### Subject: Mental Health Services in London

**Report to:** Health Committee  
**Report of:** Executive Director of Secretariat  
**Date:** 3 September 2014

**This report will be considered in public**

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1. **Summary**

   1.1 This report sets out the proposed terms of reference and scope for the Committee’s review of access to mental health services in London, and background information and context to the discussion Members will have with expert guests at today’s meeting.

2. **Recommendations**

   2.1 That the Committee agrees the proposed terms of reference and scope for its review of access to mental health services in London, as set out at paragraphs 4.5 – 4.8 of the report; and

   2.2 That the Committee notes this report as background to its discussion with expert guests on access to mental health services in London.

3. **Background**

   3.1 Members have informally agreed to review access to mental health services in London, focusing on challenges faced by young people and Black, Asian and Minority Ethnic (BAME) individuals. Members also informally agreed to conduct the review over two committee meetings, the first one to take place on 3 September 2014.

   3.2 This report sets out for Members consideration, the proposed terms of reference and scope for the review, and background information and context to the discussion Members will have with expert guests at today’s meeting.

   3.3 The World Health Organisation (WHO) defines mental health as ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’. Mental health covers a broad spectrum, as do mental health problems, which can range from worries experienced as part of everyday life to serious long-term conditions.

   **The Mayor’s statutory responsibility**

   3.4 The Mayor has a statutory responsibility under section 309 of the GLA Act 2007 to prepare and publish a health inequalities strategy which should include proposals and policies for promoting the
reduction of health inequalities.\footnote{Health inequalities defined in the strategy as inequalities in respect of life expectancy or general state of health which are wholly or partly a result of differences in respect of general health determinants one of which is the degree of ease or difficulty with which persons have access to public services.} The strategy published in April 2010, sets out five core objectives towards tackling health inequalities in London. The objective to achieve equitable access to high quality health and social care services for all Londoners is one of the five core objectives.\footnote{The other four core objectives can be accessed here.}

**Importance of the review for London**

3.5 Mental illness affects one in six people in the UK,\footnote{https://www.gov.uk/government/publications/the-mental-health-strategy-for-england} this equates to around 1.3 million people in London. Despite the fact that 50 per cent of lifetime mental illness will start by age 14, and 75 per cent will be in evidence by the mid-20s,\footnote{Chief Medical Officer’s Annual Report 2012: Our Children Deserve Better: Prevention pays, Annex 9 p111} three quarters of children and young people with these disorders are not detected or treated.\footnote{Chief Medical Officer’s Annual Report 2012: Our Children Deserve Better: Prevention pays} At least one in 10 children is thought to have a clinically significant mental health problem nationally, meaning an estimated 111,000 young people in London.\footnote{London Mental Health: The invisible costs of mental ill health, January 2014} However, there is little specific data for children and young people even at a national level, and therefore the true scale of the issue is difficult to determine.

3.6 The London Health Board has concluded that Londoners experience significantly worse mental health than other areas in the country, with higher levels of anxiety than the rest of the UK population\footnote{London health Board 2 December 2013 Appendix 1}. Social and environmental risk factors for mental health problems, including population density, housing vulnerability and poverty may contribute to higher prevalence among Londoners.

3.7 Additionally, London’s 40 per cent BAME population has different experiences in accessing mental health services. In general, rates of mental health problems are thought to be higher in minority ethnic groups in the UK than in the white population, but they are less likely to have their mental health problems detected by a GP\footnote{Mental Health Foundation: Fundamental Facts 2007 p.28}.

4. **Issues for Consideration**

**Aim of review**

4.1 It is proposed that the review examine the challenges facing different groups of Londoners in accessing mental health services, specifically children and young adults and BAME individuals (of all ages). It will explore the landscape for mental health service provision in London, including the social and environmental drivers of poor mental health in the city.

4.2 The review may potentially consider ‘pinch points’ in the system, such as early intervention and crisis services. The review will also seek to determine how the Mayor can influence and support partners to contribute to action which will reduce health inequalities and improve access to services.

**Added value of the review**

4.3 There is considerable interest in improving access to mental health services at national level. The review presents an opportunity to draw together best practice at local levels to develop a more consistent London-wide strategy. There is also opportunity to explore how existing public health activity can be specifically targeted towards these groups within the London population.
4.4 The review also presents an opportunity for the Committee to feed into the impending refresh of the Mayor’s Health Inequalities Strategy delivery plan. The Mayor has committed to working in collaboration with key health partners to ensure inequalities in access to London’s health services continue to be tackled, and to influence and support partners to contribute to action to reduce health inequalities.

**Proposed terms of reference**

4.5 The proposed terms of reference are:

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

For the purpose of the review, the term ‘young people’ will mean children and young adults up to 25 years old.

**Scope and conduct of the review**

4.6 The Committee has allocated two meetings for this review. The first meeting will be held on 3 September 2014. The date for the second meeting is yet to be decided, but there is scope to use the Committee’s meeting slots on 25 November 2014 or 14 January 2015.

*First meeting – focussing on access for young people*

4.7 It is proposed that Members use the first meeting to gain an overview of the landscape for mental health provision for young people in London. Further details on the scope of the discussion and key questions that could be considered at this meeting are noted in paragraph 4.15 below.

*Second meeting focussing on access for BAME individuals*

4.8 In the second meeting Members could seek to gain an overview of the specific challenges faced by BAME individuals accessing mental health services. Key questions for this session could include:

- What factors contribute to poor mental health prospects for BAME individuals in London?
- What barriers to accessing services are experienced by particular groups within the BAME population (young people, refugees and asylum seekers, different nationalities and/or religious groups, older people)?
- What specific services are available to BAME individuals seeking to access mental health services? Are more required?
- How can the Mayor influence and support improved access to services for BAME individuals?

*Gathering stakeholder views*

4.9 It is proposed that the Committee seek written views and information from a range of stakeholders, during September to November 2014. Members may also wish to visit a statutory/voluntary mental health provider.

**Timetable for the review**

4.10 The review will take place from August 2014 to February 2015. The stages of the review will include:

- Informal agreement of terms of reference: **August 2014**
• Formal agreement of terms of reference: September 2014
• Desk-based research/gather written views and information/hold site visits: August to December 2014
• Formal meetings: 3 September and 25 November 2014 OR 14 January 2015; and
• Produce findings: February 2015.

Focus for the meeting – 3 September
4.11 The discussion will explore mental health service provision in London, the challenges service providers face, and how these challenges translate into barriers to access to young people. Key questions to be considered at this meeting include:

• What factors contribute to poor mental health prospects for young people in London?
• What routes and methods do young Londoners use to access mental health services?
• What barriers to accessing services are experienced by particular groups within the young population (e.g. young offenders, refugees and asylum seekers, BAME, those with disabilities, children in care)?
• Is there a mismatch between demand and supply for mental health service provision for young people in London?
• How can the Mayor influence and support improved access to services for young people?
• How can the Mayor support improved joint working between different partner agencies?

Expert guests
4.12 The following expert guests have been invited to participate in the discussion:

• Barbara Rayment, Director, Youth Access
• Lucie Russell, Director of Campaigns and Media, YoungMinds
• Daniel Taegmayer, Senior Commissioning Manager, Lambeth Clinical Commissioning Group (CCG)
• Gregor Henderson, Director, Mental Health and Wellbeing, Public Health England

5. Legal Implications
5.1 The Committee has the power to do what is recommended in this report.

6. Financial Implications
6.1 There are no financial implications arising from this report.

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9 Youth Access is a member organisation promoting health and wellbeing for young people (up to age 25) in an ‘under one roof’ model of provision
10 YoungMinds is the UK’s leading charity committed to improving the emotional wellbeing and mental health of children and young people.
List of appendices to this report:
None

<table>
<thead>
<tr>
<th>Local Government (Access to Information) Act 1985</th>
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</thead>
<tbody>
<tr>
<td>List of Background Papers: None</td>
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| Contact Officer:               | Carmen Musonda, Scrutiny Manager |
| Telephone:                    | 020 7983 4351                   |
| Email:                        | scrutiny@london.gov.uk          |