

Havering Adult Mental Health Needs Assessment (AMHNA)

Key Findings

Havering's Adults' Mental Health and Care system is under growing demand; there has been an increase in prevalence across all mental health conditions. We are seeing long waiting times—particularly for ADHD and autism assessments—staff shortages and expensive out-of-area placements.



Those with complex needs (e.g., substance use, housing issues) can fall through service gaps.



Rates of referral into mental health services are consistently highest for people aged 18-25, across services.

18-25

Disparities in care access persist; Black males are overrepresented in psychiatric admissions, while Asian groups are underrepresented in referrals across all mental health services.



Frontline staff face rising mental health-related sickness and report limited mental health training.



Robust services that provide an A&E alternative are needed in Havering, such as a Crisis Café, and awareness of such services needs to be improved.



Community-based models, like Recovery Colleges and Housing First, show promise for mental health crisis prevention.



Stakeholders support integrated, trauma-informed, person-centred care, better coordination, early intervention, and user involvement in service design.



Rising perinatal mental health needs are met with fragmented services and poor engagement in high-deprivation areas, especially in north Havering.



Adult Mental Health Needs Assessment 2025

Executive Summary

Contents

Adult Mental Health Needs Assessment (AMHNA) Executive Summary.....	3
Purpose and scope	3
Methodology.....	3
Overview of Key Findings	4
Strategic Priorities for Mental Health in Havering	5
Recommendations to Deliver These Priorities	6
Increasing demand and rising complexity	6
Service Provision	6
Service Coordination and Integration	6
Service Accessibility and Waiting Times	7
Awareness of Mental Health Services.....	7
Workforce and Digital	7
Inequalities and Vulnerable Groups	7
Young Adults' Mental Health	7
Co-occurring Needs.....	8
Crisis prevention	8
Perinatal	9
Physical Health for Individuals with Severe Mental Illness	9
Glossary	9

June 2025

Adult Mental Health Needs Assessment (AMHNA)

Executive Summary

Good mental health, like good physical health, is vital for leading a healthy and happy life. The Havering Adult Mental Health Needs Assessment (AMHNA) identifies the current and projected mental health needs of adults across the borough, highlights service gaps and presents recommendations to improve mental health outcomes.

Purpose and scope

The AMHNA aims to:

- Understand the prevalence and nature of mental health issues in Havering
- Identify ways to prevent and reduce the likelihood and severity of mental health problems in Havering
- Present recommendations to improve the experience and outcomes achieved by health and care services
- It focuses on:
 - Common and severe mental health conditions
 - Borderline personality disorder
 - Perinatal mental health
 - Moving from child and adolescent mental health services (CAMHS) to adult services

Methodology

Developed with input from a working group—including membership from health, social care, housing, employment and voluntary sector partners—the AMHNA used stakeholder engagement (including focus groups), epidemiological analysis, a survey of frontline staff, an evidence review and external research. The working group met monthly from September 2024 to May 2025.

Overview of Key Findings

Please see each chapter for detailed key findings.

- Havering is experiencing a **marked increase** in the **prevalence** of mental health conditions. This rising demand is **placing pressure** on local services, with caseloads continuing to grow.
- Mental health services are under strain from a combination of factors, including **increasing demand, long waiting times** (especially for Attention Deficit Hyperactivity Disorder [ADHD] and autism assessments), **staff shortage**, a reliance on **costly out-of-area placements** and more.
- **Disparities in access** to mental health care remain a concern from stakeholders and require further investigation; for example, **Black males** are disproportionately admitted to psychiatric intensive care unit admissions, while rates of referral to mental health services are generally lower for people from **Asian ethnic groups** than other ethnic groups.
- Rates of referral are consistently **highest for people aged 18-25**, across services.
- Individuals with **complex, overlapping needs**—such as co-occurring substance misuse or housing problems—can fall through the cracks due to fragmented services or rigid eligibility thresholds.
- Frontline NHS, healthcare and Council staff are facing growing pressures, reflected in rising levels of **mental health-related sickness**. Havering Council frontline staff report limited training or confidence in responding effectively to residents' mental health needs.
- There is an urgent need for community-based services, such as a **Crisis Cafe**, which allows residents to access support in a mental health crisis without attending A&E.
- There is **limited public awareness** of **alternatives** to **A&E** for mental health crises, highlighting the need for better resident engagement and promotion of available services.
- **Community-based models**, like Recovery Colleges and Housing First, show promise for mental health crisis prevention.
- Havering stakeholders strongly support a shift toward **integrated, trauma-informed, person-centred care**. They call for better coordination between housing, health and social care services, earlier intervention and involvement of service users in service design.
- **Rising perinatal mental health needs** are met with fragmented services, short eligibility windows, insufficient provision for non-birthing partners and poorer engagement with families in high-deprivation areas, especially in the north of Havering.

Strategic Priorities for Mental Health in Havering

1. **Expand and sustain access to core mental health services:** Ensure adequate staffing and resourcing to meet rising service demand.
2. **Plan for future ADHD service capacity and resource allocation:** Conduct a needs assessment or service review for ADHD, analysing demand among specific cohorts, using data to plan future service capacity and ensure appropriate resourcing.
3. **Strengthen Care Pathways for Complex and High-Need Individuals:** Bridge the gap between primary and secondary mental health services and improve coordination for those with co-occurring mental health, substance misuse and housing-related needs.
4. **Improve timely and safe transitions across the system:** Adopt patient-centred discharge approaches, improve acute care flow and ensure smooth coordination when young people move from CAMHS to adult mental health services.
5. **Increase service coordination and communication across providers:** Strengthen multi-disciplinary teams, embed joint meetings across sectors and ensure GPs receive timely updates on referrals and patient progress.
6. **Improve equity and inclusion in mental health access and outcomes:** Reduce disparities by improving engagement with underrepresented groups (e.g., global majority groups, men, housing-vulnerable individuals and underrepresented perinatal groups).
7. **Empower and equip the mental health workforce:** Invest in staff wellbeing, reduce caseload pressures and provide training in trauma-informed care, cultural competence and person-centred practice.
8. **Increase Awareness and Outreach to Under-Engaged Communities:** Continue to develop and distribute inclusive digital and physical materials and mental health outreach in community settings to raise awareness and reduce stigma.
9. **Support Residents While They Wait for Services:** Implement a "Waiting Well" initiative that includes regular and clear communication, accessible resource guides and check-ins to reduce anxiety and encourage engagement during interim support.
10. **Improve Data Quality:** Strengthen data capture on hospital use, referrals and outcomes (e.g., Patient Recorded Outcome Measures, or PROMs) and use insights to inform service transformation and address inequalities.
11. **Integrate Physical and Mental Health Care for People with Severe Mental Illness:** Work with low-performing GP practices to improve uptake of annual health checks and embed targeted interventions, such as smoking cessation support and weight management.
12. **Expand and Coordinate Perinatal Mental Health Support:** Map existing services, extend the perinatal mental health pathway, promote trauma-informed care and provide peer support and culturally appropriate antenatal education.

Recommendations to Deliver These Priorities

Key recommendations are in bold. See [Glossary](#) for explanation of acronyms.

Increasing demand and rising complexity

- **Ensure adequate support to meet increasing demand for Talking Therapies and Mental Health and Wellness Teams (MHWT).**
- **Conduct an ADHD needs assessment or a service review to determine the capacity and service model needed to resource services.**
- North East London Foundation Trust (NELFT) and North East London Integrated Care Board (NEL ICB) to review local policies and practices in relation to providing intensive and assertive community care to better help those in crisis.
- London Borough of Havering (LBH) and NELFT to provide staff training in trauma-informed care and culturally competent care for relevant front-line services.

Service Provision

- NELFT to investigate piloting a Complex Case Pathway to bridge the gap between primary and secondary care.
- **System to continue efforts improving acute patient flow to relieve pressure on acute pathway.**
- Talking Therapies and Havering Primary Care Networks (PCNs) or integrated neighbourhood teams to explore embedding Psychological Wellbeing Practitioners across Havering Primary Care.
- Talking Therapies to continue expanding group therapy, providing individuals with immediate access to peer and professional support, reducing reliance on one-to-one services.
- NELFT to monitor and take appropriate actions to improve patient-reported outcome measures (Patient Recorded Outcome Measures, or PROMs).
- Services to adopt patient-centred discharge approach to prevent premature and/or unsafe discharge and prolonged length of stay.

Service Coordination and Integration

- Primary Care and NELFT to identify and address gaps in care pathway and communication (e.g., MHWT and Talking Therapies teams to send confirmation to GPs when referrals are accepted).
- **NELFT and LBH teams to explore opportunities to strengthen cross-sector multidisciplinary teams (MDTs) for mental health-related issues in Havering to avoid duplication and improve collaboration (e.g., neighbourhood MDT model).**
- **NELFT and voluntary sector organisations to promote awareness and information sharing among staff and service users, such as via the Havering Live Well Network and Carers Forum.**
- LBH Communities Team to promote Live Well Network and Service Directory across the system.
- NELFT to investigate protected social workers in Mental Health and Wellness Teams to alleviate pressure for MHWT clinicians.

Service Accessibility and Waiting Times

- Implement a *Waiting Well* initiative (e.g., a clear user-friendly guide for parents/carers/clients outlining the stages from referral-to-assessment process. Automated text message updates to confirm referral status and reduce unnecessary follow-up calls. A resource list provided at initial assessment, ensuring individuals are aware of services available while they wait, including support for carers.)
- Services to investigate implementing patient-initiated follow-up model in relevant services following discharge.

Awareness of Mental Health Services

- Create digital and offline materials to raise residents' and providers' awareness of preventative and community-based mental health support services and promote across the system.
- Maintain or improve outreach in community locations (e.g., hub spaces, substance misuse provider site, and temporary accommodation).
- Ensure availability of inclusive and accessible mental health information in different languages and easy-to-read formats.

Workforce and Digital

- **Prioritise staff wellbeing, workplace development plans and manageable caseloads to reduce burnout and improve retention of mental health professionals.**
- Upskill existing staff, training in person-centred approaches and mental health first aid to give better patient experience and improve retention.
- Strengthen efforts to recruit from diverse backgrounds, ensuring the workforce understands the cultural nuances of the communities it serves and is equipped to meet a wide range of needs.
- Strengthen and improve data capture and recording for mental health related hospital attendances and admission.

Inequalities and Vulnerable Groups

- Talking Therapies and LBH Supported Housing to work to develop an offer for psychological support for housing-vulnerable residents, including care leavers.
- **Improve equitable access, experience and outcomes in mental health care for all ethnic groups in Havering, working with NELFT's Patient and Carer Race Quality Framework (PCREF) team. System to engage with results of findings.**
- Work to improve the uptake of Talking Therapies by men.

Young Adults' Mental Health

- Public Health to review estimates of prevalence when 2023/24 Adult Psychiatric Morbidity Survey results are available.
- Analyse referrals and admissions among this cohort, segmented by diagnosis and demographics including ethnicity, sex and deprivation; and work with Community Mental Health Board to manage the demand.

- **Commissioners to support continuation of 18-25 Pathway, also considering lowering entry age criteria to 16 and reviewing eligibility criteria to be fit for purpose.**
- **NELFT to evaluate 18-25 Pathway's access, outcomes and demographics, including by deprivation.**
- 18-25 Pathway to explore options for increased group workshops and peer support groups.
- Allocate STR (Support, Time, Recovery) resources to improve engagement with young adults, especially those with complex needs.
- **NELFT to ensure that young people are fully involved and informed in discharge and transition planning (as per NICE guidelines).**
- Ensure staff are trained on LGBTQIA+-related mental health, with a focus on young people.

Co-occurring Needs

- Change Grow Live (CGL) and NELFT to continue collaboration for co-occurring mental health and substance misuse issues, including funding a joint worker post and strengthening training and collaboration with voluntary sector providers, GPs and other services.
- CGL and Primary and Secondary Mental Health (Talking Therapies and Mental Health and Wellness Teams) to cross-train staff in substance misuse management and mental health, respectively.
- LBH Safeguarding to promote training to frontline staff from across the system, including training on destigmatising substance misuse.
- **NELFT, Housing, commissioners and voluntary sector organisations to work together to improve coordination for complex needs accommodation cases, including continuing joint meetings for case discussions.**
- Supported Housing to investigate how housing provision for individuals with severe mental illness can be expanded.

Crisis prevention

- **Front-line services to utilise support, such as Local Area Coordinators and social prescribing, for people at higher risk.**
- **Support and evaluate crisis café, considering unintended consequences on service users and outcomes.**
- Continue information sharing with other North East London (NEL) boroughs, for example with proposed community MH improvement network and effectiveness of Crisis House models.
- Explore local learning from other boroughs and neighbouring trusts – such as Recovery Colleges in Waltham Forest and Tower Hamlets, and co-located financial advice pilot in East London Foundation Trust (ELFT).
- **LBH to continue to secure funding for Housing First approach. Explore opportunities to address housing concerns before people reach a mental health crisis point.**

Perinatal

- Develop culturally informed antenatal packages for families, including literature for family members that address common misconceptions and promote perinatal mental health awareness.
- **Develop Havering Integrated Perinatal Mental Health Pathway, mapping what support is available to parents and families in Havering at appropriate levels of need.**
- Explore extending support to 24 months post-birth, similar to the ELFT model, with a focus on securing funding for Havering.
- Increase peer support groups for individuals leaving structured perinatal mental health (PMH) services to maintain postnatal support networks.
- Investigate opportunities for co-location, joint appointments and non-clinical settings to improve service user access to support networks
- Improve integrated working and collaboration among PMH stakeholders.
- Introduce and develop multidisciplinary teams (MDTs) within Child Health Hubs.
- Each service to identify underrepresented groups compared to Havering's birth demographics, understanding the causes of variation between groups and reducing unwanted variation.
- Ensure use of inclusive language in all support groups, including those advertised for fathers to include non-birthing partners in its outreach.
- Provide perinatal mental health training that is trauma-informed to the Havering workforce that may work with residents in perinatal and postnatal periods.
- Ensure all PMH services have trauma-informed outlined in approach to care, whether commissioned or voluntary service.
- Develop a service pathway between CAMHS and adult perinatal mental health services for Havering residents below 18 who are in the perinatal period.

Physical Health for Individuals with Severe Mental Illness

- **NEL ICB and commissioners to conduct outreach to low-performing practices (those below 40% as highest priority) to understand if low performance is due to data, capacity, engagement, or other challenges.**
- Consider learning from the practices of neighbouring boroughs (e.g., offering to complete incomplete health checks, setting up two-week clinics to increase uptake) and adapting to Havering's circumstances by commissioners, PCNs and the GPs.
- PCNs to explore uptake and delivery of related interventions, including specialist smoking cessation service.

Glossary

ADHD – Attention Deficit Hyperactivity Disorder

A&E – Accident and Emergency

AMHNA – Adult Mental Health Needs Assessment

CAMHS – Child and Adolescent Mental Health Services
CGL – Change Grow Live
ELFT – East London Foundation Trust
GP – General Practitioner
ICB – Integrated Care Board
LBH – London Borough of Havering
MDT – Multidisciplinary Team
MHWT – Mental Health and Wellness Teams
NEL – North East London
NEL ICB – North East London Integrated Care Board
NHS – National Health Service
NICE – National Institute for Health and Care Excellence
PCN – Primary Care Network
PCREF – Patient and Carer Race Equality Framework
PMH – Perinatal Mental Health
PROM – Patient Reported Outcome Measures
STR – Support, Time, Recovery