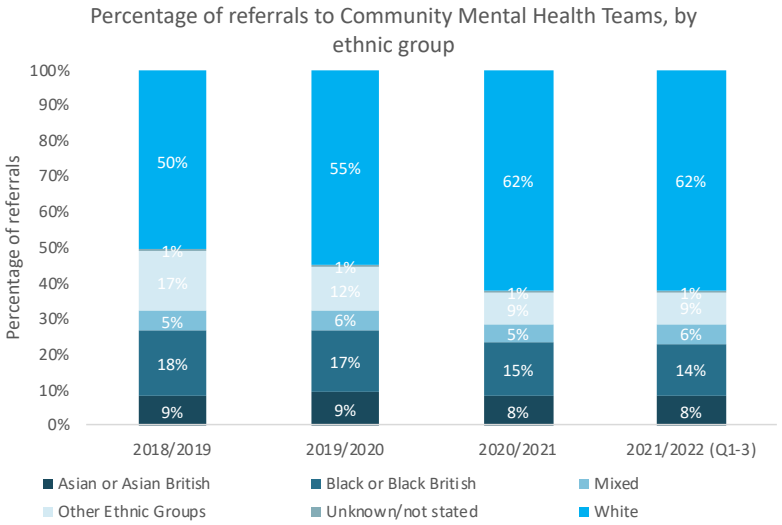


Source: Community Mental Health Teams. South West London St George's NHS Trust. 2018-2022

- Between 2018/19 and 2021/22 (Q1-3), more females (av. 58%) than males (av. 42%) were referred to the CMHT.

Ethnicity of Service Users Referred to Community Mental Health Teams

Figure 88: Graph showing the percentage of service users referred to CMHTs between 2018/19 and 2021/22, (Q1-3) by ethnicity

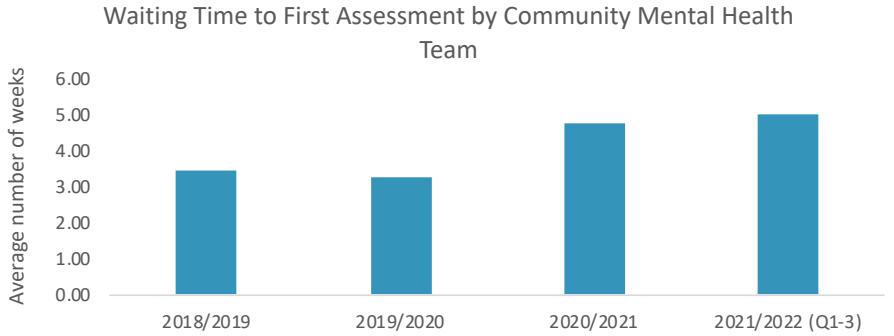


Source: Community Mental Health Teams. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), service users from White ethnic groups made up the largest proportion of total referrals to the CMHT (av. 57%), followed by Black or Black British (av. 16%) and Other ethnic groups (av. 12%).
- The number of service users from White ethnic groups referred to the service grew each year between 2018/19 and 2021/22 (Q1-3), leading them to constitute a growing proportion of total referrals - 50% in 2018/19, 55% in 2019/20 and 62% in 2020/21 and 2021/22 (Q1-3).
- By contrast, the number of service users from Black or Black British and Other ethnic groups declined. The percentage of service users from Black or Black British groups fell from 18% of total referrals in 2018/19 to 14% in 2021/22 (Q1-3); and the percentage of service users from Other ethnic groups fell from 17% to 9% over the same period.

Waiting Time to Access Community Mental Health Teams

Figure 89: Graph showing the average number of weeks service users waited to access CMHTs between 2018/19 and 2021/22



Source: Community Mental Health Teams. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), the average wait time to access CMHT services increased from 3.47 weeks in 2018/19 to 5 weeks in 2021/22 (Q1-3).

Source of Referral to Community Mental Health Teams

Table 90: Graph showing the source of referrals to CMHTs by percentage between 2018/19 and 2021/22 (Q1-3)

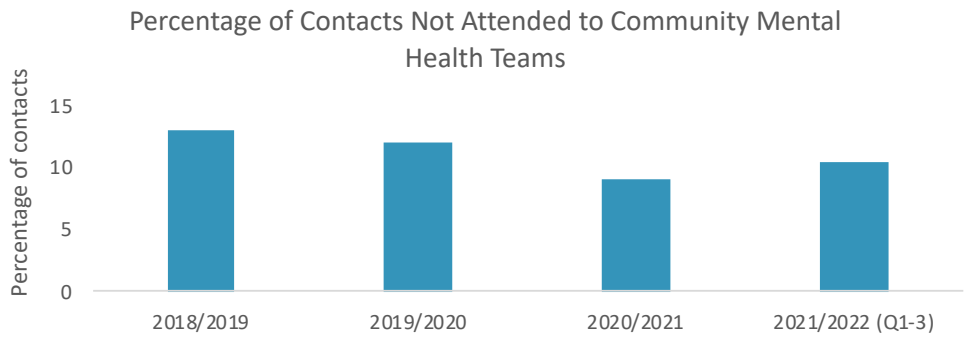
Source of Referrals to Community Mental Health Teams	Year			
	2018/2019	2019/2020	2020/2021	2021/2022 (Q1-3)
GPs	54%	50%	43%	38%
Internal - Community Mental Health Team	23%	23%	26%	23%
IAPT	6%	6%	8%	8%
Other Service or Agency	5%	3%	9%	9%
Internal - Inpatient Service	4%	5%	4%	7%
Emergency Care Department	1%	2%	3%	1%
Justice System - Police	0%	0%	2%	3%

Source: Community Mental Health Teams. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), most referrals to CMHTs came from GPs (av. 46%) or Internal – Community Mental Health Team (av. 24%).
- The percentage of referrals from GPs declined each year from a high of 54% in 2018/19 to a low of 38% in 2021/22 (Q1-3).
- By contrast, between 2019/20 and 2020/21 there were increases in the percentage of referrals received from IAPT (6% to 8%), other services or agencies (3% to 9%), the emergency care department (2% to 3%) and the police (0% to 2%).

Contacts Not Attended

Figure 91: Graph showing the percentage of service users who did not attend CMHT services between 2018/19 and 2021/22 (Q1-3)

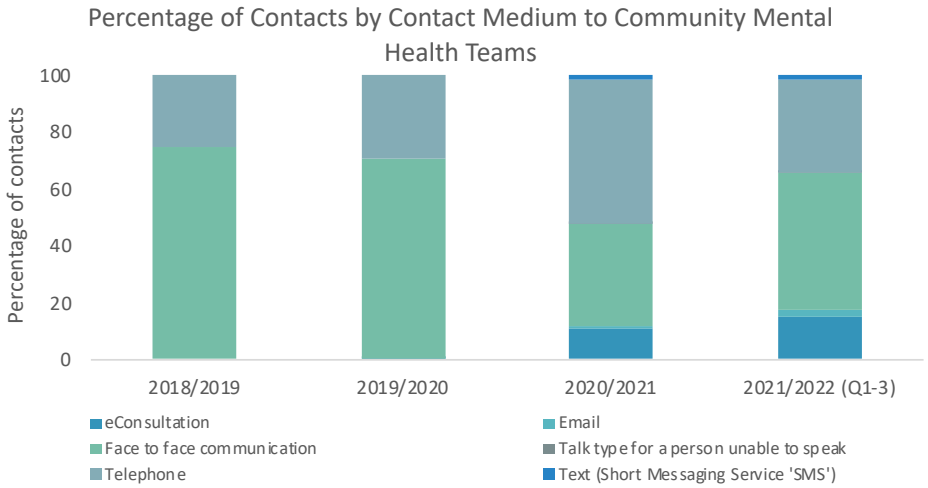


Source: Community Mental Health Teams. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2020/21, the percentage of DNAs to CMHT services decreased annually, from 13% in 2018/19 to 9% in 2020/21.
- The percentage increased slightly in 2021/22 (Q1-3) to 10.5% of contacts.

Contact Medium to Access Community Mental Health Teams

Figure 92: Graph showing the percentage of contacts by the contact medium used to access CMHTs between 2018/19 and 2021/22



Source: Community Mental Health Teams. South West London St George's NHS Trust. 2018-2022.

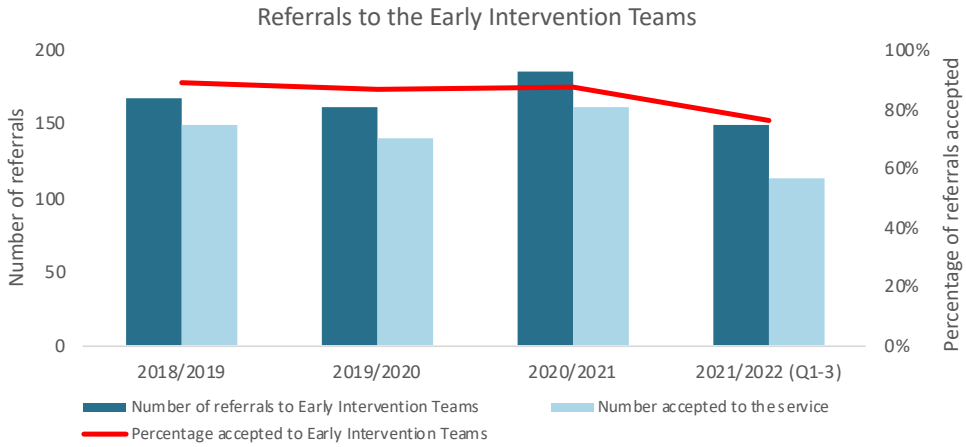
- Between 2018/19 and 2020/21, most service users accessed CMHT services through face-to-face communication (av. 72.6%) or telephone consultation (av. 27.35%).
- In 2020/21, there was a reduction in the number of service users who accessed the service through face-to-face communication (35.5%). This is likely to have been caused by restrictions on health care services during the COVID-19 pandemic.[274]
- Instead, there was an increase in service users accessing the service through telephone consultation (50.5%) and the introduction of eConsultations (11%).
- Whilst the percentage of service users accessing CMHTs face-to-face increased in 2021/22 (Q1-3) to 48.7% when COVID-19 restrictions began to ease, this remained lower than pre-pandemic levels.
- In 2021/22, telephone consultations almost returned to pre-pandemic levels (33%), however there was a growth of service users accessing the service through eConsultations (15.1%).
- The fall in face-to-face communication coincided with a fall in DNA rates. As face-to-face contacts started to increase again in 2021/22 (Q1-3), the DNA rate also started to rise.

Early Intervention Services

The Early Intervention Teams offer comprehensive professional help to adults as soon as possible after the onset of psychosis to minimise the impact on a person's life.

Referrals to the Early Intervention Teams

Figure 93: Graph showing the number of service users referred and the percentage accepted to the Early Intervention Teams between 2018/19 and 2021/22 (Q1-3)

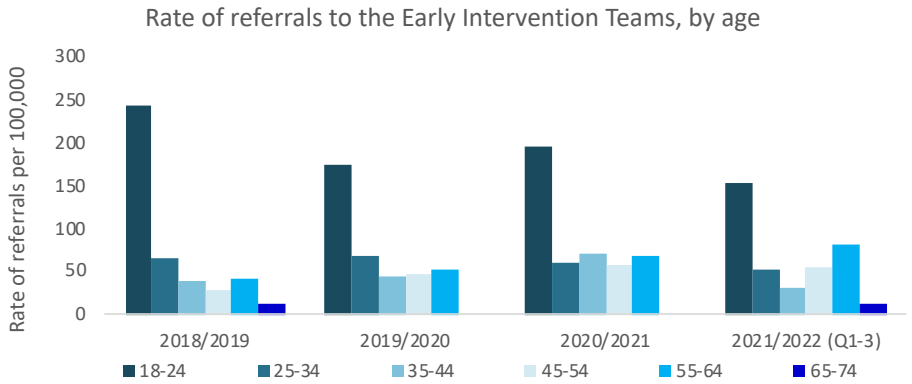


Source: Early Intervention Teams. South West London St George's NHS Trust. 2018-2022.

- In 2018/19 and 2019/20, there were 167 and 162 service users respectively referred to the Early Intervention Teams.
- The number of referrals increased to 185 service users in 2020/21.
- In Q1-3 of 2021/22, there were 150 service users referred to the Early Intervention Teams.
- The percentage of service users accepted to the service remained relatively stable between 2018/19 and 2020/21, averaging at 87% of referrals. However, this declined to 76% of referrals in 2021/22 (Q1-3).

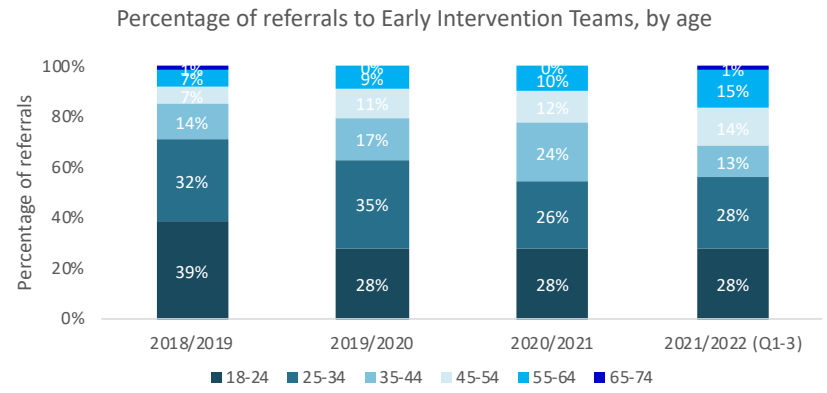
Age of Service Users Referred to the Early Intervention Teams

Figure 94: Graph showing the rate of referrals per 100,000 of service users to the Early Intervention Teams between 2018/19 and 2021/22 by age, using the ONS mid-2020 population data



Source: Early Intervention Teams. South West London St George's NHS Trust. 2018-2022.

Figure 95: Graph showing the percentage of service users referred to the Early Intervention Teams between 2018/19 and 2021/22 (Q1-3) by age

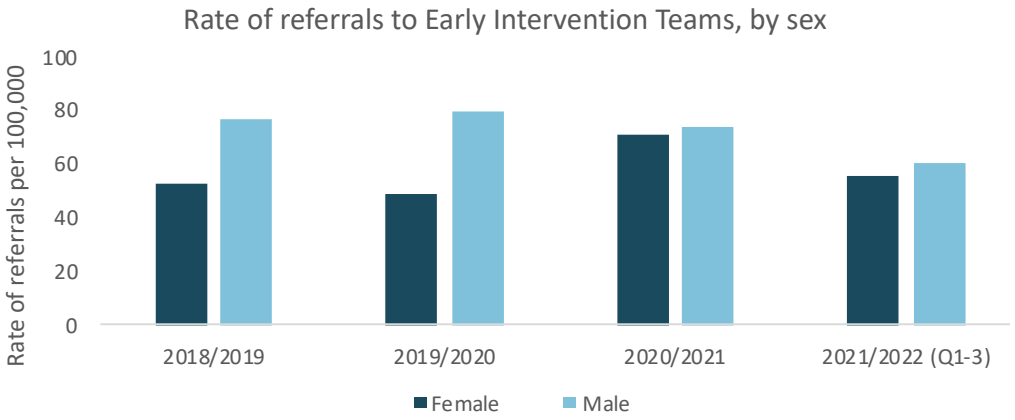


Source: Early Intervention Teams. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, there were high rates of referrals of 18-24-year-olds to the Early Intervention Teams (av. 191 referrals per 100,000).
- More than half of referrals to the Early Intervention Teams were between the ages of 18 to 34 years. These age groups constituted the greatest proportion of total referrals in 2018/19 (71%) but progressively declined to 54% and 56% in 2020/21 and 2021/22 (Q1-3).
- The declining proportion of 18–34-year-olds among total referrals to the service is due to reductions in their rate of referrals; the rate of referrals of 18-24-year-olds fell from a high of 242.2 per 100,000 in 2018/19 to a low of 153.8 per 100,000 in 2021/22 (Q1-3).
- By contrast, the rate of referrals of 45-54 and 55-64-year-olds to the Early Intervention Teams increased. Referrals of 45-54-year-olds rose from 28.1 per 100,000 in 2018/19 to 53.6 per 100,000 in 2021/22 (Q1-3), and those of 55-64-year-olds increased from 40.6 per 100,000 to 81.2 per 100,000 in the same period.
- All age groups saw a small increase in their rate of referrals in 2020/21 except for the 25-34 age group which saw a decrease.

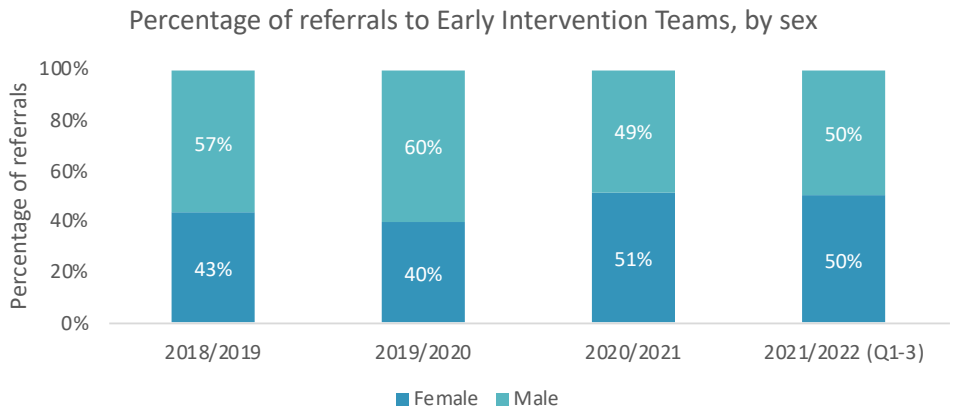
Sex of Service Users Referred to the Early Intervention Teams

Figure 96: Graph showing the rate of referrals per 100,000 to the Early Intervention Teams between 2018/19 and 2021/22 by sex, using the ONS mid-2020 population data



Source: Early Intervention Teams. South West London St George's NHS Trust. 2018-2022.

Figure 97: Graph showing the percentage of service users referred to the Early Intervention Teams between 2018/19 and 2021/22, by sex

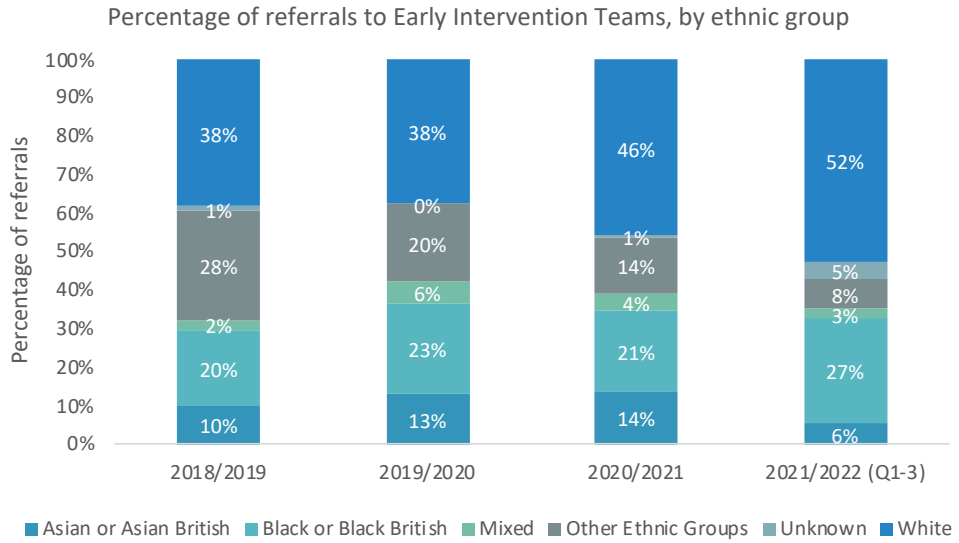


Source: Early Intervention Teams. South West London St George's NHS Trust. 2018-2022.

- In 2018/19 and 2019/20, there were more males (57% and 60%) referred to the Early Intervention Teams than females (43% and 40%).
- This is a higher proportion of males than we would expect from national data on psychosis.[275]
- The balance of males and females referred to the service was relatively equalised in 2020/21 and 2021/22 (Q1-3), which fits to national data on the prevalence of psychosis by sex.[276]
- This was caused by an increase in the rate of female referrals over these years, and a simultaneous decrease in the rate of male referral.

Ethnicity of Service Users Referred to the Early Intervention Teams

Figure 98: Graph showing the percentage of service users referred to the Early Intervention Teams between 2018/19 and 2021/22 (Q1-3), by ethnicity

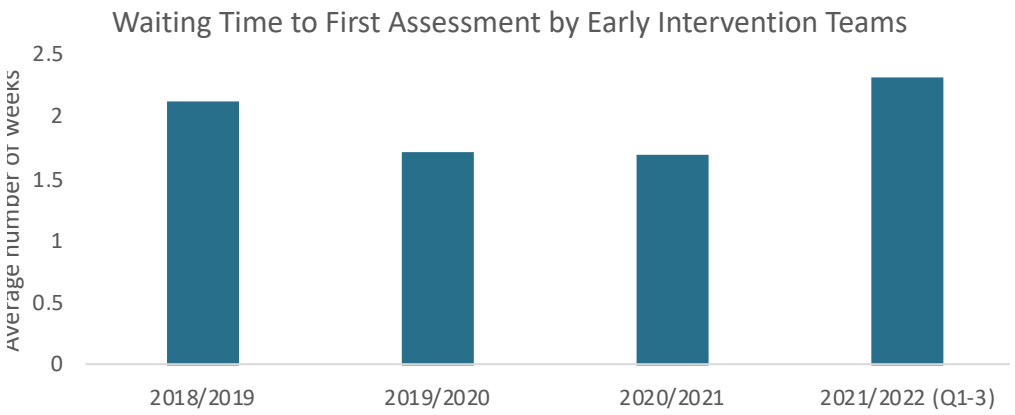


Source: Early Intervention Teams. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, most referrals to the Early Intervention Teams were from White ethnic groups (av. 44%), Black or Black British groups (av. 23%) and Other ethnic groups (av. 18%).
- This was followed by service users from Asian or Asian British groups (av. 11%) and Mixed ethnic groups (av. 4%).
- The percentage of total referrals from White ethnic groups increased from 38% in 2018/19 and 2019/20 to 46% in 2020/21 and 52% in 2021/22 (Q1-3).
- There was also an increase in the percentage of Black or Black British service users from 20% of total referrals in 2018/19 to 27% in 2021/22 (Q1-3).
- These increases correlate with the decreased percentage of referrals from Other ethnic groups, which fell from 28% of total referrals in 2018/19 to 8% in 2021/22 (Q1-3).

Waiting Time for the Early Intervention Team

Figure 99: Graph showing the average number of weeks service users waited for a first assessment with the Early Intervention Team between 2018/19 and 2021/22 (Q1-3)



Source: Early Intervention Teams. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2020/21, the average wait time to access the Early Intervention Team services decreased from 2.1 weeks in 2018/19, to 1.7 weeks in both 2019/20 and 2020/21.
- The wait time increased in 2021/22 (Q1-3) to 2.3 weeks and, as this is only three quarters of data, there is the potential for this to rise further.

Source of Referrals to the Early Intervention Team

Table 100: Table showing the primary sources of referrals to the Early Intervention Team by number of service users between 2018/19 and 2021/22 (Q1-3)

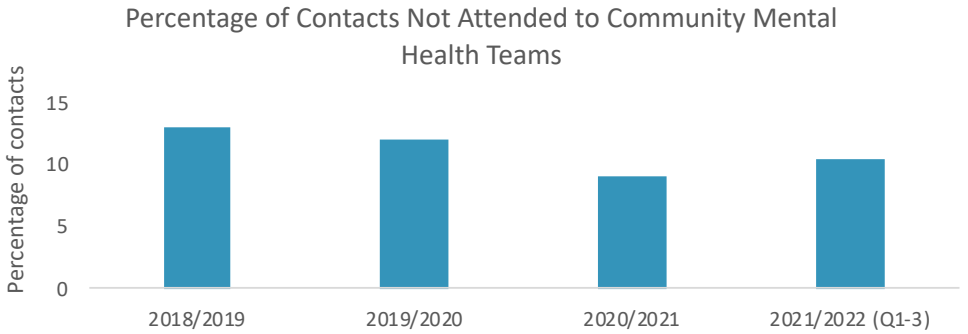
Source of referral to Early Intervention Team	Year			
	2018/2019	2019/2020	2020/2021	2021/2022 (Q1-3)
Internal - Community Mental Health Team	58	57	41	69
Single Point of Access Service	49	36	68	32
Internal - Inpatient Service	29	28	40	20

Source: Early Intervention Teams. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, most referrals to the Early Intervention Team came from CMHTs (av. 35%), followed by the SPA (27%) and inpatient services (av. 17%).
- Referrals from CMHTs dipped in 2020/21 from 58 and 57 referrals in previous years to just 41 referrals. This increased sizeably in 2021/22 to make up 69 referrals.
- By contrast, in 2020/21 there was a rise in the number of referrals received from SPA services and inpatient services, which declined again in 2021/22 to below numbers prior to 2020.

Contacts Not Attended

Figure 101: Graph showing the percentage of service users who DNA Early Intervention Team services between 2018/19 and 2021/22 (Q1-3)

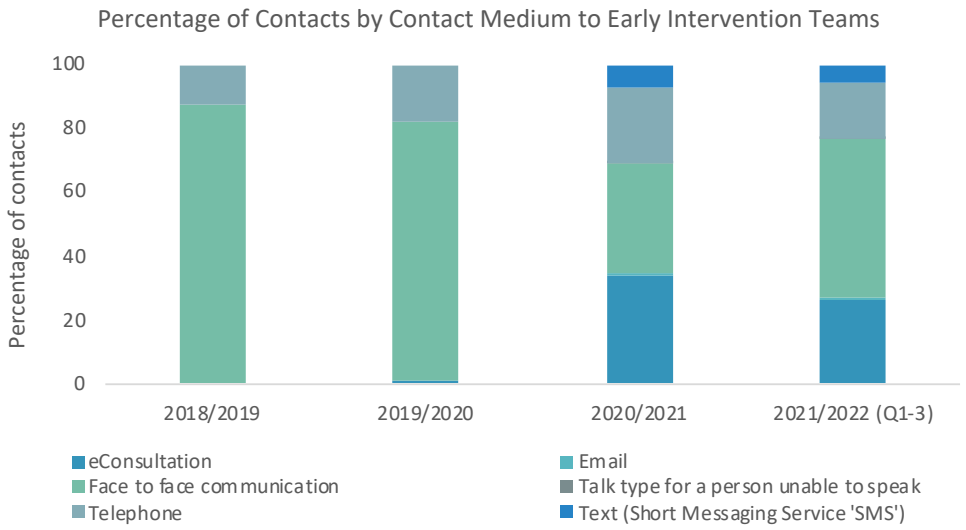


Source: Early Intervention Teams. South West London St George's NHS Trust. 2018-2022.

- The percentage of service users who did not attend Early Intervention Team services peaked in 2019/20, increasing from 12.3% to 17.3%. It then decreased each year, falling to 9.6% in 2021/22 (Q1-3).

Contact Medium to Access the Early Intervention Team

Figure 102: Graph showing the contact medium through which service users accessed the Early Intervention Team between 2018/19 and 2021/22 (Q1-3)



Source: Early Intervention Teams. South West London St George's NHS Trust. 2018-2022.

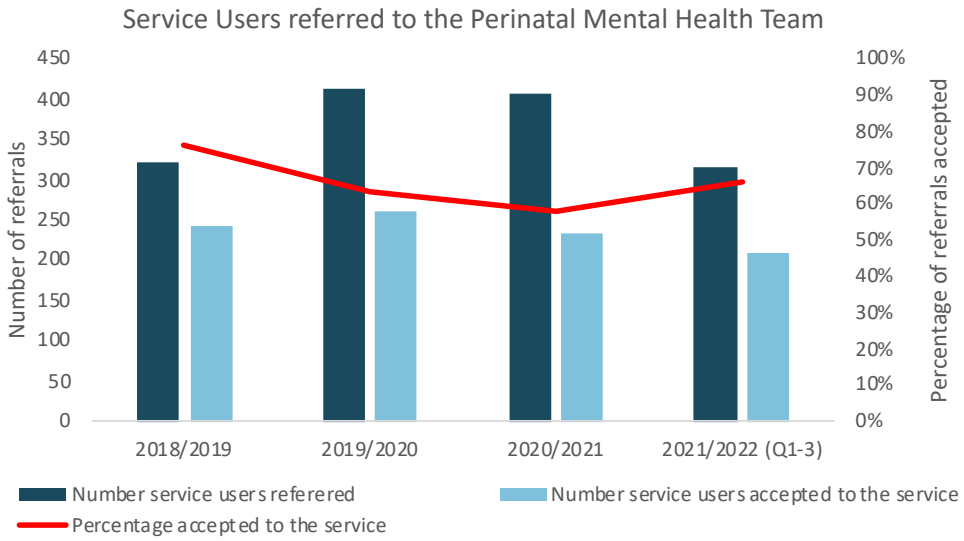
- In 2018/19 and 2019/20, the majority of service users accessed the Early Intervention Team services by face-to-face communication (87.1% and 81.4% respectively). Service users also accessed the service through telephone consultation, and the percentage of users accessing the service through this means increased from 12.9% in 2018/19 to 17.9% in 2019/20.
- In 2020/21, the percentage of referrals who accessed the service through face-to-face communication decreased to 33.9% of referrals. This is likely due to the COVID-19 pandemic, which impacted the operation of health services.[277]
- Although the percentage of face-to-face contacts increased to 49.4% in 2021/22 (Q1-3), this remained lower than pre-pandemic levels.
- As an alternative to face-to-face communication, in 2020/21 and 2021/22 (Q1-3) service users accessed the service through eConsultation (33.8% and 26.4% respectively), telephone (23.0% and 17.7%) and text (7.1% and 5.6%).

Perinatal Mental Health Service

The Perinatal Mental Health Service consists of a multidisciplinary team of clinicians with specialist training and expertise working in the community to address complex mental health needs of women in the perinatal period. The primary aims of the service are to improve the health and wellbeing of women, their babies and their wider families through increased awareness of mental illness in women during pregnancy and after childbirth, early identification of those women who have, or are at risk of, mental health problems and provision of effective and evidence-based interventions.[278]

Referrals to the Perinatal Mental Health Service

Figure 103: Graph showing the number of service users referred and the number and percentage accepted into the Perinatal Mental Health Service between 2018/19 and 2021/22 (Q1-3)



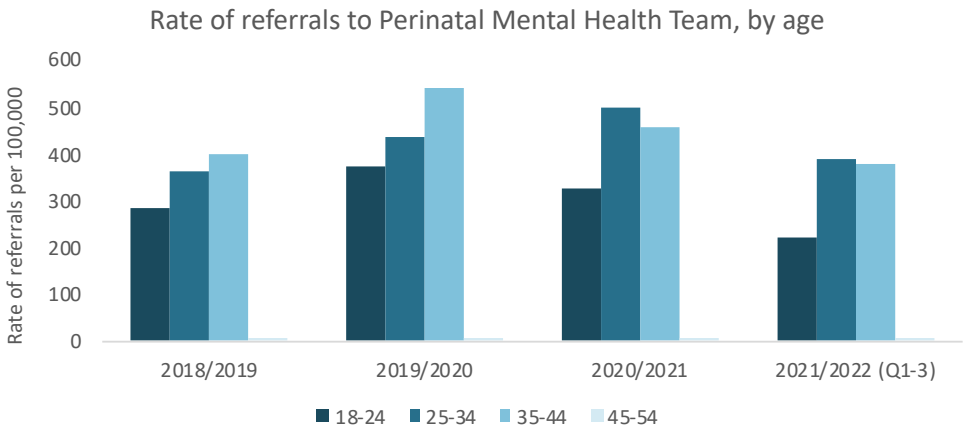
Source: Perinatal Mental Health Team. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2019/20, the number of service users referred to the Perinatal Mental Health Service increased by 28% from 320 referrals to 411 referrals. The number of referrals was relatively stable in 2020/21 at 405 service users.
- In Q1-3 of 2021/22 there were 315 service users referred to the service.

- Although the number of service users accepted into the service also increased between 2018/19 and 2019/20, this was only by 7% from 243 to 260. After 2019/20, the numbers of service users accepted to the service declined annually, falling to 233 in 2020/21 and 207 in 2021/22 (Q1-3).
- The percentage of service users accepted declined between 2018/19 and 2020/21, falling from a high of 76% in 2018/19 to 58% in 2020/21. It rose again in 2021/22 (Q1-3) to 66%.

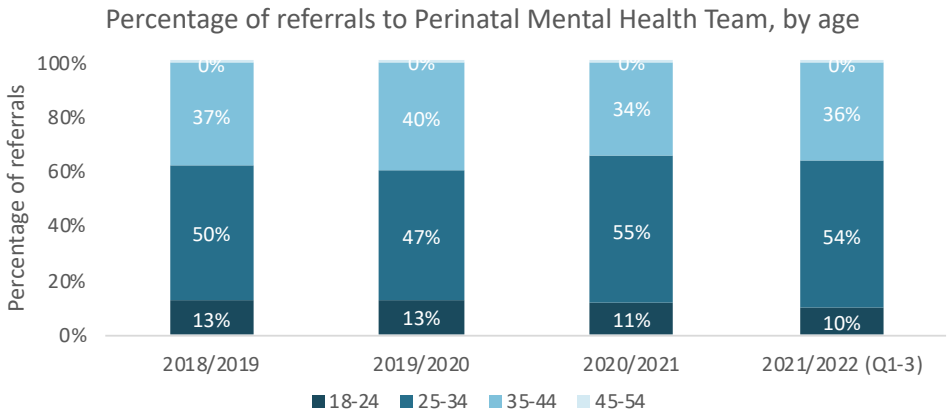
Age of Service Users Referred to the Perinatal Mental Health Service

Figure 104: Graph showing the rate of referrals per 100,000 to the Perinatal Mental Health Service between 2018/19 and 2021/22 (Q1-3) by age, using the ONS mid-2020 population data



Source: Perinatal Mental Health Team. South West London St George's NHS Trust. 2018-2022.

Figure 105: Graph showing the percentage of referrals to the Perinatal Mental Health Service between 2018/19 and 2021/22 (Q1-3), by age

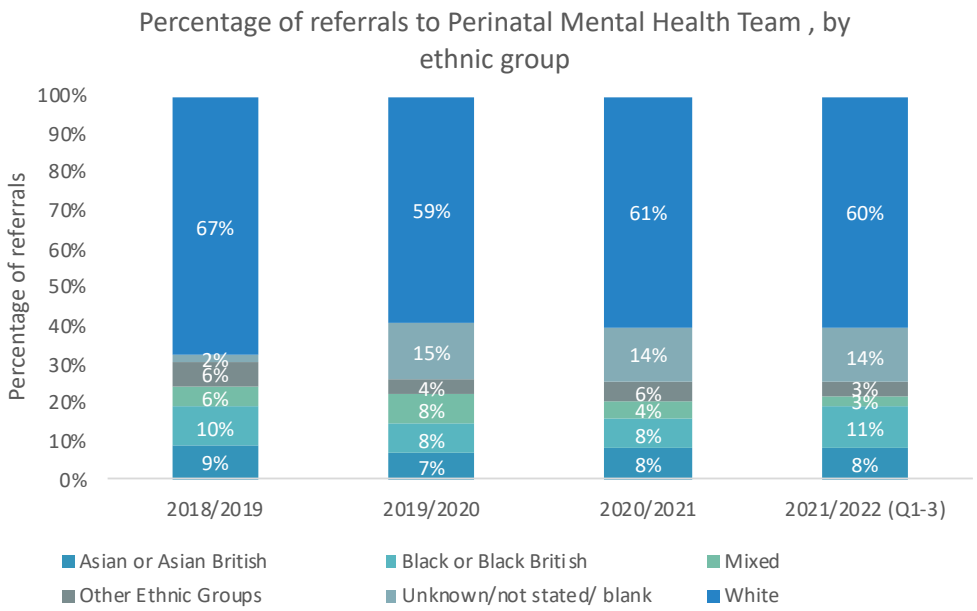


Source: Perinatal Mental Health Team. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, 88% of referrals to the Perinatal Mental Health Service were between the ages of 25 and 44 years.
- The rate of referral of 25–34-year-olds progressively increased between 2018/19 and 2020/21, from a rate of 360.3 per 100,000 in 2018/19 to 501.7 per 100,000 in 2020/21. The rate decreased in 2021/22 (Q1-3) to 387.6 referrals per 100,000.
- The rate of referral of 35-44-year-olds increased in 2019/20, rising from 398 per 100,000 in the previous year to 542 per 100,000. This decreased to 378 per 100,000 in 2021/22 (Q1-3).

Ethnicity of service users referred to the Perinatal Mental Health Service

Figure 106: Graph showing the percentage of referred to the Perinatal Mental Health Service between 2018/19 and 2021/22 (Q1-3), by ethnicity

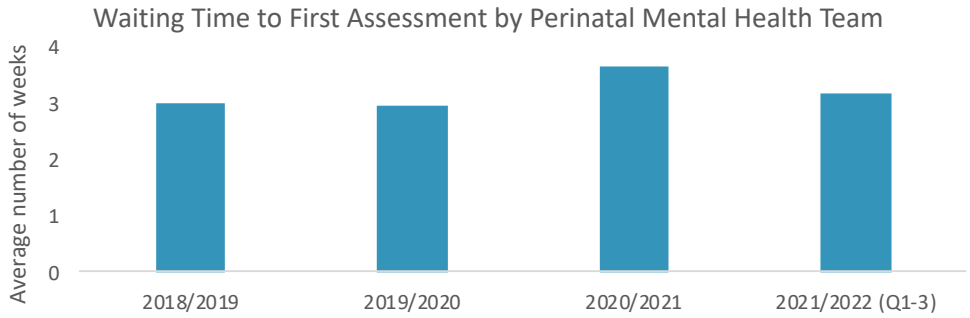


Source: Perinatal Mental Health Team. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, the largest cohort of referrals to the Perinatal Mental Health Service was from White ethnic groups (av. 61.75%). This was followed by Black or Black British (av. 9.25%), Asian or Asian British (av. 8%), Mixed (av. 5.25%) and Other ethnic groups (av. 4.75%).
- 11.25% of service users did not provide data on their ethnic group.
- The percentage of service users from White ethnic groups declined from 67% in 2018/19 to 60% in 2021/22 (Q1-3). In the same period, the percentage of service users for whom their ethnic group is unknown increased from 2% in 2018/19 to 14% in 2021/22 (Q1-3) indicating a worsening in the capture of ethnicity data.

Waiting Time to Access the Perinatal Mental Health Service

Figure 107: Graph showing the average number of weeks service users waited for a first assessment with the Perinatal Mental Health Service between 2018/19 and 2021/22 (Q1-3)



Source: Perinatal Mental Health Team. South West London St George's NHS Trust. 2018-2022.

- The waiting time for a first assessment by the Perinatal Community Team has remained relatively stable at approximately three weeks, with the highest being 3.66 weeks in 2020/21 (Q1-3).

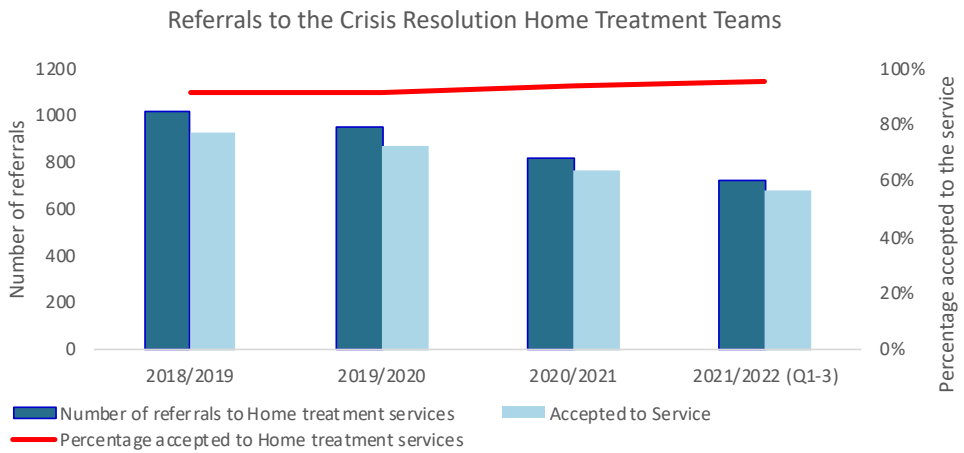
Crisis Pathway: Acute and Urgent Care Services

Crisis Resolution Home Treatment Teams

The CRHTTs are a community based mental health service who see adults experiencing a mental health crisis or requiring intensive home-based support and treatment. The service enables people to stay in their own home with increased support, as an alternative to inpatient admission. The CRHTT is a short-term service for the crisis period only.

Referrals to Crisis Resolution Home Treatment Teams

Figure 108: Graph showing the number of service users referred and the percentage accepted to CRHTTs between 2018/19 and 2021/22 (Q1-3)

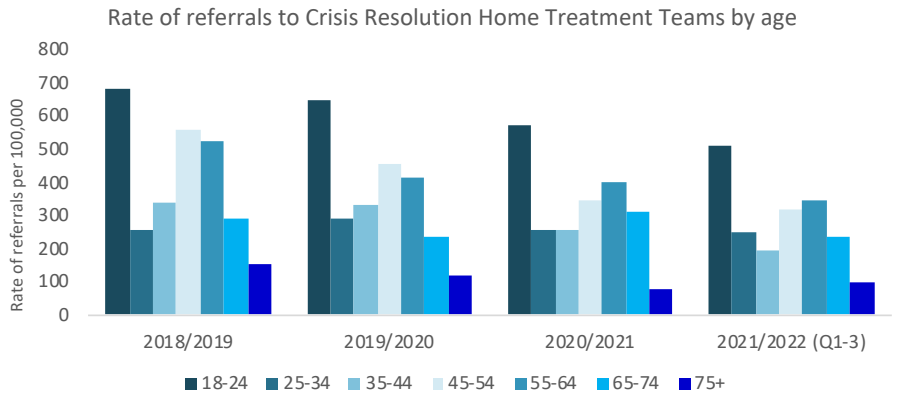


Source: Crisis Resolution Home Treatment Teams. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), the number of service users referred and accepted to the CRHTTs declined annually.
- The number of services users referred to the CRHTTs declined from 1017 in 2018/19 to 719 in 2021/22 (Q1-3).
- The number of services users accepted fell from 929 in 2018/19 to 766 in 2020/21.
- The percentage of service users accepted into the service increased from 91% in 2018/19 to 95% in 2021/22 (Q1-3) respectively.

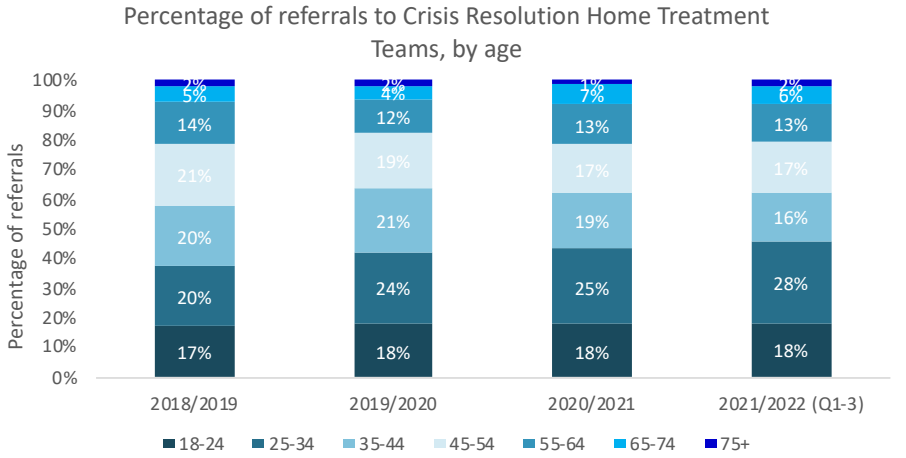
Age of Service Users Referred to the Crisis Resolution Home Treatment Teams

Figure 109: Graph showing the rate of referrals per 100,000 to the CRHTTs between 2018/19 and 2021/22 (Q1-3) by age, using the ONS mid-2020 population data



Source: Crisis Resolution Home Treatment Teams. South West London St George's NHS Trust. 2018-2022.

Figure 110: Graph showing the percentage of referrals to CRHTTs between 2018/19 and 2021/22 (Q1-3), by age

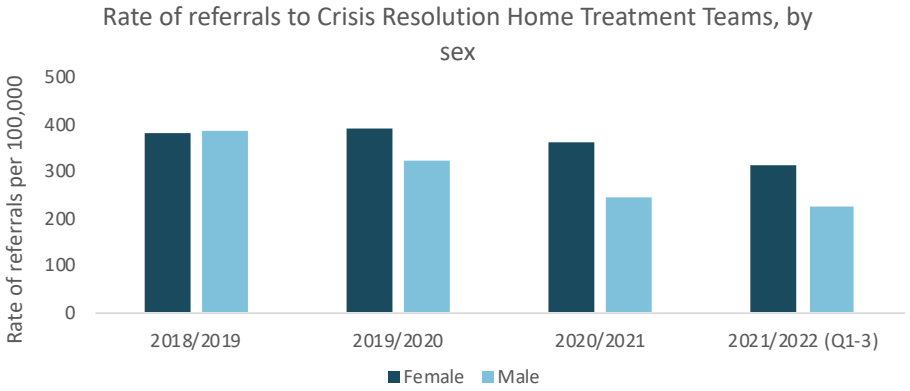


Source: Crisis Resolution Home Treatment Teams. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), the rate of referrals to the CRHTT was highest among 18–24-year-olds (av. 601.74 referrals per 100,000), followed by the 55-64 age group (av. 419 referrals per 100,000) and 45-54 age group (av. 417.6 referrals per 100,000).
- The lowest rate of referrals was in the 25–34-year age group (av. 262.8 per 100,000).
- All age groups experienced decreases in their rate of referrals in line with the reduced number of total referrals. The smallest decrease (2.4%) was seen among 25-34-year-olds.

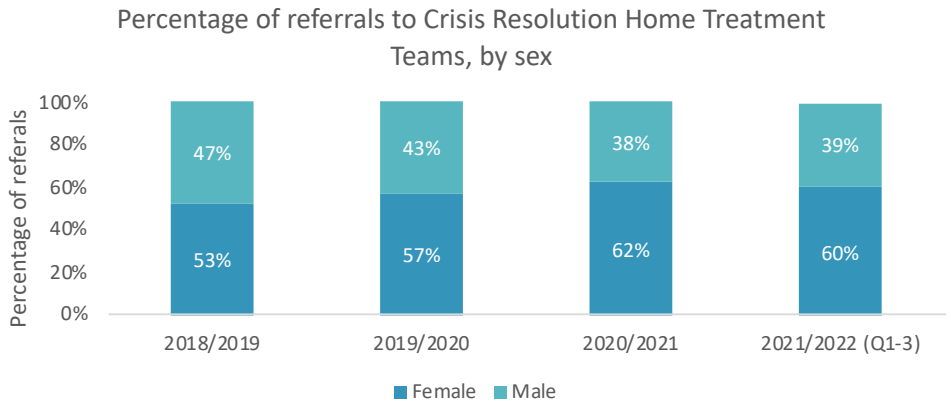
Sex of Service Users Referred to the Crisis Resolution Home Treatment Teams

Figure 111: Graph showing the rate of referrals per 100,000 to CRHTTs between 2018/19 and 2021/22 (Q1-3) by sex, using the ONS mid-2020 population data



Source: Crisis Resolution Home Treatment Teams. South West London St George's NHS Trust. 2018-2022.

Figure 112: Graph showing the percentage of referrals to CRHTTs between 2018/19 and 2021/22 (Q1-3), by sex

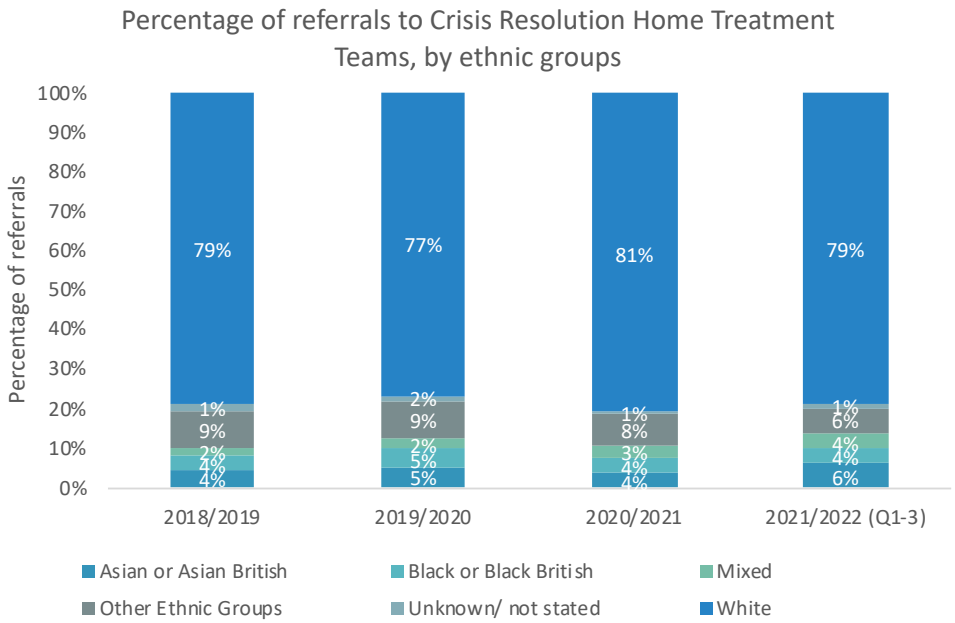


Source: Crisis Resolution Home Treatment Teams. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), more females (av. 58%) than males (av. 42%) were referred to the CRHTTs.
- Over time, the proportion of females referred increased from 53% in 2018/19 to 62% and 60% in 2020/21 and2021/22 (Q1-3).
- Concomitantly, the proportion of male referrals decreased, leading the gap between male and female referrals to widen.

Ethnicity of Service Users Referred to the Crisis Resolution Home Treatment Teams

Figure 113: Graph showing the percentage of referrals to CRHTTs between 2018/19 and 2021/22 (Q1-3), by ethnicity



Source: Crisis Resolution Home Treatment Teams. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), most service users referred to the CRHTTs were from White ethnic groups (av. 79%).
- This was followed by service users from Other ethnic groups (av. 8%), Asian or Asian British groups (av. 4.75%), Black or Black British groups (av. 4.25%) and Mixed groups (av. 2.75%).

Source of Referral to Crisis Referred Home Treatment Teams

Table 114: Table showing the source of referrals to CRHTTs by percentage between 2018/19 and 2021/22 (Q1-3)

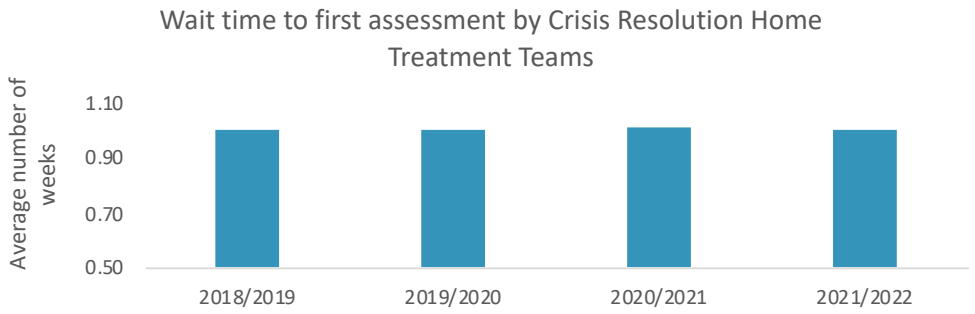
Source of referral to Crisis Resolution Home Treatment Teams	Year			
	2018/2019	2019/2020	2020/2021	2021/2022 (Q1-3)
Internal - Community Mental Health Team	34%	28%	23%	25%
Internal - Inpatient Service	23%	26%	41%	21%
Acute Secondary Care: Emergency Care Department	27%	27%	23%	24%
Other Secondary Care Specialty	3%	5%	5%	5%
Single Point of Access Service	4%	5%	3%	3%
Other Service or Agency	2%	2%	1%	2%
GP	1%	2%	1%	3%

Source: Crisis Resolution Home Treatment Teams. South West London St George's NHS Trust. 2018-2022

- Between 2018/19 and 2021/22, most service users were referred to the CRHTTs from inpatient services (av. 28%), CMHTs (av. 27%) and emergency care departments (av. 25%).
- The percentage of service users referred from CMHTs decreased from 34% of referrals in 2018/19 to 25% in 2021/22 (Q1-3).
- There was a rise in the percentage of service users referred from inpatient services in 2020/21, increasing from 23% in 2018/19 to 41% in 2020/21. This declined in 2021/22 (Q1-3) to 21% of referrals.

Waiting Time to Access Crisis Resolution Home Treatment Teams

Figure 115: Graph showing the average number of weeks service users waited for first assessment by CRHTTs between 2018/19 and 2021/22 (Q1-3)



Source: Crisis Resolution Home Treatment Teams. South West London St George's NHS Trust. 2018-2022.

- The wait time for a first assessment with the CRHTTs was stable across the four-year-period at an average length of one week.

Contacts Not Attended

- The percentage of service users who did not attend CRHTTs decreased over the four-year-period.
- This fell from a high of 6.1% of referrals in 2018/19 to 2.55% of referrals in 2021/22 (Q1-3).

Contact Medium Used by Clients

- Most service users accessed CRHTTs through face-to-face contact (av. 66.3%) and telephone consultation (av. 33%).
- The percentage of service users accessing the CRHTTs through face-to-face contact increased after 2020, rising from 61.6% in 2018/19 to 68.2% and 75.4% in 2020/21 and 2021/22 (Q1-3) respectively.
- Although the service introduced new forms of communication such as eConsultation and text in 2020/21, these had low levels of use by service users (av. 0.81% and 0.43% respectively).

Emergency Department Referrals to the Liaison Psychiatry Service

The data presented below is for those service users referred to the Liaison Psychiatry Service by the emergency department. The aim of the Liaison Psychiatry Service is to provide support and care for patients presenting with psychiatric and psychological needs within the acute trust.

Referrals to the Liaison Psychiatry Service from the Emergency Department

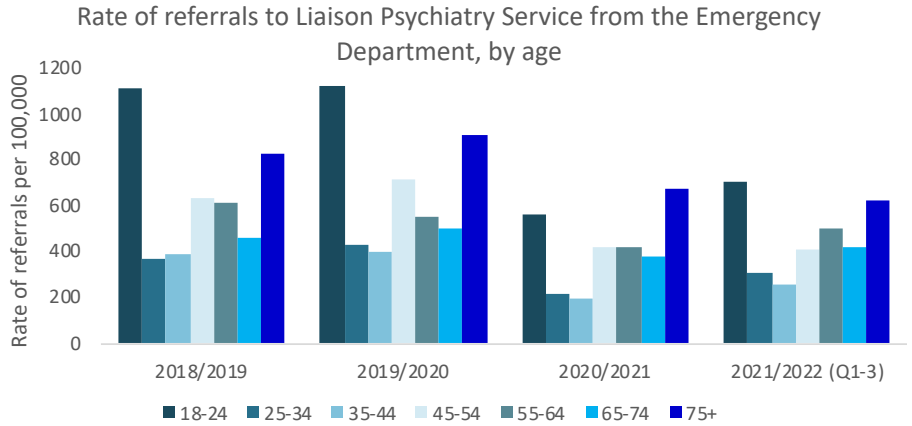
Figure 116: Graph showing the number of service users referred to the Liaison Psychiatry Service from the emergency department between 2018/19 and 2021/22 (Q1-3)

Source: Emergency Department. South West London St George's NHS Trust. 2018-2022.

- In 2018/19 and 2019/20, the Liaison Psychiatry Service received 1,503 and 1,585 referrals each year respectively.
- In 2020/21, the number of service users referred to the Liaison Psychiatry Service from the emergency department decreased by 37.7% to 957 referrals. This may have been linked to the COVID-19 pandemic, as service users were reluctant to present at health services due to reluctance to overwhelm the NHS and fear of contracting COVID-19.[279]
- The number of referrals in Q1-3 of 2021/22 had already increased slightly to 1,136 referrals.

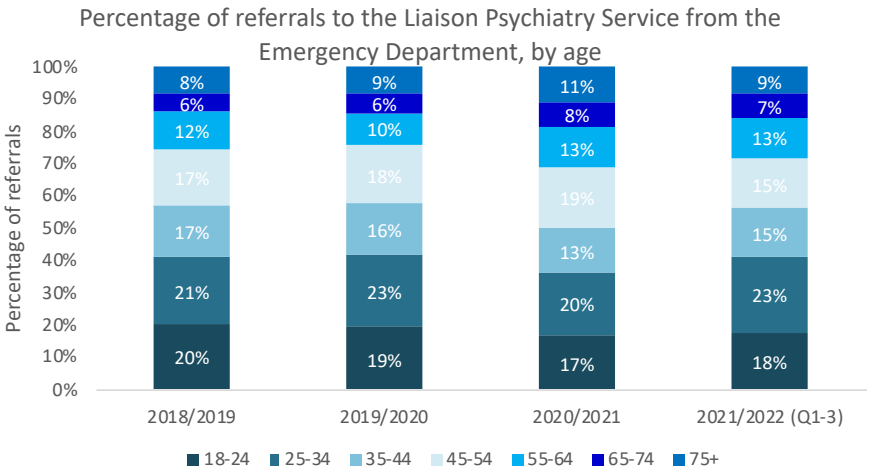
Age of Service Users Referred to the Liaison Psychiatry Service from the Emergency Department

Figure 117: Graph showing the rate of referrals per 100,000 to the Liaison Psychiatry Service from the emergency department between 2018/19 and 2021/22 (Q1-3) by age, using the ONS mid-2020 population data



Source: Emergency Department. South West London St George's NHS Trust. 2018-2022.

Figure 118: Graph showing the percentage of referrals to the Liaison Psychiatry Service from the emergency department between 2018/19 and 2021/22 (Q1-3), by age

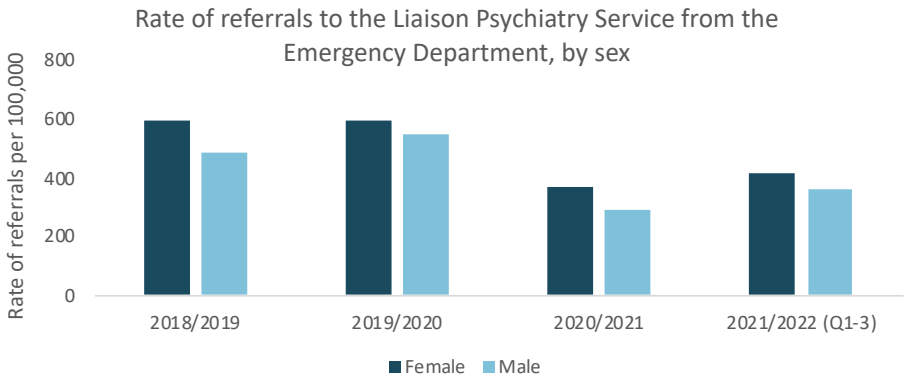


Source: Emergency Department. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), the highest rates of referral to the Liaison Psychiatry Service from the emergency department were seen among the 18-24 year age group (av. 847.7 referrals per 100,000).
- This was followed by the 75+ age group (av. 754.9 referrals per 100,000), 45-54 year age group (av. 543.8 referrals per 100,000) and 55-64 age group (av. 518.7 referrals per 100,000).
- The lowest rates of referral were seen among the 65-74 (av. 438.2 referrals per 100,000), 25-34 (av. 328.5 referrals per 100,000) and 35-44 year age groups (av. 310.1 referrals per 100,000).
- The rate of referral of older adults aged 75+ is high by comparison to their rate of referral to other services.

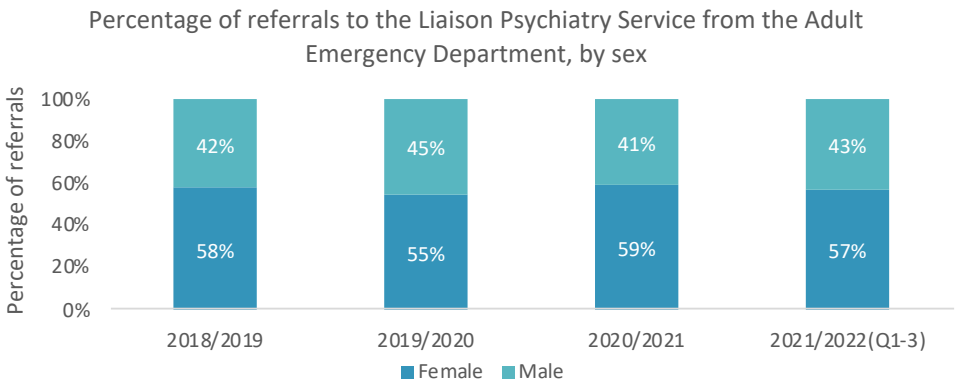
Service Users Referred to the Liaison Psychiatry Service from the Emergency Department by Sex

Figure 119: Graph showing the rate of referrals per 100,000 to the Liaison Psychiatry Service from the emergency department between 2018/19 and 2021/22 (Q1-3) by sex, using the ONS mid-2020 population data



Source: Emergency Department. South West London St George's NHS Trust. 2018-2022.

Figure 120: Graph showing the percentage of referrals to the Liaison Psychiatry Service from the emergency department between 2018/19 and 2021/22 (Q1-3), by sex

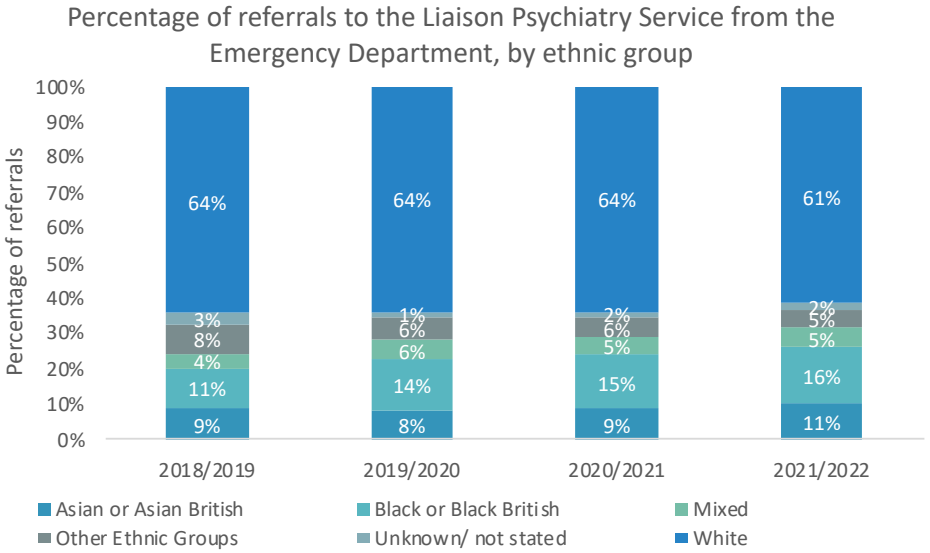


Source: Emergency Department. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, there were more females (57%) referred to the Liaison Psychiatry Service than males (43%).
- The rate of referrals of males rose in 2019/20, increasing from 486.4 referrals per 100,000 in the previous year to 549.7 referrals per 100,000. A similar increase was not experienced in the female rate of referrals to the service.
- Both sexes saw their lowest rate of referrals in 2020/21; 366.5 per 100,000 for females and 290 per 100,000 for males.
- The rate of referrals for males and females had already increased in Q1-3 of 2021/11 to above the rate of the previous year.

Ethnicity of Service Users Referred to the Liaison Psychiatry Service from the Emergency Department

Figure 121: Graph showing the percentage of referrals to the Liaison Psychiatry Service from the emergency department between 2018/19 and 2021/22 (Q1-3)



Source: Emergency Department. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), the largest cohort of referrals to the Liaison Psychiatry Service from the emergency department came from White Ethnic groups (av. 63%).
- This was followed by service users from Black or Black British ethnic groups (av. 14%), Asian or Asian British groups (av. 9%), Other ethnic groups (av. 6%) and Mixed groups (av. 5%).
- The percentage of Black or Black British service users among total referrals to the service increased from 11% of referrals in 2018/19 to 16% in 2021/22 (Q1-3).

Discharge from the Liaison Psychiatry Service

- Between 2018/19 and 2021/22, most service users referred to the Liaison Psychiatry Service from the emergency department were either discharged on professional advice (1,534 referrals), kept under GP care (1,122 referrals), discharged to a secondary care mental health team (722 referrals) or referred to the CRHTT (456 referrals).
- This was followed by the service user being referred to the Lotus Assessment Suite (264 referrals) or detained under the Mental Health Act for admission (253 referrals).
- There was a large increase in the number of service users referred to the Lotus Ax Suite or detained under the Mental Health Act for admission in 2019/20.

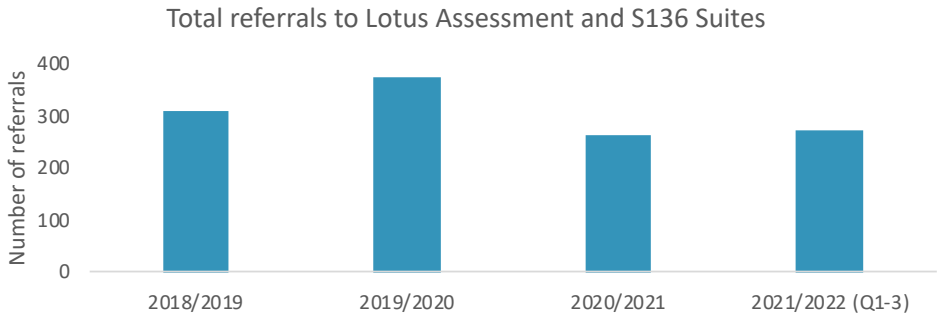
Lotus Assessment and Section 136 Suites

The Lotus Assessment Suite is for adults experiencing a mental health crisis and in need of urgent assessment. It is designed to provide a safe, stable and calming environment away from A&E which allows mental health staff to undertake a more detailed and informed assessment and to determine the best follow up approach. The Lotus Assessment Suite is located at Springfield Hospital in Tooting.

The Section 136 Suites are a health-based place of safety for people brought to hospital by police under Section 136 of the Mental Health Act if they have concerns for their safety and wellbeing. The S136 Suites are based at Springfield Hospital in Tooting.

Referrals to the Lotus Assessment Suite and S136 Suites

Figure 122: Graph showing the number of service users referred to the Lotus Assessment and S136 Suites between 2018/19 and 2021/22 (Q1-3)

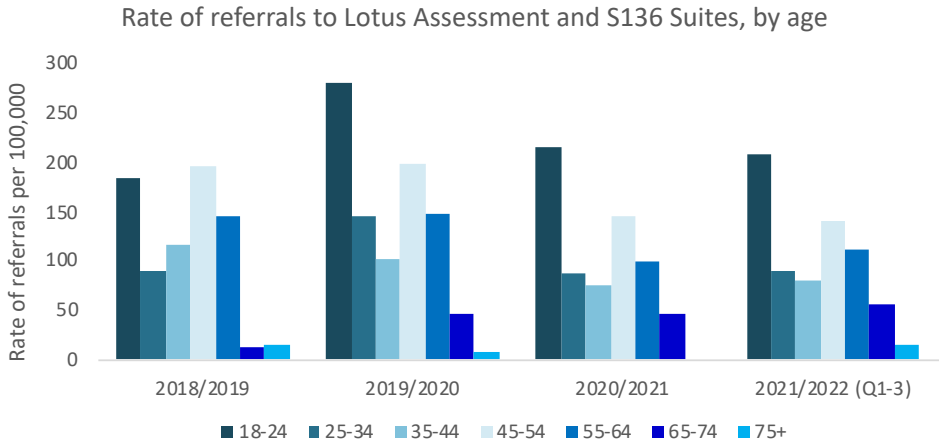


Source: Lotus Assessment and Section 136 Suites. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2019/20, the number of service users referred to the Lotus Assessment Suite increased from 310 to 377.
- The number of service users referred to the service decreased in 2020/21 to 263.
- In Q1-3 of 2021/22 there were 271 referrals to the Lotus Assessment Suite.

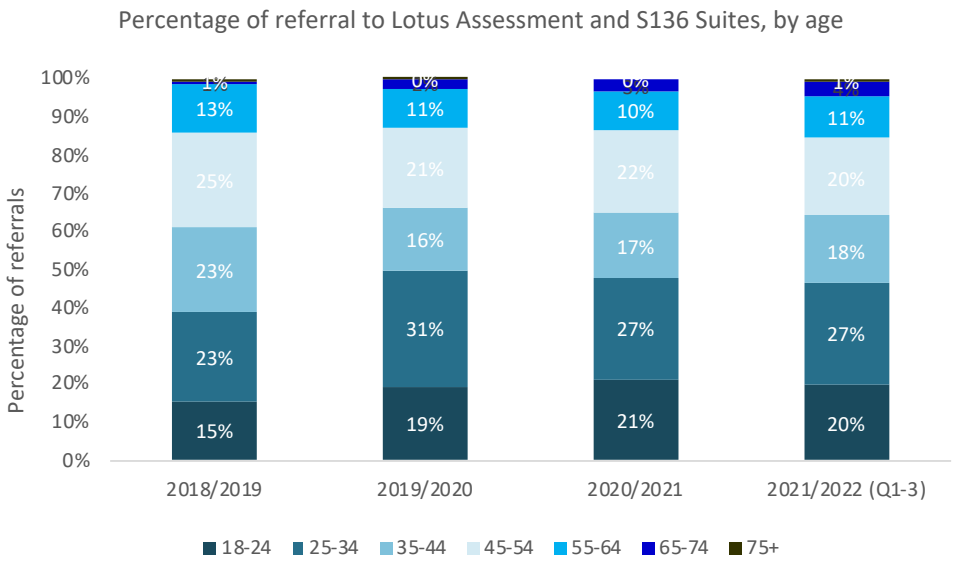
Age of Service Users Referred to the Lotus Assessment Suite and S136 Suites

Figure 123: Graph showing the rate of referrals per 100,000 to the Lotus Assessment Suite and S136 Suites between 2018/19 and 2021/22 (Q1-3) by age, using the ONS mid-2020 population data



Source: Lotus Assessment and Section 136 Suites. South West London St George's NHS Trust. 2018-2022.

Figure 124: Graph showing the percentage of referrals to the Lotus Assessment Suite and S136 Suites between 2018/19 and 2021/22, by age

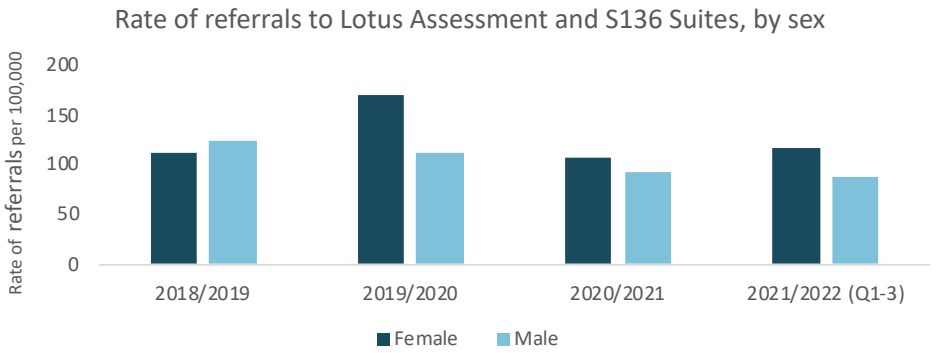


Source: Lotus Assessment and Section 136 Suites. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), the highest rate of referrals was seen among the 18-24-year age group at an average of 222 referrals per 100,000.
- Older adults had the lowest rates of referrals to the service; 65-74-year-olds were referred at a rate of 39.7 per 100,000 and over 75's at a rate of 8.7 per 100,000.
- The increased number of total referrals seen in 2019/20 was caused by increased rates of referrals among the 18-24, 25-34 and 65-74-year age groups.

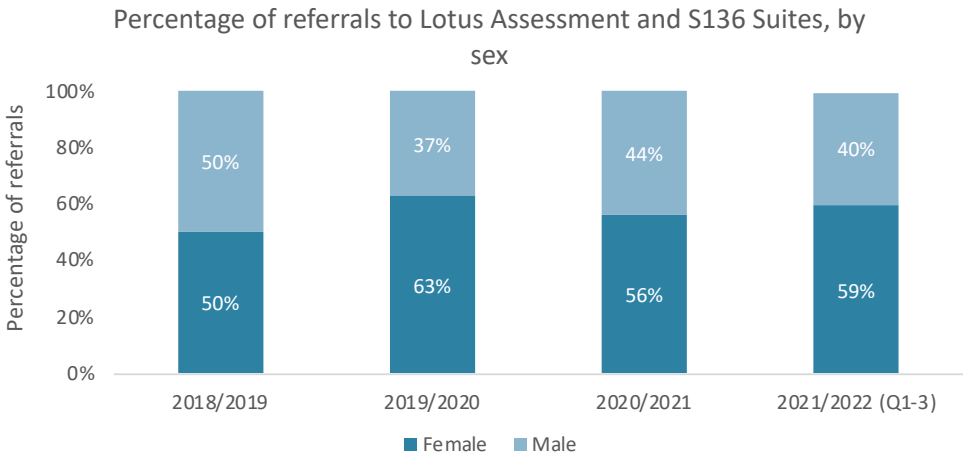
Sex of Service Users Referred to the Lotus Assessment Suite and S136 Suites

Figure 125: Graph showing the rate of referrals per 100,000 to the Lotus Assessment Suite and S136 Suites between 2018/19 and 2021/22 (Q1-3) by age, using the ONS mid-2020 population data



Source: Lotus Assessment and Section 136 Suites. South West London St George's NHS Trust. 2018-2022.

Figure 126: Graph showing the percentage of referrals to the Lotus Assessment Suite and S136 Suites between 2018/19 and 2021/22 (Q1-3), by sex

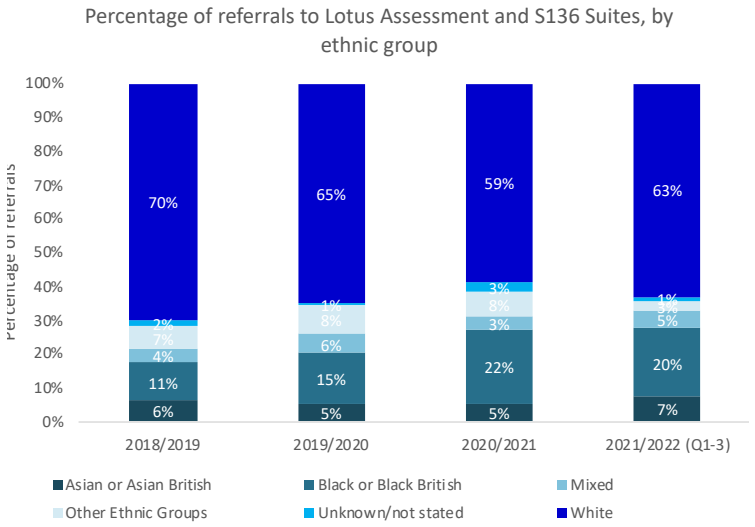


Source: Lotus Assessment and Section 136 Suites. South West London St George's NHS Trust. 2018-2022.

- In 2018/19, there were equal numbers of males and females referred to the Lotus Assessment and S136 Suite.
- From 2019 onwards there were more females (av. 59.3%) referred to the service each year than males (av. 40.7%).
- There was a particularly strong imbalance in 2019/20, caused by a rise in the rate of female referrals from 111.5 per 100,000 in 2018/19 to 170 per 100,000 in 2019/20.
- There was a small concomitant decline in the rate of male referrals.
- Both males and females saw declines in their referral rates in 2020/21, however this was greater for females than males. The rate of female referrals fell from 170 to 105.8 per 100,000, and the rate of male referrals fell from 111.4 per 100,000 in 2019/20 to 92.2 per 100,000.
- In Q1-3 of 2021/22 the rate of female referrals had already increased above that of the previous year. By contrast, the rate of male referral in Q1-3 of 2021/22 remained slightly lower than the previous year, though it would be expected to exceed this by the end of Q4.

Ethnicity of Service Users Referred to the Lotus Assessment Suite and S136 Suites

Figure 127: Graph showing the percentage of referrals to the Lotus Assessment Suite and S136 Suites between 2018/19 and 2021/22 (Q1-3), by ethnicity



Source: Lotus Assessment and Section 136 Suites. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), the largest ethnic cohort referred to the Lotus Assessment and S136 Suite was White (av. 64.25%).
- This was followed by service users from Black or Black British ethnic groups (av. 17%), Other ethnic groups (av. 6.5%), Asian or Asian British groups (av. 5.75%) and Mixed groups (av. 4.5%).
- The percentage of service users referred to the Lotus Assessment and S136 Suite from Black or Black British ethnic groups grew over the period from 11% of referrals in 2018/19 to 20% in 2021/22 (Q1-3).

Coral Mental Health Crisis Hub

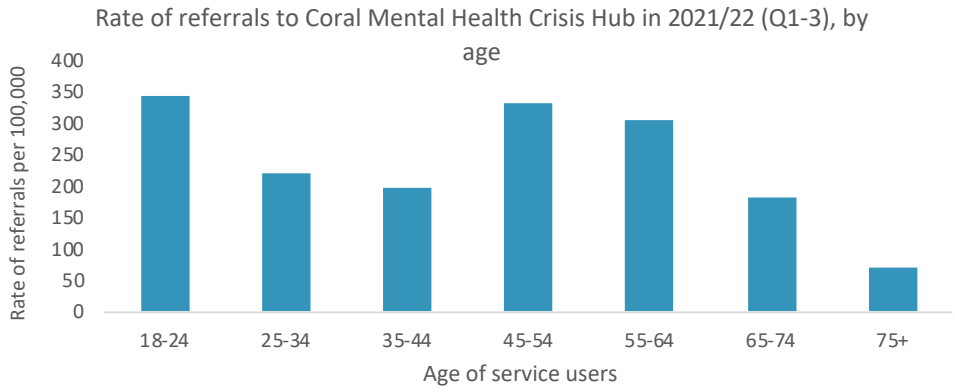
The Coral Mental Health Crisis Hub provides mobile mental health crisis support to enable those in crisis to be cared for away from A&E or an acute mental health facility. The service is accessed through the Mental Health Crisis Line and works in collaboration with the Crisis Assessment Team. It is located at Springfield Hospital in Tooting.

The Coral Mental Health Crisis Hub opened in June 2021, so data is only available for this service for the 2021/22 period.

There were 636 referrals to the Coral Mental Health Crisis Hub in Q1-3 of 2021/22.

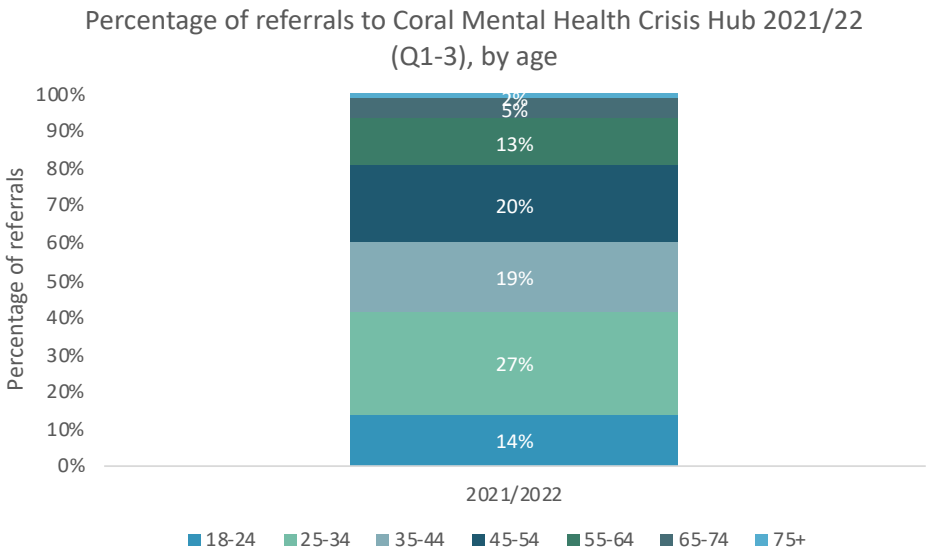
Age of Service Users Referred to the Coral Mental Health Crisis Hub

Figure 128: Graph showing the rate of referrals per 100,000 to the Coral Mental Health Crisis Hub in 2021/22 (Q1-3) by age, using the ONS mid-2020 population data



Source: Coral Mental Health Crisis Hub. South West London St George's NHS Trust. 2021/22 (Q1-3).

Figure 129: Graph showing the percentage of referrals to the Coral Mental Health Crisis Hub 2021/22 (Q1-3), by age

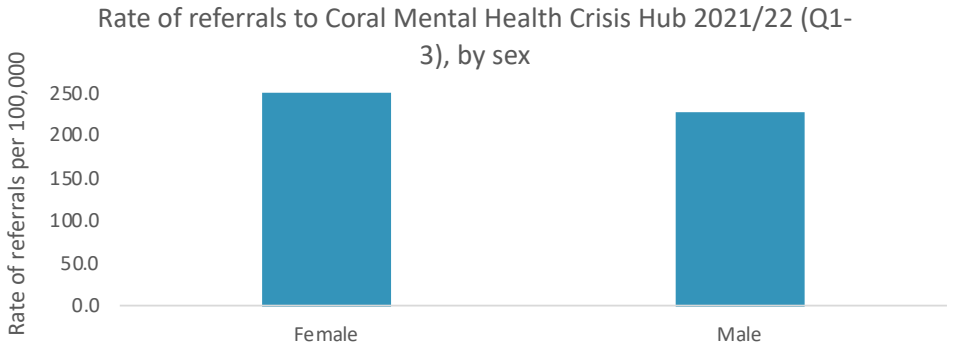


Source: Coral Mental Health Crisis Hub. South West London St George's NHS Trust. 2021/22 (Q1-3).

- In Q1-3 of 2021/22, the age groups with the highest rates of referrals were the 18-24 age group (342.2 per 100,000), 45-54 age group (331.5 per 100,000) and 55-64 age group (302.7 per 100,000).
- The age groups with the highest percentages of referral were the 25-34 age group (27% of referrals), followed by the 45-54 age group (20% of referrals) and 35-44 age group (19% of referrals).

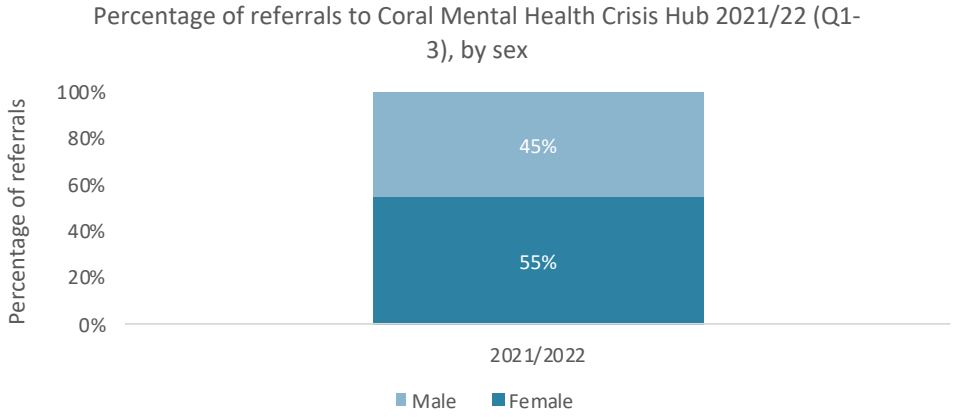
Sex of Service Users Referred to the Coral Mental Health Crisis Hub

Figure 130: Graph showing the rate of referrals per 100,000 to the Coral Mental Health Crisis Hub in 2021/22 (Q1-3) by sex, using the ONS mid-2020 population data



Source: Coral Mental Health Crisis Hub. South West London St George's NHS Trust. 2021/22 (Q1-3).

Figure 131: Graph showing the percentage of referrals to the Coral Mental Health Crisis Hub by sex in 2021/22 (Q1-3)

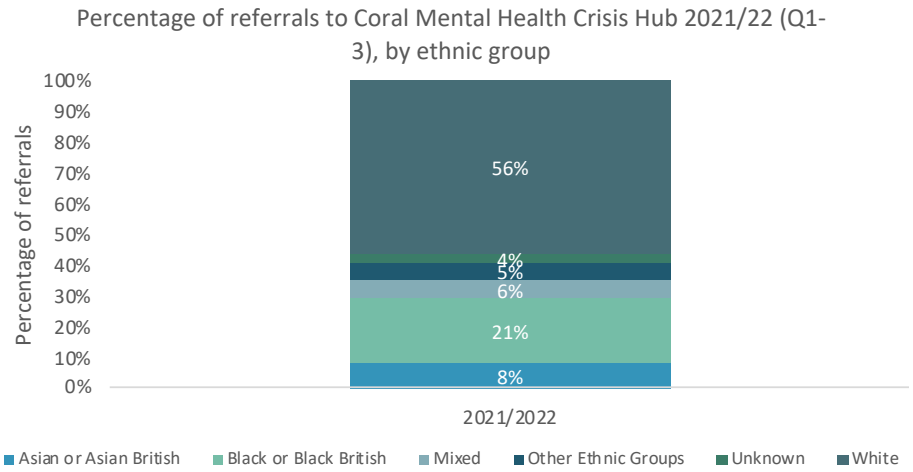


Source: Coral Mental Health Crisis Hub. South West London St George's NHS Trust. 2021/22 (Q1-3).

- In Q1-3 of 2021/22, there were more females referred to the Coral Mental Health Crisis Hub than males; 55% female, 45% male.

Ethnicity of Service Users Referred to the Coral Mental Health Crisis Hub

Figure 132: Graph showing the percentage of referrals to the Coral Mental Health Crisis Hub in 2021/22 (Q1-3), by ethnicity



Source: Coral Mental Health Crisis Hub. South West London St George's NHS Trust. 2021/22 (Q1-3).

- n Q1-3 of 2021/22, 56% of service users referred to the Coral Mental Health Crisis Hub were from White ethnic groups.
- A high proportion of service users referred to the hub were from Black or Black British ethnic groups (21%).

Destination of Discharge from the Coral Mental Health Crisis Hub

- In Q1-3 of 2021/22, most service users were discharged from the Coral Mental Health Crisis Hub to the Home Treatment Team (162 referrals), discharged on professional advice (104 referrals) or detained under the mental health act for admission (81 referrals).
- 111 service users were discharged for being inappropriately referred to the Coral Mental Health Crisis Hub which indicates that there is likely to be benefit from improved awareness of criteria for referral among health care professionals.

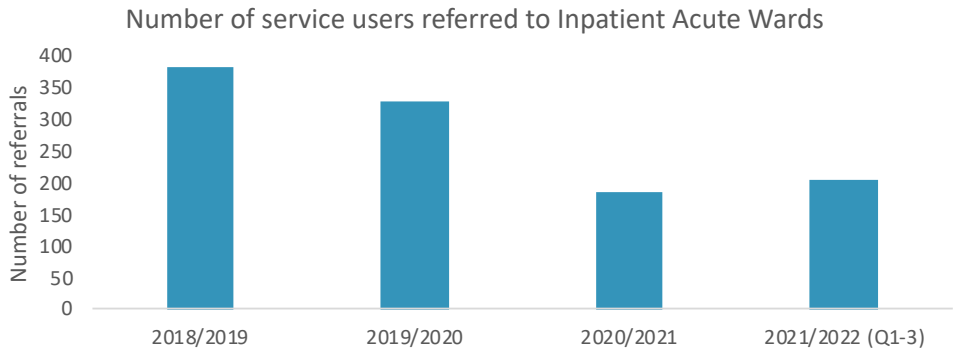
Inpatient Services

Acute Wards

The inpatient acute wards are for adults who can no longer be supported at home and need to be admitted to hospital due to severe mental health problems. SWLStG provides 9 inpatient acute wards in the borough.

Referrals to the Acute Wards

Figure 133: Graph showing the number of service users referred to the acute wards between 2018/19 and 2021/22 (Q1-3)

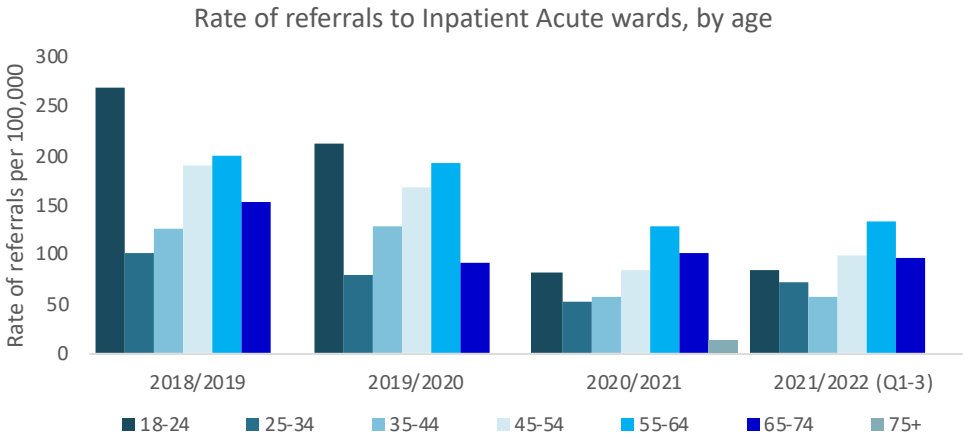


Source: Inpatient Acute Wards. South West London St George's NHS Trust. 2018-2022.

- Over the four-year period, the number of service users referred to the acute wards has declined. In 2018/19, there were 382 service users referred; this fell to 185 in 2020/21.
- In Q1-3 of 2021/22 the number of referrals had already increased to 206.
- The low number of referrals in 2020/21 may have been caused by the COVID-19 pandemic, during which the number of service users presenting at health services declined due to a reluctance to overwhelm the NHS and fear of contracting COVID-19.[280]

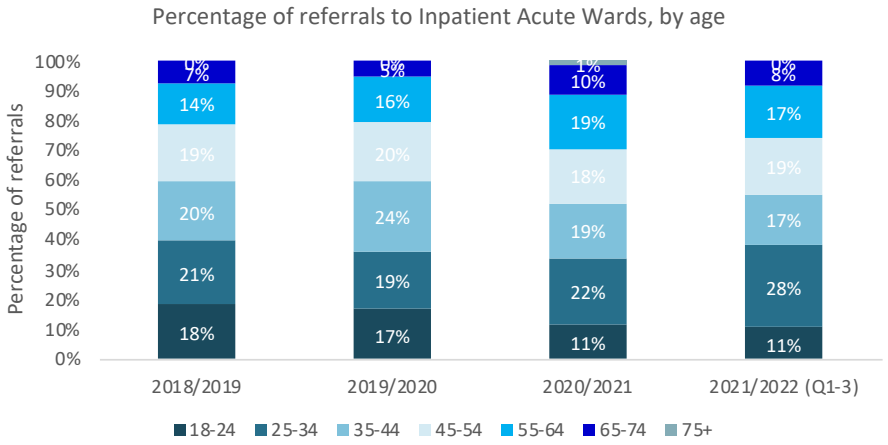
Age of Service Users Referred to the Acute Wards

Figure 134: Graph showing the rate of referrals per 100,000 to the acute wards between 2018/19 and 2021/22 by age, using the ONS mid-2020 population data



Source: Inpatient Acute Wards. South West London St George's NHS Trust. 2018-2022.

Figure 135: Graph showing the percentage of referrals to the acute wards between 2018/19 and 2021/22 (Q1-3), by age

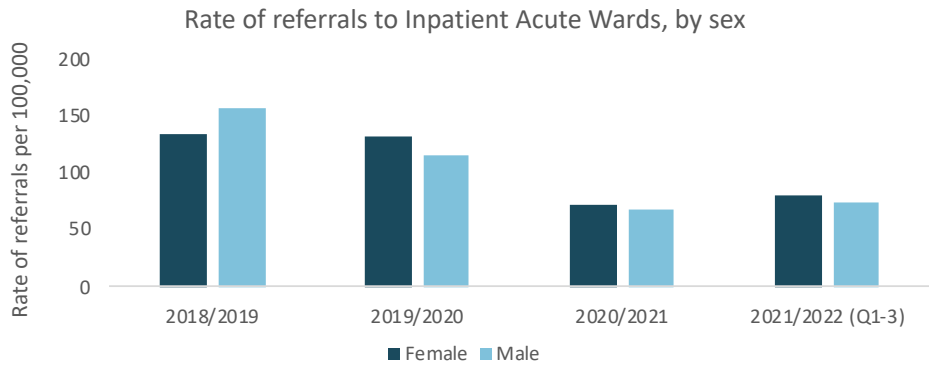


Source: Inpatient Acute Wards. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), the 25-34 age group constituted the largest proportion of referrals to the acute wards (av. 23%).
- This was followed by the 35-44 age group (av. 20%), 45-54 age group (av. 19%), 55-64 age group (av. 17%) and 18-24 age group (av. 14%).
- There were low numbers of older adults referred to the acute wards over the period.
- The highest rates of referrals came from the 55-64 age group (av. 163.36 per 100,000) and 18-24 age group (av. 161.49 per 100,000).
- From 2020/21, there was a decline in the rate of referrals of 18-24-year-olds to the acute wards, falling from rates of 269.15 per 100,000 in 2018/19 to 80.74 per 100,000 in 2020/21. Though the rate had increased slightly in Q1-3 of 2021/22 to 84.59 referrals per 100,000, this remains much lower than pre-2020.
- In Q1-3 of 2021/22 there was an increased rate of referrals of 25-34-year-olds, which rose from 51.31 per 100,000 in 2020/21 to 71.34 per 100,000 in 2021/22. This increase was not seen in other age groups.

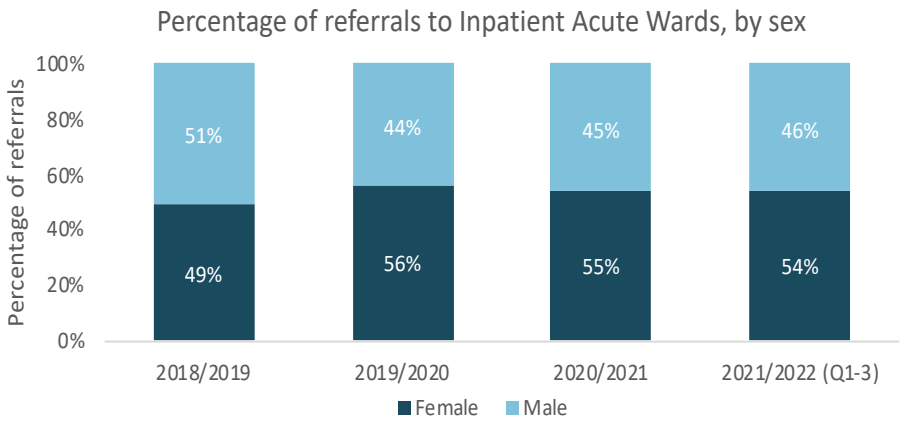
Sex of Service Users Referred to the Acute Wards

Figure 136: Graph showing the rate per 100,000 of referrals to the acute wards by between 2018/19 and 2021/22 (Q1-3) by sex, using the ONS mid-2020 population data



Source: Inpatient Acute Wards. South West London St George's NHS Trust. 2018-2022.

Figure 137: Graph showing the percentage of referrals to the acute wards between 2018/19 and 2021/22 (Q1-3)

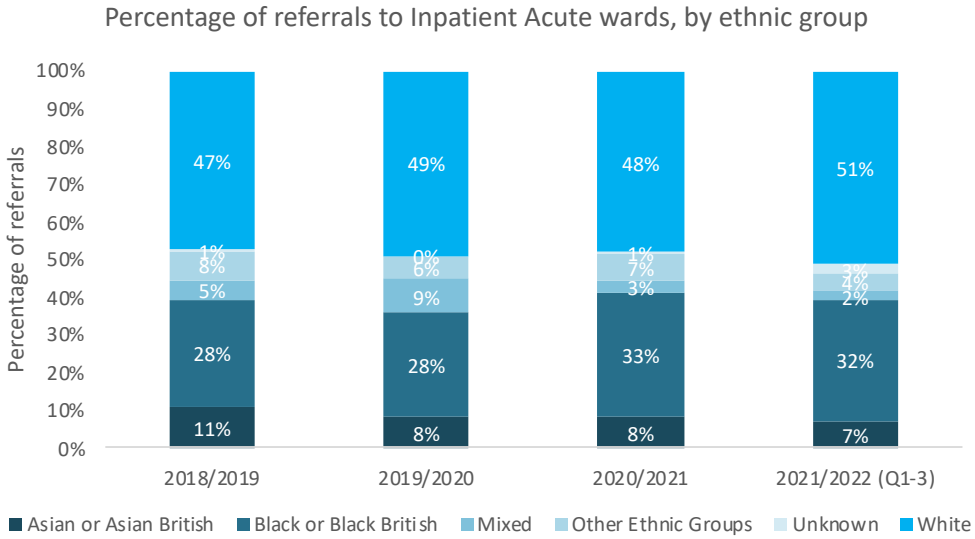


Source: Inpatient Acute Wards. South West London St George's NHS Trust. 2018-2022.

- In 2018/19, there were more males (av. 51%) than females (av. 49% females) referred to the acute wards.
- After 2019/20, the male and female balance inverted and there were more females referred to the acute wards than males; av. 55% female, 45% male.
- The rate of referrals for both males and females declined over the four-year period.
- The rate of referrals for females dropped in 2020/21, falling from a rate of 133.6 per 100,000 in 2018/19 to 72.16 per 100,000 in 2020/21.
- The rate of referrals for males dropped each year between 2018/19 and 2020/21, falling from 156.26 per 100,000 in 2018/19 to 67.3 per 100,000 in 2020/21.
- In Q1-3 of 2021/22, the rate of referrals of both males and females had already exceeded that of the previous year; rising to 80 per 100,000 for females and 75.33 per 100,000 for males.

Ethnicity of Service Users Referred to the Acute Wards

Figure 138: Graph showing the percentage of referrals to the acute wards between 2018/19 and 2021/22 (Q1-3), by ethnicity



Source: Inpatient Acute Wards. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, most service users referred to the acute wards were from White (av. 49%) or Black or Black British ethnic groups (av. 30%).
- This is followed by service users from Asian or Asian British ethnic groups (av. 9%), Other ethnic groups (av. 6%) and Mixed ethnic groups (av. 5%).
- The percentage of service users from Black or Black British ethnic groups referred to the Acute Wards is high compared to other services, and has increased over the period from 28% of referrals in 2018/19 and 2019/20 to 32% of referrals in 2021/22 (Q1-3) respectively.

Source of Admission to the Acute Wards

Table 139: Table showing the source of admission to the the acute wards by percentage between 2018/19 and 2021/22 (Q1-3)

Source of Admission to Inpatient Acute Wards	Year			
	2018/2019	2019/2020	2020/2021	2021/2022 (Q1-3
Usual Place of Residence	44%	40%	54%	45%
NHS - Ward for General Patients	27%	37%	28%	33%
NHS - Ward for Mentally Ill/Learning Disabilities	12%	8%	6%	10%
Penal Establishment, Court, or Police Station	6%	6%	4%	3%
Not Known	6%	4%	3%	2%

Source: Inpatient Acute Wards. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, most service users were referred to the acute wards from their usual place of residence (av. 46%) or an NHS ward for genera patients (av. 31%).
- The percentage of service users referred to the acute wards from their usual place of residence peaked in 2020/21 to 54%.
- This correlated with a dip in the percentage of service users referred from NHS wards, either for general patients or those with mental illness or LD.
- The percentage of service users referred from a penal establishment, court or police station has declined from 6% of referrals in 2018/19 to 3% of referrals in 2021/22.

Delayed Transfers of Care to the Acute Wards

- The percentage of service users who experienced a delayed transfer of care to the acute wards increased between 2018/19 and 2021/22.
- Between 2018/19 and 2020/21 the percentage increased slightly from 3.94% of referrals to 4.67%.
- There was an increase in 2021/22 (Q1-3) to 10.45% of referrals.

Length of Stay on Acute Wards

- The Mental Health Implementation Plan 2019/20 - 2023/24 sets a standard for all adult inpatient mental health services to reduce service user length of stay to the national average of 32 days (or fewer). [281]
- Between 2018/19 and 2021/22, 55% (874) of service users met the standard set by the NHS Mental Health Implementation Plan and stayed on the acute wards between 1-30 days.
- However, 45% of service users did not meet the standard; 337 service users stayed 31-60 days, 216 service users stayed more than 90 days and 152 service users stayed between 61-90 days.
- The percentage of service users staying for each of the above durations was relatively stable between 2018/19 and 2020/21.
- In 2021/22 (Q1-3), there was an increased proportion of service users who spent over 90 days (+6%) and between 31-60 days (+4%) on the acute ward; and a reduced proportion who spent under 30 days (-11%) on the acute ward.

Percentage of Readmissions within 30 Days of Discharge from the Acute Wards

- A low percentage of readmission to the acute wards suggests that discharge planning has been effective and community providers have provided sufficient support to the service user to prevent the need to return to an inpatient setting.
- The percentage of service users who were readmitted to the acute wards within 30 days of discharge was relatively stable between 2018/19 and 2020/21, at approximately 8%.
- In 2021/22 (Q1-3) the percentage readmitted decreased to 6%.

Destination of Discharge from the Acute Wards

- Between 2018/19 and 2021/22, most service users were discharged to their usual place of residence (av. 81%), followed by a temporary place of residence (av. 13%).

Psychiatric Intensive Care Unit

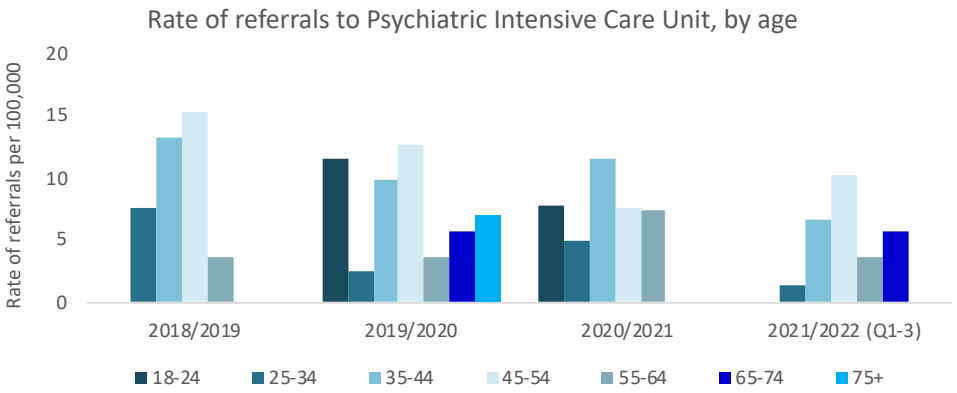
The PICU provides intensive care to compulsorily detained patients who are in an acutely disturbed phase of a serious mental disorder such that their safe, therapeutic management and treatment in a general open acute ward is jeopardised.

Referrals to the Psychiatric Intensive Care Unit

- Between 2018/19 and 2021/22 there were low numbers of referrals to the PICU with 69 in total.
- The number of service users referred to the service has fallen each year from 21 in 2018/19 to 11 in Q1-3 of 2021/22.

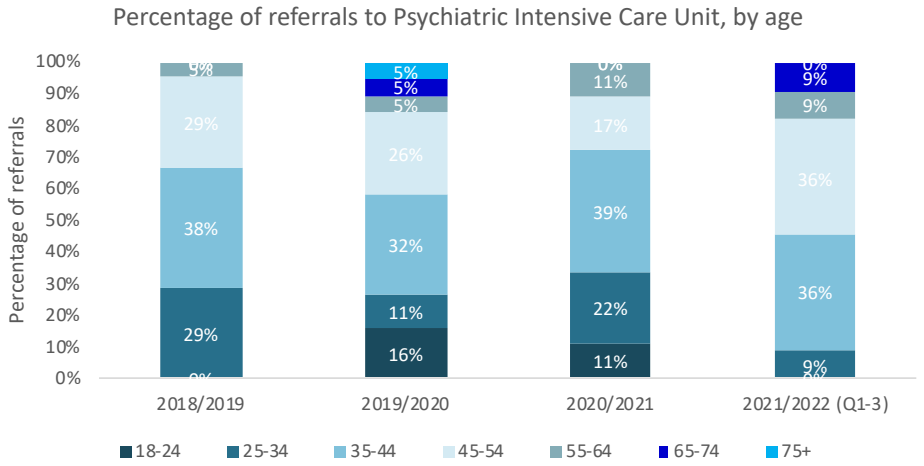
Age of Service Users Referred to the Psychiatric Intensive Care Unit

Figure 140: Graph showing the rate of referrals per 100,000 to the PICU between 2018/19 and 2021/22 (Q1-3), using the ONS mid-2020 population data



Source: Psychiatric Intensive Care Unit. South West London St George's NHS Trust. 2018-2022.

Figure 141: Graph showing the percentage of referrals to the PICU by percentage between 2018/19 and 2021/22 (Q1-3)

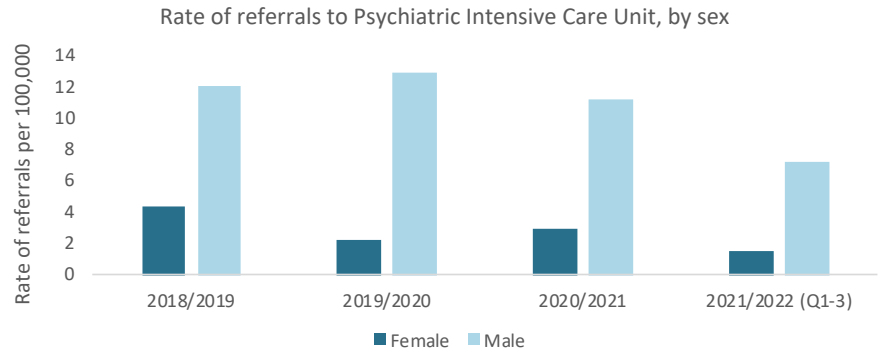


Source: Psychiatric Intensive Care Unit. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, most service users referred to the PICU were between the ages of 35-44 (36%), 45-54 (27%) and 25-34 (18%).

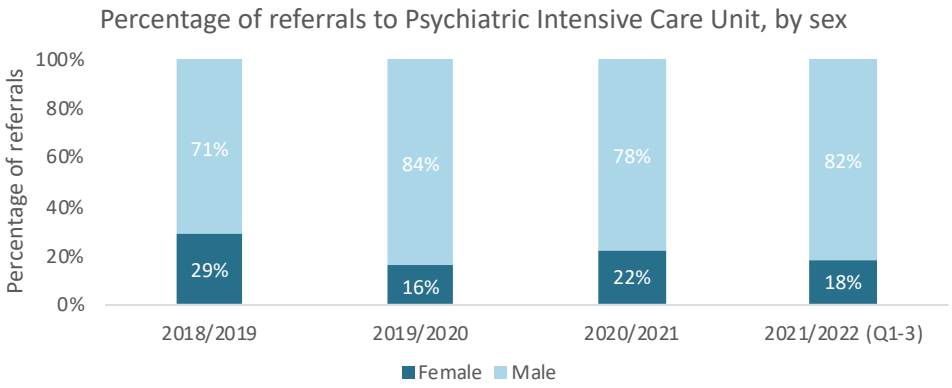
Sex of Service Users Referred to the Psychiatric Intensive Care Unit

Figure 142: Graph showing the rate of referrals per 100,000 to the PICU between 2018/19 and 2021/22 (Q1-3) by sex, using the ONS mid-2020 population data



Source: Psychiatric Intensive Care Unit. South West London St George's NHS Trust. 2018-2022.

Figure 143: Graph showing the sex of service users referred to the PICU by percentage between 2018/19 and 2021/22 (Q1-3)

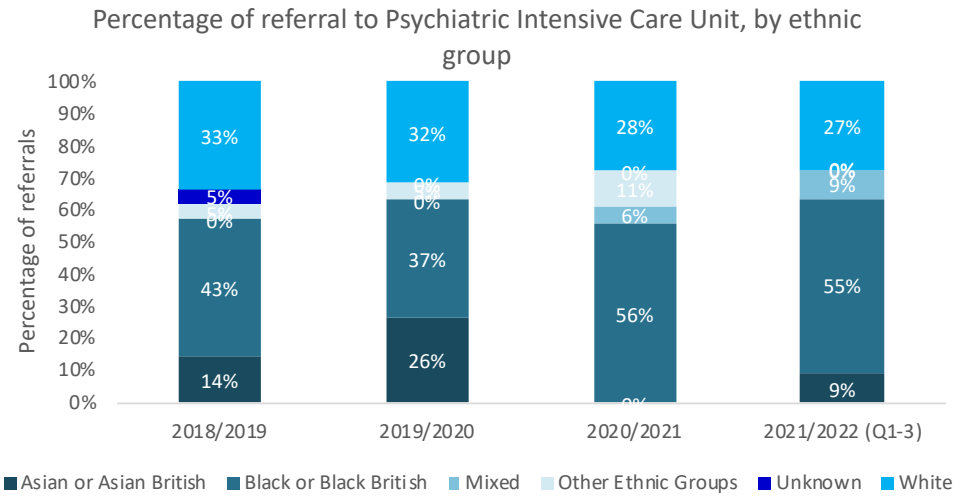


Source: Psychiatric Intensive Care Unit. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), there was a high proportion of males referred to the PICU; over this period, 79% of referrals were male and 21% were female.
- The rate of referrals for both males and females declined over time.

Ethnicity of Service Users Referred to the Psychiatric Intensive Care Unit

Figure 144: Graph showing the percentage of referral to the PICU between 2018/19 and 2021/22 (Q1-3), by ethnicity



Source: Psychiatric Intensive Care Unit. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, the largest cohort of service users referred to the PICU were from Black or Black British ethnic groups (av. 47%).
- This high proportion Black or Black British service users referred to the PICU points to a need for better early intervention support targeted at these groups.
- 30% of service users were from White or White British ethnic groups.
- Whilst the number of White or White British service users referred to the PICU decreased in 2020/21 and 2021/22 (Q1-3), the number of Black or Black British service users referred to the service increased over the same period.
- The percentage of referrals of Asian or Asian British service users to the PICU peaked in 2019/20 to 26% of total referrals.

Source of Admission to the Psychiatric Intensive Care Unit

Table 145: Table showing service users' source of admission to the PICU by percentage between 2018/19 and 2021/22 (Q1-3)

Year	2018/2019	2019/2020	2020/2021	2021/2022 (Q1-3)
Usual Place of Residence	21%	28%	31%	16%
Penal Establishment, Court, or Police Station	17%	22%	31%	16%
NHS Ward for General Patients	28%	16%	7%	24%
NHS Ward for Mentally Ill/ Learning Disabilities	21%	9%	17%	16%

Source: Psychiatric Intensive Care Unit. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, most service users were referred from their usual place of residence (24%) or a penal establishment, court or police station (22%). This was followed by an NHS ward for general patients (19%) and an NHS ward for mentally ill or learning disabilities (16%).

Adult Eating Disorders Service

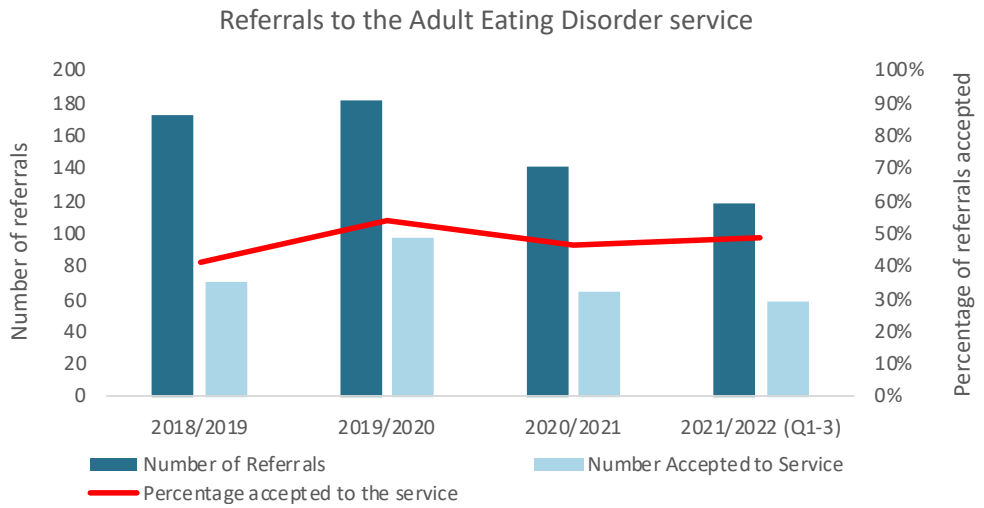
The adult eating disorders service includes an outpatient unit and day-care unit.

The outpatient service provides assessment, treatment and monitoring for adults with conditions such as anorexia nervosa, bulimia nervosa and binge eating disorder.

The day-care unit is a 5-day service for up to 10 male and female adults diagnosed with an eating disorder who require a more intensive treatment programme. Treatment is offered via groups and individual sessions.[282]

Referrals to the Adult Eating Disorder Service

Figure 146: Graph showing the number of service users referred and accepted to the Adult Eating Disorder service between 2018/19 and 2021/22 (Q1-3)

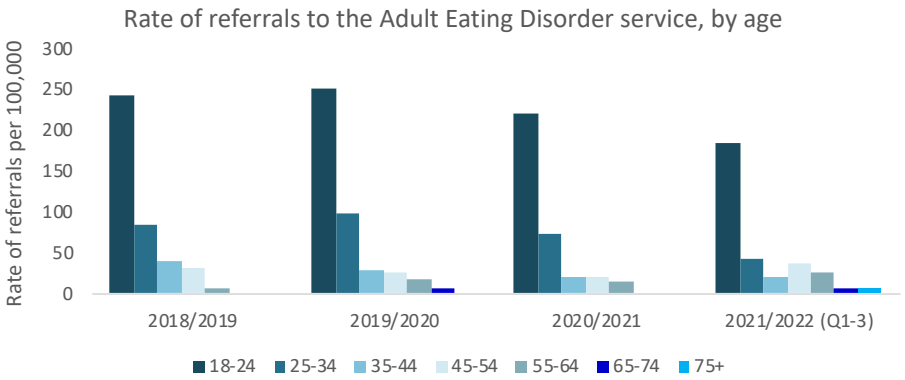


Source: Adult Eating Disorder service. South West London St George's NHS Trust. 2018-2022.

- In 2018/19 and 2019/20, there were 172 and 182 service users referred to the Adult Eating Disorder Service in each year, respectively.
- In 2020/21, the number of referrals to the service decreased to 141; and in Q1-3 of 2021/22 there was a further reduction to 119.
- There has been a relatively low percentage of service users accepted into the Adult Eating Disorder Service. The percentage accepted was lowest in 2018/19 at 41% and peaked in 2019/20 at 54%. In Q1-3 of 2021/22 the percentage accepted was at 49%, higher than in 2018/19.

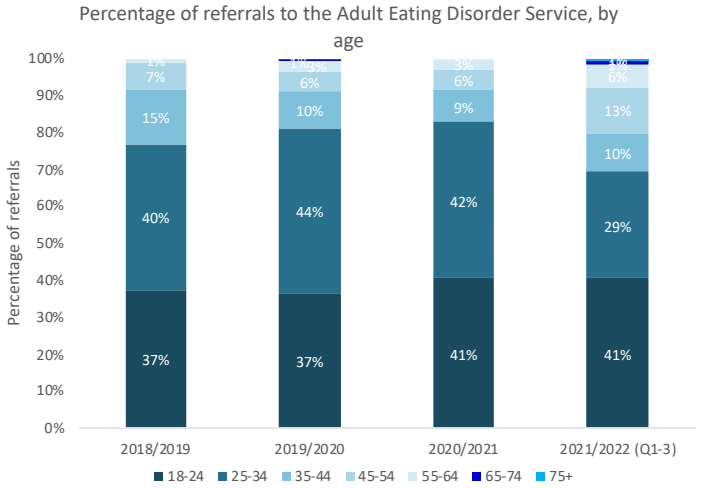
Age of Service Users Referred to the Adult Eating Disorder Service

Figure 147: Graph showing the rate of referrals per 100,000 to the Adult Eating Disorder Service between 2018/19 and 2021/22 (Q1-3), using the ONS mid-2020 population data



Source: Adult Eating Disorder Service. South West London St George's NHS Trust. 2018-2022.

Figure 148: Graph showing the percentage of referrals to the Adult Eating Disorder Service between 2018/19 and 2021/22 (Q1-3) by ethnicity, using the ONS mid-2020 population data

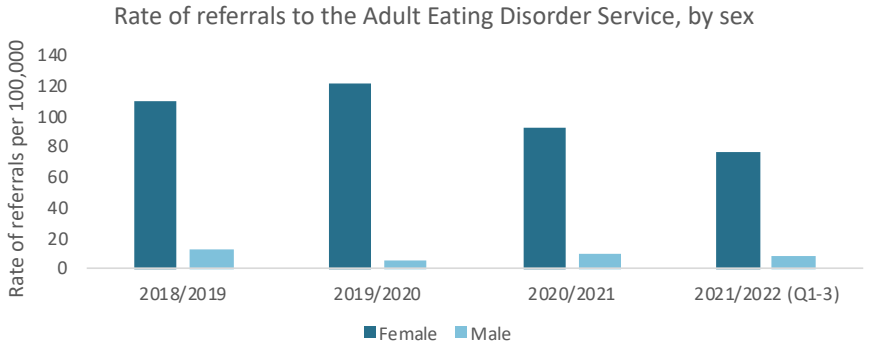


Source: Adult Eating Disorder Service. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), most service users referred to the Adult Eating Disorder Service were between the ages of 18 and 34 years (78%).
- In 2021/22, there was a reduced number of 25–34-year-olds referred to the service, falling from an average of 42% of total referrals in previous years to just 29%.
- In the same year there was also a growth in the number of 45-54-year-olds referred to the service, rising from 6% of referrals in previous years to 13% of total referrals.

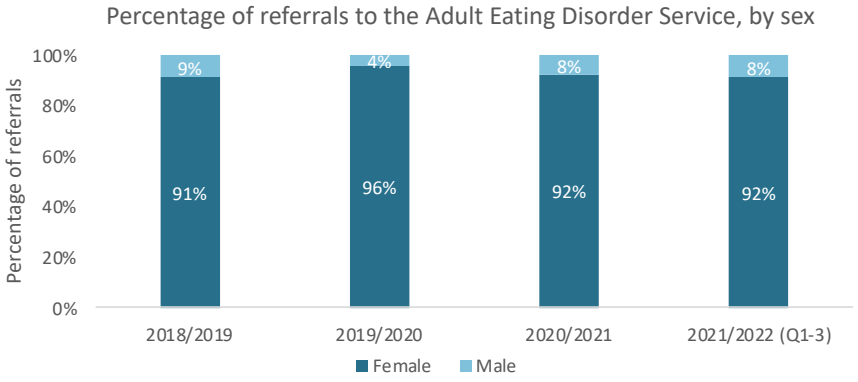
Sex of Service Users Referred to the Adult Eating Disorder Service

Figure 149: Graph showing the rate of referrals per 100,000 to the Adult Eating Disorder Service between 2018/19 and 2021/22 (Q1-3) by sex, using the ONS mid-2020 population data



Source: Adult Eating Disorder Service. South West London St George's NHS Trust. 2018-2022.

Figure 150: Graph showing the percentage of referrals to the Adult Eating Disorder Service between 2018/19 and 2021/22 (Q1-3) by sex, using the ONS mid-2020 population data

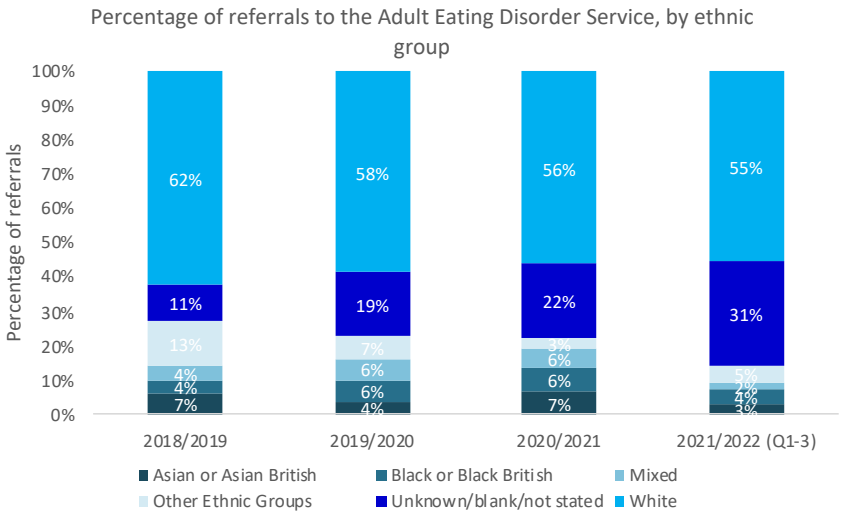


Source: Adult Eating Disorder Service. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), most service users referred to the Adult Eating Disorder Service were female (av. 93%).
- The proportion of males referred to the service was low at an average of 7%.
- In 2019/20, the rate of male referrals was at its lowest at 5.61 referrals per 100,000, whereas the rate of female referrals was at its highest at 122.2 referrals per 100,000.

Ethnicity of Service Users Referred to Adult Eating Disorder Services

Figure 151: Graph showing the percentage of referrals to the Adult Eating Disorder Service between 2018/19 and 2021/22 (Q1-3) by ethnicity, using the ONS mid-2020 population data

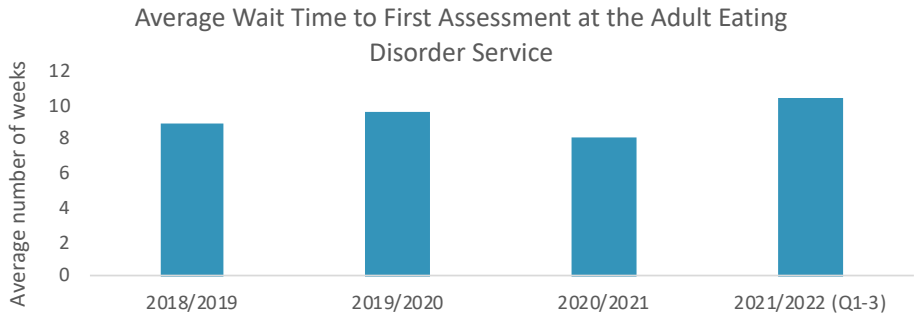


Source: Adult Eating Disorder Service. South West London St George's NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), most referrals to the Adult Eating Disorder Service were from White ethnic groups (av. 58%).
- This was followed by service users from Other ethnic groups (av. 7%), Asian or Asian British and Black or Black British groups (av. 5%) and Mixed ethnic groups (av. 4%).
- There was a high proportion of referrals whose ethnic group is unknown (av. 20%). The proportion of service users whose ethnicity is unknown grew from 11% of total referrals in 2018/19 to 31% in 2021/22 (Q1-3). This indicates a need to improve ethnicity data collections.

Waiting Time for First Assessment at Adult Eating Disorder Services

Figure 152: Graph showing the average wait time for a first assessment with the Adult Eating Disorder Service between 2018/19 and 2021/22 (Q1-3)



Source: Adult Eating Disorder. South West London St George's NHS Trust. 2018-2022.

- The average number of weeks that service users waited for a first assessment at the Adult Eating Disorder Service fluctuated.
- In 2018/19, service users waited an average of 8.98 weeks, increasing to 9.63 weeks on average in 2019/20.
- The wait time was at its lowest in 2020/21 at 8.05 weeks, however, increased to its highest in 2021/22 (Q1-3) at 10.47 weeks. Given that there are only three quarters of data available for 2021/22, there is the potential for waiting times to rise.

Adult Social Care Services

ASC supports those in the borough who have care and support needs because of a physical or mental condition or impairment.

Service users are assessed to see whether they meet the three conditions set out in the Care Act 2014 and therefore eligible to receive care and support from the council.

Referrals to Wandsworth Adult Social Care Services

- The number of mental health service users has continued to increase over the last four years.
- Most service users are aged 55-64 years, while the fewest are between 18-24 years.
- More males than females receive ASC services.

The Wandsworth Mental Health service user snapshot in March 31st March 2021 found that: [283]

- There were 486 service users using ASC.
- Most service users accessed support in the community (78.6%) while 21.4% accessed support in in a care home.
- The majority of mental health service users were aged 55-64 (27.2%), followed by 45-54 years (22.5%).
- There were more male mental health service users (57%) than female (18.4%).
- 89.2% of Black and minority ethnic service users received services in the community compared with 73.9% of White service users.
- For those aged 75+ years, more receive care in a care home than in the community.

Table 153: Table showing the demographics of mental health service users of Wandsworth ASC between 2018/19 and 2021/22

Demographics of Mental Health Service Users of Adult Social Care Wandsworth		Year			
		2018/19	2019/20	2020/21	2021/22
Total Service Users		498	511	533	571
Total Service Users by Age	18-24	12	13	16	17
	25-34	41	45	47	46
	35-44	65	63	61	76
	45-54	111	113	120	110
	55-64	128	125	140	144
	65-74	100	105	101	107
	75+	41	47	48	71
	Unknown	0	0	0	0
	Total	498	511	533	571
Total Service Users by Sex	Female	228	226	233	250
	Male	270	285	300	321
	Unknown	0	0	0	0
	Total	498	511	533	571
Total Service Users by Ethnicity	Asian or Asian British	49	54	49	51
	Black or Black British	156	168	176	199
	Mixed	20	23	21	28
	Other Ethnic Groups	<5	<5	11	16
	White	255	249	266	267
	Unknown	14	15	10	10
	Total	498	511	533	571

Source: Adult Social Care. 2018-2022.

Use of Wandsworth Adult Social Care Mental Health Services

Table 154: Table showing the use of Wandsworth ASC mental health services between 2018/19 and 2021/22

Use of Adult Social Care Wandsworth Mental Health Services	Year			
	2018/19	2019/20	2020/21	2021/22
Number of Service Users Referred to Service	184	327	401	743
Waiting Time for Assessment				
Average Wait (Days)	77	76	44	71
Number of People who have had a Care Act Assessment	214	292	495	268
Number of Service Users Receiving Direct Payments	135	120	100	97
Number of Service Users Placed Out of Borough	77	81	83	81
Number of Service Users in Substance Misuse	<5	<5	7	<5
Number of Service Users with Home Care	109	110	135	160

Source: Adult Social Care. 2018-2022.

- The number of people referred to the service has increased year on year, suggesting a rising level of need.
- The average waiting time for an assessment has consistently been over 70 days, with the exception of 2020/21 when it fell to 44 days.
- The number of service users placed out of borough has remained consistent over time.
- The substance misuse data should be treated with caution as it is acknowledged by the team supplying this data that the recording of substance misuse among service users is inaccurate.

Approved Mental Health Professionals Service

The AMHP service responds to requests for Mental Health Act (MHA) assessments to be carried out. A person may need a MHA assessment when there is an acute deterioration to their mental health. A person can be detained under the MHA and treated without their agreement. People detained under the Act need urgent treatment for a mental health disorder and are at risk of harm to themselves or others.[284]

Demographics of Service Users Receiving an Approved Mental Health Professionals Service Assessment

Table 155: Table showing the number and demographics of service users referred to the AHMP service between 2020/12 and 2021/22

Total Number of Approved Mental Health Professional Assessments		2020-21 880	2021-22 851
Approved Mental Health Professional Assessments by Age	18-24	129	127
	25-34	220	217
	35-44	174	158
	45-54	132	137
	55-64	128	115
	65-74	54	61
	75+	43	36
	Unknown	0	0
	Total	880	851
Approved Mental Health Professional Assessments by Sex	Female	451	434
	Male	429	416
	Unknown	0	<5
	Total	880	851
Approved Mental Health Professional Assessments by Ethnicity	Asian or Asian British	77	69
	Black or Black British	289	248
	Mixed	37	38
	Other Ethnic Groups	59	52
	White	417	419
	Unknown	<5	25
	Total	880	851

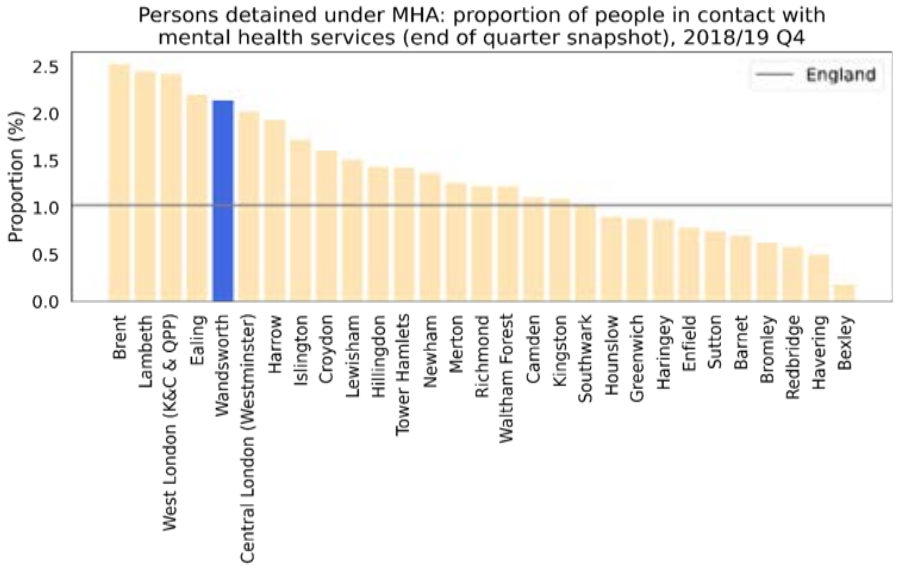
Source: AMHP. 2020-2022.

- Most people having an AMHP assessment are between the ages of 25-34 years, followed by those between 35-44 years.
- More females than males received an AMHP assessment.
- Most people who have had an AMHP assessment identify as White followed by Black or Black British.

Service Users Detained under the Mental Health Act in Comparison with London and England

In 2018/19 Q4, Wandsworth's proportion of detained mental health service users was 2.1% (n=140) which is the 5th highest rate in London and 107.8% higher than the England average. The latest Wandsworth's figure for 2018/19 Q4 is 5.0% lower from 2017/18 Q1, in comparison with a 5.1% increase in England's rate in the equivalent time period. However, the percentage of detained mental health service users is consistently and significantly above the average for England and London. More recent data is no available.

Figure 156: Persons detained under MHA: proportion of people in contact with mental health services (end of quarter snapshot), 2018/19 Q4



Source: Wandsworth JSNA

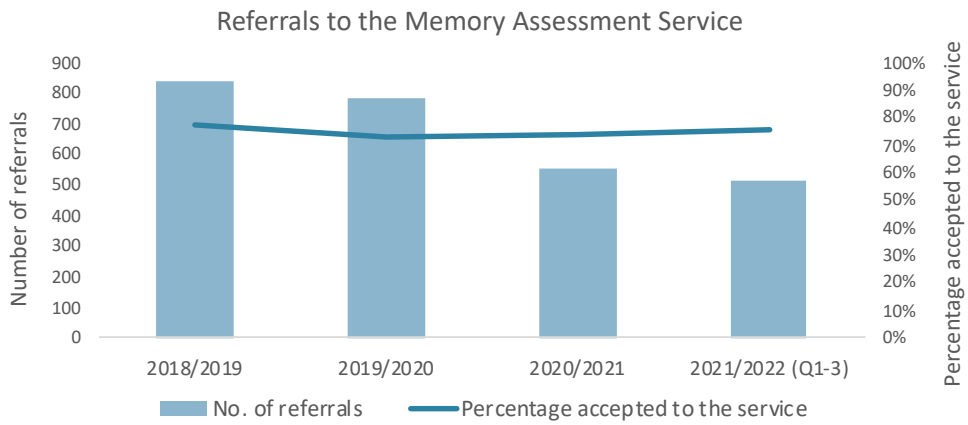
Older Adult Mental Health Services

Memory Assessment Service

Wandsworth Memory Assessment Service is a diagnostic pathway that provides timely assessment, diagnosis and treatment for people experiencing cognitive difficulties.

Referrals to the Memory Assessment Service

Figure 157: Graph showing the number of referrals to the Memory Assessment Service and the percentage accepted between 2018/19 and 2021/22 (Q1-3)

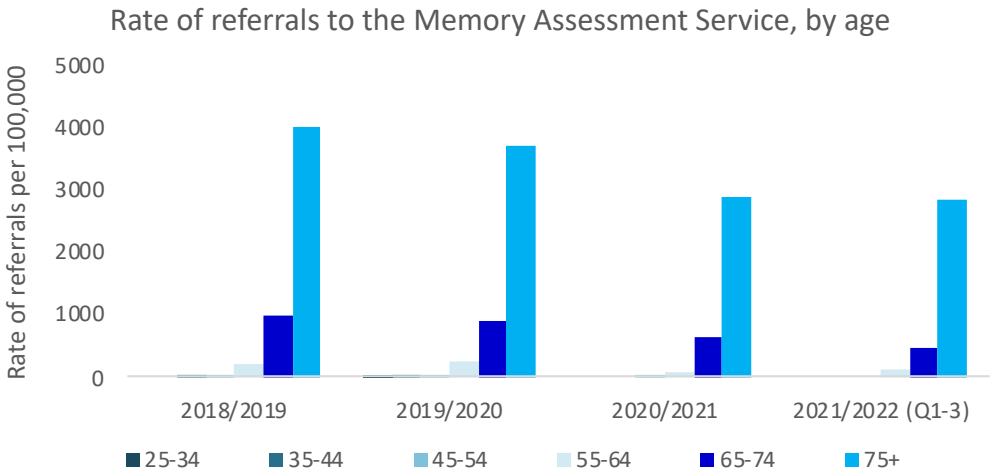


Source: Memory Assessment Services. South West London St Georges NHS Trust. 2018-2022.

- Between 2018/19 and 2020/21, the number of service users referred to the Memory Assessment Service declined each year, falling from 838 service users in 2018/19 to 554 in 2020/21.
- There were 517 service users referred in Q1-3 of 2021/22.
- The decline in referrals was particularly steep between 2019/20 and 2020/21. This may have been caused by the COVID-19 pandemic, as service users, particularly older adults, were reluctant to present at health services due to caution of overwhelming the NHS and fear of contracting COVID-19.[285]
- The percentage of service users accepted to the service was relatively stable, ranging from a low of 73% to a high of 77%.

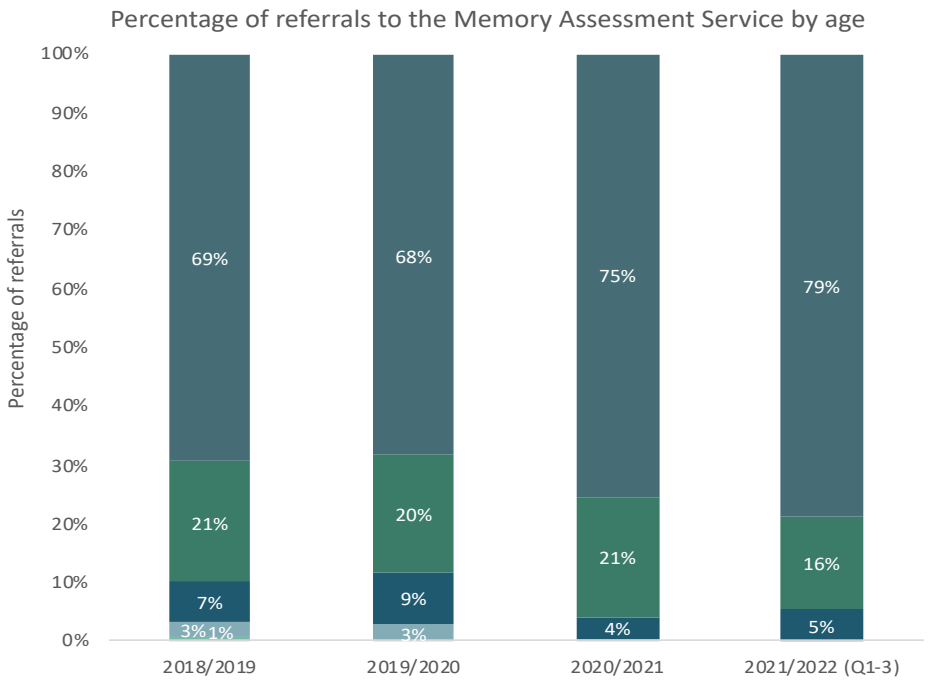
Age of Service Users Referred to the Memory Assessment Service

Figure 158: Graph showing the rate of referrals per 100,000to the Memory Assessment Service between 2018/19 and 2021/22 (Q1-3), using the ONS mid-2020 population data



Source: Memory Assessment Services. South West London St Georges NHS Trust. 2018-2022.

Figure 159: Graph showing the age of service users referred to the Memory Assessment Service by percentage between 2018/19 and 2021/22 (Q1-3), using the ONS mid-2020 population data

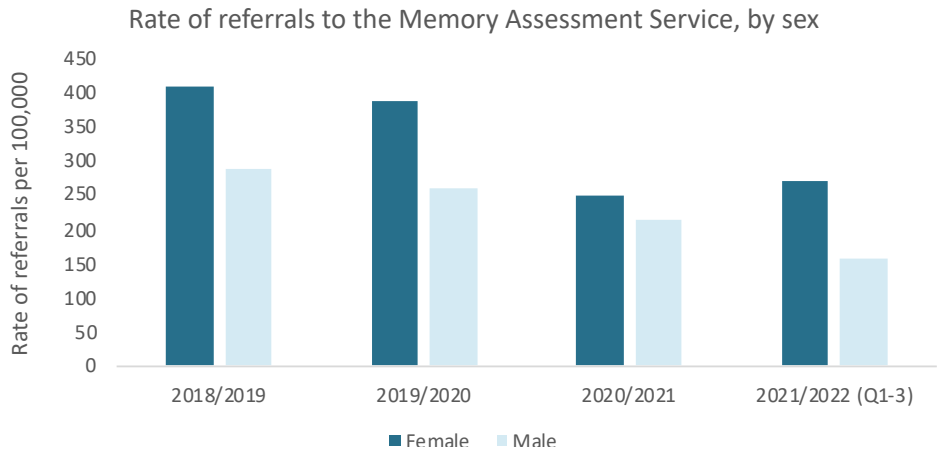


Source: Memory Assessment Services. South West London St Georges NHS Trust. 2018-2022.

- Over the four-year period, most referrals to Memory Assessment Services were above the age of 75 (av. 73%).
- This was followed by the 65-74 age group (av. 19%) and 55-64 age group (av. 6%).
- There were low numbers of referrals among all other age groups.

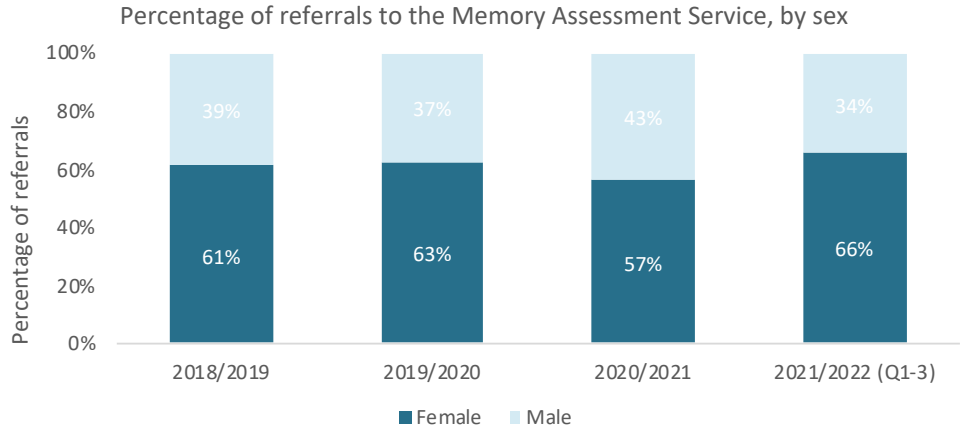
Sex of Service Users Referred to the Memory Assessment Service

Figure 160: Graph showing the rate of referrals per 100,000 to the Memory Assessment Service between 2018/19 and 2021/22 (Q1-3) by sex, using the ONS mid-2020 population data



Source: Memory Assessment Services. South West London St Georges NHS Trust. 2018-2022.

Figure 161: Graph showing the percentage of referrals to the Memory Assessment Service between 2018/19 and 2021/22 (Q1-3) by sex, using the ONS mid-2020 population data

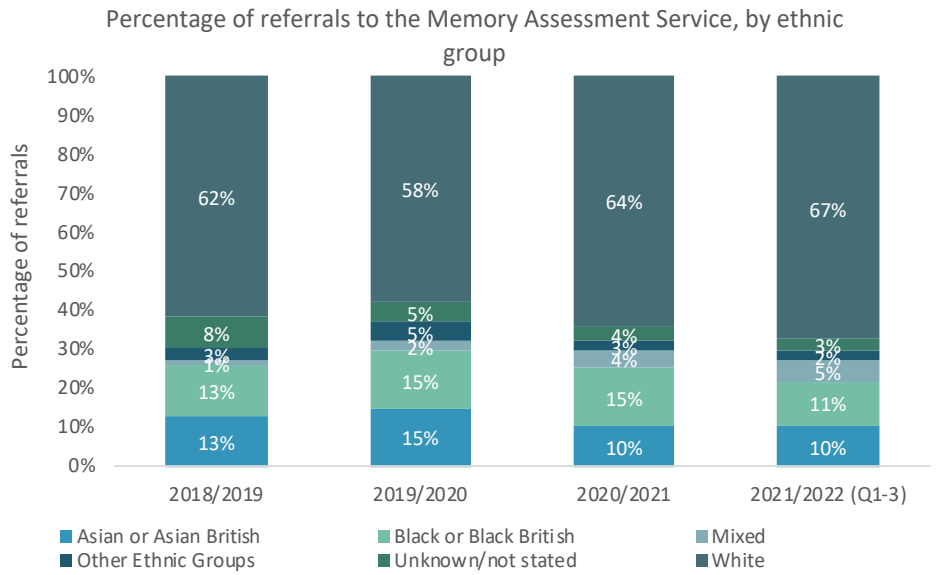


Source: Memory Assessment Services. South West London St Georges NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, there were more females referred to the Memory Assessment Service than males; 62% female, 38% male.
- The male rate of referrals of males declined each year between 2018/19 and 2021/22 (Q1-3), falling from 288 per 100,000 in 2018/19 to 158 per 100,000 in 2021/22 (Q1-3).
- The rate of female referrals declined each year between 2018/19 and 2020/21, falling from 408 per 100,000 in 2018/19 to 389 per 100,000 in 2019/20 and 250 per 100,000 in 2020/21. The rate of female referrals experienced its biggest drop between 2019/20 and 2020/21.
- However, the rate of female referrals had increased in Q1-3 of 2021/22 to 270 per 100,000.

Ethnicity of Service Users Referred to the Memory Assessment Service

Figure 162: Graph showing the percentage of referrals to the Memory Assessment Service between 2018/19 and 2021/22 (Q1-3) by ethnicity, using the ONS mid-2020 population data

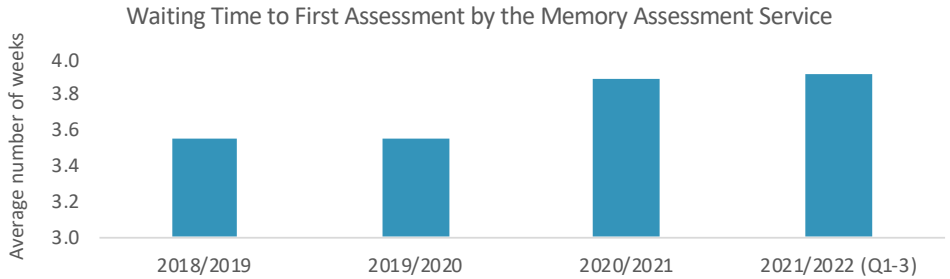


Source: Memory Assessment Services. South West London St Georges NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, most service users referred to the Memory Assessment Service were from White ethnic groups (av. 63%).
- This was followed by service users from Black or Black British ethnic groups (av. 14%), Asian or Asian British ethnic groups (av. 12%), Mixed ethnic groups (av. 3%) and Other ethnic groups (av. 3%).

Waiting Time to First Assessment at the Memory Assessment Service

Figure 163: Graph showing the average number of weeks service users waited for a first assessment at the Memory Assessment Service between 2018/19 and 2021/22 (Q1-3)



Source: Memory Assessment Services. South West London St Georges NHS Trust. 2018-2022.

- The wait time for a first assessment at the Memory Assessment Service increased from 3 weeks in 2018/19 to 4.3 weeks in 2021/22 (Q1-3).

Contacts Not Attended to the Memory Assessment Service

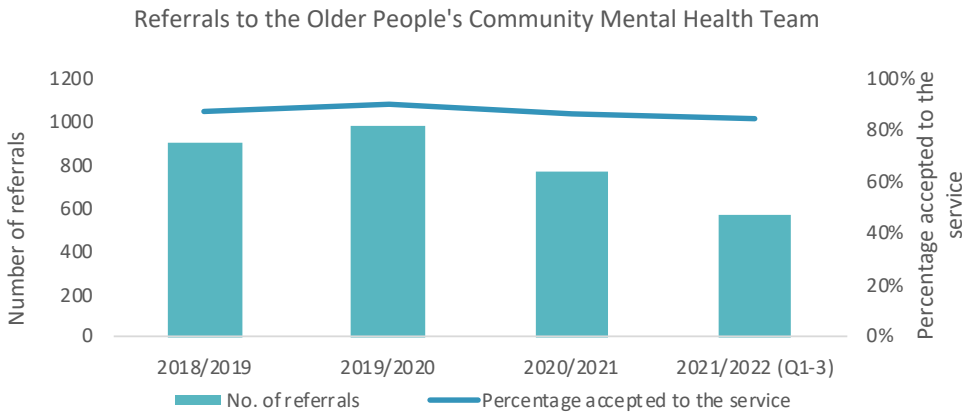
- The percentage of DNAs to the Memory Assessment Service declined over the four-year period from a high of 12.25% in 2018/19 to 5.6% in 2021/22 (Q1-3).
- The rate of DNAs was highest in 2021/21 at 6.83%.

Older People's Community Mental Health Team

Wandsworth's Older People's CMHT offers assessment and diagnosis for service users suffering functional and organic mental health problems. They also provide care and treatment to people with complex psychological, cognitive, functional, behavioural and physical problems, usually related to age.[286]

Referrals to the Older People's Community Mental Health Team

Figure 164: Graph showing the number of service users referred and the percentage accepted to the Older People's CMHT between 2018/19 and 2021/22 (Q1-3)

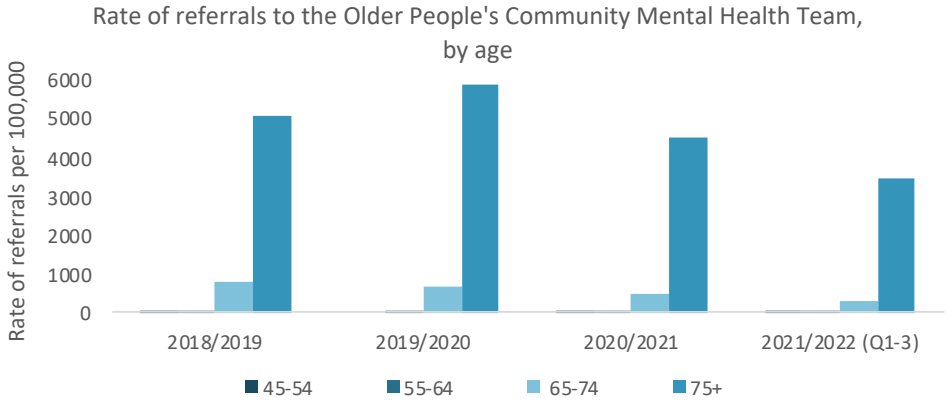


Source: Older People Community Mental Health Team. South West London St Georges NHS Trust. 2018-2022.

- Between 2018/19 and 2019/20, the number of service users referred to the Older People's CMHT increased from 898 to 981.
- From 2020/21 onwards, the number of service users referred to the service each year declined, falling to 761 in 2020/21 and 568 in Q1-3 of 2021/22.
- In 2018/19, 87% of service users were accepted to the Older People's CMHT. This increased to 90% in 2019/20, before falling to 86% in 2020/21 and 84% in 2021/22 (Q1-3).

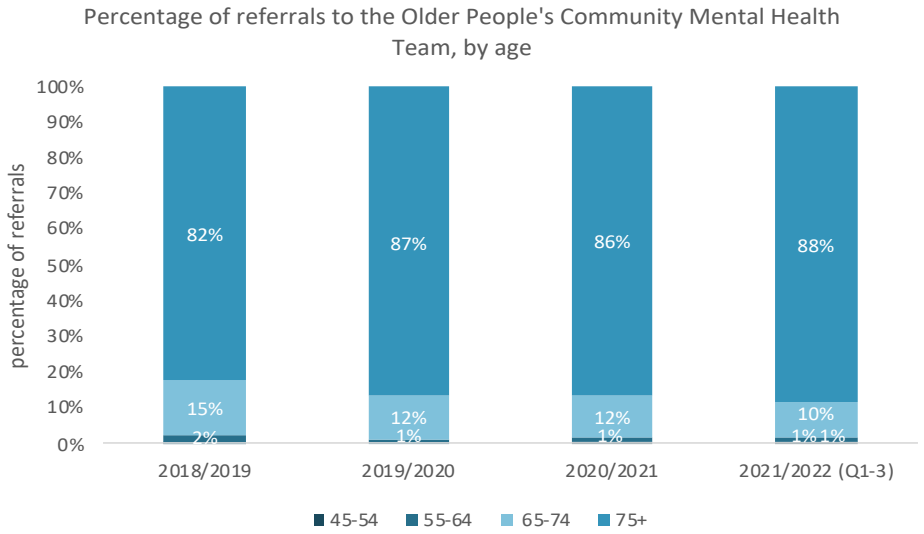
Age of Service Users Referred to the Older People's Community Mental Health Team

Figure 165: Graph showing the rate of referrals per 100,000 to the Older People's CMHT by rate per 100,000 between 2018/19 and 2021/22 (Q1-3) by age, using the ONS mid-2020 population data



Source: Older People Community Mental Health Team. South West London St Georges NHS Trust. 2018-2022.

Figure 166: Graph showing the percentage of referrals to the Older People's CMHT by percentage between 2018/19 and 2021/22 (Q1-3)

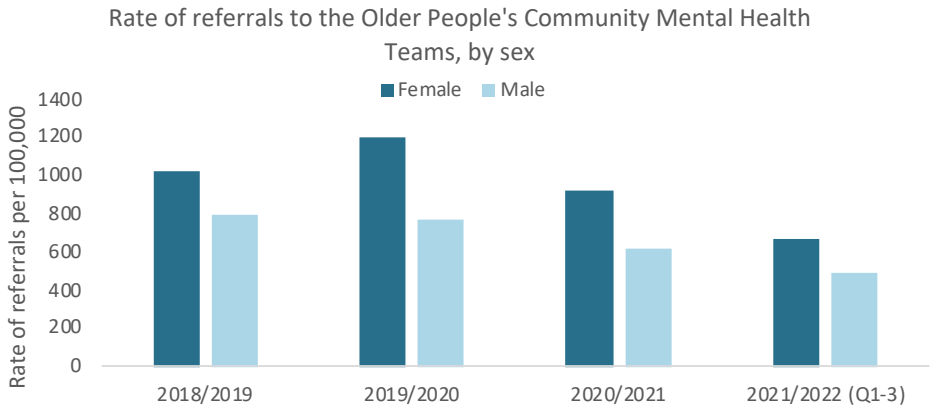


Source: Older People Community Mental Health Team. South West London St Georges NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), most service users referred to the Older People's CMHT were over the age of 75 years (av. 86%).
- This was followed by service users aged 65-74 (av. 12%), 55-64 (av. 2%) and 45-54 (av. 0.33%).
- All age groups saw a decrease in their rate of referrals each year, with the exception of the 75+ year age group. Between 2018/19 and 2019/20, the rate of referrals increased from 5099.8 per 100,000 to 5906.9 per 100,000.

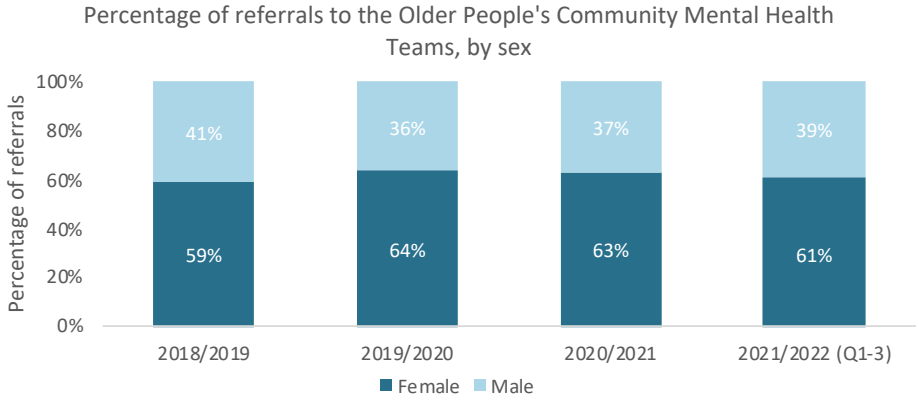
Sex of Service Users Referred to the Older People's Community Mental Health Team

Figure 167: Graph showing the rate of referrals per 100,000 to the Older People's CMHT between 2018/19 and 2021/22 (Q1-3), using the ONS mid-2020 population data



Source: Older People Community Mental Health Team. South West London St Georges NHS Trust. 2018-2022.

Figure 168: Graph showing the percentage of referrals to the Older People's CMHT between 2018/19 and 2021/22 (Q1-3)

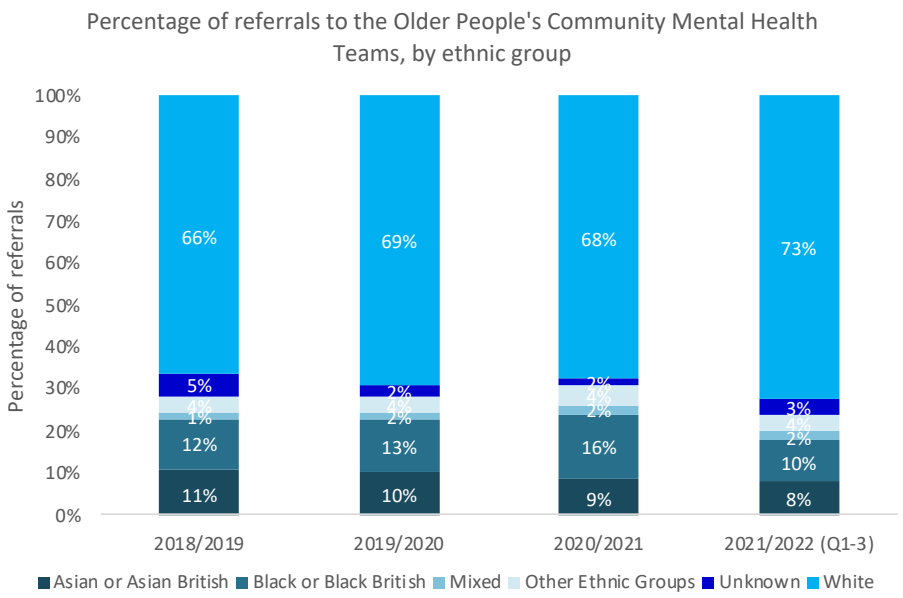


Source: Older People Community Mental Health Team. South West London St Georges NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22 (Q1-3), there were more females than males referred to the older people's CMHT; on average, 62% of referrals were female and 38% were male.
- The male rate of referrals decreased each year, falling from a rate of 791.3 per 100,000 in 2018/19 to 484.3 per 100,000 in 2021/22 (Q1-3).
- The female rate of referrals increased between 2018/19 and 2019/20 from 1016.4 per 100,000 to 1202.76 per 100,000.
- The female rate of referrals then decreased each year, falling to 916.48 per 100,000 in 2020/21 and 660.94 per 100,000 in 2021/22 (Q1-3).

Ethnicity of Service Users Referred to the Older People's CMHT

Figure 169: Graph showing the percentage of referrals to the Older People's CMHT between 2018/19 and 2021/22, by ethnicity



Source: Older People Community Mental Health Team. South West London St Georges NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, most service users referred to the Older People's CMHT were from White ethnic groups (av. 69%).
- This was followed by service users from Black or Black British ethnic groups (av. 13%), Asian or Asian British ethnic groups (av. 9%), Other ethnic groups (av. 4%) and Mixed ethnic groups (av. 2%).

Waiting Time to First Assessment at the Older People's CMHT

- In 2018/19 and 2019/20, the average wait time for a first assessment at the Older People CMHT was 2.36 and 2.37 weeks.
- From 2020, the average wait time increased slightly each year, rising to 2.7 weeks in 2020/21 and 3.02 weeks in 2021/22 (Q1-3).

Contacts Not Attended to the Older People's CMHT

- In 2018/19, 5.8% of contacts did not attend the Older People's CMHT. This increased to a high of 6.86% of contacts in 2019/20.
- The percentage of contacts who did not attend the service fell in 2020/21 and 2021/22 (Q1-3) to 3.66% and 2.98% respectively.

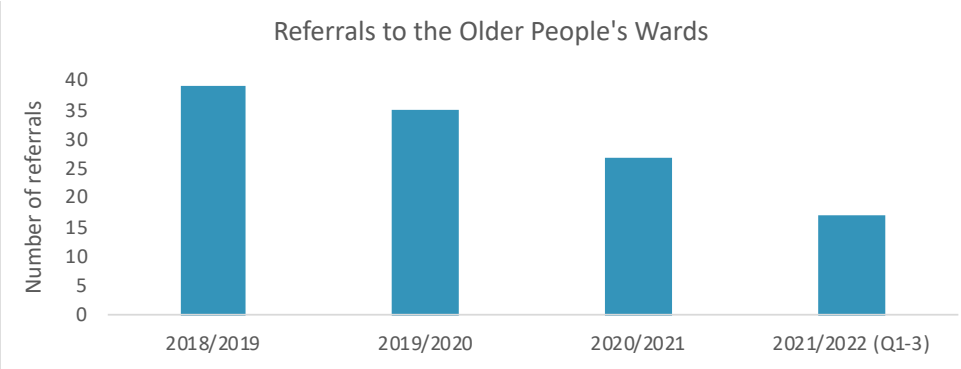
Older People's Wards

The older people's wards offer care and treatment for older adults over the age of 75 with a functional mental illness, or adults of any age with a diagnosis of dementia.

SWLStG provides two older people's wards - Crocus Ward at Springfield Hospital and Jasmines Ward at Tolworth Hospital.

Referrals to the Older People's Wards

Figure 170: Graph showing the number of service users referred to the older people's wards between 2018/19 and 2021/22 (Q1-3)

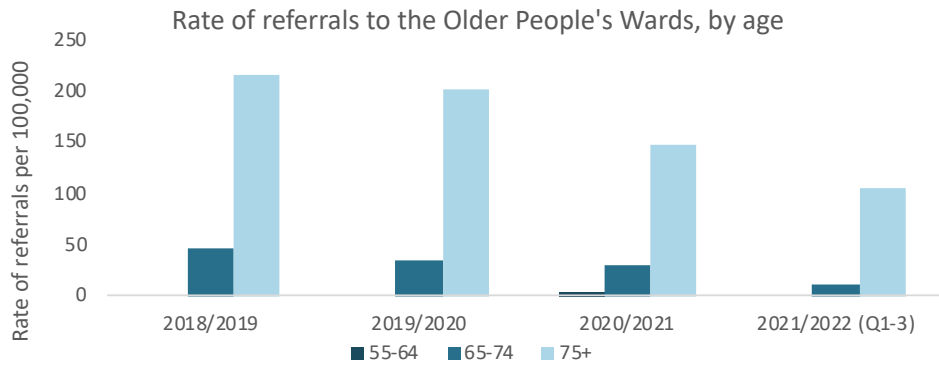


Source: Older People Wards. South West London St Georges NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, the number of service users referred to the older people's wards declined each year.
- In 2018/19 the number of referrals was at its highest at 39, declining annually to reach its lowest at 17 in 2021/22 (Q1-3).

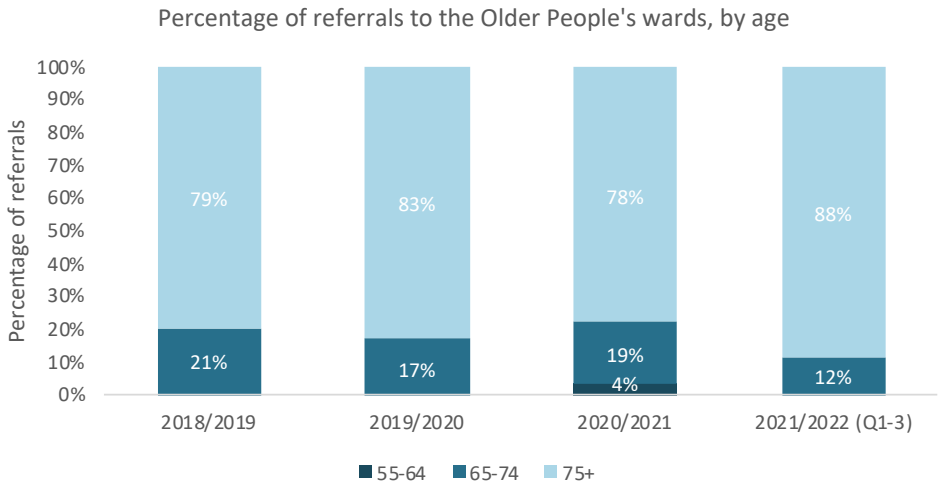
Age of Service Users Referred to the Older People's Wards

Figure 171: Graph showing the rate of referrals per 100,000 to the older people's wards between 2018/19 and 2021/22 by age, using the ONS mid-2020 population data



Source: Older People Wards. South West London St Georges NHS Trust. 2018-2022.

Figure 172: Graph showing the percentage of referrals to the older people's wards between 2018/19 and 2021/22, by age

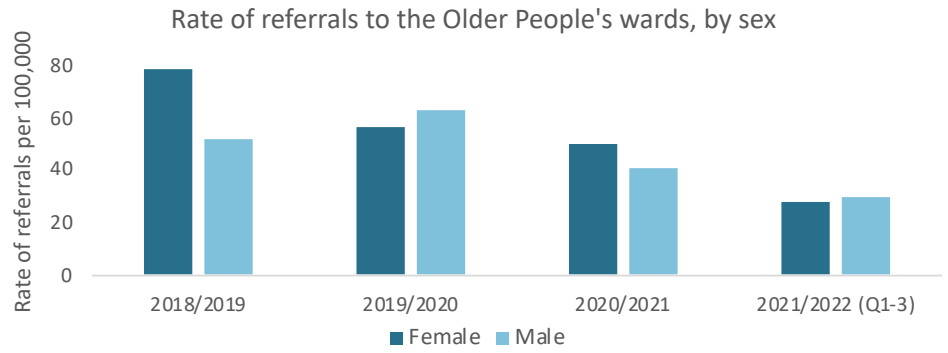


Source: Older People Wards. SWLSTG NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, most service users referred to the older people's wards were above the age of 75 years (av. 82%).
- Service users aged 55-64 were only referred to the service in 2020/21, and had a referral rate of only 3.69 per 100,000.

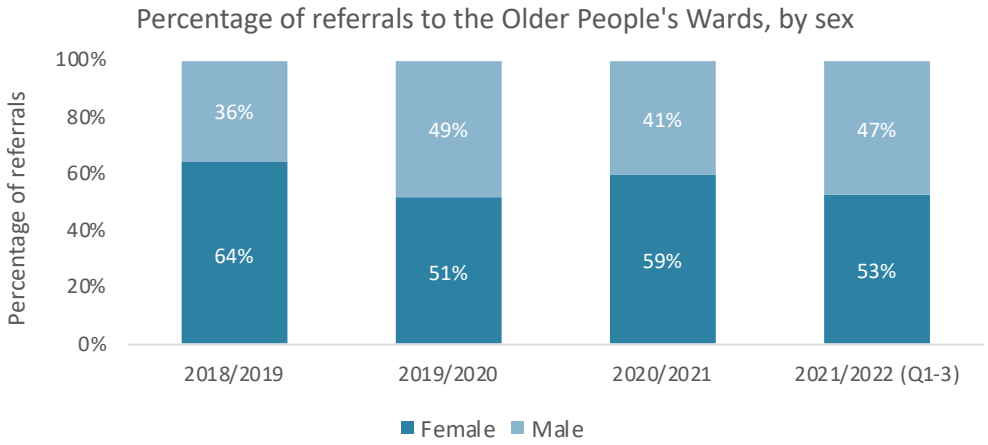
Sex of Service Users Referred to the Older People's Wards

Figure 173: Graph showing the rate of referrals to the older people's wards between 2018/19 and 2021/22 by sex, using the ONS mid-2020 population data



Source: Older People Wards. South West London St Georges NHS Trust. 2018-2022.

Figure 174: Graph showing the percentage of referrals to the older people's wards between 2018/19 and 2021/22, by sex

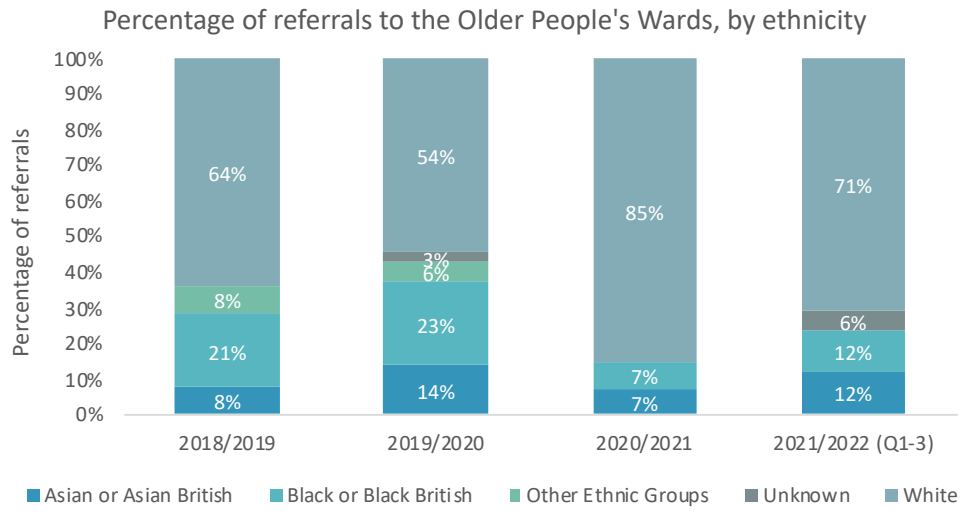


Source: Older People Wards. South West London St Georges NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, a greater proportion of females (57%) than males (43%) were referred to the older people's wards.
- The imbalance was greatest in 2018/19, wherein 64% of referrals were female and 36% were male.
- In 2019/20, the percentage of female (51%) to male (49%) referrals was more balanced.
- The rate of female referral was highest in 2018/19, whereas the rate of male referral was highest in 2019/20.
- Both males and females saw a general trend of a decline in their rate of referrals over the four-year-period.

Ethnicity of Service Users Referred to the Older People's Wards

Figure 175: Graph showing the percentage of referrals to the older people's wards between 2018/19 and 2021/22, by ethnicity



Source: Older People Wards. South West London St Georges NHS Trust. 2018-2022.

- Between 2018/19 and 2021/22, most service users referred to the older people's wards were from White ethnic groups (av. 69%).
- This was followed by service users from Black or Black British (av. 16%), Asian or Asian British (av. 10%) and Other ethnic groups (av. 3%).
- In 2018/19 and 2019/20, there were a high number of service users referred to the service from Black or Black British ethnic groups - 21% and 23% respectively.
- The number of service users from Black or Black British ethnic groups declined to just 7% and 12% of total referrals in 2020/21 and 2021/22 (Q1-3) respectively.

Source of Admission to the Older People's Wards

- Between 2018/19 and 2021/22, most service users were referred to the older people wards from their usual place of residence (49%), an NHS ward for general patients (41%) or an NHS ward for those with mental illness or learning disabilities (12%).

Delayed Transfers of Care to the Older People's Wards

- The percentage of service users who experienced a delayed transfer of care fluctuated over the four-year-period.
- In 2018/19, 0.5% of service users experienced a delayed transfer of care, which increased to 2.99% in 2019/20.
- In 2020/21, no service users (0%) experienced a delayed transfer of care, however, in 2021/22 (Q1-3) this rose to a high of 3.68% of service users.

Length of Inpatient Stay on the Older People's Wards

- The Mental Health Implementation Plan 2019/20 - 2023/24 sets a standard for all adult inpatient mental health services to reduce service user length of stay to the national average of 32 days (or fewer).[287]
- Over the four-year period, only 29% of service users met this target.
- By contrast, 71% of service users stayed on the ward for over 31 days; 33% stayed more than 90 days, 20% stayed 31-60 days and 18% stayed 61-90 days.

Percentage of Service Users Readmitted to the Older People's Wards Following Discharge

- A low percentage of readmission to the older people's wards suggests that discharge planning has been effective and community providers have provided sufficient support to the service user to prevent the need to return to an inpatient setting.
- The percentage of service users readmitted within 30 days of discharge fluctuated over the four-year period.
- In 2018/19, 4.88% of service users were readmitted to the ward, which declined to no service users (0%) in 2019/20.
- This rose to a high of 6.25% in 2020/21, and then declined to 4.55% in 2021/22 (Q1-3).

Destination of Discharge from the Older People's Wards

- Between 2018/19 and 2021/22, most service users were discharged from the older people's wards to their usual place of residence (59%).
- This was followed by discharge to a non-NHS run care home (18%) or an NHS ward for general patients (10%).

Mental Health Service Utilisation: Key Findings

- The number of service users referred to Talk Wandsworth (IAPT) and voluntary sector services decreased in 2020/21, likely due to the impact of the COVID-19 pandemic.
- Referrals to the SPA, CMHTs have remained stable from 2018/19 to 2020/21 though the number of referrals accepted has declined each year.
- There was an increase in referrals to the Early Intervention Teams in 2020/21 with highest rate of referrals for those aged 18-24.
- In 2020/21 the number of service users referred to Crisis, Inpatient services and Adult Eating Disorder services declined from previous years.
- There was a large drop in the number of service users referred to the Liaison Psychiatry Service from the Emergency Department in 2020/21, which was likely caused by reduced attendance to ED during the COVID-19 pandemic.
- Across all older adult mental health services there were reduced rates of referrals in 2020/21, likely due to the COVID-19 pandemic.
- Despite the decreasing number of referrals the wait times for Memory Assessment Services and Older People's CMHT have increased.
- Most services consistently receive a greater number of referrals from females than males at a relatively consistent rate. The services where this is not apparent are the Adult Eating Disorder Service of which over 90% are female; the referrals to PICU where around 80% are males; and in Adult Social Care where most service users are male.
- Most services show a general trend of a declining rate of referral with age, with the highest representation seen among the 18-24 age group and the lowest among those aged 75+.
- Consistently across services the highest rate of referrals is among those aged 18-24.
- White British ethnic groups are most represented in all services; apart from PICU where the largest cohort of service users were from Black or Black British ethnic groups.
- The onset of the COVID-19 pandemic in 2020/21 saw reduced numbers of face-to-face appointments with SPA, CMHTs and Early Intervention Teams, and saw these services introduce new contact mediums such as eConsultations.

Stakeholder Consultation

Key Issues Facing Working-Age Adults in Wandsworth

Through the consultations, the following key issues facing working-age adults in Wandsworth were identified:

Increased Prevalence of Mental Health Need

Stakeholders reported that mental health conditions among adults in Wandsworth are increasing in prevalence, complexity, acuity and longevity. Although a significant issue beforehand, stakeholders felt that the COVID-19 pandemic had dramatic adverse impacts on mental health needs, caused both directly through stressors of the pandemic – particularly "isolation and fear" - and indirectly through the escalated challenges of accessing mental health services. It was considered that the COVID-19 pandemic would "be a big mental health problem for years to come."

Stakeholders particularly reported "high levels of severe anxiety and depression" and a "significant increase in complexity of need" following the COVID-19 pandemic. Stakeholders also reported an increasing prevalence of trauma, both historical and current, and suggested that this is particularly present amongst "the clients who are struggling the most."

Despite this growth of complexity, stakeholders felt that there is a dearth of services available to attend to the needs of complex clients, and so they struggle to have their needs met within current services. For example, one stakeholder identified the lack of intensive psychological therapy offered by CMHTs:

"a lot of our more complex clients have huge histories of complex trauma, loads of issues that they need to work through with high quality intensive psychological therapy. But there doesn't seem to be enough scope for that in things like CMHT. They do offer psychologist services, but the amount of times that I have worked with somebody with huge complex traumas and delusions and I have asked if they have received therapy for it, and even if they have been in hospital multiple times, I'm always surprised how many have no formal psychological therapies to support them. Not for everybody, but if they are being offered medication this should be something which happens and I feel like it is not."

Barriers to Accessing Mental Health Services

Extensive waiting lists:

Stakeholders reported that service users are experiencing long waiting lists to access mental health services due to limited capacity within and increasing demands on services. Stakeholders reported these delays across the breadth of mental health services.

One stakeholder raised how her daughter was put on a "six month waiting list for help from a clinical psychologist; a wait that became a one year wait." Another explained that they "started trying to get help in 2014 and started therapy in 2017," and described waiting for this help as a "struggle", especially given the lack of communication when waiting which meant they "didn't know if [they were] still on the list."

It was also reported that the inability to provide intervention at the point of need caused service users' needs to escalate and to spend longer times within services when eventually accessed: "Services have a very big impact – when they are absent, they have a very big impact on people's mental health and their ability to cope on the day to day." Another stakeholder criticised, "no wonder that people get very ill when waiting for months for their services. If intervention could be more timely it could probably solve a lot of the problems." The waiting list to access mental health services was frequently raised as an issue during the stakeholder consultation at Tolworth Hospital; one service user described how the extensive wait times could be "fatal" for some people, and another suggested that they may not have been admitted to the ward had they been able to access services sooner.

Stakeholders also reported the impacts that long waiting lists are having on voluntary organisations, community groups and the social group surrounding the patient, who are left to hold and support the service user whilst they await medical attention. One stakeholder reported that:

"the gap [in service availability] is being bridged by the informal community. We are the unrecognised seat of service. Nobody sees the need because we are supporting the need. These organisations are relying on community kindness. People in flats arranging coffee mornings, for example."

Capacity and resource limitations:

In addition to the extensive waiting lists, stakeholders reported other aspects of the mental health system that are struggling to deal with the capacity demands placed upon them. For example, stakeholders reported a lack of HBPoS beds for clients detained under Section 136 of the Mental Health Act, as well as a lack of residential supported accommodation and beds in high acuity wards.

It was also suggested how capacity demands mean that mental health services are often only able to provide highly limited offerings to service users. For example, one service user who was a hospital inpatient reported that "ward rounds by the doctor only happen fortnightly, which is a long time to check up on a patient's progress. It would be great to be seen once a week to make sure that you are on track and heading in the right direction."

Time limits to services:

One of the greatest limitations stakeholders identified to current mental health services was the restricted duration of service provision, which stands in contradiction to the increasing numbers of service users requiring long-term, if not life-long, mental health support. Stakeholders particularly highlighted the six-session limit at Talk Wandsworth, and multiple people described how support is terminated at the end of this period "whether you still need the help or not." Service users described coming to the end of their sessions and being "...still not better. You're still having problems and there's nothing that's ongoing to help you." In addition, stakeholders reported that end of care plans are not followed up to confirm that the plan set is actually working.

Similarly, one stakeholder raised how Wandsworth Floating Support provide their services for a maximum of two years, after which "questions are being asked." They suggested that because these time scales do not reflect the individuals' mental health needs, "for some specific clients, you have the case being closed but you know that before the end of the month or next month that person is going to come back on the referral again because they are going to fall off the track."

Stakeholders reported that they are witnessing growing numbers of service users relapsing and returning into services following discharge because they "do not have ongoing support." It was suggested that when service users are stepped down to low support and/or primary care they become isolated and lost in the system, and support is only reignited, "when they relapse, a proper relapse which is really difficult for us to witness when they are crying out for help and they have just been set aside." Stakeholders emphasised the need to recognise that some service users will require "a lifetime of support", which contests the logic of unilaterally offering time-restricted services to all service users. For example, one stakeholder shared the following experience:

"One service user whose personal budget had been cut because they hadn't had a hospital admission for X number of years, so wasn't considered to need service anymore. But in fact, the service was what was helping them."

Meeting the criteria for acceptance to mental health services:

Stakeholders identified that the thresholds to tiered services pose significant, and at times calamitous, barriers to access.

Stakeholders frequently identified a gap in service provision between early intervention and more complex levels of need. Resultantly, it was felt that there are "people falling through the net who don't quite suit [the] services of IAPT but also don't meet [the] needs of secondary care."

Stakeholders also frequently provided examples of how "people [were] not being able to access help until [the] situation had become a crisis" or "unless [the individual was] reaching severe illness", for example, until the person experienced a psychotic breakdown or attempted suicide. One stakeholder described how they had "met individuals who are unwell and they have tried to access services at Springfield but have been denied access, then tried to commit suicide." Another service user also described this struggle:

"Why would you want someone to go completely mad to then cure them? What are you waiting for, for me to go completely mental? If I'm capable enough to ask for help today, and if I get the right help then I will be on the right track, but if not, I will go more into depression and that is what happened to me."

Awareness of mental health services offered in Wandsworth:

Stakeholders felt that "a lot of people, both service users and professionals, don't know what support is actually available in the borough." One service user claimed that it is "difficult to find out about services," and so although "people want the help, … [they] don't know where to get it." This included for services which are not mental health specific, but which can support people with mental health needs, such as peer support, supported accommodation services, voluntary and social prescribing groups.

One stakeholder suggested that there are geographic imbalances in the awareness of mental health needs and services in Wandsworth. Despite some areas where people are "almost professionally aware of their mental health" there are others which have high mental health needs but "don't talk about mental health and don't know where to access services."

Stakeholders also raised that the "pathway to accessing support isn't clear" and highlighted the additional pressure that this places upon carers and/or families supporting those with mental health needs.

Resourcing the Community to Support Mental Health

Due to a distrust in institutional health services, some stakeholders expressed motivation to support mental health within the community, using spaces which are "familiar" to local residents. This motivation was felt to be particularly strong given the capacity demands facing NHS services, which are preventing service users from accessing help when needed. Providing support in the community was therefore seen as a means to "close the gap and implement what is needed for the population."

However, stakeholders felt that they were unable to provide this mental health support sufficiently at present because they "lack the resources" and funding to do so. As explained by one stakeholder:

"communities and people are ready to step up and look after and care for their own communities, but this is incredibly difficult when such little of the budget is being sent this way."

Impact of Poverty and Housing Stressors on Mental Health

Stakeholders widely cited the impacts of poverty and housing stressors on the mental health of Wandsworth residents and suggested this to be an escalating issue because of the cost-of-living crisis. Stakeholders reported there to be a growing number of families struggling with poverty and housing insecurity, with one stakeholder suggesting that their school had set up a food bank to help support struggling families.

Recruitment

Stakeholders reported a recruitment issue across the mental health workforce. Stakeholders particularly highlighted how the high turnover of staff inhibits the ability to provide consistency and "ongoing relationships", which was recognised as highly important to the patient experience.

Vulnerable Groups

Stakeholders identified the following groups as particularly vulnerable to mental ill health and suggested that they required additional input to support their mental health.

Service users with neurodiversity and/or learning disabilities:

Stakeholders expressed concern for the growing number of individuals with neurodiversity and/or LD experiencing mental health needs, particularly following the COVID-19 pandemic. Stakeholders identified this to be because of the closure of activities, loss of links with friends, lack of comprehension and fear of the pandemic, and the closure of health services under lockdown regulations.

Stakeholders also highlighted the lengthening waiting times to receive an autism test, which prevents service users receiving the help they need and therefore impacts negatively on their mental health.

Stakeholders also felt that people with neurodiversity and/or LD face additional difficulties to access mental health support. Stakeholders suggested that service users with neurodiversity and/or LD often face difficulties recognising and communicating their health concerns; and enforced that more needs to be done to help support this group to develop the language to talk about their mental health and emotions. Stakeholders suggested that this challenge was exacerbated when having to communicate with health professionals, such as GPs.

Stakeholders also described how "there is a pretty clean gap between LD support and mental health services." They explained that if service users do not fit the parameters set by the community health care team they will be referred to mental health services, who often "turn people away because they say this is a community issue". Stakeholders raised how "several people reported going round and round a cycle between services at a very stressful and distressing time," and it was felt that there is a need for a specialised service for this group to meet their specific co-occurring needs.

Carers:

As a result of these challenges to accessing care, stakeholders raised concerns for the pressures facing carers of service users with ASD, LD and mental health disorders and the lack of support available to this group.

Stakeholders shared that service users with co-occurring mental health and neurodiversity and/or LD needs are "not able to get support from CAMHS, from social services, they're just not really finding that there is the right type of support available for them". Resultantly, it was felt that carers of these service users "are struggling a great deal not knowing where else to turn". One stakeholder shared how carers "often present out of hours to crisis lines as they don't know what to do," and called for more support to be available for this group.

Co-occurring substance misuse and mental health:

Stakeholders identified high levels of mental health disorder among those with substance misuse issues and suggested that their mental health needs are often highly complex and overlapping. Stakeholders also frequently reported that this group faced additional barriers to accessing mental health services. Firstly, it was recognised to be a challenge to find services which are skilled enough or willing to manage the complex and overlapping needs of this group; "if they don't fit into a certain category, where do you put them." Secondly, stakeholders reported how care providers find these clients particularly difficult to support with their mental health, "because you don't know what problem you are dealing with and where it is coming from."

Black and minority ethnic groups:

Stakeholders reported that Black and minority ethnic groups have a "significantly worse" experience of and outcomes within mental health services. In addition, it was suggested that there continues to be a "huge amount of stigma" and "taboo" around mental health within Black and minority ethnic communities. One service user described how this prevented her family from being able to support her mental health challenges: "they did not understand it and I don't think they were interested in understanding it. They just found it embarrassing. There was no support at all... I was completely isolated – it was very difficult." Stakeholders reported that this continued stigma prevents service users from presenting to their GP and asking for help with their mental health.

Key Issues Facing Older Adults' Mental Health in Wandsworth

Through the consultations, the following key issues facing older adults in Wandsworth were identified:

Impacts of COVID-19:

Stakeholders reported that the COVID-19 pandemic had marked and persisting impacts on the mental health of older adults.

Firstly, stakeholders reported that the COVID-19 pandemic and experience of lockdowns had severely reduced older adults' confidence to go about their daily lives: "when lockdown first happened, a lot of our members couldn't do much but could go to the shops or post a letter. But then they couldn't even do this – it hit them hard and they lost confidence."

Secondly, stakeholders reported that loneliness among older adults had been "exacerbated in spades" since the onset of the COVID-19 pandemic, and that they are "getting isolated more and more" in society. It was suggested that a key cause of this growth in loneliness among older adults is that "lots of the things that used to be there before the pandemic – classes, groups, learning new things – had all gone and didn't seem to be coming back." Although some groups and activities have now resumed, there were reported to be "a number of people who aren't returning to services post

COVID-19." One explanation provided for this is that the experience of lockdowns had affected older adults' social confidence, and resultantly "people feel reluctance to step out and go to a new group because you've lost the confidence of speaking to people you don't know."

Another factor considered to prevent older adults from resuming their pre-pandemic activities was their continued fear of COVID-19 infection. Some stakeholders suggested that the post-COVID period was actually taking a greater toll on their mental health due to relaxed public health regulations. For example, stakeholders highlighted their fear of using public transport now that masks are not mandated and criticised the limited public health information accessible to enable people to make informed decisions: "now we enter a strange shadow world where the government tells us everything is okay and we're more fearful about making social contacts."

Interconnections between physical and mental health:

Stakeholders also highlighted the correlation between physical and mental health, which particularly impacts older adults due to the higher prevalence of physical ill health. This is something which stakeholders suggested to have been exacerbated by the COVID-19 pandemic, which "aged people at an accelerated rate." For example, stakeholders reported the impacts of delayed operations and treatments which "have a massive impact" on a person's "quality of life," and as well as the effect of periods in hospital on confidence and fragility.

Access to services:

Stakeholders enforced the need to "ensure older adults are reached by services." One aspect of this highlighted by stakeholders is "helping older adults to recognise the effects of mental health and feel that it is important to talk about." In addition, as services move increasingly online, stakeholders enforced the need to recognise the barrier that this may pose to some older adults, especially those with physical or mental conditions which make it harder to use digital technologies. Stakeholders reported that they "have an enormous amount of members who aren't online and don't have Zoom and there's nobody to teach them how to do it." It was enforced that provisions need to be made for those who cannot use digital technologies to ensure they are not resultantly restricted from accessing mental health services.

Beneficial Services for Working-Age and Older Adults' Mental Health in Wandsworth

Stakeholders identified the following existing services in Wandsworth as beneficial to people's mental health:

- **The Ethnicity and Mental Health Improvement Project:** a practical, locality-based service improvement programme to reduce inequalities in access, experience, and outcomes of mental health care for Black and minority ethnic communities. One of EMHIP's key interventions is to establish Mental Health and Wellbeing Hubs in the community with community embedded workers. Whilst many stakeholders highlighted the success and benefits which EMHIP is bringing to the community, they also highlighted the lack of funding received at present, which they suggested would limit EMHIP's impact and scope.
- **Food Banks:** stakeholders identified food banks as an important service providing early identification of and support with mental health needs. For example, stakeholders reported how food banks are connecting individuals with mental health services, as well as providing direct help with basic issues such as housing, benefits and neighbours, which can lessen the stressors on a person's mental health. Stakeholders suggested that they expect to see increased demand for these services as the cost-of-living crisis escalates.
- **Talk Wandsworth:** offers free, confidential talking therapy to people over the age of 18 for problems such as stress, worry and low mood.
- **Recovery College:** the UK's first mental health recovery study and training facility, which provides a range of courses and resources to support people to become experts in their own self-care; and help families, friends, carers and staff to better understand mental health conditions and how to support people in their recovery journey.
- **The HOPE Atrium:** works to raise awareness of mental health within the Black community.

Strategic Priorities for Improving Adults and Older Adults' Mental Health in Wandsworth

Stakeholders identified the following treatment approaches as beneficial to working-age adults and older adults' mental health, and enforced the need to make these strategic priorities over the coming years:

- **Prevention and early intervention:** Stakeholders repeatedly emphasised the importance of preventative and early interventions to limit service users developing a high acuity of mental health need.
  - Regarding prevention, stakeholders enforced the importance of promoting good mental health and wellbeing within the community, social settings, services and workplaces, and creating the conditions which enable people to have good mental health. In particular, stakeholders encouraged providing practical support to tackle the social determinants of mental ill health, such as income, food and housing insecurity. It was felt that this would become a critical need in the context of the cost-of-living crisis.
  - Regarding early intervention, stakeholders promoted the importance of services such as primary care, GPs and IAPT to detect and respond to mental health disorders when in their early stages and prevent needs from escalating to high levels of acuity. As these services struggle to cope with increasing demand, stakeholders enforced the need for more resources to help expand their remit. Stakeholders also enforced the importance of strengthening and resourcing community-level services which can provide an alternate for inpatient stays, such as CRHTTs and Crisis Residential Placement Schemes.
- **Improving communication around mental health and local services:** It was commonly felt that there was a "need for better information for people to manage their circumstances early on." This included increased promotion of the importance of mental health, work to tackle the stigma of mental health, information regarding how to better manage mental health and wellbeing and promotion of local mental health services.
- **User and community led organisations and groups:** Stakeholders enforced the importance of "using the community to solve issues" and increasing the number of user-led services. It was suggested by multiple people that the "programmes which are working are those which are social enterprises and/or community led" and thus should receive increased resources to deliver better outcomes for the community.
- **Social connections:** Respondents also frequently enforced the importance of social connection for those with mental health issues, as well as for their families and/or carers. This included peer support groups, face-to-face activities and befriending services, as well as general social contact with friends and the community.
- **Integrated approach to mental health:** Stakeholders enforced the importance of an integrated approach to health, whereby a service users' multiple and overlapping physical and mental health needs are considered holistically rather than broken down and compartmentalised into multiple distinct diagnoses.
- **Collaboration between services:** Stakeholders enforced the importance of strengthening the capacity for partnership working between the various services in the borough. This was felt to be vital to streamline the patient journey, improve communication and establish a network of support around a service user. This was recognised to be particularly important for service users with complex, co-occurring and long-term needs.
- **Expanding the remit of mental health support:** It was commonly felt that mental health should be promoted, normalised, and discussed more broadly and openly in society. This was raised in regard to both mental and physical health services, community groups, work places, and universities among others.

  Stakeholders felt that it would be particularly beneficial for all services supporting service users with neurodiversity and/or LD to have staff who are trained to recognise the signs of declining mental health, can teach service users the vocabulary of mental health and talk with service users about their mental health.
- **Flexible delivery of mental health services:** Stakeholders raised the importance of delivering mental health services in a flexible manner so that these can be accessible to a diverse variety of needs. For example, stakeholders highlighted the barrier which services users' increased reliance on technology was posing to some groups of service users, particularly older adults and service users with neurodiversity and/or LD; and suggested that services need to be delivered in multiple and flexible ways to accommodate all needs.

Stakeholder Consultations: Key Findings

- During consultations, stakeholders identified the following key issues facing adults:
- It was commonly felt that mental health conditions among adults in Wandsworth were increasing in prevalence, complexity, acuity and longevity, and expressed particular concern for an increased presentation of trauma.
- Although a significant issue beforehand, the COVID-19 pandemic was felt to have had dramatic adverse impacts on mental health needs, both directly through stressors of the pandemic and indirectly through escalated challenges of accessing mental health services.
- There is a dearth of services to support the needs of complex clients.
- There are long waiting lists to access services, which causes service users' needs to escalate and to spend longer times within services when eventually accessed.
- These capacity demands led stakeholders to deem the community an optimal space to support mental health, but it was felt that these groups require additional resources and funding to provide this support sufficiently.
- Although service users increasingly require long-term mental health support, services continue to be provided for a limited duration, which leads service users to relapse.
- The thresholds for acceptance to services pose a significant barrier to access and prevent service users from being able to access help until they reach a crisis.
- There is a lack of awareness of the services available in the borough.
- Poverty and housing stressors are having a significant impact on the mental health of Wandsworth residents, and this will be an escalating issue with the cost-of-living crisis.
- There is a recruitment issue across the mental health workforce.
- The following groups were identified as particularly vulnerable to mental ill-health and requiring additional, targeted support; service users with neurodiversity and/or LD; service users with co-occurring substance misuse and mental health issues; carers; and service users from black and minority ethnic groups.

During consultations, stakeholders identified the following key issues facing older adults:

- The COVID-19 pandemic was felt to have marked and persisting impacts on the mental health of older adults, in particular reducing confidence with daily activities, exacerbating loneliness and leading to the closure of community groups/activities.
- There is a need for greater recognition of the interconnections between physical and mental health and an integrated approach towards this.
- Older adults' mental health needs are often overlooked and may be missed by services.
- The movement toward providing services online may pose a barrier to some older adults.

Conclusion

This needs assessment set out to systematically understand the mental health problems facing the population of Wandsworth across the life course, how services are meeting that need and identify where gaps exist and areas that require improvement.

Since the last comprehensive mental health needs assessment over a decade ago, the profile of mental health has increased significantly, none more so than over the COVID-19 pandemic when the experience of lockdown, illness, isolation, and the loss of life impacted on the mental health and wellbeing of the entire population.

This report provides evidence that mental health need and demand for services is increasing in Wandsworth. It proposes a number of recommendations to address the current challenges and ensure that the residents of Wandsworth are provided with safe and effective mental health services that meet their needs.

Appendix

Stakeholder Engagement: Focus Group Discussion Guides

Multi-Agency Focus Groups

Focus Group Questions

Question 1

To start the discussion please tell us your views about 'Mental Health and Well-being in Wandsworth.' This can be anything that comes into your mind. You can use stories or examples to help us understand your views.

Question 2

What are the most important mental health issues for you now, for the service you work for and the people you work with?

Question 3

Do you have any examples of services that can stop people from getting unwell in the first place? Do you have examples of services that help people who become unwell to get better and to stay better?

Question 4

Are there any groups of people whose mental health you are particularly worried about? Tell us more about your worries?

Question 5

What things can be done to make people's mental health better in the future?

Do you have anything to share?

Service User Focus Groups

Focus Group Questions

Question 1

Please tell us your views about 'Mental Health and Well-being in Wandsworth You can use stories and examples to help us understand.

Question 2

How much is mental illness an issue today in your community (family/friendship group/ school/workplace?)

Question 3

Do you have examples of support and services that have helped you or your family and friends - What things can help people recover from mental illness?

Question 4

What things stop people from getting the help they need?

Question 5

What needs to change to improve poeple's mental health?

Question 6

Are there any groups of people that need extra help with their mental health?

Are there any final comments?

Estimated Mental Health Need Among Children and Young People in Wandsworth

Mental Health Disorders

Table 176: Estimated number of CYP in Wandsworth aged 5-19-years-old with a mental disorder by type, age and sex

Type of disorder	5 to 10 year olds			11 to 16 year olds			17 to 19 year olds		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Emotional disorders	558	413	971	645	953	1,599	301	858	1,142
Anxiety disorders	533	391	924	566	847	1,414	239	778	1,000
Separation anxiety disorder	120	126	245	69	33	102	Data not available		
Generalised anxiety disorder	149	24	174	94	191	286	72	176	245
Obsessive compulsive disorder	15	16	30	66	50	116	27	25	52
Specific phobia	78	109	187	71	87	158	17	33	49
Social phobia	19	21	40	70	115	185	37	102	137
Agoraphobia	6	Data not available	6	21	65	86	24	108	129
Panic disorder	6	Data not available	6	57	144	201	55	214	264
Post-traumatic stress disorder	24	24	48	31	73	105	13	91	102
Body dysmorphic disorder (BDD)	12	6	18	15	162	177	31	215	240
Other anxiety disorder	180	104	284	111	190	301	45	130	173
Depressive disorders	44	27	71	149	336	486	122	250	369
Major depressive episode	30	15	45	94	243	337	92	180	269
Other depressive episode	14	12	26	55	93	148	30	71	100
Bipolar affective disorder	Data not available			5	Data not available	4	Data not available	10	10

Behavioural Disorders

Table 177: Estimated number of CYP in Wandsworth aged 5-19-years-old with a behavioural disorder by type, age and sex

Type of disorder	5 to 10 year olds			11 to 16 year olds			17 to 19 year olds		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Behavioural disorders	810	368	1,179	676	438	1,113	39	21	60
Oppositional defiant disorder	568	290	859	355	261	616	26	Data not available	27
Conduct disorder confined to family	21	15	36	Data not available	16	16	Data not available		
Unsocialised conduct disorder	44	26	70	63	45	109	Data not available		
Socialised conduct disorder	68	6	74	173	87	260	13	3	16
Other conduct disorder	108	31	139	85	28	113	Data not available	17	17

Hyperactivity Disorders

Table 178: Estimated number of CYP in Wandsworth aged 5-19-years-old with a hyperactivity disorder by type, age and sex

Type of disorder	5 to 10 year olds			11 to 16 year olds			17 to 19 year olds		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Hyperactivity disorders	317	88	406	292	65	356	59	Data not available	61
Hyperkinesis	293	82	376	237	58	295	32		33
Other hyperactivity disorder	23	6	29	55	6	61	27		28

Other Less Common Disorders

Table 179: Estimated number of CYP in Wandsworth aged 5-19-years-old with an other less common mental health disorder by type, age and sex

Type of disorder	5 to 10 year olds			11 to 16 year olds			17 to 19 year olds		
	Boys	Girls	All	Boys	Girls	All	Boy	Girls	All
Other less common disorders	408	109	519	218	173	391	52	85	136
Pervasive Developmental Disorder (PDD)/ Autism Spectrum Disorder (ASD)	303	44	348	161	57	218	36	0	37
Eating disorders	7	6	13	21	84	105	0	61	60
Tics/other less common disorders	196	73	269	75	37	112	16	32	47

Children and Young People: Service Activity

Single Point of Access

Table 180: Referrals to CYP Single Point of Access by age between 2018/19 and 2021/22

Age	Year			
	2018/2019	2019/2020	2020/2021	2021/2022
0-4 ALL	161	166	136	131
5-10 ALL	749	869	813	736
11-16 ALL	1.360	1,468	1,575	1,595
17-19 ALL	201	200	220	218

Table 181: Referrals to CYP Single Point of Access by ethnic group between 2018/19 and 2021/22

	White	Asian or Asian British	Black or Black British	Mixed	Other Ethnic Groups	Unknown
2018/19	883	106	266	300	78	838
2019/20	1,014	142	271	354	61	862
2020/21	1,084	139	304	416	69	733
2021/22	1,044	161	299	383	88	705
Total	**4,025**	**548**	**1,140**	**1,453**	**296**	**3,138**

Estimated Mental Health Need Among Adults in Wandsworth

Common Mental Disorders

Table 182: Estimated number of adults in Wandsworth with a common mental disorder by age, sex and type of disorder, based on national prevalence estimates

Common Mental Disorder (CMD)		Age							
		16-24	25-34	35-44	45-54	55-64	65-74	75+	All
Men	Generalised anxiety disorder	549	2,163	2,084	1,150	816	161	53	6,242
	Depressive episode	130	1,478	858	805	553	193	18	3,694
	Phobias								
	Obsessive compulsive disorder	188	1,009	766	441	158	56	18	2,293
	Panic disorder	58	108	61	19	92	32	18	382
	CMD-Not otherwise specified	809	2,848	1,870	1,073	895	281	224	7,389
	Any CMD	**1,444**	**6,272**	**4,996**	**2,644**	**2,052**	**651**	**330**	**16,816**
Women	Generalised anxiety disorder	1,501	2,763	2,092	1,704	933	556	305	9,688
	Depressive episode	634	1,228	1,644	962	613	182	170	5,271
	Phobias	901	1,666	1,046	602	460	48	51	4,274
	Obsessive compulsive disorder	400	702	478	361	293	38	17	2,137
	Panic disorder	367	263	90	160	56	86	68	1,140
	CMD-Not otherwise specified	1,885	4,473	3,078	2,366	1,310	662	483	13,677
	Any CMD	**4,704**	**9,078**	**6,665**	**4,853**	**2,814**	**1,409**	**932**	**29,491**
All adults	Generalised anxiety disorder	1,961	4,874	4,177	2,862	1,734	705	359	15,922
	Depressive episode	716	2,797	2,482	1,765	1,165	370	187	8,905
	Phobias	1,027	2,637	1,816	1,059	623	106	72	6,477
	Obsessive compulsive disorder	560	1,119	969	627	406	53	43	3,508
	Panic disorder	373	400	182	196	135	123	86	1,619
	CMD-Not otherwise specified	2,614	7,271	4,964	3,411	2,194	917	704	21,049
	Any CMD	**5,882**	**15,181**	**11,684**	**7,489**	**4,876**	**2,027**	**1,265**	**45,877**

Table 183: Estimated number of adults in Wandsworth with a Common Mental Disorder in the past week, by type of disorder and ethnic group, based on national prevalence

CMD		Ethnic group				
		White British	White Other	Black/ Black British	Asian/ Asian British	Mixed, multiple and other
Men	Generalised anxiety disorder	3,618	561	599	663	178
	Depressive episode	2,087	382	196	395	235
	Phobias	1,113	180	381	344	313
	Obsessive compulsive disorder	557	673	425	229	Data not available
	Panic disorder	278	Data not available	Data not available	Data not available	Data not available
	CMD-Not otherwise specified	3,966	1,661	784	778	441
	Any CMD	**9,184**	**3,053**	**1,492**	**1,568**	**988**
Women	Generalised anxiety disorder	4,924	1,431	971	921	284
	Depressive episode	2,603	826	1011	374	142
	Phobias	2,181	330	526	561	157
	Obsessive compulsive disorder	1,055	440	202	173	112
	Panic disorder	422	55	364	345	172
	CMD-Not otherwise specified	6,612	1,926	2,399	1,195	1,228
	Any CMD	**14,350**	**4,155**	**4,300**	**3,066**	**1,946**
All adults	Generalised anxiety disorder	8,535	1,999	1,584	1,574	452
	Depressive episode	4,757	1,199	1219	787	379
	Phobias	3,358	500	902	896	467
	Obsessive compulsive disorder	1,679	1,149	609	407	117
	Panic disorder	700	50	366	299	161
	CMD-Not otherwise specified	10,634	3597	3217	1,927	1,635
	Any CMD	**23,646**	**7,195**	**5,850**	**4,478**	**2,890**

Psychotic Disorder

Table 184: Estimated number of adults in Wandsworth with a Psychotic Disorder by age and sex, based on national prevalence

		Age							
		16-24	25-34	35-44	45-54	55-64	65-74	75+	All
Psychotic disorder in the past year	Men	29	108	307	96	92	8	Data not available	637
	Women	83	351	269	100	111	29	17	855
	All adults	124	479	605	196	190	35	14	1,349
Probable psychotic disorder	Men	29	324	368	134	118	24	18	892
	Women	117	482	329	201	84	29	8	1,140
	All adults	156	799	666	314	217	53	29	1,889

Table 185: Estimated number of adults in Wandsworth with a Psychotic Disorder by ethnic group and sex, based on national prevalence

Psychotic disorder	Ethnic group			
	White	Black	Asian	Mixed/other
Men	187	304	149	Data not available
Women	426	Data not available	52	Data not available
All adults	617	296	219	Data not available

Bipolar Disorder

Table 186: Estimated number of adults in Wandsworth showing characteristics of bipolar disorder in their lifetime by age, sex and number of symptoms, based on national prevalence

A positive screen for bipolar disorder requires at least 7 lifetime manic/hypomanic symptoms, as well as several co-occurring symptoms and moderate or serious associated functional impairment.

Number of bipolar disorder characteristics on the Mood Disorder Questionnaire		Age							
		16-24	25-34	35-44	45-54	55-64	65-74	75+	All
Men	0-6	10,990	31,866	27,955	17,915	12,182	7,702	5,820	114,782
	7+	3,452	4,181	2,697	1,245	974	338	77	12,612
	7+ and several at same time	1,618	2,992	1,655	862	500	169	12	7,134
	7+ and several same time and this caused problems	448	1,117	889	402	210	32	Data not available	
Women	0-6	13,127	39,470	28,004	18,809	13,403	9,424	8,366	131,499
	7+	3,553	4,386	1,883	1,243	529	163	110	10,970
	7+ and several at same time	1,718	3,465	1,315	582	348	67	34	6,411
	7+ and several same time and this caused problems	617	1,360	568	241	181	38	Data not available	2,564
All adults	0-6	24,088	71,273	55,938	36,742	25,598	17,116	14,186	246,385
	7+	7,034	8,629	4,601	2,470	1,490	511	187	23,478
	7+ and several at same time	3,361	6,472	2,966	1,451	867	247	43	13,493
	7+ and several same time and this caused problems	1,058	2,477	1,453	627	406	71	Data not available	5,397

Table 187: Estimated numbers of adults in Wandsworth with Bipolar Disorder by ethnicity, based on national prevalence

Bipolar disorder	Ethnic group				
	White	White other	Black/ Black British	Asian/Asian British	Mixed/ Multiple/ other
Men	1,461	628	414	204	71
Women	1,196	413	634	173	187
All adults	2,658	1,049	1,048	380	248

Suicidal Thoughts, Suicide Attempts and Self-harm

Table 188: Estimated number of people in Wandsworth experiencing suicidal thoughts, self-harm, suicidal attempts in terms of sex and age, based on national prevalence

		Age							
		16-24	25-34	35-44	45-54	55-64	65-74	75+	All
Men	Suicidal thoughts	2,787	7,606	6,468	3,966	2,960	957	419	23,823
	Suicidal attempts	780	2,884	1,992	1,035	710	281	59	6,879
	Self-harm	1,401	3,929	2,023	632	434	161	Data not available	7,261
Women	Suicidal thoughts	5,771	10,569	6,814	5,334	3,190	1,122	746	31,913
	Suicidal attempts	2,118	3,991	2,839	1,644	1,198	355	178	11,398
	Self-harm	4,287	5,789	2,750	1,003	697	173	51	12,680
All adults	Suicidal thoughts	8,341	18,058	13,258	9,293	6,149	2,080	1,164	55,592
	Suicidal attempts	2,801	6,792	4,843	2,666	1,896	635	244	18,081
	Self-harm	5,446	9,668	4,783	1,608	1,111	335	43	19,700

Table 189: Estimated number of adults in Wandsworth experiencing suicidal thoughts, suicide attempts and self-harm by ethnic group and sex

Suicidal thoughts, suicide attempts and self-harm		Ethnic group				
		White British	White other	Black/Black British	Asian/ Asian British	Mixed, multiple and other
Men	Suicide thoughts	13,506	5,201	3,626	1,842	801
	Suicide attempts	3,658	1,651	1,914	849	187
	Self-harm	3,728	2,201	1,173	993	240
Women	Suicide thoughts	16,038	4,554	3,006	2,332	2,201
	Suicide attempts	5,768	1,463	714	993	793
	Self-harm	6,683	1,156	782	1,108	621
All adults	Suicide thoughts	29,383	9,543	5,923	3,908	2,904
	Suicide attempts	9,375	3,048	2,242	1,737	949
	Self-harm	10,494	3,148	1,731	1,981	832

Autism

Table 190: Estimated number of adults in Wandsworth with autism by age and sex

Autism	Age				
	16-34	35-54	55-74	75+	All
Men	1,111	100	254	Data not available	1,401
Women	424	Data not available	Data not available	Data not available	285
All adults	1,665	100	268	Data not available	1,889

ADHD

Table 191: Estimated number of adults in Wandsworth with ADHD by age and sex

The 2014 survey is based on the six-item Adult ADHD Self-Report Scale (ASRS). A score of 4 or more means a positive screen for ADHD.

ASRS score		Age							
		16-24	25-34	35-44	45-54	55-64	65-74	75+	All
Men	4 or more	2,195	5,479	2,851	1,897	1,145	273	195	12,739
	All 6	274	216	153	115	145	Data not available	Data not available	892
Women	4 or more	2,352	3,991	3,497	2,286	1,282	479	297	13,535
	All 6	317	482	120	80	56	10	Data not available	855
All adults	4 or more	4,544	9,748	6,357	4,196	2,438	740	489	26,177
	All 6	591	639	303	196	217	0		1,889

Dependent drinking

Table 192: Estimated number of adults in Wandsworth experiencing dependent drinking, by age, sex and severity

AUDIT score		Age							
		16-24	25-34	35-44	45-54	55-64	65-74	75+	All
Men	Non-drinkers	3842	5840	6774	2567	2131	1198	1433	23823
	Low risk (AUDIT score 1-7)	5979	18528	15357	11841	6999	5387	3986	69939
	Hazardous drinking (AUDIT score 8-15)	3870	9300	6621	3985	3526	1327	442	27899
	Harmful drinking/mild dependence (AUDIT score 16-19)	462	1298	950	441	355	80	Data not available	3185
	Probable dependence (AUDIT score 20+)	289	1081	950	345	145	40	35	2420
	8 or more	**4621**	**11679**	**8491**	**4752**	**4026**	**1455**	**478**	**33505**
	16 or more	**751**	**2379**	**1870**	**786**	**500**	**129**	**35**	**5605**
Women	Non-drinkers	3386	12148	7741	4211	3093	2953	3831	38039
	Low risk (AUDIT score 1-7)	9007	25217	17902	13154	9028	6030	4450	85339
	Hazardous drinking (AUDIT score 8-15)	3736	5482	3527	2346	1533	537	195	16526
	Harmful drinking/mild dependence (AUDIT score 16-19)	350	746	448	201	181	58	Data not available	1,852
	Probable dependence (AUDIT score 20+)	183	219	269	140	84	10	Data not available	855
	8 or more	**4,270**	**6,491**	**4,244**	**2,687**	**1,811**	**604**	**195**	**19,091**
	16 or more	**534**	**965**	**717**	**321**	**265**	**67**	**Data not available**	**2,564**
All adults	Non-drinkers	7,314	17,578	14,529	6,744	5,228	4,072	5,232	61,529
	Low risk (AUDIT score 1-7)	14,814	43,547	33,357	24,978	16,036	11,440	8,466	155,171
	Hazardous drinking (AUDIT score 8-15)	7,656	15,261	10,049	6,352	5,065	1,921	647	44,797
	Harmful drinking/mild dependence (AUDIT score 16-19)	840	2,077	1,392	627	542	141	Data not available	5,127
	Probable dependence (AUDIT score 20+)	467	1,358	1,211	471	217	53	43	3,238
	8 or more	**8,994**	**18,777**	**12,653**	**7,489**	**5,824**	**2,115**	**676**	**53,163**
	16 or more	**1,307**	**3,516**	**2,603**	**1,098**	**758**	**194**	**43**	**8,366**

Endnotes

1 i-THRIVE | Implementing the THRIVE Framework (implementingthrive.org)
2 https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response
3 PMH_evidence practice_commissioning_2019.pdf
4 Health matters: reducing health inequalities in mental illness - GOV.UK (www.gov.uk)
5 McDaid D, Park A. The Economic Case for Investing in the Prevention of Mental Health Conditions in the UK. London: Mental Health Foundation; 2022.
6 https://www.longtermplan.nhs.uk/areas-of-work/mental-health/
7 https://researchbriefings.files.parliament.uk/documents/POST-PN-0648/POST-PN-0648.pdf
8 http://implementingthrive.org/
9 Mental health | The King's Fund (kingsfund.org.uk)
10 https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted
11 https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
12 https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
13 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973936/covid-19-mental-health-and-wellbeing-recovery-action-plan.pdf
14 https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/prevention-and-mental-health
15 https://files.digital.nhs.uk/pdf/s/5/adult_psychiatric_study_executive_summary_web.pdf
16 https://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf
17 https://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf
18 Risks to mental health: an overview of vulnerabilities and risk factors background paper by who secretariat for the development of a comprehensive mental health action plan. 27 August 2012
19 Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014. - NHS Digital
20 Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014. - NHS Digital
21 Mental Health of Children and Young People Surveys - NHS Digital
22 Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014. - NHS Digital
23 The effects of parent-child relationships on later life mental health statu...: EBSCOhost
24 Poverty dynamics and parental mental health: Determinants of childhood mental health in the UK - PMC (nih.gov)
25 Mental Health of Children and Young People Surveys - NHS Digital
26 b215d040-2753-410e-a39eb30ad3c8b708.pdf (rsph.org.uk)
27 b215d040-2753-410e-a39eb30ad3c8b708.pdf (rsph.org.uk)
28 https://www.basw.co.uk/system/files/resources/basw_112638-4_0.pdf
29 Longitudinal and Reciprocal Relationships Between Psychological Well-Being and Smoking - PMC (nih.gov)
30 https://www.basw.co.uk/system/files/resources/basw_112638-4_0.pdf
31 https://www.mentalhealth.org.uk/a-to-z/a/alcohol-and-mental-health
32 Variations in risk and protective factors for life satisfaction and mental wellbeing with deprivation: a cross-sectional study | SpringerLink
33 Major health-related behaviours and mental well-being in the general population: the Health Survey for England | BMJ Open
34 Major health-related behaviours and mental well-being in the general population: the Health Survey for England | BMJ Open
35 Microsoft Word - What predicts wellbeing - FULL REPORT - FINAL _4_.doc (basw.co.uk)
36 Variations in risk and protective factors for life satisfaction and mental wellbeing with deprivation: a cross-sectional study | SpringerLink
37 Quality of Life and Affective Well-Being in Middle-Aged and Older People with Chronic Medical Illnesses: A Cross-Sectional Population Based Study | PLOS ONE
38 mpion J, Bhugra D, Bailey S, Marmot M. Inequality and mental disorders: opportunities for action. The Lancet. 2013;382(9888):183-4
39 rcpsych-public-mental-health-implementation---a-new-centre-and-new-opportunities-briefing-paper-march-2022.pdf
40 Rough Sleeping Questionnaire: initial findings (publishing.service.gov.uk)
41 Measurement of and target-setting for well-being: an initiative by the WHO Regional Office for Europe, report of the second meeting of the expert group, Paris, France 25-26 June 2012
42 Information and support - Mind
43 Information and support - Mind
44 https://www.adph.org.uk/wp-content/uploads/2019/06/What-Good-Public-Mental-Health-Looks-Like-Final.pdf
45 https://www.adph.org.uk/wp-content/uploads/2019/06/What-Good-Public-Mental-Health-Looks-Like-Final.pdff
46 https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/five-steps-to-mental-wellbeing/f
47 https://www.adph.org.uk/wp-content/uploads/2019/06/What-Good-Public-Mental-Health-Looks-Like-Final.pdf
48 https://www.oecd.org/coronavirus/policy-responses/tackling-the-mental-health-impact-of-the-covid-19-crisis-an-integrated-whole-of-society-response-0ccafa0b/
49 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973936/covid-19-mental-health-and-wellbeing-recovery-action-plan.pdf
50 4. Children and young people - GOV.UK (www.gov.uk)
51 Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey - NHS Digital
52 Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey - NHS Digital
53 The impact of the COVID-19 pandemic on adolescent mental health (publishing.service.gov.uk)

54 Ofsted: Children hardest hit by COVID-19 pandemic are regressing in basic skills and learning - GOV.UK (www.gov.uk)
55 2. Important findings - GOV.UK (www.gov.uk)
56 2. Important findings - GOV.UK (www.gov.uk)
57 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973936/covid-19-mental-health-and-wellbeing-recovery-action-plan.pdf
58 Covid-19 one year on | The King's Fund (kingsfund.org.uk)
59 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973936/covid-19-mental-health-and-wellbeing-recovery-action-plan.pdf
60 https://www.bma.org.uk/advice-and-support/covid-19/what-the-bma-is-doing/covid-19-impact-of-the-pandemic-on-healthcare-delivery#:~:text=Health%20services%20were%20pushed%20to%20new%20limits&text=Increasing%20staff%20absences%20further%20reduced,on%20record%2C%20we%20are%20drowning.
61 Covid-19 one year on | The King's Fund (kingsfund.org.uk)
62 https://www.wandsworth.gov.uk/media/9516/wandsworth_jsna_people.pdf#
63 https://www.wandsworth.gov.uk/media/9516/wandsworth_jsna_people.pdf#
64 https://www.wandsworth.gov.uk/media/9516/wandsworth_jsna_people.pdf#
65 https://www.wandsworth.gov.uk/media/9890/wandsworth_jsna_overview.pdf
66 https://www.wandsworth.gov.uk/media/9890/wandsworth_jsna_overview.pdf
67 https://www.wandsworth.gov.uk/media/9890/wandsworth_jsna_overview.pdf
68 https://www.wandsworth.gov.uk/media/9890/wandsworth_jsna_overview.pdf
69 https://www.wandsworth.gov.uk/media/9890/wandsworth_jsna_overview.pdf
70 https://www.wandsworth.gov.uk/media/9890/wandsworth_jsna_overview.pdf
71 https://www.wandsworth.gov.uk/media/9516/wandsworth_jsna_people.pdf#page=67
72 https://www.wandsworth.gov.uk/media/9516/wandsworth_jsna_people.pdf#page=67
73 https://www.wandsworth.gov.uk/media/9516/wandsworth_jsna_people.pdf#page=67
74 https://www.wandsworth.gov.uk/media/9516/wandsworth_jsna_people.pdf#page=67
75 https://www.wandsworth.gov.uk/media/9516/wandsworth_jsna_people.pdf#page=67
76 https://www.wandsworth.gov.uk/media/9516/wandsworth_jsna_people.pdf#page=67
77 DataRich. Deprivation reports. 2016. Data used: 2016 assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/295474/The_relationship_between_wellbeing_and_health.pdf
78 https://publications.parliament.uk/pa/cm5802/cmselect/cmhealth/17/report.html
79 NHS Digital 2018
80 https://publications.parliament.uk/pa/cm5802/cmselect/cmhealth/17/report.html
81 SW-London-CCG-Local-Transformation-Plan-Refresh-2021-vF.pdf (swlondonccg.nhs.uk)
82 SW-London-CCG-Local-Transformation-Plan-Refresh-2021-vF.pdf (swlondonccg.nhs.uk)
83 https://publications.parliament.uk/pa/cm5802/cmselect/cmhealth/17/report.html
84 DataWand – Census 2021 DataWand
85 Shonkoff JP, Garner AS. The lifelong effects of early childhood adversity and toxic stress. American Journal of Pediatrics. 2012;129(1):e232-e46.
86 Evidence-based early years intervention - Science and Technology Committee - House of Commons (parliament.uk)
87 Bell R, Donkin A, Marmot M. Tackling structural and social issues to reduce inequalities in children's outcome in low and middle income countries [paper submitted to Unicef]. 2013
88 https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017
89 https://files.digital.nhs.uk/60/1CB03A/MHCYP%202017%20Survey%20Design%20and%20Methods.pdf
90 https://files.digital.nhs.uk/60/1CB03A/MHCYP%202017%20Survey%20Design%20and%20Methods.pdf
91 Mental Health of Children and Young People in England, 2017 [PAS] - NHS Digital
92 www.datarich.info/
93 Mental Health of Children and Young People in England, 2017 [PAS] - NHS Digital
94 https://files.digital.nhs.uk/C7/874005/MHCYP%202017%20Hyperactivity%20Disorders.pdf
95 https://files.digital.nhs.uk/60/1CB03A/MHCYP%202017%20Survey%20Design%20and%20Methods.pdf
96 Suicide Strategy
97 https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf
98 https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf
99 https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf
100 https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf
101 https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133225/pat/6/par/E12000007/ati/402/are/E09000027/iid/90813/age/305/sex/
102 https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2019-20/frequently-asked-questions
103 https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2019-20/frequently-asked-questions
104 https://swlondonccg.nhs.uk/wp-content/uploads/2021/10/SW-London-CCG-Local-Transformation-Plan-Refresh-2021-vF.pdf
105 https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133225/pat/6/par/E12000007/ati/402/are/E09000027/iid/90813/age/305/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0
106 https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133225/pat/6/par/E12000007/ati/402/are/E09000027/iid/90813/age/305/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0
107 https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133225/pat/6/par/E12000007/ati/402/are/E09000027/iid/90813/age/305/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0
108 https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133238/pat/6/par/E12000007/ati/302/are/E09000027/iid/92796/age/7/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0
109 Office for Health Improvement and Disparities. Public health profiles. 2022 https://fingertips.phe.org.uk

110 https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/3/gid/1938133376/pat/6/par/E12000007/ati/402/are/E09000027/iid/93623/age/173/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

111 https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/3/gid/1938133376/pat/6/par/E12000007/ati/402/are/E09000027/iid/93623/age/173/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

112 https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/3/gid/1938133376/pat/6/par/E12000007/ati/402/are/E09000027/iid/93624/age/173/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

113 https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/3/gid/1938133376/pat/6/par/E12000007/ati/402/are/E09000027/iid/93622/age/173/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

114 What causes mental health problems? - Mind

115 The emotional and mental health needs of young carers: what psychiatry can do - PubMed (nih.gov)

116 The emotional and mental health needs of young carers: what psychiatry can do | BJPsych Bulletin | Cambridge Core

117 A Comparative Sociology of Gypsy Traveller Health in the UK - PubMed (nih.gov)

118 Lived experience of vulnerability from a Gypsy Roma Traveller perspective - Heaslip - 2016 - Journal of Clinical Nursing - Wiley Online Library

119 Full article: Public stigmatisation of people with intellectual disabilities: a mixed-method population survey into stereotypes and their relationship with familiarity and discrimination (tandfonline.com)

120 Mental Health of Children and Young People in England, 2017 [PAS] - NHS Digital

121 Socioeconomic disadvantage, social participation and networks and the self-rated health of English men and women with mild and moderate intellectual disabilities: cross sectional survey - PubMed (nih.gov)

122 Mental Health of Children and Young People in England, 2017 [PAS] - NHS Digital

123 Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth - PMC (nih.gov)

124 Mental Health of Children and Young People in England, 2017 [PAS] - NHS Digital

125 Tools/front matter (brightfutures.org)

126 319 319..325 (cambridge.org)

127 Public health profiles - OHID (phe.org.uk)

128 BCMJ_Vol58_No8_complete (ID 106154).pdf

129 Mental Health of Children and Young People in England, 2017 [PAS] - NHS Digital

130 Mental Health of Children and Young People in England, 2017 [PAS] - NHS Digital

131 Mental Health of Refugees and Asylum Seekers: Assessment and Intervention - Rachel Kronick, 2018 (sagepub.com)

132 Prevalence of Psychiatric Disorders Among Unaccompanied Asylum-Seeking Adolescents in Norway - PMC (nih.gov)

133 Young women are now a 'high-risk group' for mental illness – EAEF

134 Mental Health of Children and Young People in England, 2017 [PAS] - NHS Digital

135 apms-2014-full-rpt.pdf (publishing.service.gov.uk)

136 Mental health needs of young offenders in custody and in the community | The British Journal of Psychiatry | Cambridge Core

137 Psychiatric Disorders in Detained Male Adolescents: A Systematic Literature Review (sagepub.com)

138 https://www.oecd.org/coronavirus/policy-responses/supporting-young-people-s-mental-health-through-the-covid-19-crisis-84e143e5/

139 SW-London-CCG-Local-Transformation-Plan-Refresh-2021-vF.pdf (swlondonccg.nhs.uk)

140 https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people

141 4. Children and young people - GOV.UK (www.gov.uk)

142 4. Children and young people - GOV.UK (www.gov.uk)

143 4. Children and young people - GOV.UK (www.gov.uk)

144 4. Children and young people - GOV.UK (www.gov.uk)

145 https://www.england.nhs.uk/wp-content/uploads/2018/02/tier-4-camhs-general-adolescent-service-specification-v3.pdf

146 Wandsworth Young People's Survey (2022)

147 Falling through the gap between CAMHS and AMHS - ACAMH

148 Overview | Transition from children's to adults' services for young people using health or social care services | Guidance | NICE

149 Outcomes of young people who reach the transition boundary of child and adolescent mental health services: a systematic review - PubMed (nih.gov)

150 Process, outcome and experience of transition from child to adult mental healthcare: multiperspective study - PubMed (nih.gov)

151 college-report-cr182.pdf (rcpsych.ac.uk)

152 s1 1..2 (cambridge.org)

153 Falling through the gap between CAMHS and AMHS - ACAMH

154 The effect of organisational resources and eligibility issues on transition from child and adolescent to adult mental health services - PubMed (nih.gov)

155 Improving mental health transitions for young people with autism spectrum disorder | Request PDF (researchgate.net)

156 Mental health service transitions for young people - Introduction: Top 10 principles (scie.org.uk)

157 Health matters: reducing health inequalities in mental illness - GOV.UK (www.gov.uk)

158 Health matters: reducing health inequalities in mental illness - GOV.UK (www.gov.uk)

159 Health matters: reducing health inequalities in mental illness - GOV.UK (www.gov.uk)

160 https://www.ageuk.org.uk/globalassets/age-uk/documents/policy-positions/health-and-wellbeing/ppp_mental_health_england.pdf

161 https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults

162 https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014

163 https://files.digital.nhs.uk/pdf/s/5/adult_psychiatric_study_executive_summary_web.pdf

164 https://files.digital.nhs.uk/pdf/s/5/adult_psychiatric_study_executive_summary_web.pdf
165 https://files.digital.nhs.uk/pdf/s/5/adult_psychiatric_study_executive_summary_web.pdf
166 https://files.digital.nhs.uk/pdf/s/5/adult_psychiatric_study_executive_summary_web.pdf
167 https://files.digital.nhs.uk/pdf/s/5/adult_psychiatric_study_executive_summary_web.pdf
168 https://files.digital.nhs.uk/pdf/t/6/adult_psychiatric_study_ch2_web.pdf
169 https://www.nice.org.uk/guidance/cg123/ifp/chapter/common-mental-health-problems
170 https://files.digital.nhs.uk/pdf/t/6/adult_psychiatric_study_ch2_web.pdf
171 https://www.nice.org.uk/guidance/cg123/ifp/chapter/common-mental-health-problems
172 https://www.nice.org.uk/guidance/cg123/ifp/chapter/common-mental-health-problems
173 https://www.nice.org.uk/guidance/cg123/ifp/chapter/common-mental-health-problems
174 https://www.nice.org.uk/guidance/cg123/ifp/chapter/common-mental-health-problems
175 https://files.digital.nhs.uk/pdf/t/6/adult_psychiatric_study_ch2_web.pdf
176 https://www.nice.org.uk/guidance/cg123/ifp/chapter/common-mental-health-problems
177 https://www.nice.org.uk/guidance/cg123/ifp/chapter/common-mental-health-problems
178 https://files.digital.nhs.uk/pdf/t/6/adult_psychiatric_study_ch2_web.pdf
179 https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/data#page/4/gid/1938132922/pat/6/par/E12000007/ati/202/are/E09000027/iid/848/age/168/sex/4/cat/-1/ctp/-1/yrr/1/nn/nn-7-E09000027/cid/4/tbm/1
180 https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing
181 https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing
182 https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing
183 https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing
184 https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing
185 https://files.digital.nhs.uk/pdf/0/p/adult_psychiatric_study_ch5_web.pdf
186 https://files.digital.nhs.uk/pdf/0/p/adult_psychiatric_study_ch5_web.pdf
187 https://files.digital.nhs.uk/pdf/0/p/adult_psychiatric_study_ch5_web.pdf
188 https://www.nice.org.uk/guidance/cg178/chapter/introduction
189 https://www.nice.org.uk/guidance/cg178/chapter/introduction
190 https://files.digital.nhs.uk/pdf/0/p/adult_psychiatric_study_ch5_web.pdf
191 https://files.digital.nhs.uk/pdf/2/k/adult_psychiatric_study_ch9_web.pdf
192 https://files.digital.nhs.uk/pdf/2/k/adult_psychiatric_study_ch9_web.pdf
193 https://files.digital.nhs.uk/pdf/2/k/adult_psychiatric_study_ch9_web.pdf
194 https://www.england.nhs.uk/wp-content/uploads/2021/03/B0456-update-on-quality-outcomes-framework-changes-for-21-22-.pdf
195 https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness/data#page/3/gid/8000039/pat/6/par/E12000007/ati/402/are/E09000027/iid/93581/age/181/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1
196 https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness/data#page/3/gid/8000039/pat/6/par/E12000007/ati/402/are/E09000027/iid/93581/age/181/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1
197 https://files.digital.nhs.uk/publicationimport/pub21xxx/pub21748/apms-2014-suicide.pdf
198 https://files.digital.nhs.uk/publicationimport/pub21xxx/pub21748/apms-2014-suicide.pdf
199 https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000044/pat/6/par/E12000007/ati/402/are/E09000027/iid/41001/age/285/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-ao-0_car-do-0
200 https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000042/pat/6/par/E12000007/ati/402/are/E09000027/iid/21001/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0
201 JSNA https://www.wandsworth.gov.uk/media/9890/wandsworth_jsna_overview.pdf
202 https://files.digital.nhs.uk/pdf/0/8/adult_psychiatric_study_ch4_web.pdf
203 https://files.digital.nhs.uk/pdf/1/h/adult_psychiatric_study_ch7_web.pdf
204 https://files.digital.nhs.uk/pdf/1/h/adult_psychiatric_study_ch7_web.pdf
205 https://files.digital.nhs.uk/pdf/1/h/adult_psychiatric_study_ch7_web.pdf
206 https://files.digital.nhs.uk/pdf/1/h/adult_psychiatric_study_ch7_web.pdf
207 PHE. Better care for people with co-occurring mental health and alcohol/drug use conditions 2017.https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf
208 HE. Better care for people with co-occurring mental health and alcohol/drug use conditions https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf
209 PHE. Better care for people with co-occurring mental health and alcohol/drug use conditions https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf
210 https://www.mentalhealth.org.uk/a-to-z/a/alcohol-and-mental-health
211 https://www.alzheimers.org.uk/about-dementia/risk-factors-and-prevention/alcohol
212 https://www.alz.org/alzheimers-dementia/what-is-dementia/types-of-dementia/korsakoff-syndrom
213 https://www.wandsworth.gov.uk/media/9890/wandsworth_jsna_overview.pdf
214 Lexicon of alcohol and drug terms (who.int)
215 Drug misuse in England and Wales - Office for National Statistics (ons.gov.uk)
216 Misuse of illicit drugs and medicines: applying All Our Health - GOV.UK (www.gov.uk)
217 https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020
218 https://www.gov.uk/government/publications/gambling-related-harms-evidence-review/gambling-related-harms-evidence-review-summary

219 https://www.gov.uk/government/publications/gambling-related-harms-evidence-review/gambling-related-harms-evidence-review-summary
220 https://www.nice.org.uk/about/what-we-do/into-practice/measuring-the-use-of-nice-guidance/impact-of-our-guidance/niceimpact-maternity/ch2-maternity-and-mental-health
221 https://fingertips.phe.org.uk/profile-group/mental-health/profile/perinatal-mental-health/data#page/3/gid/1938132960/pat/6/par/E12000007/ati/102/are/E09000027/iid/92266/age/179/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0
222 https://www.alzheimers.org.uk/about-dementia/types-dementia/what-is-dementia
223 National Institute for Health and Care Excellence. Clinical Knowledge Summaries. Dementia. May 2017 [Cited 15 Oct 2018]. Available from: https://cks.nice.org.uk/dementia
224 Dementia Needs Assessment (Prevention and Care), Wandsworth Council, 2019
225 Dementia Needs Assessment (Prevention and Care), Wandsworth Council, 2019
226 Health matters: reducing health inequalities in mental illness - GOV.UK (www.gov.uk)
227 Part 1: The Connection Between Substance Use Disorders and Mental Illness | National Institute on Drug Abuse (NIDA) (nih.gov)
228 Alcohol abuse or dependence and other psychiatric disorders. Madrid study on the prevalence of dual pathology: Mental Health and Substance Use: Vol 6, No 4 (tandfonline.com)
229 304 304..313 (cambridge.org)
230 apms-2014-full-rpt.pdf (publishing.service.gov.uk)
231 NDTMS - Home
232 NDTMS - Home
233 BJB_44_3_Articles 89..120 (cambridge.org)
234 197 197..203 (cambridge.org)
235 DataWand
236 DataWand
237 Mental Health Inequalities Facing U.K. Minority Ethnic Populations - Grey - 2013 - Journal of Psychological Issues in Organizational Culture - Wiley Online Library
238 S0007125021001793jra 520..527 (cambridge.org)
239 396324 129..137 (researchgate.net)
240 Crossing boundaries. Identifying and meeting the mental health needs of Gypsies and Travellers: Journal of Mental Health: Vol 15, No 3 (tandfonline.com)
241 Stigma research in the field of intellectual disabilities: a scoping review on the perspective of ca (tandfonline.com)
242 prevalence_of_mental_health_conditions_and_relationship_with_general_health_in_a_wholecountry_population_of_people_with_intellectual_disabilities_compared_with_the_general_population.pdf (cambridge.org)
243 Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth - PMC (nih.gov)
244 apms-2014-full-rpt.pdf (publishing.service.gov.uk)
245 Producing modelled estimates of the size of the LGB population of England (publishing.service.gov.uk)
246 Joint Strategic Needs Assessment (JSNA) - Wandsworth Borough Council
247 Treating co-morbid chronic medical conditions and anxiety/depression | Epidemiology and Psychiatric Sciences | Cambridge Core
248 Mercer.indd (annfammed.org)
249 South West London - Home (sharepoint.com)
250 mental-health-and-poverty-in-the-uk-time-for-change.pdf (cambridge.org)
251 apms-2014-full-rpt.pdf (publishing.service.gov.uk)
252 Mental Health and Homelessness (researchgate.net)
253 The Prevalence of Mental Disorders among the Homeless in Western Countries: Systematic Review and Meta-Regression Analysis | PLOS Medicine
254 Homelessness statistics - GOV.UK (www.gov.uk)
255 Homelessness statistics - GOV.UK (www.gov.uk)
256 Mental Health of Refugees and Asylum Seekers: Assessment and Intervention - Rachel Kronick, 2018 (sagepub.com)
257 92c9c7a24910e6f8eb23a65f599ce030be65-with-cover-page-v2.pdf (d1wqtxts1xzle7.cloudfront.net)
258 Wandsworth Borough Council, 2022
259 Young women are now a 'high-risk group' for mental illness – EAEF
260 Mental Health of Children and Young People in England, 2017 [PAS] - NHS Digital
261 apms-2014-full-rpt.pdf (publishing.service.gov.uk)
262 DataWand
263 DataWand
264 Mental health needs of young offenders in custody and in the community | The British Journal of Psychiatry | Cambridge Core
265 Probation and mental illness - The Lincoln Repository
266 Assessing needs for psychiatric treatment in prisoners: 1. Prevalence of disorder - PubMed (nih.gov)
267 HM Prisons and Probation Service, 2022
268 HM Prisons and Probation Service, 2022
269 What we do - South West London ICS
270 https://www.southwestlondonics.org.uk/our-work/mental-health-wellbeing/
271 Mental health and wellbeing - South West London ICS
272 Learn about our Mental Health services at South West London and St George's Mental Health NHS Trust (swlstg.nhs.uk)
273 https://www.bma.org.uk/advice-and-support/covid-19/what-the-bma-is-doing/covid-19-impact-of-the-pandemic-on-healthcare-delivery#:~:text=Health%20services%20were%20pushed%20to%20new%20limits&text=Increasing%20staff%20absences%20further%20reduced,on%20record%2C%20we%20are%20drowning.
274 https://www.bma.org.uk/advice-and-support/covid-19/what-the-bma-is-doing/covid-19-impact-of-the-pandemic-on-healthcare-delivery#:~:text=Health%20services%20were%20pushed%20to%20new%20limits&text=Increasing%20staff%20absences%20further%20reduced,on%20record%2C%20we%20are%20drowning.
275 https://files.digital.nhs.uk/pdf/t/6/adult_psychiatric_study_ch2_web.pdf
276 https://files.digital.nhs.uk/pdf/t/6/adult_psychiatric_study_ch2_web.pdf

277 https://www.bma.org.uk/advice-and-support/covid-19/what-the-bma-is-doing/covid-19-impact-of-the-pandemic-on-healthcare-delivery#:~:text=Health%20services%20were%20pushed%20to%20new%20limits&text=Increasing%20staff%20absences%20further%20reduced,on%20record%2C%20we%20are%20drowning.
278 https://www.swlstg.nhs.uk/our-services/find-a-service/service/perinatal-mental-health-service
279 https://www.nuffieldtrust.org.uk/news-item/what-has-been-the-impact-of-covid-19-on-urgent-and-emergency-care-across-england#ambulance-response-times
280 https://www.bma.org.uk/advice-and-support/covid-19/what-the-bma-is-doing/covid-19-impact-of-the-pandemic-on-healthcare-delivery#:~:text=Health%20services%20were%20pushed%20to%20new%20limits&text=Increasing%20staff%20absences%20further%20reduced,on%20record%2C%20we%20are%20drowning.
281 https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf
282 https://www.swlstg.nhs.uk/our-services/specialist-services/eating-disorders
283 Wandsworth – Service Users Equalities Profile Mental Health. Data Period 31st March 2021
284 Mental Health Act - NHS (www.nhs.uk)
285 https://www.bma.org.uk/advice-and-support/covid-19/what-the-bma-is-doing/covid-19-impact-of-the-pandemic-on-healthcare-delivery#:~:text=Health%20services%20were%20pushed%20to%20new%20limits&text=Increasing%20staff%20absences%20further%20reduced,on%20record%2C%20we%20are%20drowning.
286 https://www.swlstg.nhs.uk/our-services/find-a-service/service/wandsworth-older-people-s-community-mental-health-team
287 https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf

Designed and produced by Richmond and Wandsworth Design & Print. wdp@wandsworth.gov.uk AS590W (12.22)