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 Introduction and Policy Context

Chapter Summary

Mental Health is defined by the World Health Organization as a state of well being enabling individuals to cope, work productively and contribute to society

- Half of all mental health issues start by age 14, three-quarters by age 24
- Risk factor examples: genetics, trauma, chronic illness, social disadvantage
- Protective factor examples: education, safe communities, employment

Policy and Strategic Context

National Level

- *NHS Long Term Plan:* £2.3B increase in mental health funding
- *Mental Health Act Reform 2024:* Patient choice, equity, reduced detentions
- *10-year Health Plan:* Prevention, community care, digital services

Havering Context

- *JSNA 2024: H*igh-risk groups & perinatal support
- *Suicide Prevention Strategy 2025–30*
- *Substance Misuse Strategy: Dual diagnosis*
- *Place-Based Partnership: Early intervention, reduced wait times*
- *NEL ICB Plan: Integrated services, resident voice, crisis alternatives*

Adult Mental Health Needs Assessment (AMHNA) Project Details

Why a needs assessment?

- First-ever mental health review for Havering
- Identifies target groups, service gaps and sets future priorities

What's Included?

- Common mental illness
- Severe mental illness
- Personality Disorders
- Perinatal mental health
- Young people moving from CAMHS to adult services

How was it done?

- Data Analysis and External Research
- Focus Groups
- Survey
- Literature Review
- Working Group

AMHNA Aims

1. Understand mental health needs
2. Identify risks, causes and inequalities
3. Map services and assess effectiveness
4. Capture lived experiences
5. Recommend service improvements

Who's Involved?

- LBH Public Health, Adult Social Care, Housing, Communities, HR
- NEL ICB, NELFT, BHRUT, Primary Care
- Voluntary sector, DWP, CGL

What does it cover?

- Intro and Policy Context
- Estimating Prevalence
- Service Provision/Demand
- Service User / Stakeholder Insights
- Frontline Mental Health Support
- Perinatal Mental Health
- Moving from CAMHS to AMHS

Risk and Protective Factors, Causes and Impacts of Mental Health

Chapter Summary

Risk Factors: Increase likelihood of poor mental health (e.g., poverty, homelessness, unemployment, social isolation, poor housing, trauma)

Protective Factors: Reduce likelihood or poor mental health (e.g., education, employment, stable housing, income stability, social support)

Poor mental health can arise from a combination of biological, psychological, and social factors. **Key Determinants of Mental Health include:**

Housing

- Protective Factors: Safe, stable housing
- Risk Factors: Overcrowding, homelessness, insecure tenancies
- 7.95% of households in Havering are overcrowded (higher than England's average of 4.4%)

Education

- Protective Factors: Higher education = better mental health
- Risk Factors: Low attainment = poor job prospects
- Havering's average attainment 8 score for 2022/23 was 48.3% (lower than London (50.7), higher than England (46.2))

Employment

- Protective Factors: Secure work, good conditions
- Risk Factors: Job insecurity, unemployment
- The percentage of those aged 16-64 in employment in Havering (81.9%) was higher than the England average (75.7%) in 2023/24

Income

- Protective Factors: Financial stability
- Risk Factors: Poverty, debt, food insecurity
- The average gross annual household income in Havering for full time workers is lower than the London average but higher than the England average

Social Connection

- Protective: Strong community ties
- Risks: Isolation, loneliness
- About 12.7% of the population in Havering aged 66 years and above is living in one-person households; this is the second highest in London

Impacts of Poor Mental Health

On Individuals

- Depression, anxiety, trauma, panic, OCD
- Lower quality of life, work and social limitations
- Stigma → isolation, discrimination
- Life expectancy reduced by 15–20 years in SMI
- Barrier to education and work → increased poverty

On Families

- Emotional burden on carers
- Lost income from caregiving
- Risk of poor mental health for carers
- Stigma affects the whole household
- Financial strain + social disadvantage

On Society

- £300 billion/year total UK mental ill health cost (2022)
  - £110B: Lost productivity & unemployment
  - £130B: Human cost (premature death, poor quality of life)
  - £60B: NHS, social care & unpaid care

Preventing Poor Mental Health in Havering

Chapter Summary

Levels of Prevention

Primary
Promote good mental health before symptoms appear

Secondary
Early detection & intervention to reduce progression

Tertiary
Manage established conditions to reduce long-term impact

Prevention in Havering

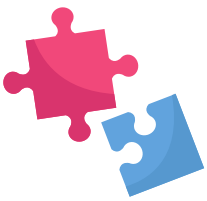
Key local interventions

- Community Institutions. like Havering Adult College and pastoral care teams in schools and colleges
- Voluntary and Community Organisations, like Mind, AgeUK, Andy's Man Club
- Cross-Sector Support, like social prescribers, care navigators, local area coordinators

What the Evidence Tells us:

Housing support & welfare advice are critical foundations for good mental health; Housing First reduces emergency service use

Self-management approaches are supported by this literature review in being effective for individuals with diagnosed severe mental illness



Recovery Colleges help all levels of prevention, build skills, reduce isolation, promote engagement, not just for diagnosed individuals

Primary prevention delivers intergenerational benefits—supporting adult mental health while improving outcomes for children and young people

Estimating the prevalence of mental health needs in Havering

Chapter Summary

Common Mental Disorders (CMD)

Estimated Prevalence in Havering, Based on 2014 APMS Estimates

- Total Adults with CMD: 36,268
- With multiple CMDs: 9,174
- Most common: Generalised Anxiety Disorder (GAD), Depression, Phobias

By Sex

- Females are more likely to experience CMD than males
- CMD prevalence declines with age in both females and males

By Group

- CMD risk is higher among: unemployed, lone adults under 60, smokers and people on benefits
- Highest CMD rates by IMD: most deprived areas

Severe Mental Illness (SMI)

Estimated Prevalence in Havering, Based on 2014 APMS Estimates

- There are a total estimated 1,154 SMI cases in Havering (16+)
- Bipolar disorder (16+) similar in males and females; peak age of onset: 15-19; highest risk group: Black/Black British

Psychotic disorder is strongly linked to: unemployment, living alone; no significant difference between males and females; highest in 35-44 age bracket; higher rate of psychotic disorder in black men compared with other men of other ethnic groups

SMI GP Data, Havering Data from 2017/18 - 2023/24

- Higher rate in males than females
- Highest SMI rate by IMD: Decile 1 (most deprived)
- 16.6% increase in total registered SMI cases from 2017/18 to 2023/24

Long-Term Projections

- Around 1 in 6 adults meet the criteria to have a mental disorder.
- COVID-19 led to a global rise and anxiety and depression, particularly affecting young adults, older people, people with long-term conditions, BAME communities, single parents and LGBTQIA+ groups.
- The prevalence of both CMD and SMI is projected to increase in Havering by 2030 and 2035.

Service Provision and Service Demand in Havering

Chapter Summary

Growing Demand and Pressure on Services

In Havering, there is significant rising demand for, and expectations of, mental health services, especially for more specialist services where there is higher complexity of need.

Referrals rising in:

- Talking Therapies
- Mental Health and Wellness Teams
- Havering Older Adult Mental Health Team

Referrals stable in:

- Early Intervention in Psychosis (EIP)
- IMPART Personality Disorder Services

Increased demand in:

- Psychiatric Liaison
- Home Treatment Teams

The number of people with mental health problems receiving support from Adult Social Care **has been relatively stable.**

There is **large expenditure on out-of-area placements** due to lack of inpatient capacity at NELFT and ELFT, particularly for female admissions.

There has been a **15% increase in acute mental health admissions** from 2019/20 to 2023/24.

Demographics and Inequities

Highest referral rates for 18–25 year-olds (excluding older adult services).

More female referrals across services — except EIP, which sees more males.

Males (18–64) are more likely to be admitted to acute wards.

Females over 65 have higher admission rates to older adult wards.

Asian ethnic groups have lower referral rates across mental health services.

PICU admissions are low overall, but Black males and non-White females are over-represented.

Havering has the lowest performance in NEL for physical health checks among people with severe mental illness (SMI).

Though numbers are small, referrals are rising for global majority groups.

Service User and Stakeholder Insights

Chapter Summary

Stakeholder shared that:

There is an perceived increase in both volume and complexity; staff report feeling underprepared to manage complex cases amid growing caseloads and limited.

Many residents face overlapping issues—mental illness, substance use, homelessness, and financial struggles. Without joined-up services, people with multiple needs often can't access the right support.

Some individuals don't meet thresholds for secondary care but exceed primary care capacity, potentially leading to poor outcomes and burnout in primary care.

There are few alternatives to A&E during mental health crises. Community-based crisis services, like a crisis cafe, are urgently needed.

Workforce pressures remain high, with heavy caseloads, low retention, and difficulty recruiting specialists—especially in outer boroughs like Havering.

People with ADHD or autism face long waits, missed appointments, and inadequate support, especially for sensory or communication needs.

Mental health and housing services could work more collaboratively to improve joined-up, holistic care.

Long waits, high thresholds, stigma, and limited awareness reduce access—especially for high-risk groups.

Service users often feel dismissed by professionals, though they value peer support, which builds trust and connection. Group activities and peer involvement are seen as essential to wellbeing.

Inpatient care is often feared due to poor support and rushed discharges, discouraging future help-seeking.

Substance misuse remains a major barrier, with people often excluded or passed between services without their full needs being met.

Stakeholders urge a shift for more:

- Integrated, person-centred care
- Shared care pathways
- Holistic support for co-occurring and overlapping needs
- Early intervention and user involvement in service design

Mental Health Support Across Havering's Frontline Workforce

Chapter Summary

Frontline as First Responders

- Council staff across services (Housing, Libraries, Adult Social Care) regularly encounter residents in mental distress
- Mental health may not be some of their primary roles, yet they're often the first point of contact

Staff Mental Health

- £5 million in Havering staff sickness related to mental health (up from £2.9M)
- 27% of staff absences cite mental health issues.

Survey Findings Highlights

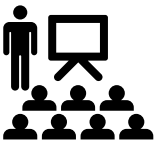
- 70% of staff believe they should offer basic mental health support and signposting, but over half feel unprepared or lack confidence to do it effectively
- 15% feel very confident identifying mental health issues
- 22% are interested in Mental Health First Aid training

Referral Confusion

- Only 46% understand referral procedures
- Staff report:
  - Unclear thresholds
  - Poor communication
  - Service delays

What Staff Say They Need

- Clearer referral tools
- Better coordination with mental health services
- System-wide training



Mental Health Involvement

- Multiple council teams are informally involved in mental health cases
- External partners (Police, Ambulance, DWP, etc.) also engage frequently—but with varied training levels

What is Needed Now

- Comprehensive, cross-agency mental health training
- Clearer, more consistent referral pathways
- Stronger inter-agency collaboration

Moving from Child and Adolescent to Adult Mental Health Services

Chapter Summary

Rising Demand

National and local data show a growing prevalence of mental ill health among young people; This has led to an increased demand for mental health services.

Young people in the 18–25 Pathway focus group reported:

- They felt abandoned at age 18 due to a lack of structured handover
- COVID-19 intensified challenges with referrals and continuity of care
- University relocation created further barriers due to new GPs and service regions
- The strict age cut-off ignored their developmental and emotional needs

18-25 Pathway

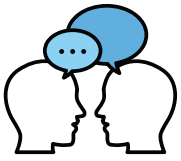
- The 18–25 Pathway was praised for being holistic and person-centred
- Young people felt the Pathway should start earlier, ideally from age 16
- Positive relationships, especially in the 18–25 Pathway, led to better outcomes; Young people appreciated staff who showed empathy, respect and curiosity

Barriers to Access

- Long waiting lists left young people feeling stuck and unsupported
- Young people reported feeling they only receive help after reaching extreme distress, such as self-harm or suicide attempts
- Internalised stigma and judgement from others (including peers, school staff and mental health staff) were reported as barriers to accessing help

Communications

- Lack of clarity on waiting list status and next steps caused confusion and disengagement
- Focus group participants felt they didn't know what adult services involved or where they stood in the system when turning 18



Peer Support

- Group sessions and peer support were highly valued
- Participants suggested offering more workshops and peer-led spaces

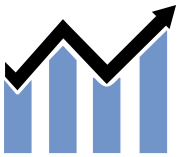
Perinatal Mental Health in Havering
Key Findings

The perinatal period—from pregnancy to a year after birth—is marked by major physical, emotional, and social changes. Some parents experience distress that can lead to or worsen mental health conditions.

Gaps, Growth and Opportunities for Change

Growing Need

- 22.6% increase in referrals to PPIMHS (2019/20–2023/24)
- Havering has higher access rates than both London and England

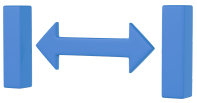


Access Limitations

- 12-month service cut-off leaves parents unsupported beyond infancy
- Discharges often due to:
  - Missed appointments
  - Childcare challenges
  - Digital exclusion

System Gaps and Fragmentation

- Poor coordination across GPs, health visitors, children's centres, and mental health services
- No centralised service directory → delays, duplication, missed care

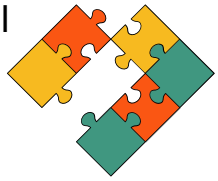


Stakeholders report that:

- Birth trauma strongly linked to perinatal mental health (PMH) issues
- Limited access to neurodevelopmental assessments (e.g., ADHD, autism) → delayed diagnosis, worsened PMH

Who's Missing?

- No formal pathways for non-birthing partners despite real risks
- Gaps in outreach in high-deprivation areas → lower awareness & access



What's needed?

- Trauma-informed maternity care
- Neurodevelopmental support
- Support for partners
- Outreach in deprived areas
- Centralised, up-to-date directory of services