

# 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.

## Adult Mental Health Needs Assessment 2025

# ***Service Provision and Service Demand in Havering Chapter***

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# Service Provision and Service Demand in Havering

This chapter provides an overview of the use of mental health (MH) services by Havering residents and identifies groups who are over- and underrepresented in referrals to services.

## Key Findings

### Demand and Capacity

- There is significant rising demand for, and expectations of, mental health services in Havering, especially for more specialist services where there is higher complexity of need.
- Referrals to Talking Therapies, Mental Health and Wellness Teams and Older Adult Mental Health Team have all increased.
- Referrals to the Early Intervention in Psychosis and IMPART personality disorder services have been stable.
- Mental Health and Wellness Teams have increasing caseloads.
- There is rising demand in the acute and crisis pathway – with increased referrals for Psychiatric Liaison and Home Treatment Teams.
- The number of Havering residents admitted to acute mental health wards increased by 15% between 2019/20 and 2023/24.
- There is large expenditure on out-of-area placements due to lack of inpatient capacity at NELFT and ELFT, particularly for female admissions.
- The number of people with mental health problems receiving support from ASC has been relatively stable.

### Demographics and Inequities

- Rates of referral are consistently highest for people aged 18-25 to all NELFT services (except older adult services).
- Services consistently receive a greater number of referrals for females than males, except EIP.
- Male patients (ages 18-64) are admitted at higher rates to acute MH wards than female patients, whereas females have a higher rate of admission to the over 65 wards.
- Overall numbers are low which limits analysis, but there has been a rise in rates of referral for people from racially minoritised groups to some services.
- Rates of referral to mental health services are generally lower for people from Asian ethnic groups than other ethnic groups.
- Low numbers of Havering residents are admitted to psychiatric ICU (PICU) but Black males and non-White women are over-represented in admissions.

### Physical Health

- Havering consistently has the lowest performance across NEL for completion of physical health checks for people with SMI.

## **Recommendations**

### **Service Provision**

- 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.

### **Workforce and Digital**

- Strengthen and improve data capture and recording for mental health related hospital attendances and admission.

### **Inequalities and Vulnerable Groups**

- 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.

### **Physical Health for Individuals with SMI**

- 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.

## North East London Context

Havering sits within the North East London Health and Care Partnership, which brings together health and social care providers, local authorities and voluntary organisations across seven boroughs: Barking & Dagenham, City & Hackney, Havering, Newham, Redbridge, Tower Hamlets, Waltham Forest.

Mental health is one of four system priorities in North East London for improving quality and outcomes, and tackling health inequalities.<sup>1</sup> Areas of focus include:

- Ensuring experts by experience are active and equal partners in leading improvement and innovation.
- Improving access to talking therapies and community mental health services, with a particular focus on improving equity of access for minoritised groups.
- Improving mental health crisis services and alternatives to admission - while also working to ensure that quality inpatient services are available.

Community/secondary mental health services in Havering are provided by North East London Foundation Trust (NELFT), with inpatient services at Goodmayes Hospital in Redbridge.

The North East London Mental Health, Learning Disability and Autism Collaborative, a partnership between NEL ICB, NELFT and East London Foundation Trust (ELFT), is working to improve outcomes, quality, value and equity for people with, or at risk of, mental health problems in north-east London.

## Current mental health services

### GP practices

GPs are key partners in the delivery of mental health services and serve as the first point of contact for many patients. GPs also play a role in the ongoing management and support of patients with enduring mental health conditions. Within primary care, the wider multidisciplinary team (MDT) also provides support for people with mental health conditions, including pharmacists, social prescribers and health and wellbeing coaches.

### Talking Therapies

The Havering Talking Therapies service offers evidence-based psychological support to people over the age of 18 and registered with a GP in Havering experiencing depression and anxiety. It offers various forms of therapy, including individual and group sessions delivered face-to-face, by phone or online.

National service standards for NHS talking therapies expect that:

- at least 67% of people who complete a course of treatment (2 or more sessions) should reliably improve<sup>2</sup>

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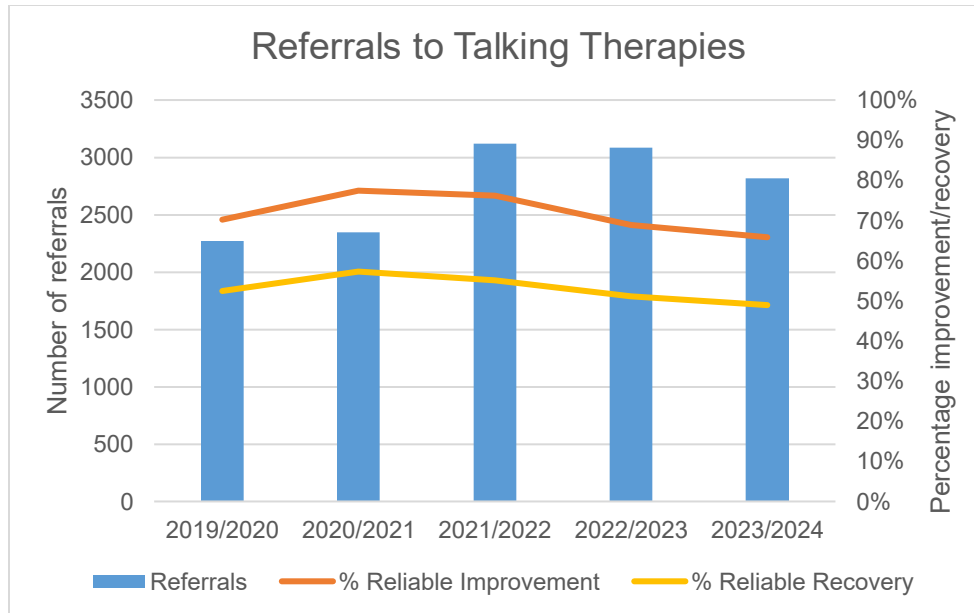
<sup>1</sup> NEL HCP, Joint Forward Plan 2024, [Our Joint Forward Plan - NHS North East London \(icb.nhs.uk\)](https://www.icb.nhs.uk)

<sup>2</sup> A referral has shown reliable improvement if there is a significant improvement in their condition following a course of treatment, measured by the difference between their first and last scores on questionnaires tailored to their specific condition.

- at least 48% should reliably recover
- recovery rates for ethnic minority groups should be comparable to those of the White British population.<sup>3</sup>

### Number of Havering referrals to Talking Therapies

Figure 1: Graph showing the number of service users referred to Havering Talking Therapies and the percentage achieving reliable improvement and reliable recovery, 2019/20 – 2023/24



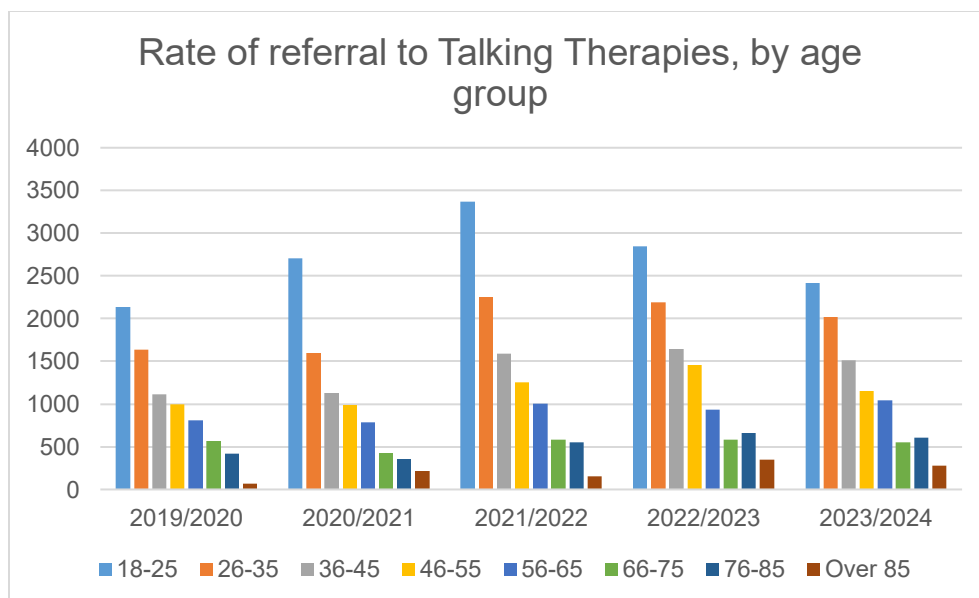
Source: NELFT

- Referrals to Talking Therapies increased by 24% between 2019/20 and 2023/24.
- Approximately 99.6% of service users received their first appointment within six weeks of referral, exceeding the 75% national target.
- Referrals peaked in 2021/22 (3117), likely reflecting the impact of the Covid-19 pandemic following lower-than-expected referrals in 2020/21.
- Except for 2023/24, the percentage of service users who reliably improved following treatment surpassed the 67% national target.
- In all years, the percentage who reliably recovered exceeded the national target of 48%.
- Recovery rates for ethnic minority groups are broadly comparable to White ethnic groups.
- In 2023/24, reliable recovery for people from Asian ethnic groups decreased to 40% compared to 50% for White ethnic group; this should continue to be monitored.

### Age of Talking Therapies service users

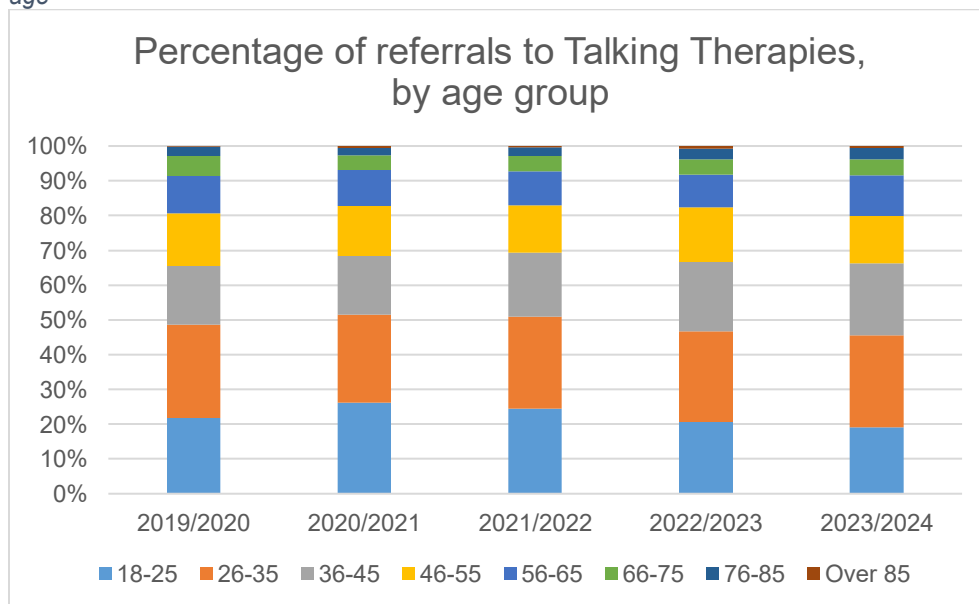
Figure 2: Graph showing the rate of referrals per 100,000 to Talking Therapies between 2019/20 and 2023/24 by age, using ONS mid-year population estimates

<sup>3</sup> NHS England, NHS Talking Therapies National Service Standards <https://www.england.nhs.uk/mental-health/adults/nhs-talking-therapies/service-standards/>, Accessed 24/04/25



Source: NELFT

Figure 3: Graph showing the percentage of referrals to Havering Talking Therapies between 2019/20 and 2023/24, by age

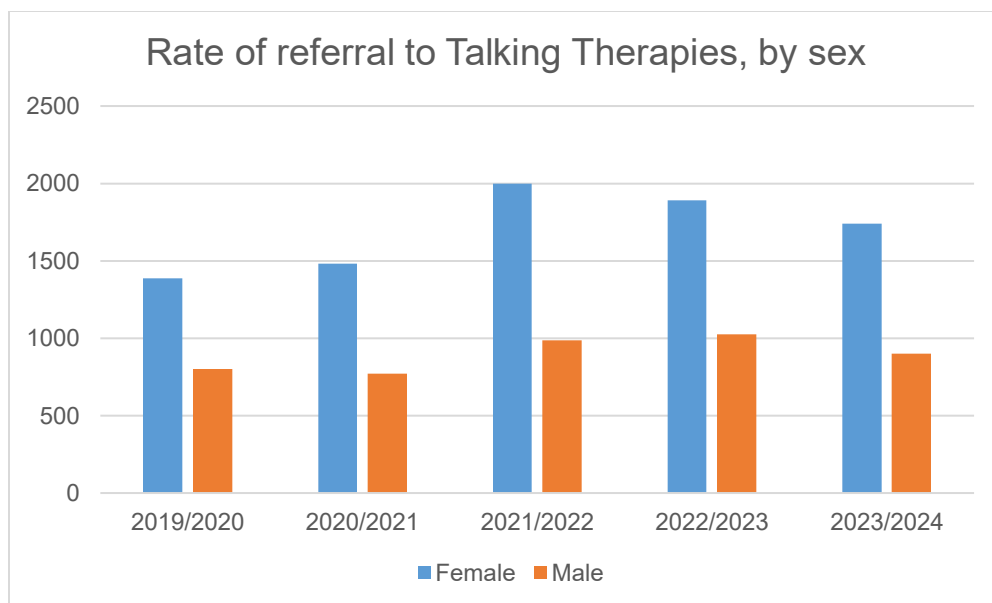


Source: NELFT

- Each year, Talking Therapies referral rates were highest among 18-25 year olds, decreasing steadily with age up to the 76-85 age group.
- The largest proportion of referrals came from people in the 26-35 age group, averaging 26% of all referrals.

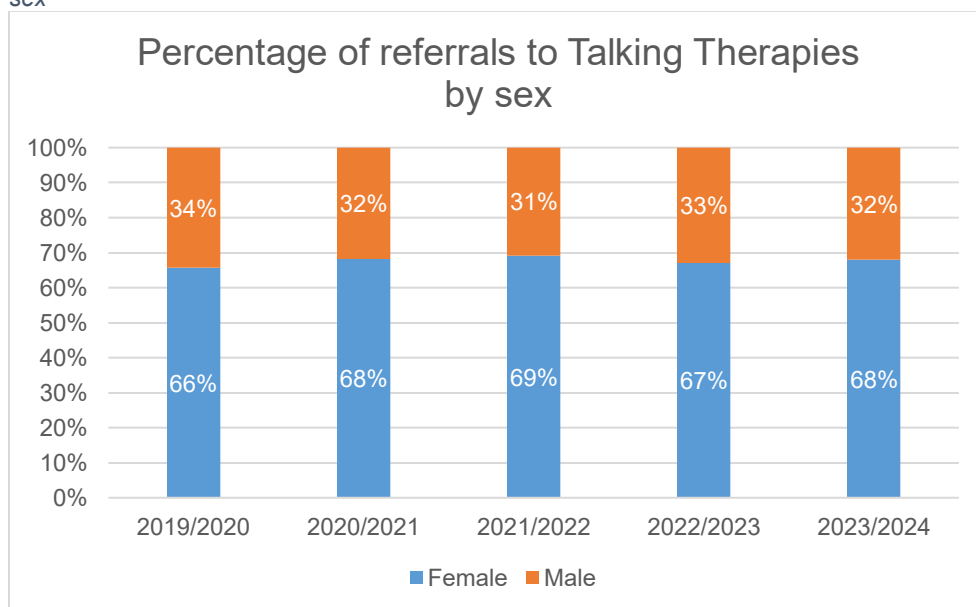
### Sex of Talking Therapies service users

Figure 4: Graph showing the rate of referrals per 100,000 to Talking Therapies between 2019/20 and 2023/24 by sex, using ONS mid-year population estimates



Source: NELFT

Figure 5: Graph showing the percentage of referrals to Havering Talking Therapies between 2019/20 and 2023/24, by sex



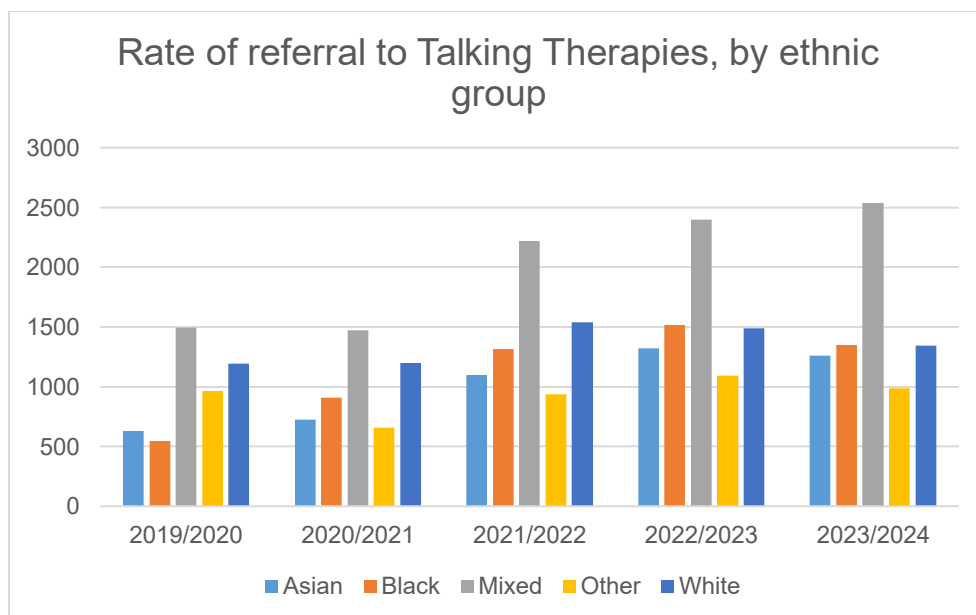
Source: NELFT

- Between 2019/20 and 2023/24, substantially more females (average 68%) were referred to Talking Therapies than males (average 32%).
- These proportions remained stable throughout this period.

### Ethnicity of Talking Therapies service users

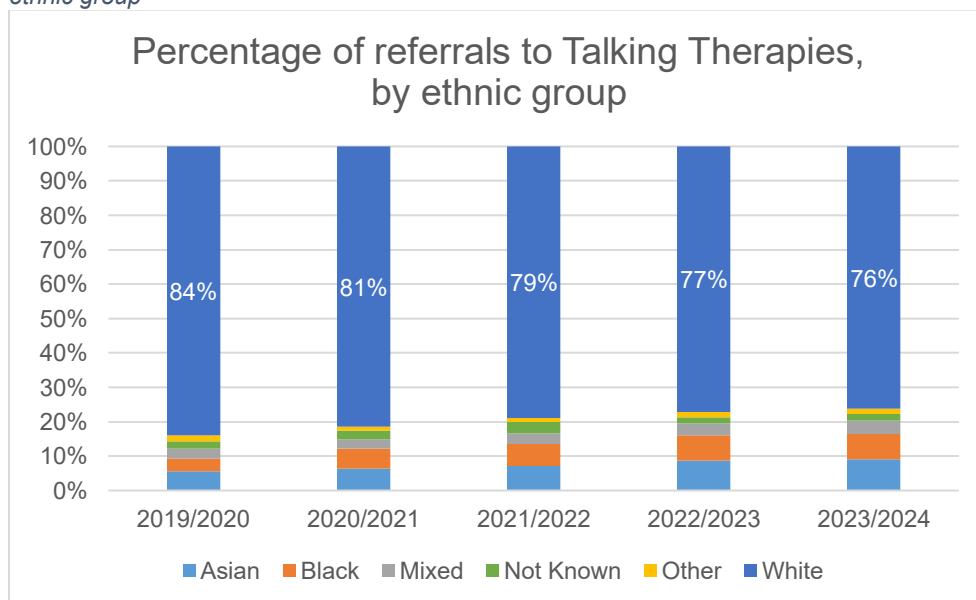
Figure 6: Graph showing the rate of referrals per 100,000 to Talking Therapies between 2019/20 and 2023/24 by ethnic group, using 2021 census data





Source: NELFT

Figure 7: Graph showing the percentage of referrals to Havering Talking Therapies between 2019/20 and 2023/24, by ethnic group



Source: NELFT

- People from White ethnic groups made up the largest proportion of referrals (average 80%), although this decreased each year, from 84% in 2019/20 to 76% in 2023/24.
- However, the rate of referral was highest for people from Mixed ethnic groups between 2019/20 and 2022/23.
- From 2019/20 to 2023/24, the rate of referral increased most for people from Black ethnic groups.

### Service transformation

A pilot project in North PCN has embedded Mental Health Practitioners (MHP) within GP practices. This service enables the MHP to provide low-intensity cognitive behavioural therapy

(CBT), work with the wider MDT to address patients' holistic needs, and directly refer patients to the Talking Therapies service. Key outcomes of this pilot<sup>4</sup> include:

- A 65% recovery rate for service users completing therapy in 2023/24, exceeding the national target.
- 75% of all Havering North PCN IAPT referrals were initiated by MHPs, with faster assessment and triage times.
- This pilot programme provides other benefits to patients, including continuous engagement and management while waiting for their first Talking Therapies appointment, preventing deterioration. It also ensures that patients see the right practitioner at the right time, improving the overall patient experience and reducing pressure on GP time.

Another pilot, The Winter Wellness Project (WWP), was launched to support individuals particularly vulnerable to mental health challenges during the 2024–25 winter period. Targeting older adults, people with long-term health conditions and those affected by the cost-of-living crisis, the initiative aimed to address issues such as social isolation, financial distress and seasonal low mood. Its core objectives included delivering accessible, CBT-based therapy to adults with mild to moderate mental health needs, increasing access to psychological support during winter months and preventing escalation into crisis services through early identification and intervention. The WWP engaged 183 clients, achieving a 52% recovery rate among those who completed treatment—matching national NHS Talking Therapies standards and successfully facilitated timely step-up care for higher-need clients.

## Community mental health services

### ***Mental Health and Wellness Teams***

Havering Mental Health and Wellness Teams (MHWT) are a specialist community service providing mental health assessment with both short- and longer-term support for adults aged 18 to 65. There are three teams in the borough—North, Central and South—established in 2022/23 as part of the Community Mental Health Transformation Programme.

MHWT interventions include an allocated worker (nurse, social worker, or occupational therapist), psychiatric input, Individual Placement Support (employment support), a Support Time Recovery worker and peer support. Additional services offered include occupational therapy, adult social care (Care Act assessments, care packages, supported housing, and safeguarding), and physical health assessments and interventions.

Short-term support is provided for individuals with less complex needs and focuses on time-limited interventions such as achieving short-term goals (e.g., employment, social connection, physical activity), medication management and crisis prevention.

Long-term support, delivered under the Care Programme Approach, is available for individuals with more significant and enduring mental health conditions—such as psychosis, severe

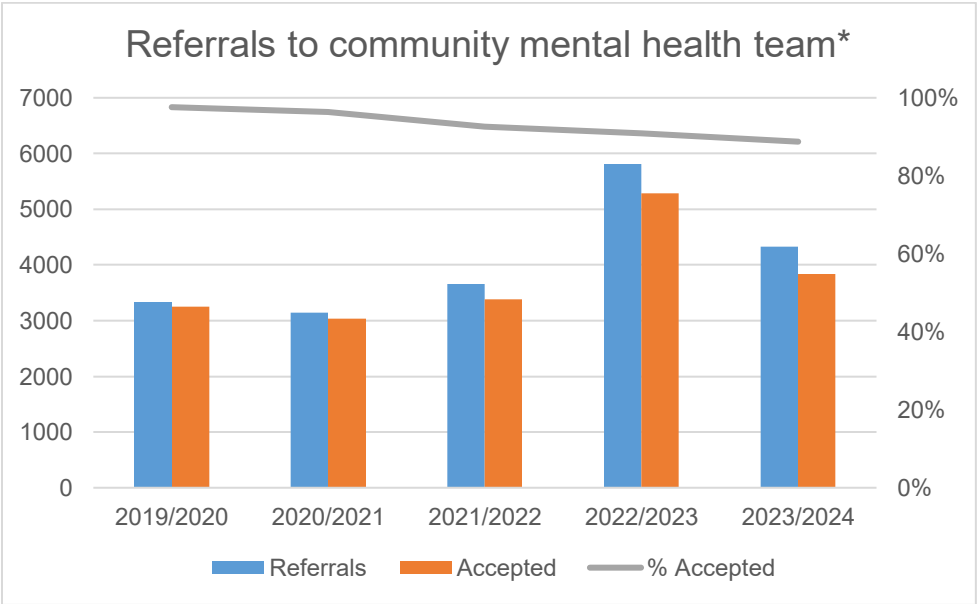
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<sup>4</sup> This model is due to be expanded to another PCN in the borough.

depression or anxiety, or emotionally unstable personality disorder—and may include long-term medication, including depot administration where appropriate.

Note: The data in this section are combined for the Mental Health and Wellness Teams, Access and Community Recovery Team. The 2022/23 data in this section should be interpreted with caution due to the service transformation during this period.

Figure 8: Graph showing the number of number of service users referred and accepted to community mental health teams between 2019/20 and 2023/24

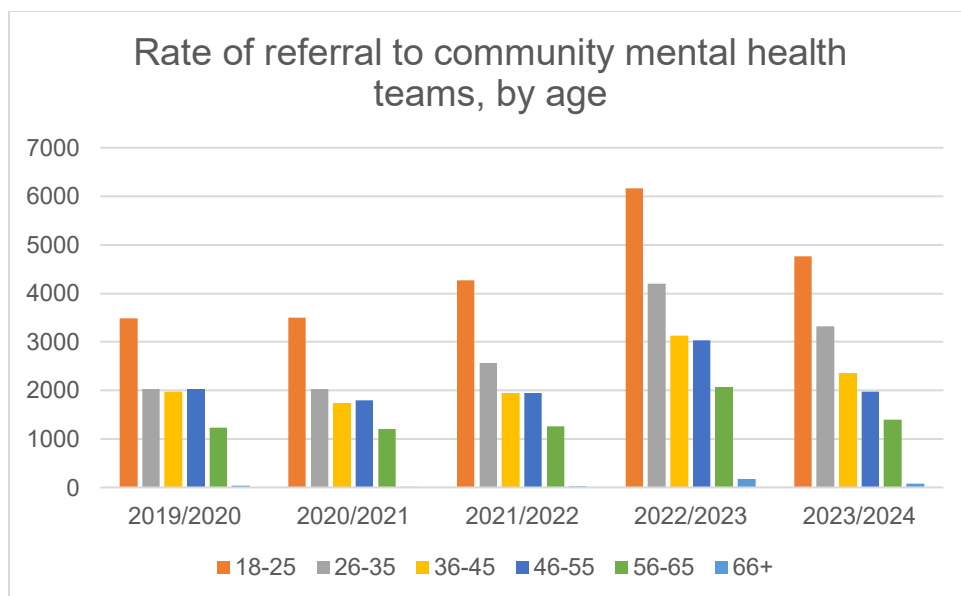


Source: NELFT. \*The 2022/23 data should be interpreted with caution as they are affected by the transformation to the Mental Health and Wellness Teams.

- Referrals to the MHWT were 30% higher in 2023/24 than referrals to the predecessor community mental health teams in 2019/20.
- While the proportion of accepted referrals declined from 98% in 2019/20 to 89% in 2023/24, the total number of accepted referrals still rose by 19% during this period.
- Stakeholders report a substantial increase in staff caseloads across MHWT during this period.

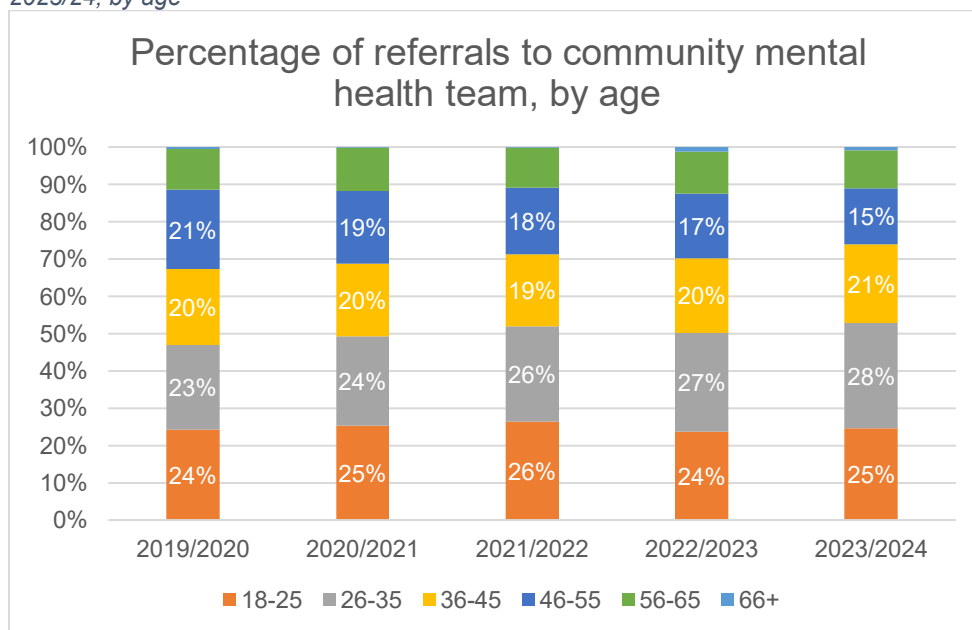
**Age of community mental health team service users**

Figure 9: Graph showing the rate of referrals per 100,000 to community mental health teams between 2019/20 and 2023/24 by age, using ONS mid-year population estimates



Source: NELFT

Figure 10: Graph showing the percentage of referrals to the community mental health teams between 2019/20 and 2023/24, by age

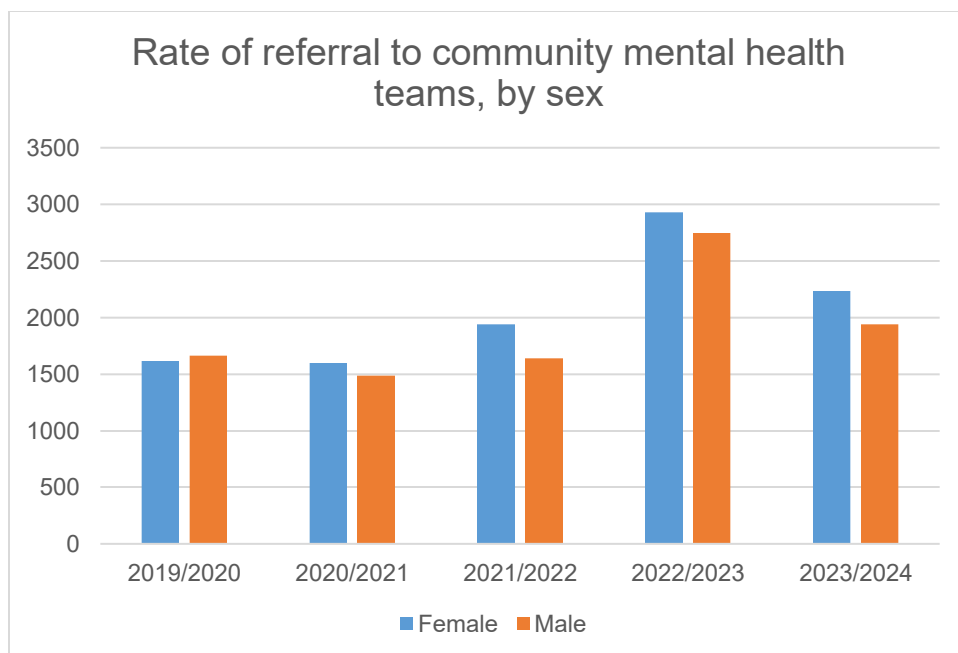


Source: NELFT

- From 2019/20 to 2023/24, the rate of referrals was highest among 18-25 year olds, and decreased in each older age group except 46-55 year olds.
- Despite the highest rate in 18-25 year olds, 26-35 year olds make up a higher proportion of referrals than 18-25 year olds.

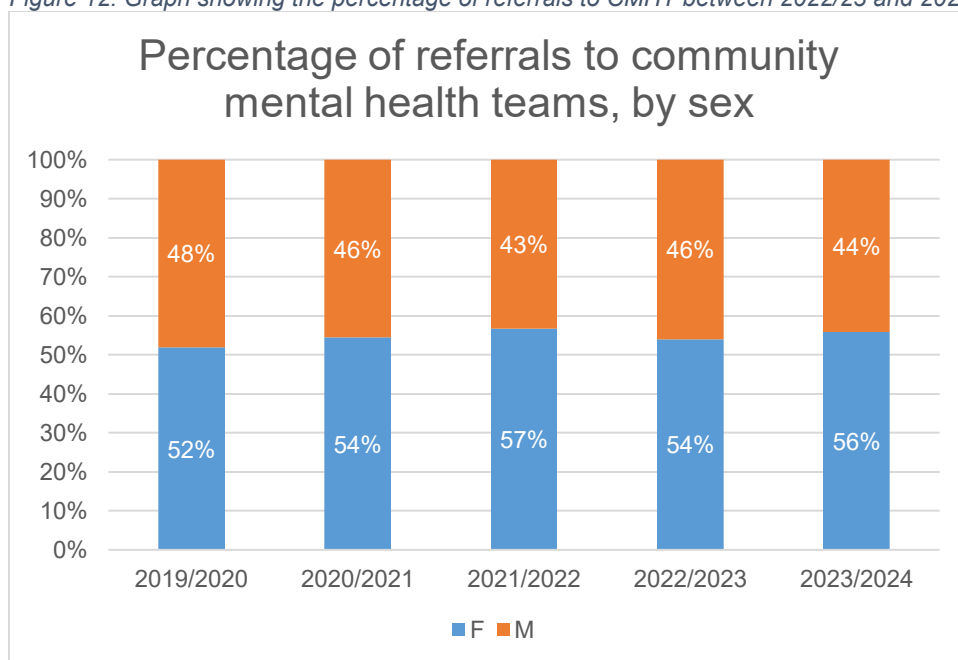
### Sex of community mental health team service users

Figure 11: Graph showing the rate of referrals per 100,000 to CMHT from 2022/23 to 2023/24 by sex, using the ONS mid-year population estimates



Source: NELFT

Figure 12: Graph showing the percentage of referrals to CMHT between 2022/23 and 2023/24 by sex

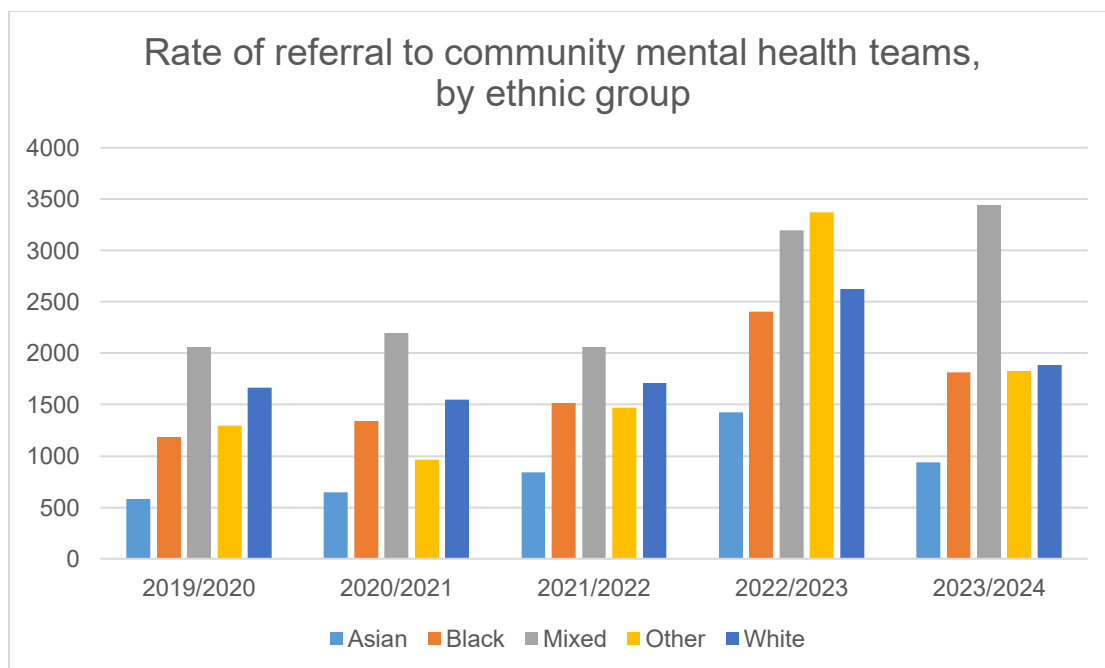


Source: NELFT

- The rate of referral is consistently slightly higher for females than males, except in 2019/20.
- The proportion of females referred to community mental health teams is consistently higher than males, averaging 55% female to 45% male over the time period.

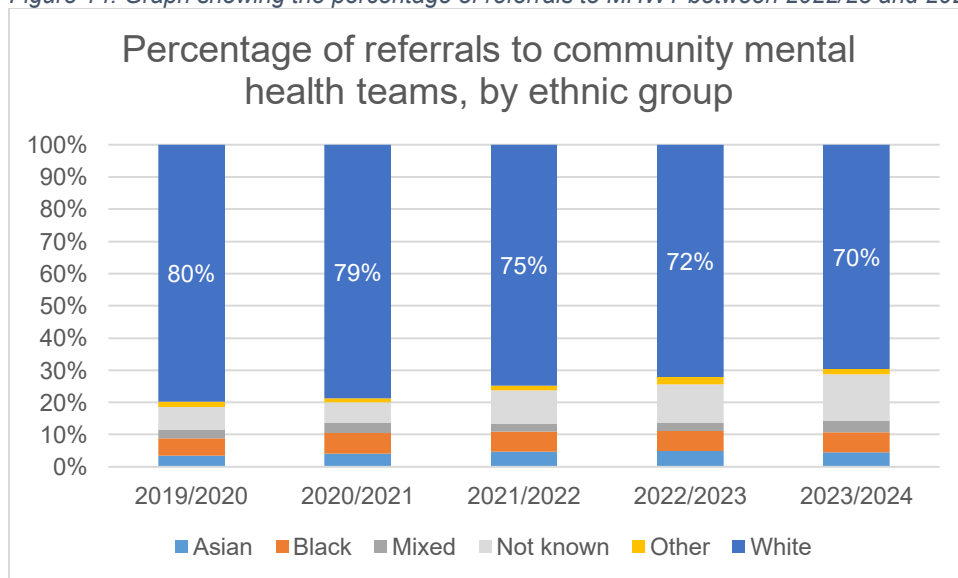
### Ethnicity of community mental health team service users

Figure 13: Graph showing the rate of referrals per 100,000 to MHWT between 2022/23 and 2023/24 by ethnic group, using 2021 census data



Source: NELFT

Figure 14: Graph showing the percentage of referrals to MHWT between 2022/23 and 2023/24, by ethnic group



Source: NELFT

- People from White ethnic groups make up the largest percentage of referrals to the MHWT.
- However, rates of referral were disproportionately high among people from Mixed ethnic groups in 2023/24, while referral rates for people from Asian ethnic groups were notably lower.
- The number of people with unknown ethnicity data has tripled since 2019/20.

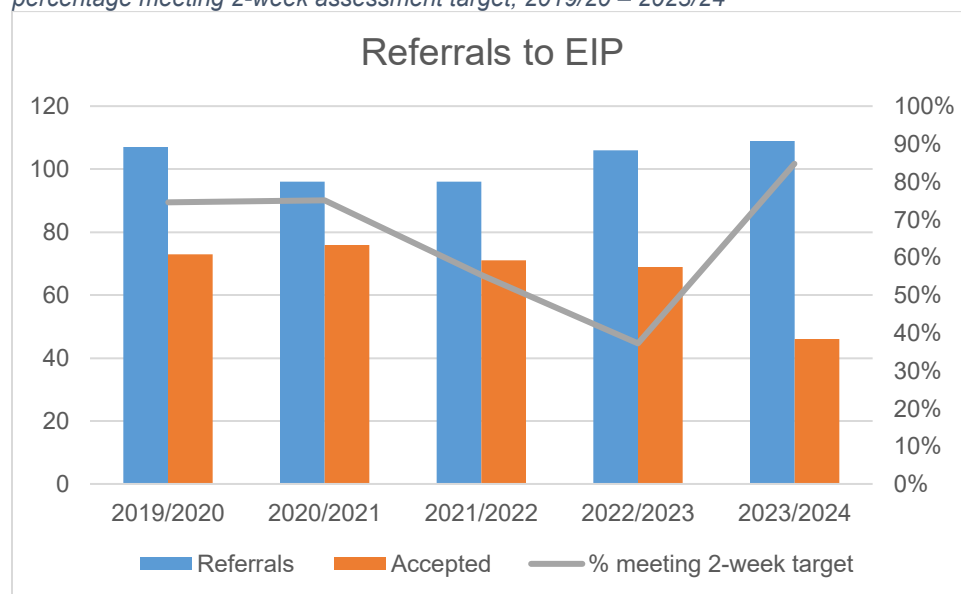
## Service transformation

Psychological professions have been integrated into the MHWT multidisciplinary team (MDT). Psychology staff now participate in MDT referral screening meetings, helping to assess whether clients would benefit from psychological therapy or further assessment. Their presence strengthens the MDT discussions on referrals, improves care planning and ensures timely access to psychological input when needed.

## Early Intervention in Psychosis

The Havering Early Intervention in Psychosis (EIP) service offers intensive and assertive support for people aged 14 to 65 who may be experiencing their first episode of psychosis. Research suggests that intervening early and limiting the duration of untreated psychosis can reduce the degree of harm to a person's mental health.<sup>5</sup>

Figure 15: Graph showing the number of service users referred to and accepted by EIP (ages 12+) and the percentage meeting 2-week assessment target, 2019/20 – 2023/24



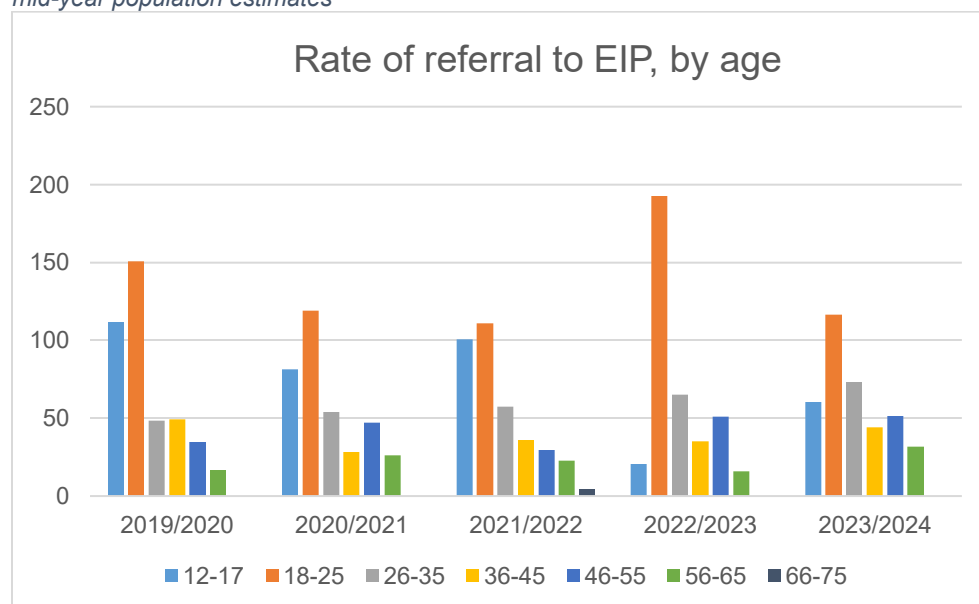
Source: NELFT

- The number of referrals to EIP remained relatively stable between 2019/20 and 2023/24.
- There was considerable variation in the proportion of patients receiving treatment within two weeks of referral – from 37% in 2022/23 to 85% in 2023/24. The national target is 60%.
- Over this time period and despite this variation, an average of 98% of patients were seen within 0-6 weeks.

## Age of EIP service users

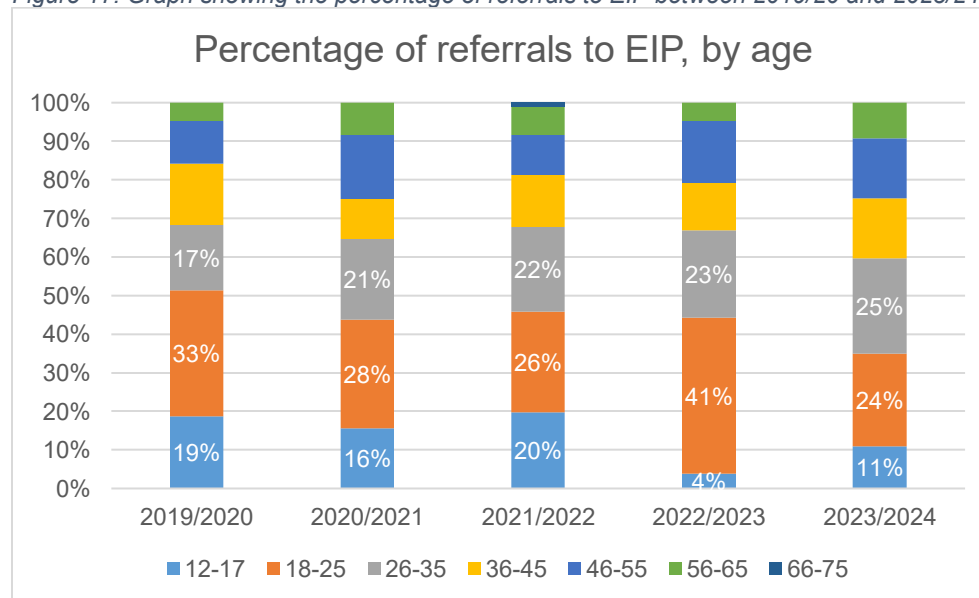
<sup>5</sup> Puntis S, Minichino A, De Crescenzo F, Harrison R, Cipriani A, Lennox B. Specialised early intervention teams (extended time) for recent-onset psychosis. Cochrane Database of Systematic Reviews 2020, DOI: 10.1002/14651858.CD013287.pub2

Figure 16: Graph showing the rate of referrals per 100,000 to EIP between 2019/20 and 2023/24, by age, using ONS mid-year population estimates



Source: NELFT

Figure 17: Graph showing the percentage of referrals to EIP between 2019/20 and 2023/24, by age



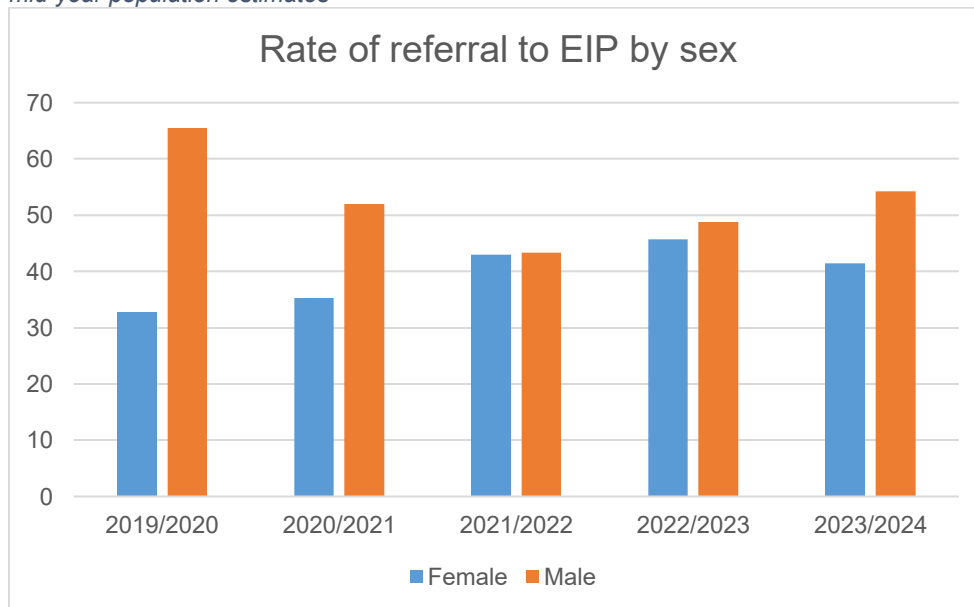
Source: NELFT

- The rate of referral to EIP is consistently highest in the 18-25 year age group.
- Younger age groups (12-17 and 18-25 year olds) make up the largest proportion of referrals to EIP, though this combined proportion has been decreasing from 52% in 2019/20 to 35% in 2023/24.

## Sex of EIP service users

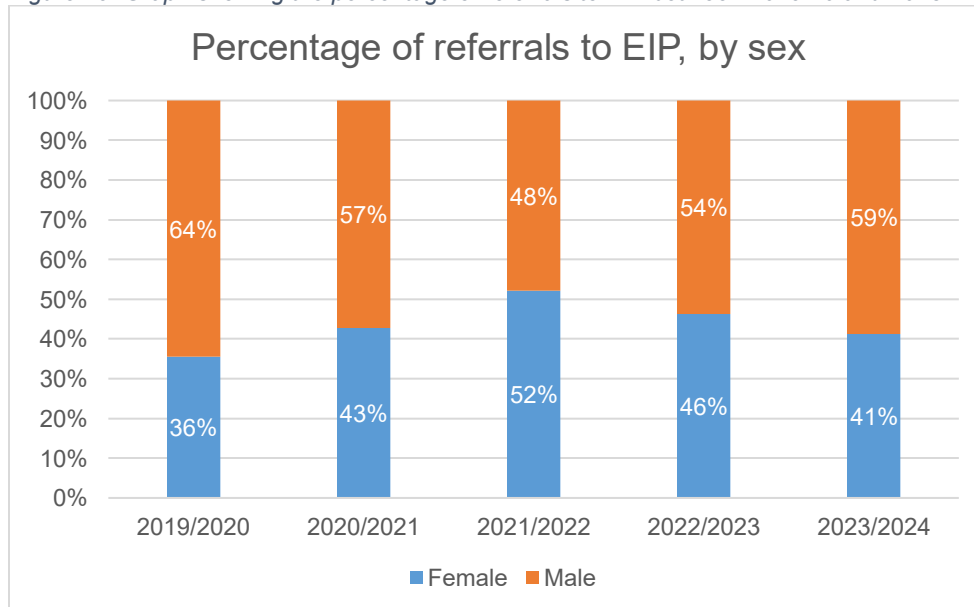


Figure 18: Graph showing the rate of referrals per 100,000 to EIP between 2019/20 and 2023/24, by sex, using ONS mid-year population estimates



Source: NELFT

Figure 19: Graph showing the percentage of referrals to EIP between 2019/20 and 2023/24, by sex

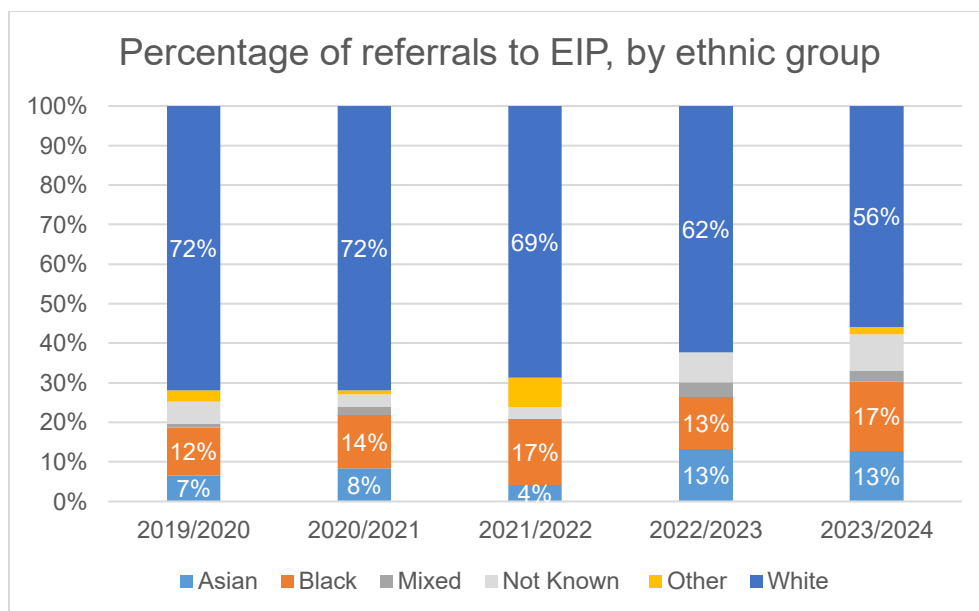


Source: NELFT

- Males are referred to EIP at a higher rate than females.
- In most years, males made up a higher proportion of referrals to EIP than females.

## Ethnicity of EIP service users

Figure 20: Graph showing the percentage of referrals to EIP between 2019/20 and 2023/24, by ethnic group



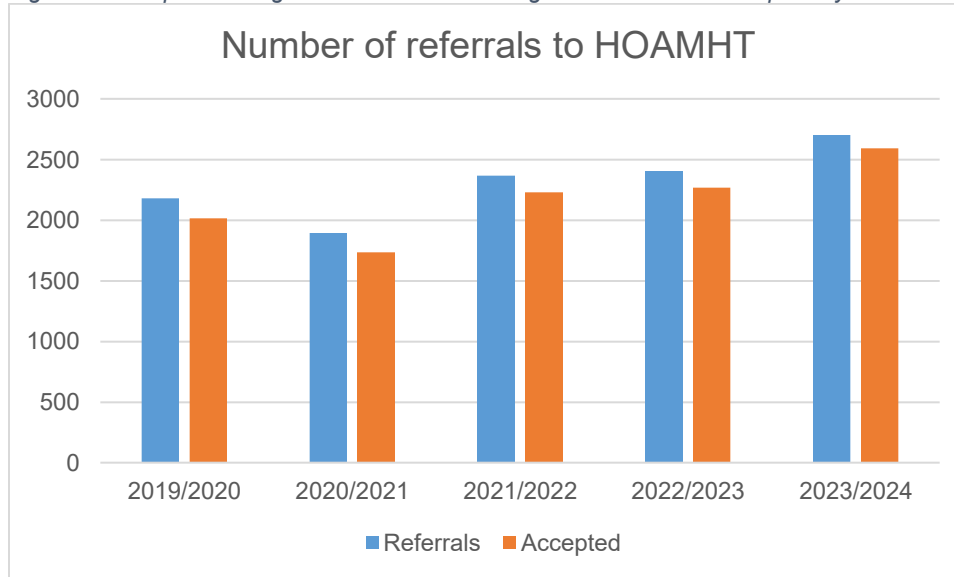
Source: NELFT

- Due to small numbers, it is not possible to report on the rate of admissions per 100,000 by ethnic group.
- The proportion of people from White ethnic groups referred to EIP has decreased from 72% in 2019/20 to 56% in 2023/24.
- People from racially minoritised groups are disproportionately represented in referrals to EIP.
- Individuals from Black ethnic groups make up an average of 14.6% of referrals over the period, compared to comprising 8.2% of the Havering population in the 2021 Census.
- The proportion of referrals for individuals from Asian ethnic groups has increased from 7% in 2019/20 to 13% in 2023/24 (compared to 10.7% of Havering population in 2021 Census).

### ***Havering Older Adult Mental Health Team***

The Havering older adult mental health team (HOAMHT) provides community mental health services to people aged 65 and over with serious and/or enduring mental health problems. Referrals are made directly to the team.

Figure 21: Graph showing the number of Havering referrals to and accepted by HOAMHT, 2019/20-2023/24

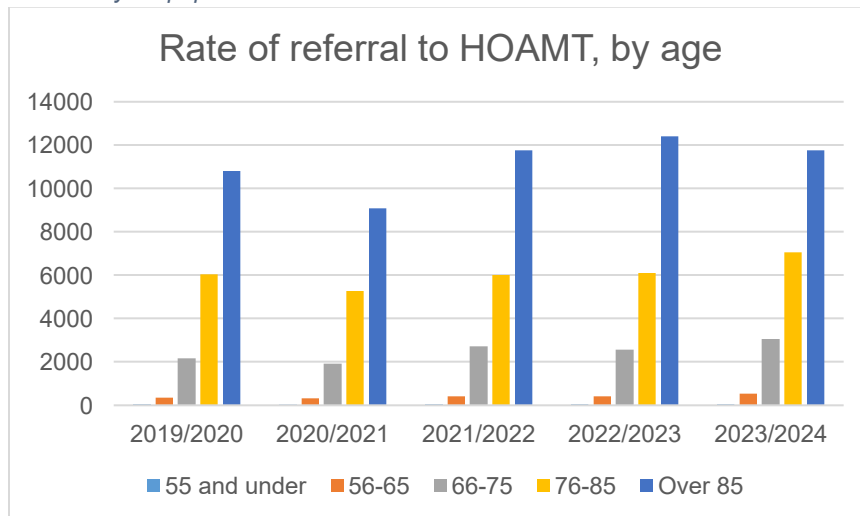


Source: NELFT

- The number of referrals to the older adult mental health team has increased by 24% between 2019/20 and 2023/24.
- Accepted referrals have also increased, resulting in an average of 94% of referrals being accepted.

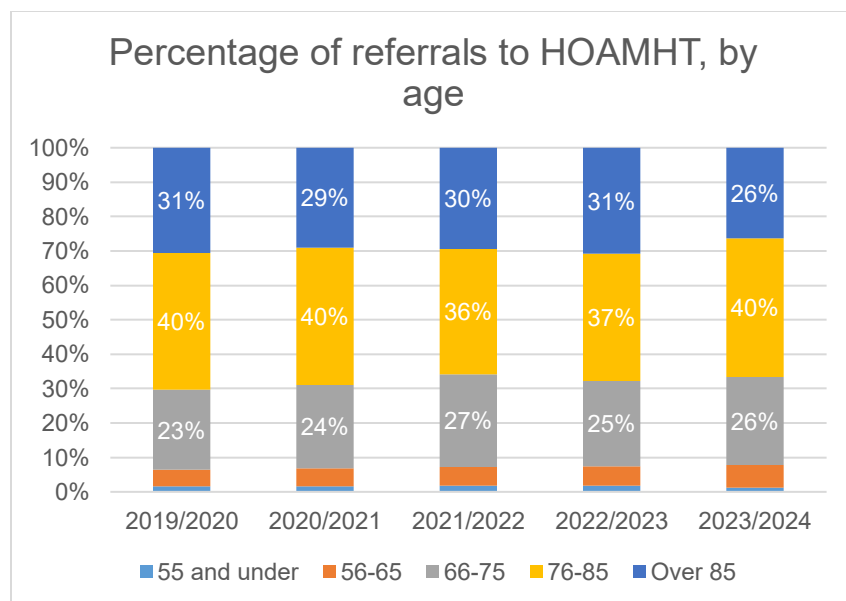
### Age of HOAMHT service users

Figure 22: Graph showing the rate of referrals per 100,000 to HOAMHT between 2019/20 and 2023/24, by age, using ONS mid-year population estimates



Source: NELFT

Figure 23: Graph showing the percentage of referrals to HOAMHT between 2019/20 and 2023/24, by sex

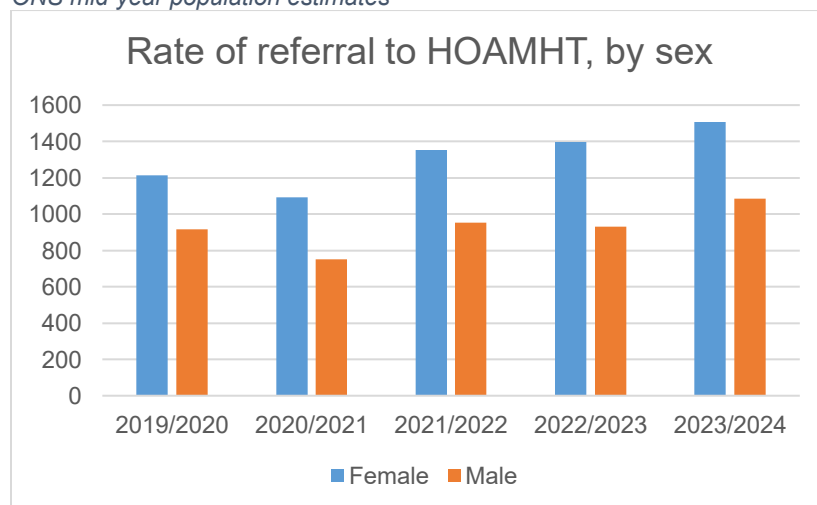


Source: NELFT

- Referral rates are highest for those aged 85+.
- However, 76-85 year olds make up the largest proportion of referrals (averaging 39% of all referrals).

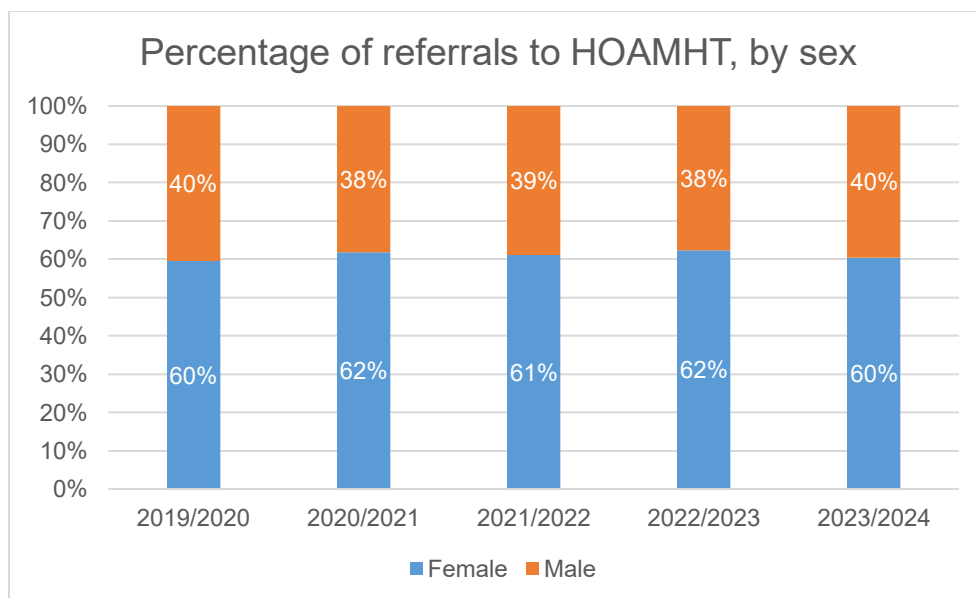
### Sex of HOAMHT service users

*Figure 24: Graph showing the rate of referrals per 100,000 to HOAMHT between 2019/20 and 2023/24, by sex, using ONS mid-year population estimates*



Source: NELFT

*Figure 25: Graph showing the percentage of referrals to HOAMHT between 2019/20 and 2023/24, by age*

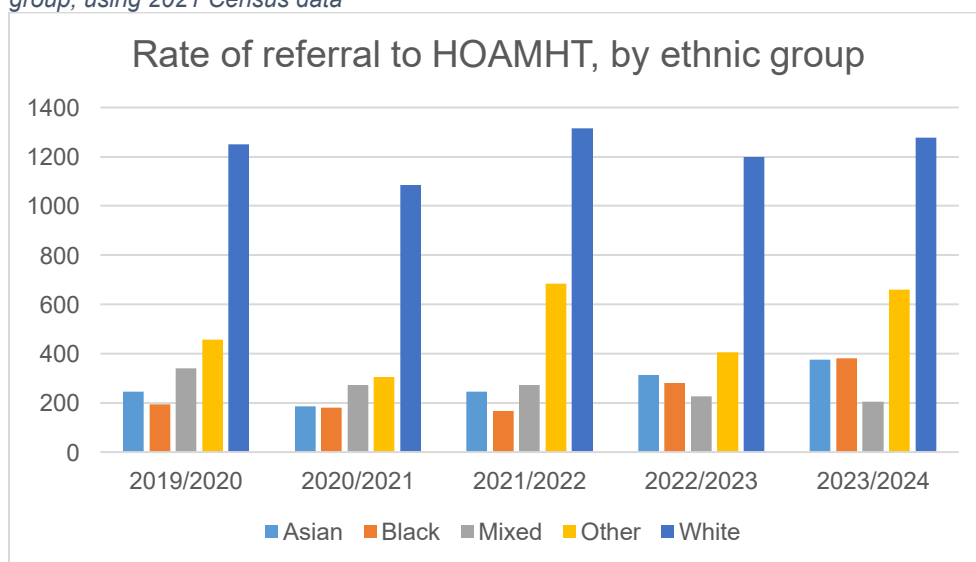


Source: NELFT

- Females are consistently referred to HOAMHT at a higher rate than males, suggesting that the higher proportion of female referrals is not due to differences in population.
- On average, males (aged 65+) are referred to the HOAMHT at half the rate as males (aged under 65) are referred to the MHWT.
- On average, females (aged 65+) are referred to the HOAMHT at two thirds the rate as females (aged under 65) are referred to the MHWT.

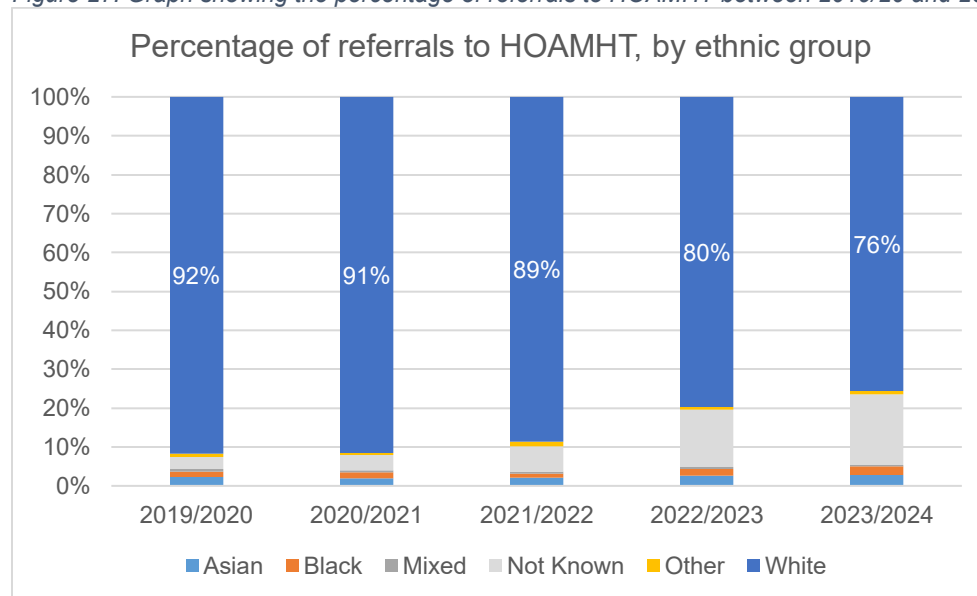
### Ethnicity of HOAMHT service users

Figure 26: Graph showing the rate of referrals per 100,000 to HOAMHT between 2019/20 and 2023/24, by ethnic group, using 2021 Census data



Source: NELFT

Figure 27: Graph showing the percentage of referrals to HOAMHT between 2019/20 and 2023/24, by ethnic group



Source: NELFT

- People from White ethnic groups are consistently referred to HOAMHT at the highest rates.
- The proportion of referrals for people from White ethnic groups decreased from 92% in 2019/20 to 76% in 2023/24. This decline could be largely attributed to a rise in unrecorded ethnicity data. This highlights a need for improved demographic recording to support equity analysis and service planning.

### **Physical health checks for people with SMI**

People living with SMI have a life expectancy 15–20 years shorter than that for the general population, largely due to preventable physical illnesses.<sup>6</sup> To help address this, people with SMI should receive an annual physical health check involving blood tests and monitoring of blood pressure, BMI, and smoking and alcohol use. These checks can be completed in both primary or secondary care settings. People should be offered appropriate clinical or behavioural interventions to help reduce health risks, where identified.

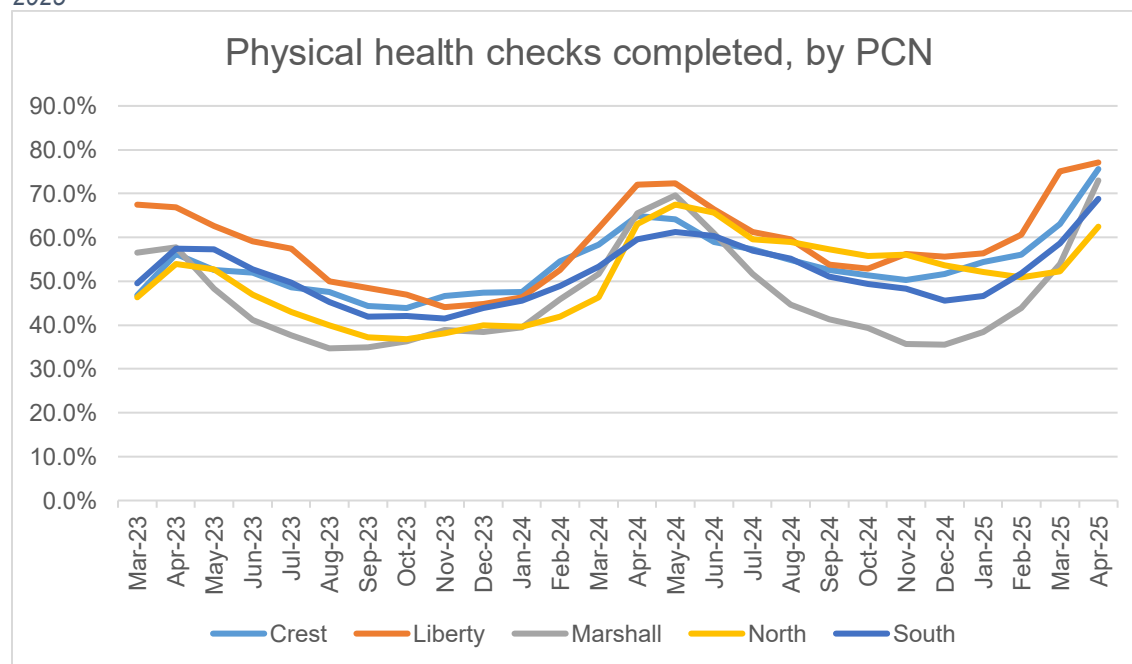
Havering has an eligible SMI population size of 2,063 individuals—the smallest SMI cohort within NEL. However, Havering has historically had the lowest performance in completing all six elements of the physical health check across NEL. This is on an upward trajectory: as of March 2025, 69.2% of individuals received a full set of checks, up from 57% in March 2023. There are annual peaks around April each year, with figures declining in later months. Although each individual component of the health checks is over the 70% target, this target for people receiving all six checks has never been achieved.

<sup>6</sup> [NHS England » Improving the physical health of people living with severe mental illness](#)

In comparison, across north-east London, 71% of patients on the SMI register received a full physical health check in 2023/24.<sup>7</sup>

Performance also varies between Primary Care Networks (PCNs) within Havering, although this is also improving. North and South PCNs had completion rates below 70% in March 2025. Only Liberty PCN, which has the fewest eligible individuals on the SMI register, exceeded the 70% target in both February and March 2025.

Figure 28: Percentage of individuals on SMI register receiving all six physical health checks, by PCN, Mar 2023—Apr 2025



Source: Clinical Effectiveness Group, QMUL

The most common interventions recorded are for smoking (92.6% of patients) and blood glucose (84% of patients received a pharmacological or educational intervention). All other related interventions are delivered to between 19% and 39% of patients.<sup>8</sup>

To improve outcomes, the NEL Physical Health SMI Improvement Network is working with primary and secondary care to investigate the persistent underperformance in Havering.

### ***Havering Asylum Seeker and Refugee Psychology Service Project***

Havering has seen a significant increase in the number of refugees and asylum seekers living in the borough, who, according to the service, often face barriers to accessing mental health support, including:

- Stigma and fear that accessing mental health care may affect asylum claims
- Lack of understanding of what mental health services offer
- Financial barriers, such as the cost of transport

<sup>7</sup> [Statistics » Mental health: physical health checks for people with severe mental illness](#)

<sup>8</sup> Despite this, the number of referrals into the SMI smoking cessation service, commissioned by LBH remain low.

- Confusion about how to access services
- Lack of trust
- Lack of services for families

Launched in November 2024, the Havering Asylum Seeker and Refugee Psychology Service was established to provide proactive outreach services at accessible community locations that are familiar to asylum seekers and refugees. Its specialist clinicians have expertise in supporting people with complex trauma, including survivors of torture, human trafficking, childhood abuse, and domestic violence. The team also works cross-culturally and serves a wide range of cultural groups.

### ***Patient and Carer Race Equality Framework***

NELFT is one of seven trusts who are early implementers of the Patient and Carer Race Equality Framework (PCREF). PCREF exists to eliminate the unacceptable racial disparities in the access, experience and outcomes of Black, Asian, and other global majority communities in mental health services. It also seeks to build trust and confidence in mental health services among these communities.

### **Acute and urgent care services**

The NEL Mental Health Collaborative is working to strengthen urgent mental health support, so that people can receive high-quality care in the right place, at the right time, while feeling safe and respected.

Havering's specialist mental health crisis pathway is made up of inpatient beds, psychiatric liaison, crisis resolution and home treatment teams, clinical decision unit, and a 24-hour mental health crisis telephone line.

The mental health crisis pathway faces significant challenges. NELFT has experienced high bed occupancy, longer lengths of stay, higher complexity of need and reduced flow through acute mental health beds. This results in longer waits for admission and long ED waits where admission is required.

Across NEL, providers are working to address these challenges through multiple routes, including:

- Community Mental Health Transformation programme
- Direct access to mental health support through NHS 111, Option 2
- Embedded mental health professions with LAS in Joint Response Cars
- Expansion of inpatient bed base
- Development of an Integrated Crisis Assessment Hub
- Crisis Café procurement
- Review of NELFT's Clinically Ready for Discharge Strategy

The NHS Long Term Plan identifies the need for alternative forms of provision for those in crisis, such as crisis cafes, to provide a more suitable environment to A&E. Havering is procuring a

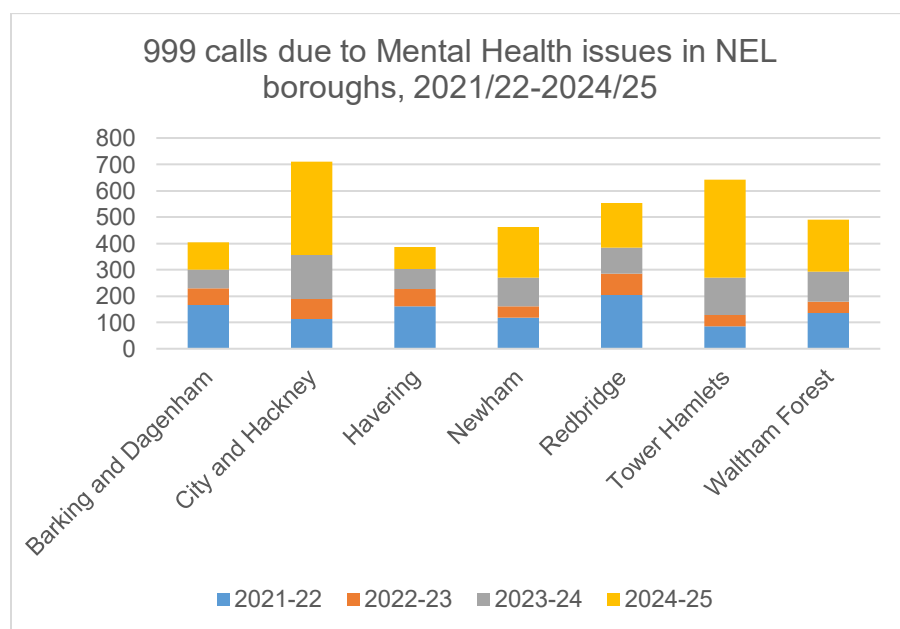


crisis café service, which could support people in crisis out of normal service hours to better self-manage their symptoms and distress in a safe and appropriate environment, reducing activity in Emergency Departments and the wider system including mental health services, police and ambulance services.

### **Emergency Mental Health Demand via 999 Calls in Havering**

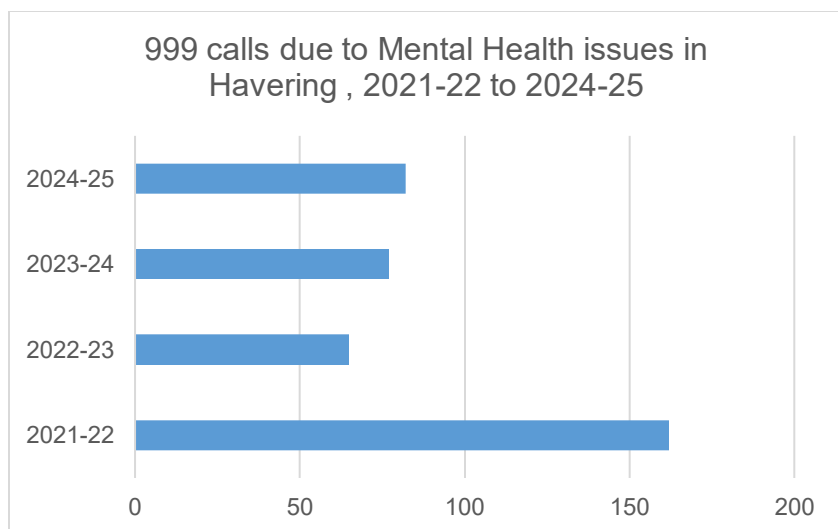
Emergency ambulance services play a critical role in responding to mental health crises, often acting as the first point of contact for individuals in acute distress. This section examines 999 calls made for mental health reasons in Havering, focusing on call volumes, incident outcomes and the urgency levels assigned by the London Ambulance Service. The following information presents the scale of demand, how these calls are typically resolved and how they are categorised by response priority.

*Figure 29: Graph showing the volume of 999 calls due to mental health issues in NEL boroughs, 2021/22-2025/25*



Source: NEL ICB.

*Figure 30: Graph showing the volume of 999 calls due to mental health issues in Havering, 2021/22-2025/25*



Source: NEL ICB.

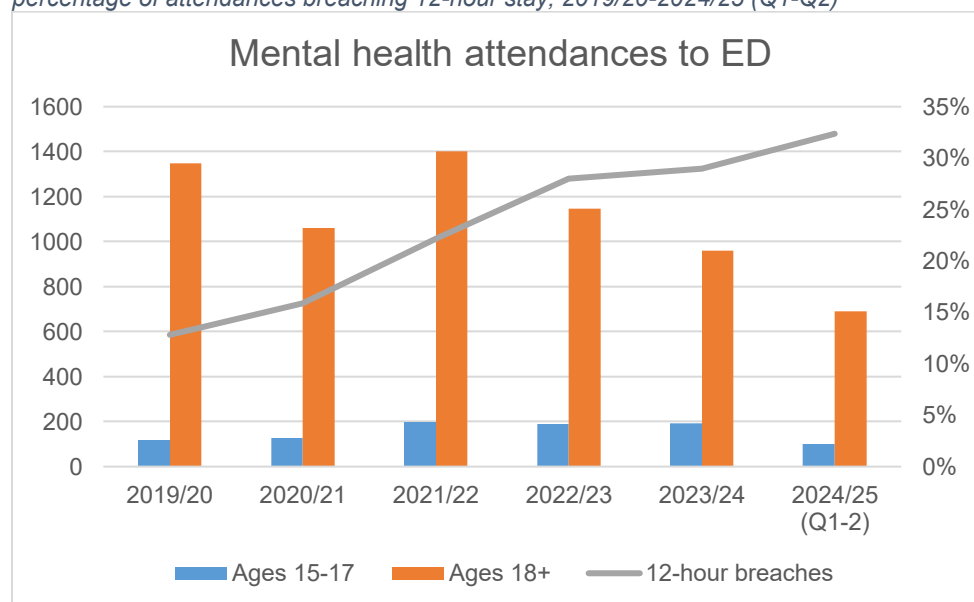
- Call volume trends show a sharp drop in total calls in 2022/23 compared to 162 in 2021/22, followed by a gradual rise to 77 in 2023/24 and 82 in 2024/25.
- The top three outcomes for mental health-related 999 calls in Havering over the 2021/22 to 2024/25 period were:
  - Referred to the Mental Health and Wellness Teams (76 calls)
  - Assisted but not conveyed and no referral made (64 calls)
  - Taken to Queen's Hospital Romford A&E (62 calls)
- Incidents that included outcomes recorded as "no trace," "gone before arrival" and "declined aid" accounted for a significant portion (over 80 calls), indicating challenges in response and follow-up for mental health incidents.
- Ambulance Response Categories indicates that Category 3 (C3) responses—used for urgent but non-life-threatening situations—comprised the vast majority of calls (308 out of 411 calls). Higher acuity categories (C1 and C2), reserved for more immediate or life-threatening situations, made up a smaller portion (58 calls altogether) over the five years.

### ***Emergency Departments (BHRUT)***

BHRUT has emergency departments at Queen's Hospital, Romford and King George Hospital, Ilford. In Havering, mental health attendances place a significant demand on emergency department (ED) services at Queen's Hospital, Romford. Increased complexity and acuity of patients has led to increased wait times and length of stay, which is compounded by substantial pressures for specialist inpatient beds within NELFT.

Please note that Emergency Department (ED) data should be interpreted with caution due to an ongoing data quality issue currently being investigated. As a result, it is not possible to reliably determine whether mental health A&E attendances are genuinely decreasing.

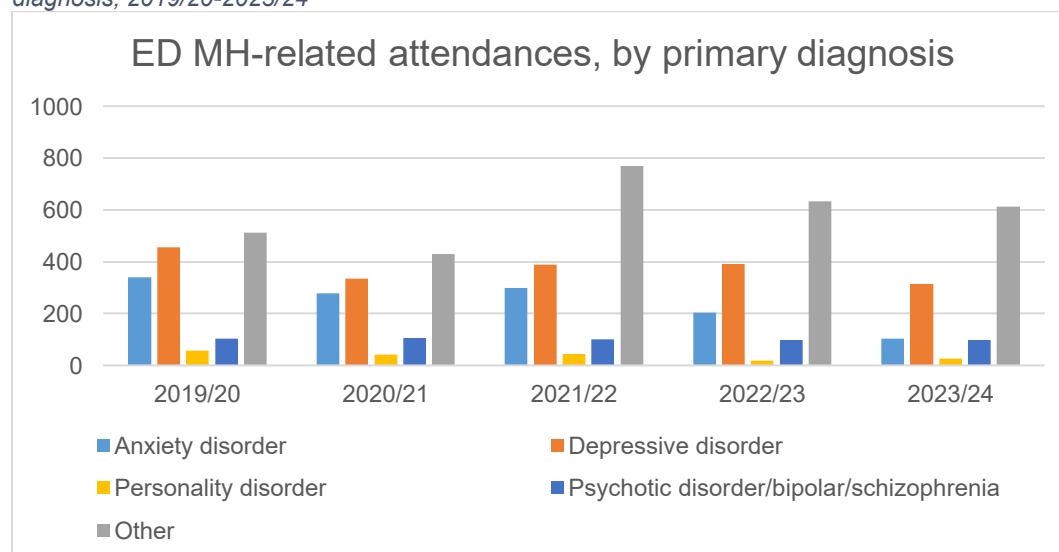
Figure 31: Graph showing the number of Havering mental health attendances at BHRUT emergency department and percentage of attendances breaching 12-hour stay, 2019/20-2024/25 (Q1-Q2)



Source: NEL ICB. Please note that Emergency Department (ED) data should be interpreted with caution due to an ongoing data quality issue currently being investigated.

- After peaking in 2021/22, the number of MH attendances at BHRUT emergency departments has declined but current trends suggest this will increase again in 2024/25 (Q1-Q2).
- The proportion of MH-related attendances staying over 12 hours has substantially increased from 13% in 2019/20 to 32% in 2024/25 (Q1-2).
- In August 2024, the average length of ED stay for mental health patients was over 22 hours (BHRUT-wide).

Figure 32: Graph showing the number of Havering resident mental health attendances at BHRUT ED, by primary diagnosis, 2019/20-2023/24

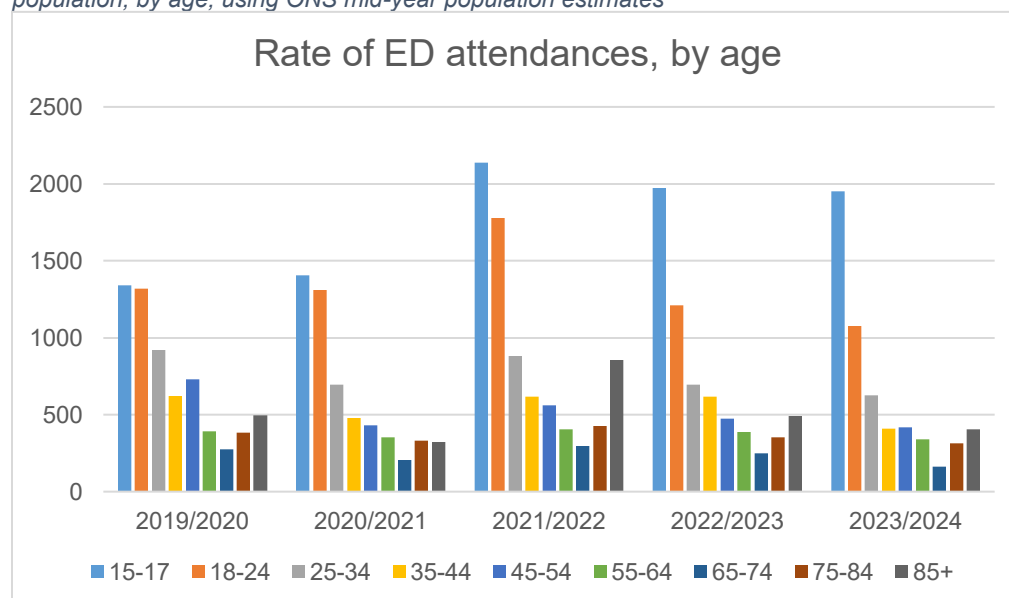


Source: NEL ICB. Please note that Emergency Department (ED) data should be interpreted with caution due to an ongoing data quality issue currently being investigated.

- ED attendances for psychotic disorders and bipolar disorder have been stable across the time period, however they represent an average 7% of mental health-related visits, compared to a prevalence of 3% in the population.<sup>9</sup>
- People with a personality disorder diagnosis made up an average 3% of attendances, although not all people presenting with relevant symptoms or behaviour will have a confirmed diagnosis of a personality disorder so are likely to be recorded under alternative diagnoses.
- Self harm is recorded as chief complaint in 18% of all MH-related attendances.
- Data quality is affected by inconsistent coding of mental health attendances in ED. For example, data is not available on which diagnoses are included in the 'other' category, which represents the largest number of attendances.

### Age of Emergency Department MH attendances

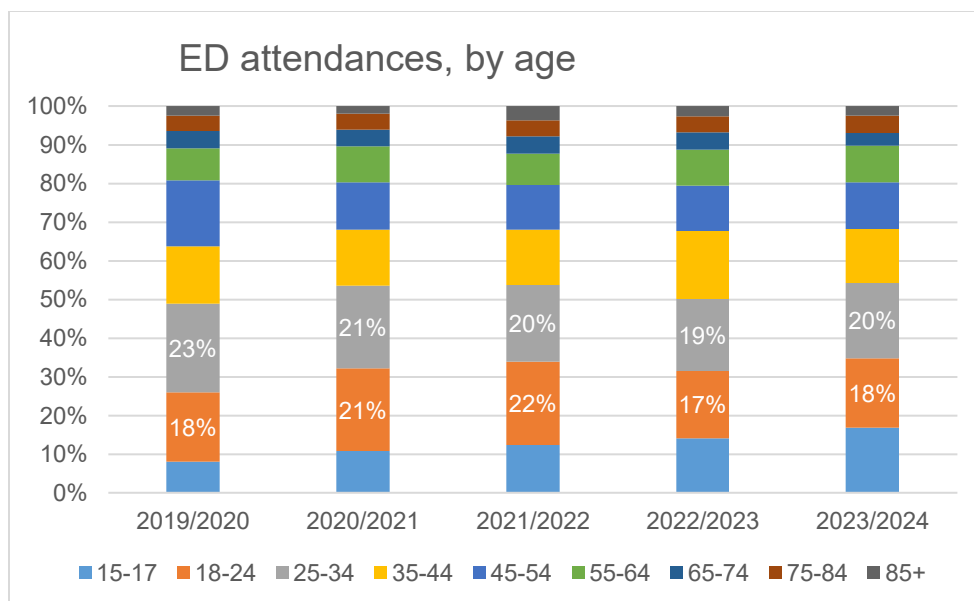
Figure 33: Graph showing the rate of Havering MH attendances at BHRUT emergency department per 100,000 population, by age, using ONS mid-year population estimates



Source: NEL ICB. Please note that Emergency Department (ED) data should be interpreted with caution due to an ongoing data quality issue currently being investigated.

Figure 34: Graph showing the percentage of Havering MH attendances at BHRUT emergency department, by age

<sup>9</sup> Adult Psychiatric Morbidity Survey, 2014

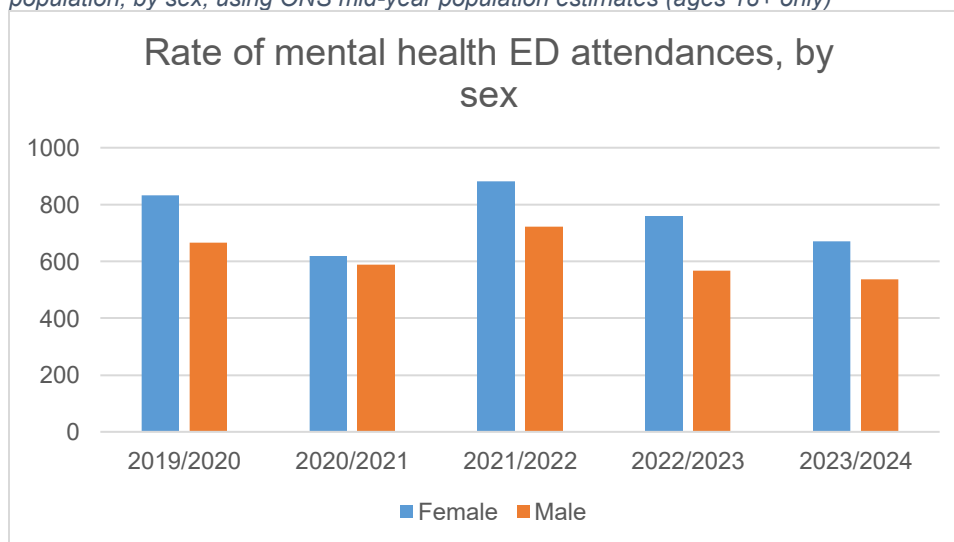


Source: NEL ICB. Please note that Emergency Department (ED) data should be interpreted with caution due to an ongoing data quality issue currently being investigated.

- The highest rates of attendance were for the 15-17 and 18-24 age groups.
- However, the 25-34-year age group made up the largest proportion of mental health related attendances in ED.

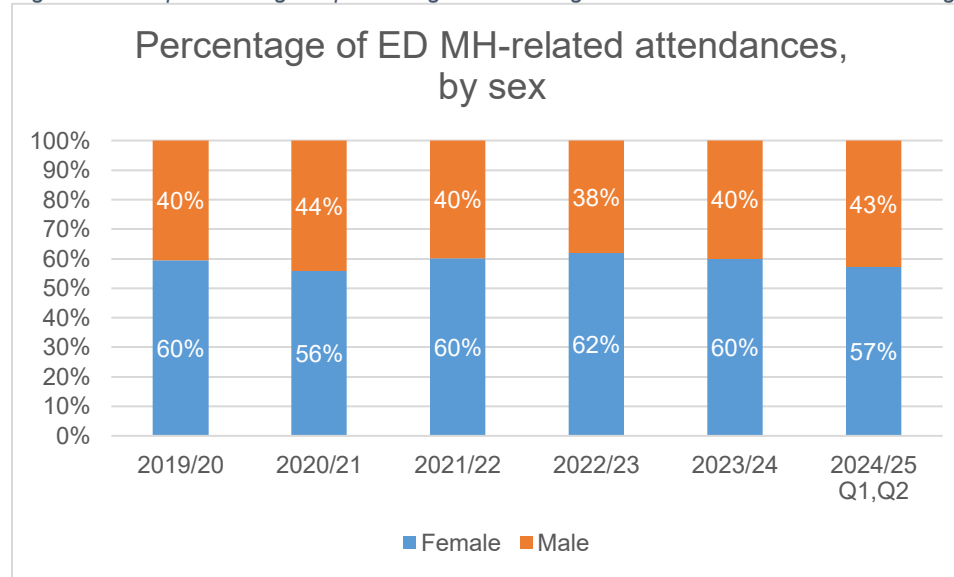
### Sex of Emergency Department MH attendances

Figure 35: Graph showing the rate of Havering MH attendances at BHRUT emergency department per 100,000 population, by sex, using ONS mid-year population estimates (ages 18+ only)



Source: NEL ICB. Please note that Emergency Department (ED) data should be interpreted with caution due to an ongoing data quality issue currently being investigated.

Figure 36: Graph showing the percentage of Havering MH attendances at BHRUT emergency department, by sex

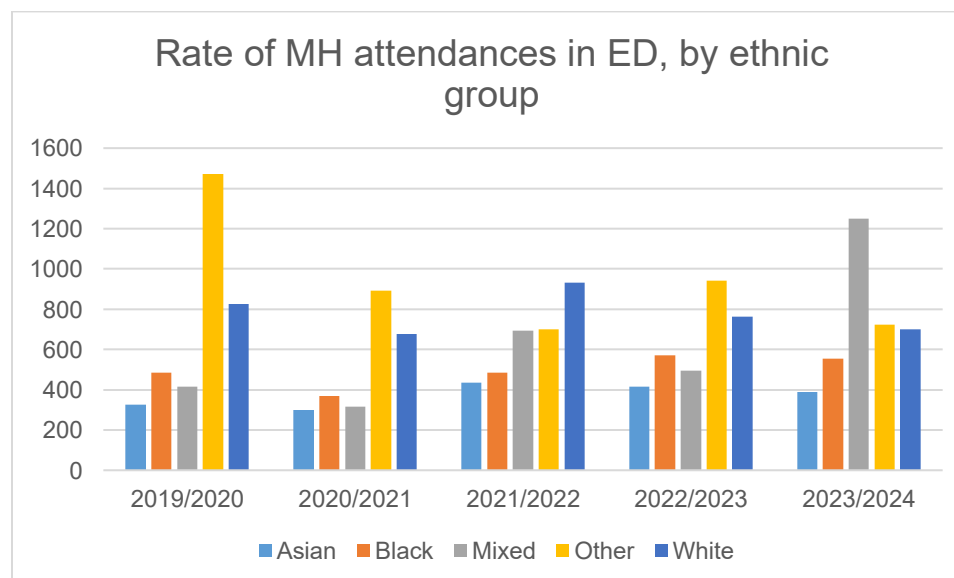


Source: NEL ICB. Please note that Emergency Department (ED) data should be interpreted with caution due to an ongoing data quality issue currently being investigated.

- The rate of mental health related attendances to ED is consistently higher for females than for males.
- Females (average 59%) formed a larger proportion of attendances than males (average 41%) between 2019/20 and 2024/25 (Q1, Q2).

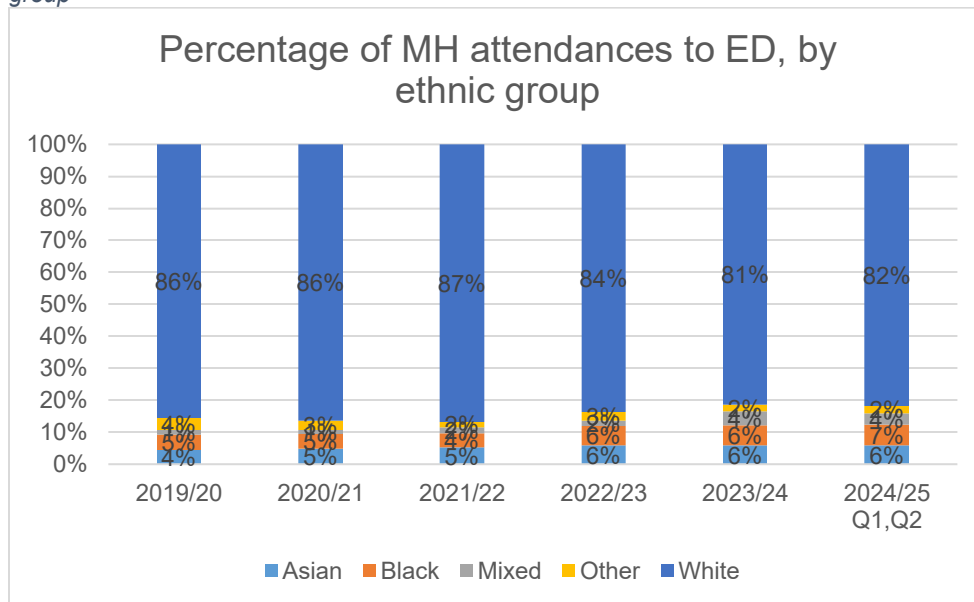
### Ethnicity of Emergency Department MH attendances

Figure 37: Graph showing the rate of MH attendances at BHRUT emergency department per 100,000 population, by ethnic group, using 2021 Census data



Source: NEL ICB. Please note that Emergency Department (ED) data should be interpreted with caution due to an ongoing data quality issue currently being investigated.

Figure 38: Graph showing the percentage of Havering MH attendances at BHRUT emergency department, by ethnic group

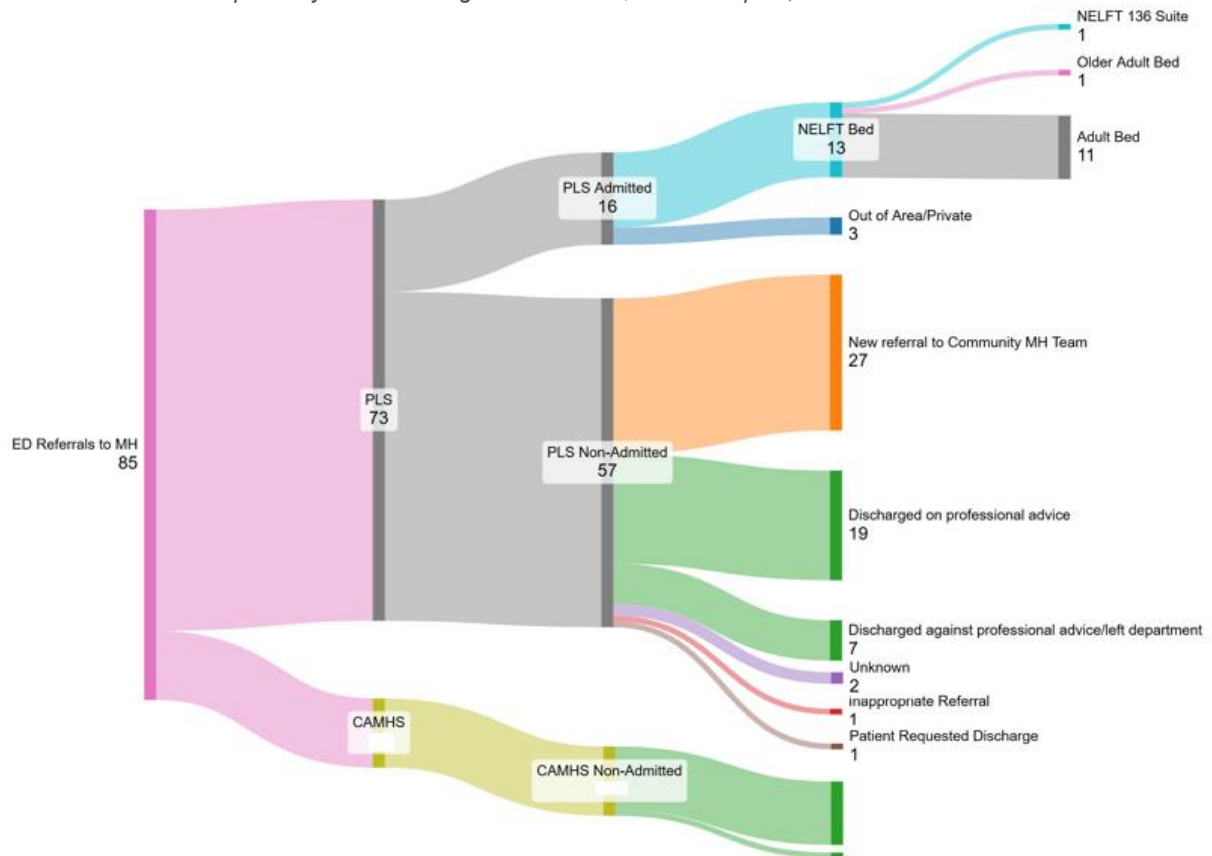


Source: NEL ICB. Please note that Emergency Department (ED) data should be interpreted with caution due to an ongoing data quality issue currently being investigated.

- People from Other and White ethnic groups consistently have among the highest rates of ED attendance for MH-related issues. The lowest rates are seen for people from Asian ethnic groups.
- The proportion of people attending ED from White ethnic groups shows signs of decreasing, but is an average of 85%, higher than the proportion of the population in the 2021 Census (75%).
- People from Asian (average 5%) and Black (average 5%) ethnic groups make up a smaller proportion of attendances than the baseline population (2021 Census Asian 10.7%; Black 8.2%), suggesting they may be less likely to present to the Emergency Department with mental health issues.

## Acute mental health pathway analysis

Figure 39: Mental health pathways for Havering residents at Queens Hospital, November 2024



Source: NEL ICB

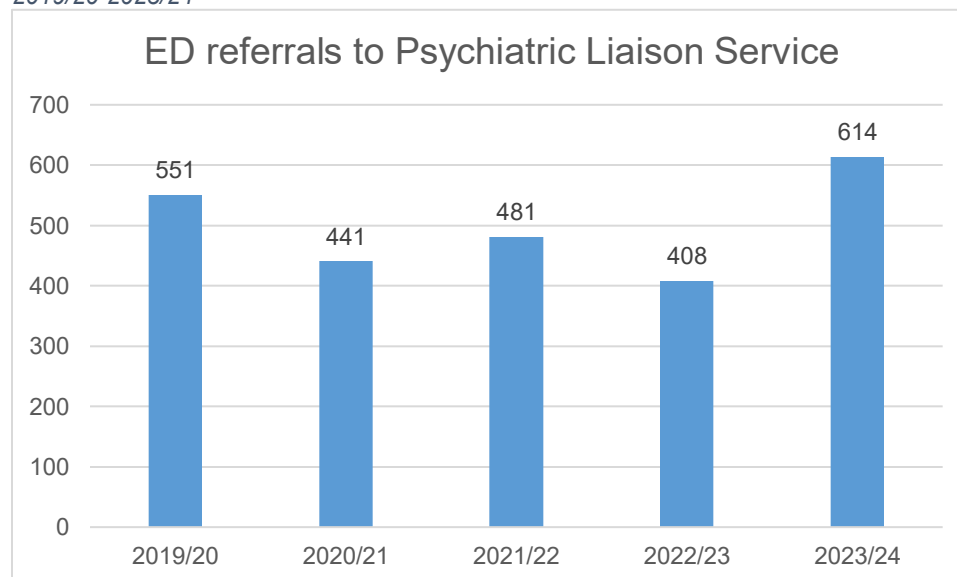
- This snapshot of 73 adult patients in November 2024 referred to psychiatric liaison at Queen's Hospital, Romford shows the range of outcomes for MH-related ED attendances.
- Almost 6 out of 10 patients required ongoing secondary care input:
  - 18% were admitted to a NELFT bed, and 4% admitted out of area
  - 37% of patients required a new referral to community mental health teams
- A smaller number of adult Havering residents were referred to psychiatric liaison at King George's Hospital in the same month (n=22).
- Patients admitted to out of area beds had a longer length of stay (mean 89.6 days; median 100.8 days) than those admitted to NELFT beds (mean 36.6; median 31.6 days).



### Psychiatric Liaison Service

The psychiatric liaison service (PLS) works with adults over the age of 18 referred from BHRUT emergency departments (Queen's and King George's) with mental health difficulties. The team signposts patients to services or refers patients on to appropriate services in primary or community care to ensure that their mental health needs are addressed.

Figure 40: Graph showing the number of BHRUT emergency department referrals to Psychiatric Liaison Service, 2019/20-2023/24

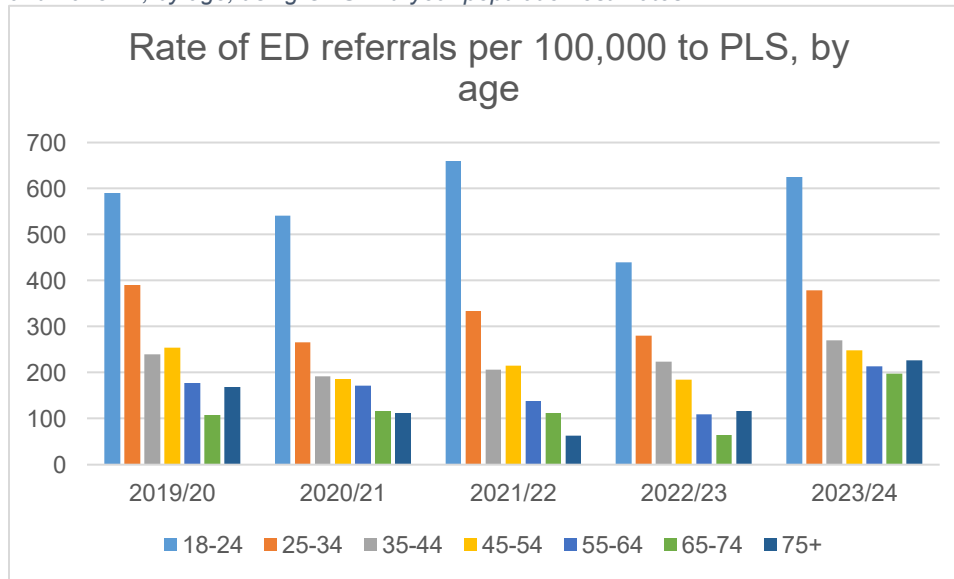


Source: NEL ICB

- The number of referrals from ED to the psychiatric liaison service has increased by 11% between 2019/20. However, there was a 50% increase from 2022/23 to 2023/24.
- 2023/24 appears to be an outlier in the overall trend of mental health-related ED attendances. The data suggests a higher proportion of mental health presentations during this year met the threshold for referral to services; this could indicate increased complexity of need, improvements in the referral process, or a combination of both, and warrants further analysis.

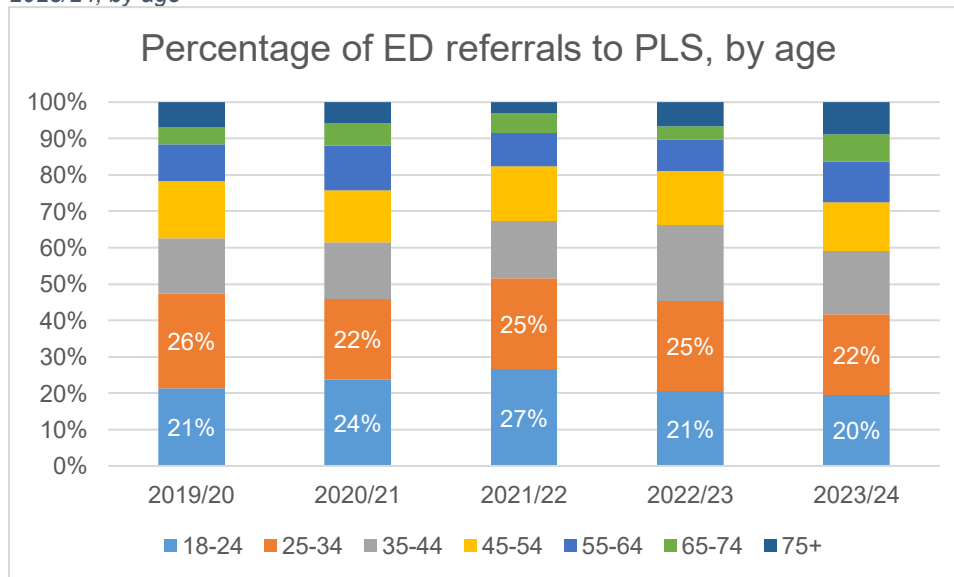
Figure 41: Graph showing the rate of referrals per 100,000 from ED to Psychiatric Liaison Service between 2019/20

and 2023/24, by age, using ONS mid-year population estimates



Source: NEL ICB

Figure 42: Graph showing the percentage of ED referrals to Psychiatric Liaison Service between 2019/20 and 2023/24, by age

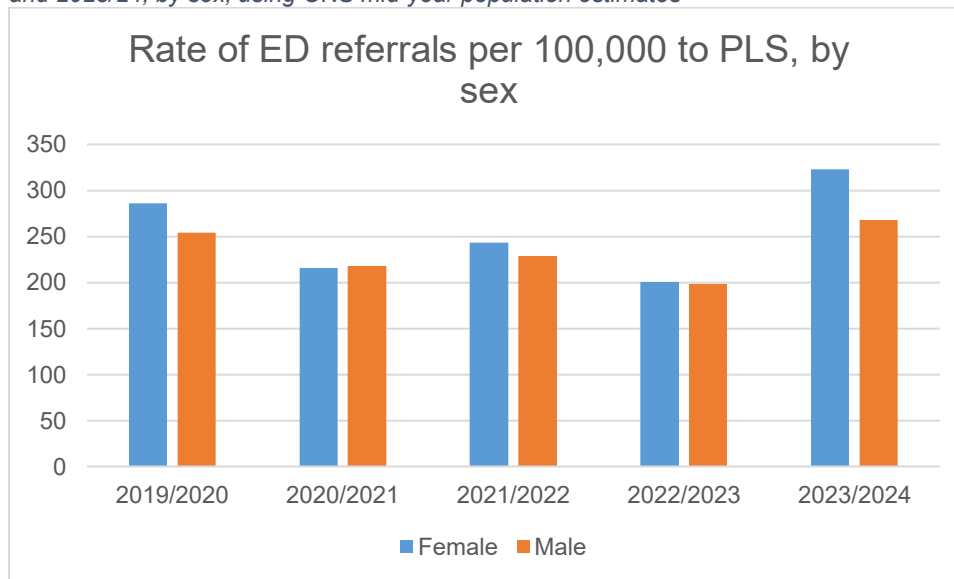


Source: NEL ICB

- The rate of referral is highest among the 18-24 age group.
- As with ED attendances, the largest proportion of attendances are for 25-34 year olds (average 24%) and 18-24 year olds (average 23%).

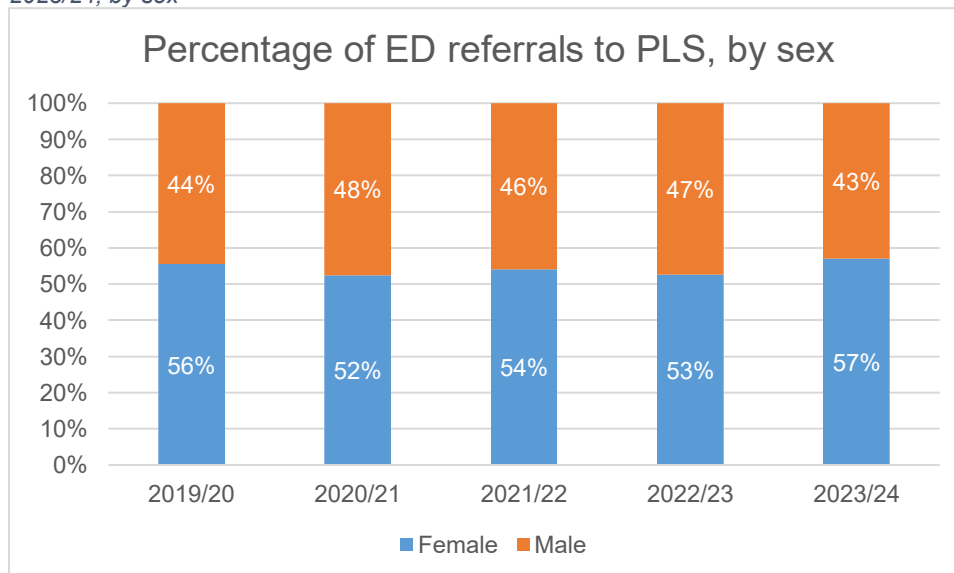
## Sex of referrals to PLS

Figure 43: Graph showing the rate of referrals per 100,000 from ED to Psychiatric Liaison Service between 2019/20 and 2023/24, by sex, using ONS mid-year population estimates



Source: NEL ICB

Figure 44: Graph showing the percentage of ED referrals to Psychiatric Liaison Service between 2019/20 and 2023/24, by sex

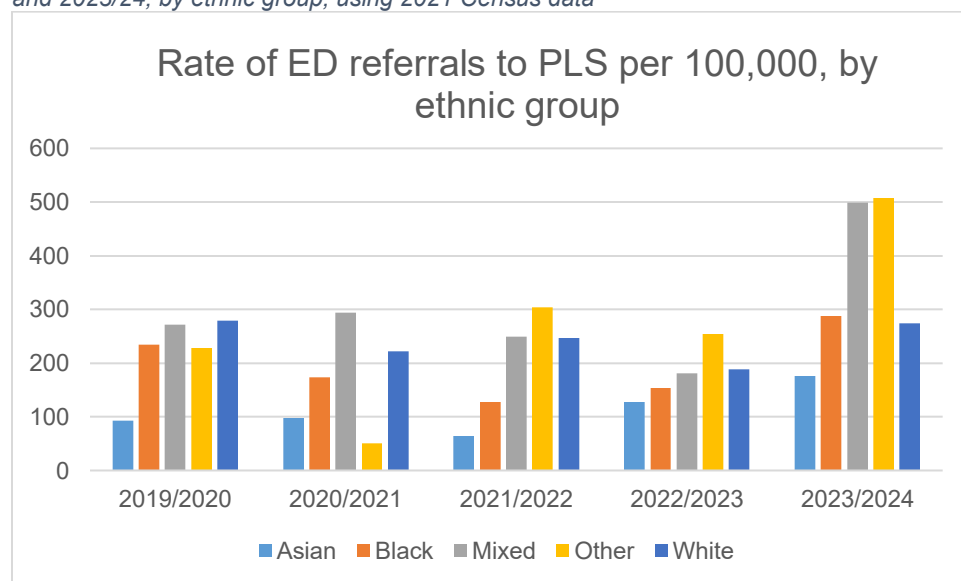


Source: NEL ICB

- The rate of referral was somewhat higher for females than males each year except 2020/21.
- Females made up a larger proportion of referrals than males each year (average 54% to 46% male).

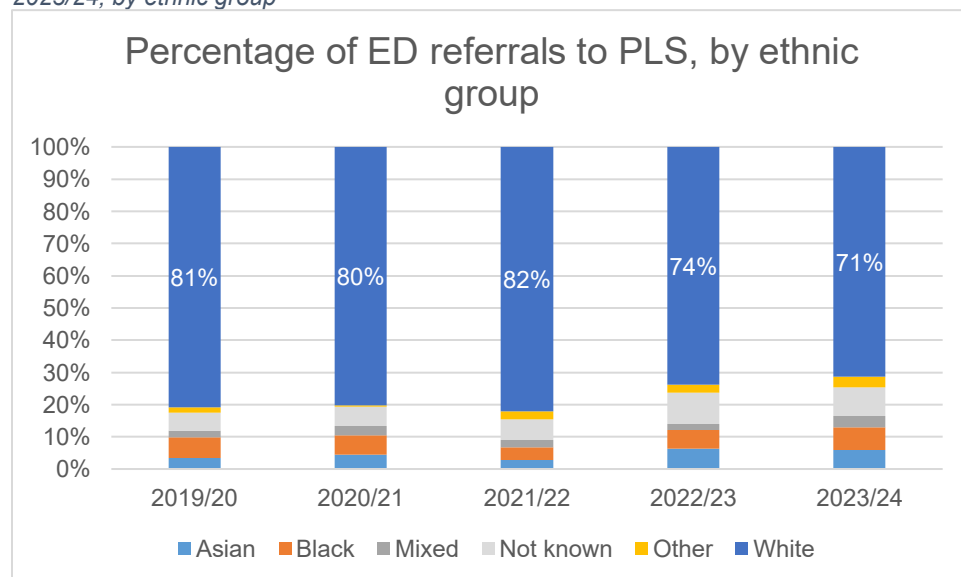
## Ethnicity of referrals to PLS

Figure 45: Graph showing the rate of referrals per 100,000 from ED to Psychiatric Liaison Service between 2019/20 and 2023/24, by ethnic group, using 2021 Census data



Source: NEL ICB

Figure 46: Graph showing the percentage of ED referrals to Psychiatric Liaison Service between 2019/20 and 2023/24, by ethnic group



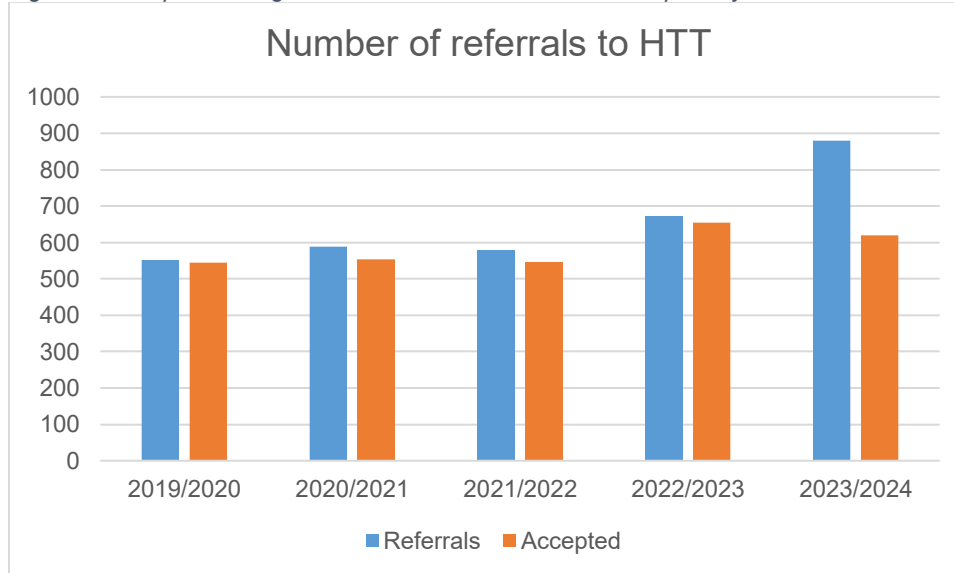
Source: NEL ICB

- People from White ethnic groups made up the largest proportion of Havering residents referred by ED to psychiatric liaison. This proportion has fallen, though largely due to an increase in people with an unknown ethnicity recorded.
- The rate of referral has almost doubled for people from Asian ethnic groups between 2019/2023.
- The rate of referral has increased for people from Mixed and Other ethnic groups, however the overall numbers of these referrals remain very low so the data should be interpreted with caution.

### Home Treatment Team

The Home Treatment Team (HTT) provides acute crisis interventions for adults aged 18 to 65 whose mental health crisis is so severe that they would otherwise require admission to an inpatient mental health unit.

Figure 47: Graph showing the number of referrals to and accepted by Home Treatment Team, 2019/20-2023/24

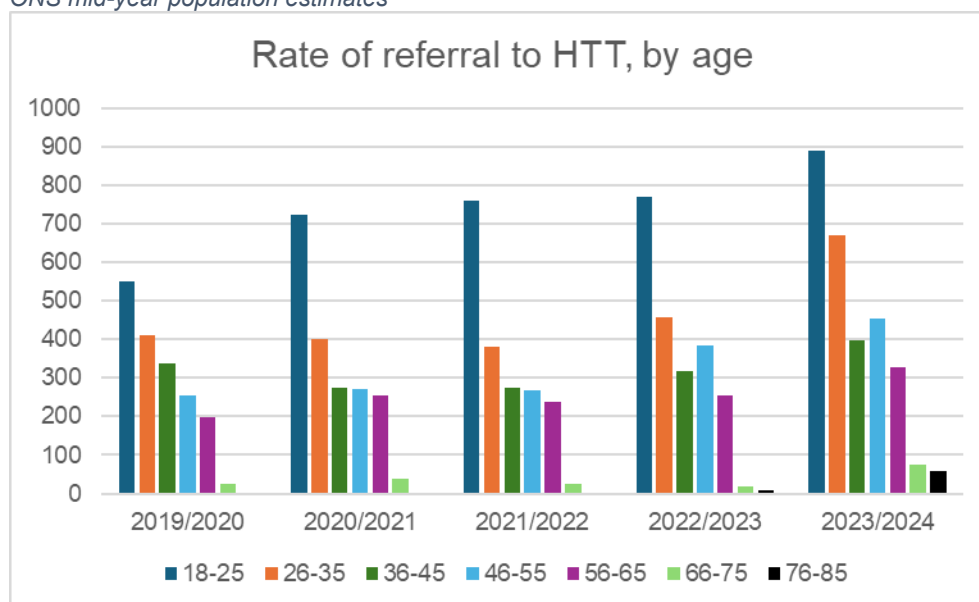


Source: NELFT

- Referrals to the home treatment team increased by 59% between 2019/20 and 2023/24, with a 30% increase between 2022/23 and 2023/24.
- The number of accepted referrals has remained relatively stable despite this increase, resulting in the percentage of accepted referrals dropping to 71% in 2023/24.
- Almost all referrals were seen within 6 weeks of referral (average 99.8%).

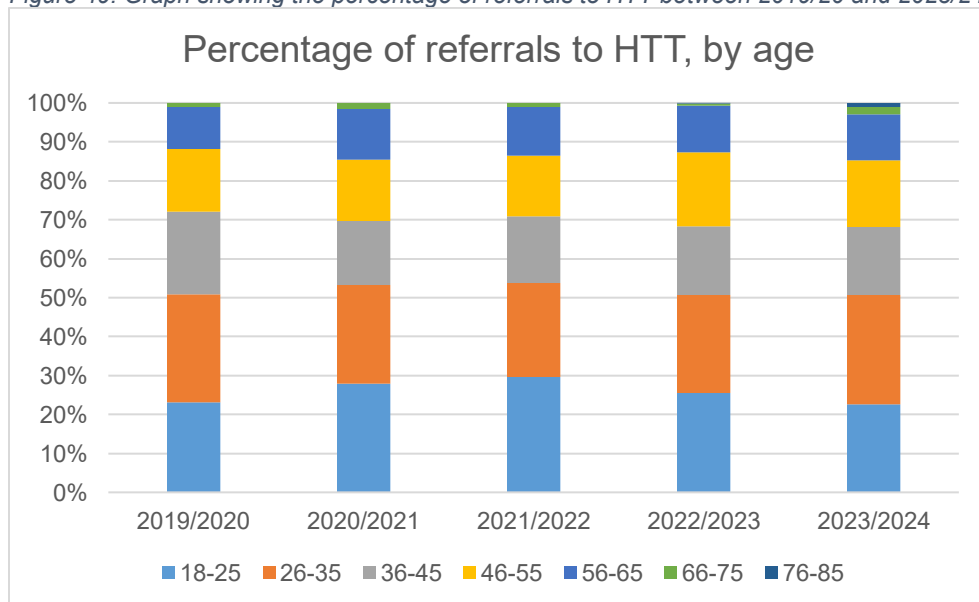
### Age of Home Treatment Team service users

Figure 48: Graph showing the rate of referrals per 100,000 to HTT between 2019/20 and 2023/24 by age, using the ONS mid-year population estimates



Source: NELFT

Figure 49: Graph showing the percentage of referrals to HTT between 2019/20 and 2023/24, by age

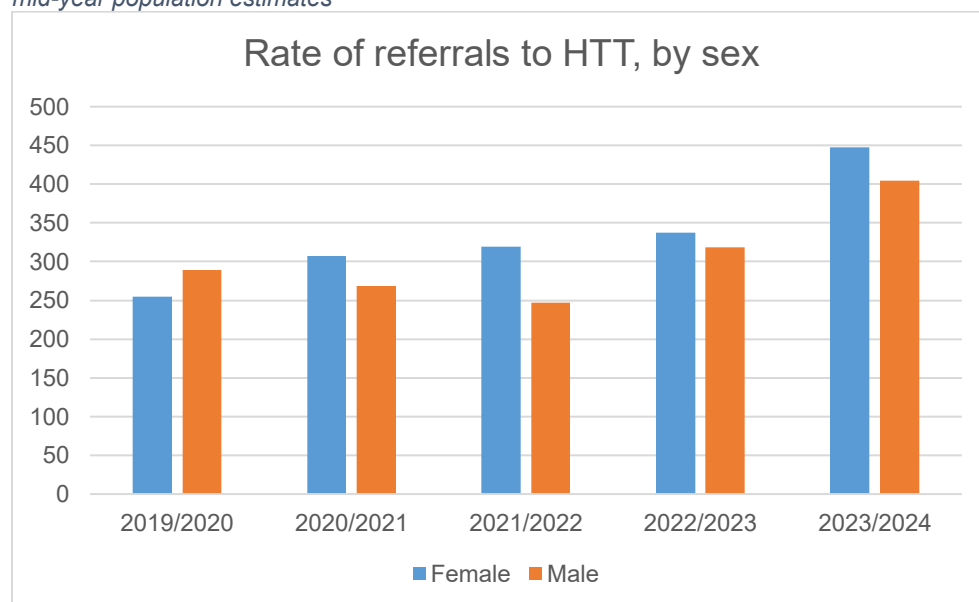


Source: NELFT

- The highest rate of referral to HTT was in the 18-25 age group.
- However, the proportion of referrals from the 26-35 age group is approximately the same as for the 18-25 age group (26%).

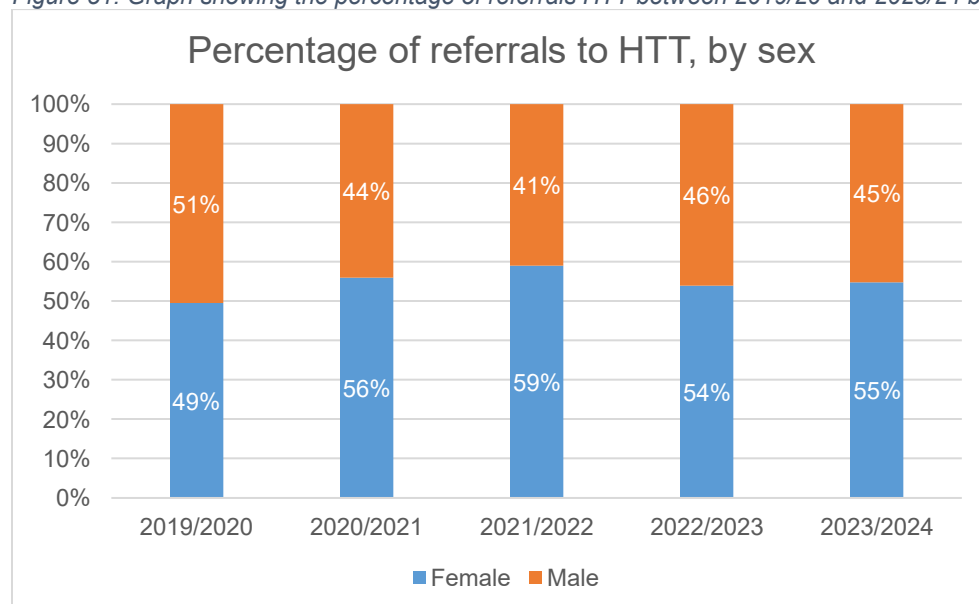
## Sex of Home Treatment Team service users

Figure 50: Graph showing the rate of referrals per 100,000 to HTT between 2019/20 and 2023/24, by sex, using ONS mid-year population estimates



Source: NELFT

Figure 51: Graph showing the percentage of referrals HTT between 2019/20 and 2023/24 by sex

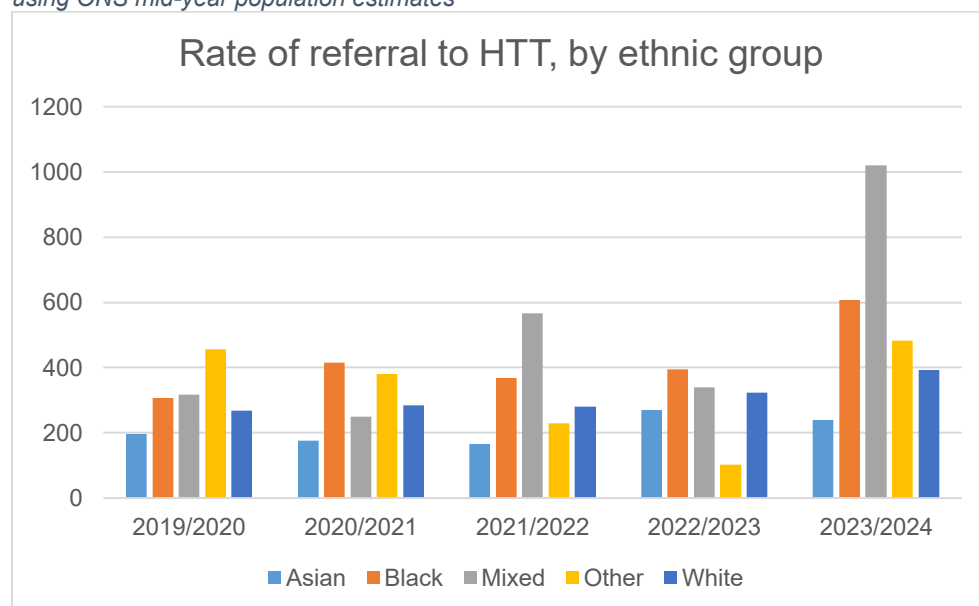


Source: NELFT

- Since 2020/21, females have been referred to HTT at a slightly higher rate than males.
- Between 2019/20 and 2023/24, females consistently made up a higher proportion (average 55%) of referrals to HTT than males (average 45%).

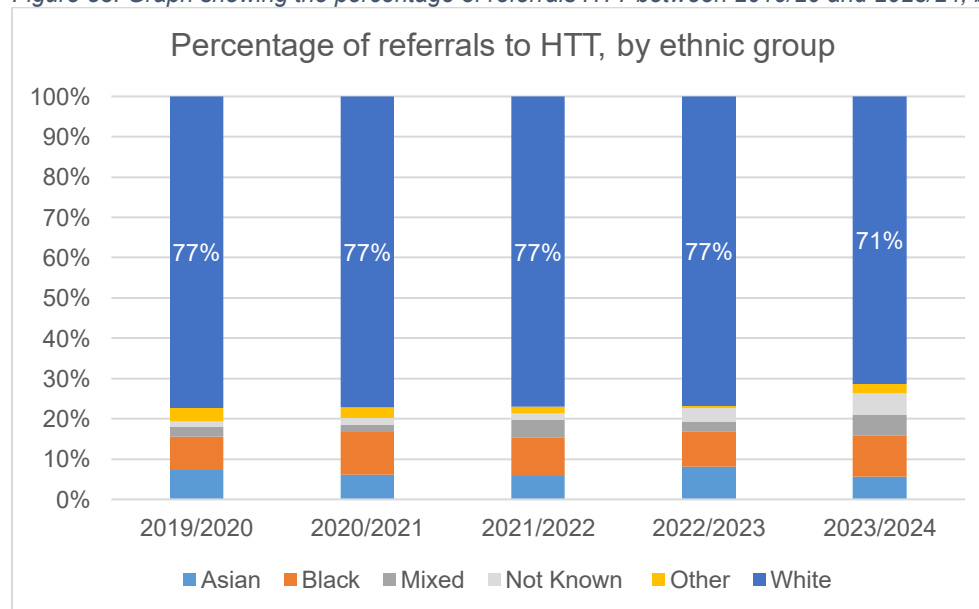
## Ethnicity of Home Treatment Team service users

Figure 52: Graph showing the rate of referrals per 100,000 to HTT between 2019/20 and 2023/24, by ethnic group, using ONS mid-year population estimates



Source: NELFT

Figure 53: Graph showing the percentage of referrals to HTT between 2019/20 and 2023/24, by ethnic group



Source: NELFT

- The largest increases in the rate of referral to HTT has been among people from the Mixed ethnic group (from 317 per 100,000 in 2019/20 to to 1,019 per 100,000 in 2023/24) and Black ethnic group (from 307 per 100,000 in 2019/20 to 608 per 100,000 in 2023/24).

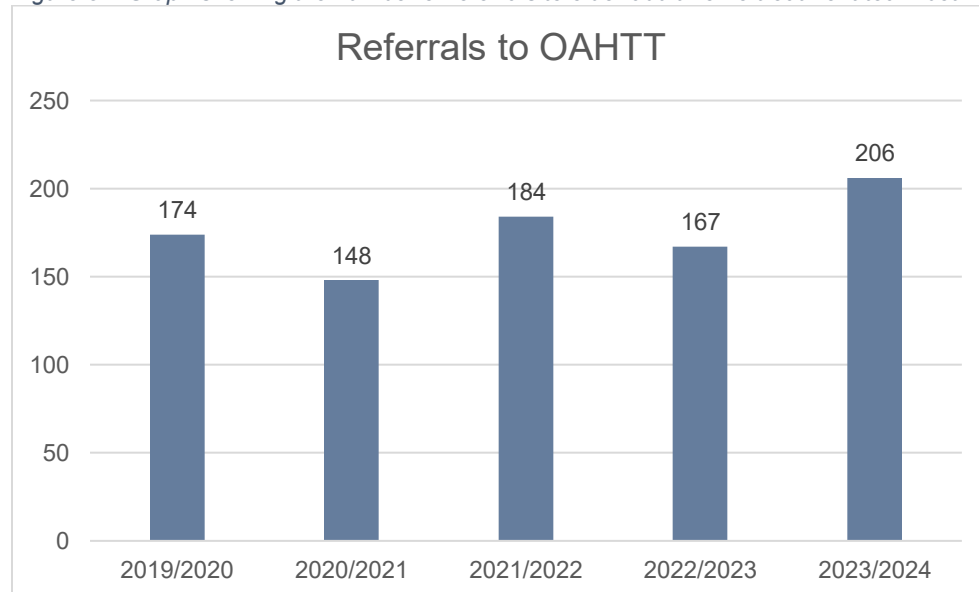


### **Older Adult Home Treatment Team**

The Older Adults Home Treatment Team (OAHTT) provides community-based intensive support for older adults (aged 65+) who are in a mental health crisis, and their carers. The OAHTT provides an alternative to hospital admission or facilitates early discharge from hospital.

Members of the OAHTT will visit service users up to twice a day in their home gradually reducing to once or twice a week, for a short time period, to help re-establish them back into their surroundings and community.

*Figure 54: Graph showing the number of referrals to older adult home treatment team between 2019/20 and 2023/24*

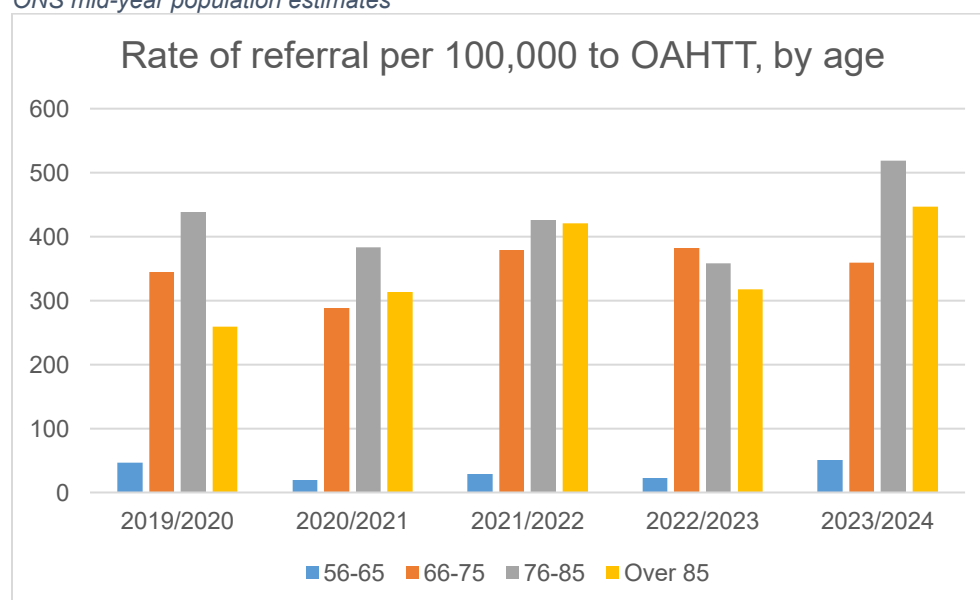


Source: NELFT

- Referrals to the older adult home treatment team increased by 18% between 2019/20 and 2023/24.

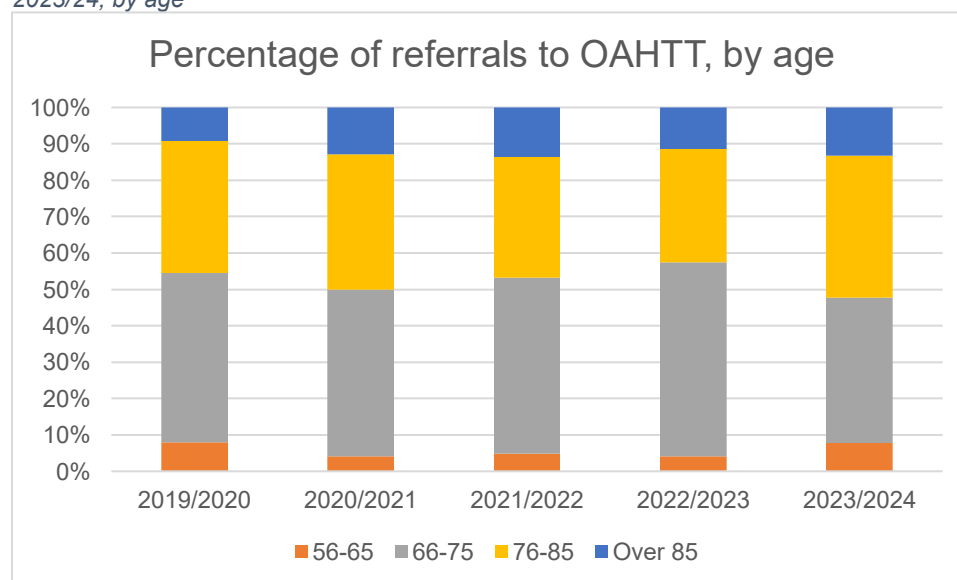
### **Age of OAHTT service users**

Figure 55: Graph showing the rate of referrals per 100,000 to OAHTT between 2019/20 and 2023/24 by age, using ONS mid-year population estimates



Source: NELFT

Figure 56: Graph showing the percentage of referrals to older adults home treatment team between 2019/20 and 2023/24, by age

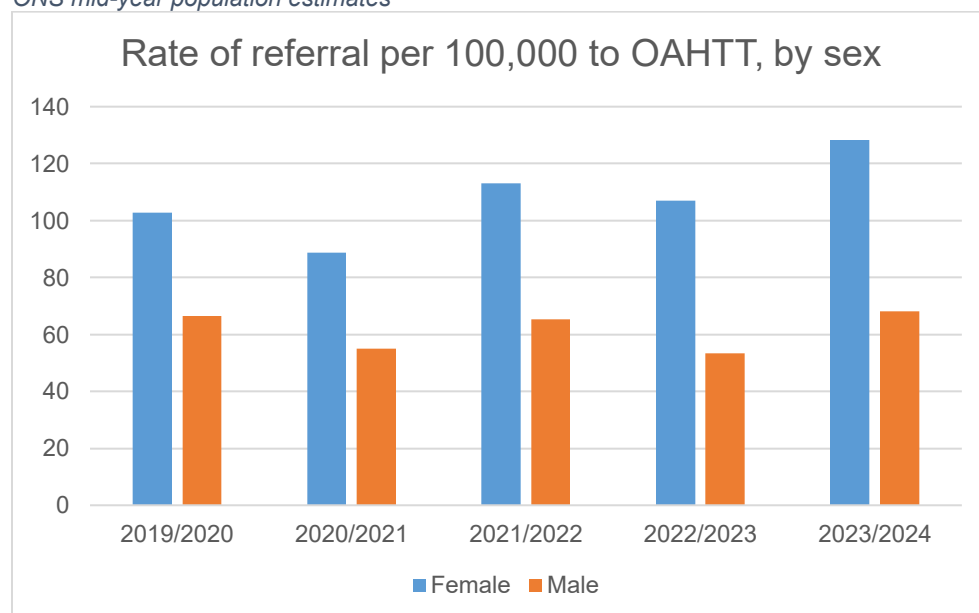


Source: NELFT

- The largest proportion of referrals to the older adult HTT is among 66-75 year olds, although this group rarely has the highest rate of referrals.

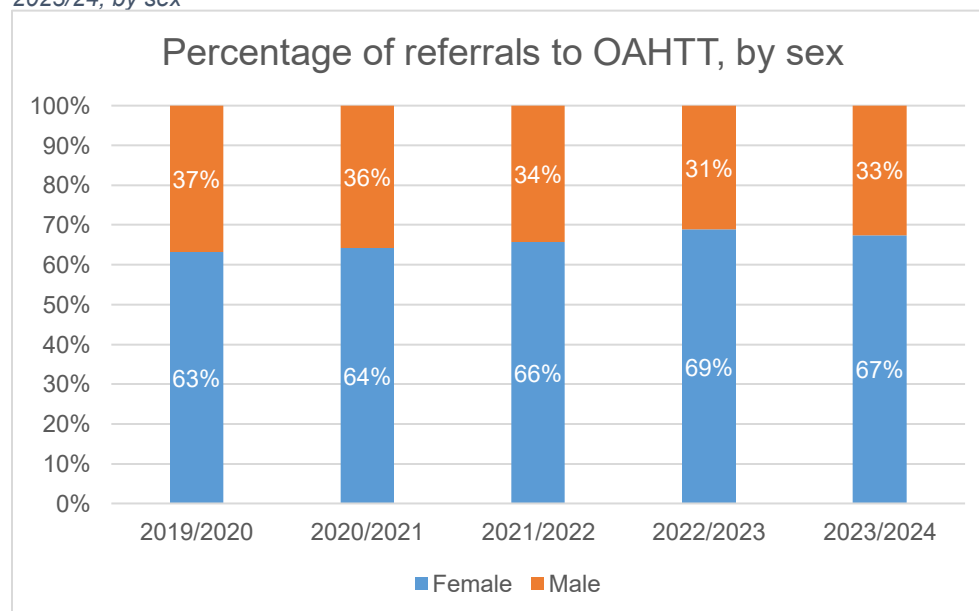
## Sex of OAHTT service users

Figure 57: Graph showing the rate of referrals per 100,000 to OAHTT between 2019/20 and 2023/24 by sex, using ONS mid-year population estimates



Source: NELFT

Figure 58: Graph showing the percentage of referrals to older adult home treatment team between 2019/20 and 2023/24, by sex



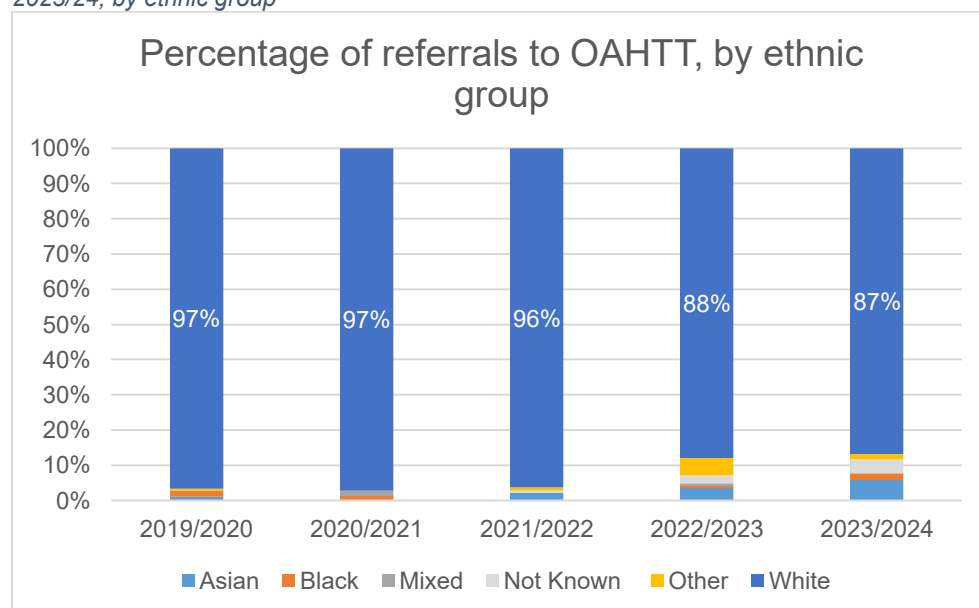
Source: NELFT

- The rate of referral to OAHTT has been persistently higher for females than males between 2019/20 and 2023/24.
- Females also make up a higher proportion of referrals (66%) than males (34%). This may partly reflect the demographic makeup of Havering. As of 2021, there were approximately 26.2% more females (~25,769) than males (~20,423) aged 65 and over in the borough.<sup>10</sup>

### Ethnicity of OAHTT service users

<sup>10</sup> [JSNA Demography Chapter 2023 v0.3A.pdf](#)

Figure 59: Graph showing the percentage of referrals to older adult home treatment team between 2019/20 and 2023/24, by ethnic group



Source: NELFT

- It is not possible to report on the rate of referral by ethnic group due to low numbers.
- The proportion of referrals for people from White ethnic groups has decreased from 97% to 87%.
- The percentage of referrals for people from Asian ethnic groups has increased from 1% to 6% since 2019/20.
- The proportion of referrals with an unknown ethnic group has also increased.

### Mental Health Act Assessments

Under the [Mental Health Act](#) (1983) (MHA), individuals can be detained in hospital to receive care and medical treatment for a mental disorder, if they are assessed to be at risk of harm to themselves or others.

Table 1: Total number of mental health Act assessments, by age, 2019/20-2023/24\*

Total Number of Mental Health Act Assessments		Year				
		2019/20	2020/21	2021/22	2022/23	2023/24*
Mental Health Act Assessments, by age	Under 18	66	57	61	54	27
	18-65	226	224	286	300	127
	Over 65	25	23	24	22	5
	Total	317	304	371	376	159

\*2023/24 data from Apr-Aug only

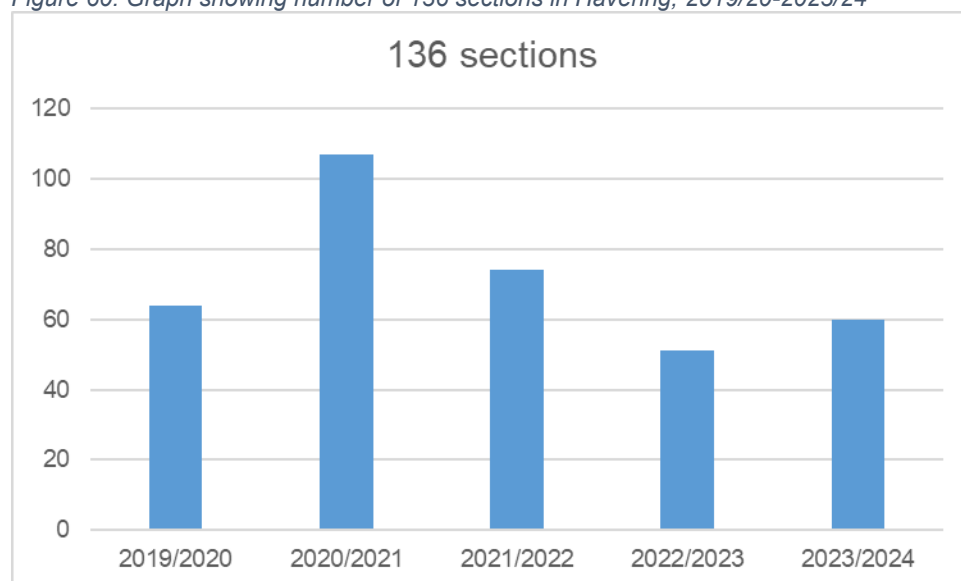
Source: NELFT

- The number of MHA assessments in Havering has increased by around 15% over the past 5 years.
- Most MHA assessments over this period resulted in a section (average 68%), with a small number admitted informally.

## Section 136 suites

Section 136 Suites are a health-based "place of safety" where police may bring people they have detained under Section 136 of the Mental Health Act if they have concerns the person is a risk to themselves or others. The suites provide a calm and safe environment for urgent mental health assessments, away from A&E departments. A third Section 136 suite opened at Goodmayes Hospital in 2023, as part of the NELFT Mental Health Transformation Plan. This new suite includes provision for children and young people.

Figure 60: Graph showing number of 136 sections in Havering, 2019/20-2023/24



Source: NEL ICB

- Other than a peak in 2020/21, the number of 136 sections in Havering is relatively stable.
- Females comprised an average 51.7% of 136 sections during the time period, and males 48.3%.
- 83.7% of 136 sections were in people from White ethnic groups. People from Black ethnic groups made up the next largest group (5.6%).
- Most 136 sections were in two age groups: 18-25 year olds (27%) and 26-35 year olds (38%).

## Crisis lines

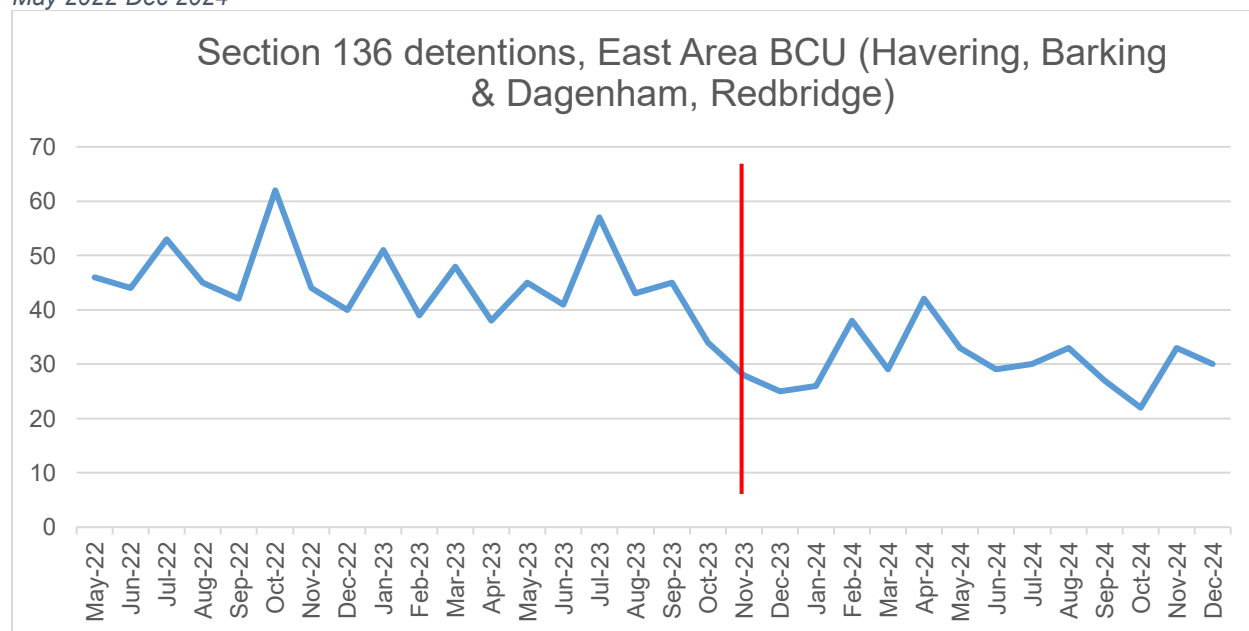
There are currently two telephone crisis lines available for Havering residents (including carers and family members) – locally, Mental Health Direct, and nationally, NHS 111 option 2. Residents can call to discuss with a fully trained and qualified mental health professional team able to offer brief on-the-phone psychological support and access to key services and organisations that can offer mental health support.

Several national mental health crisis lines are also available to provide support to anyone in distress, at any time, including [Samaritans](#), [SHOUT](#), [MIND](#), [CALM \(Campaign Against Living Miserably\)](#), and [PAPYRUS](#).

## Right Care, Right Person

In November 2023, the Metropolitan Police introduced the Right Care, Right Person (RCRP) approach to responding to mental health calls, with officers only attending calls when a person is subject to or at serious risk of harm.

Figure 61: Section 136 detentions, East Area Basic Command Unit (Havering, Barking & Dagenham, Redbridge), May 2022-Dec 2024



Red line indicates introduction of RCRP approach.

Source: Metropolitan Police

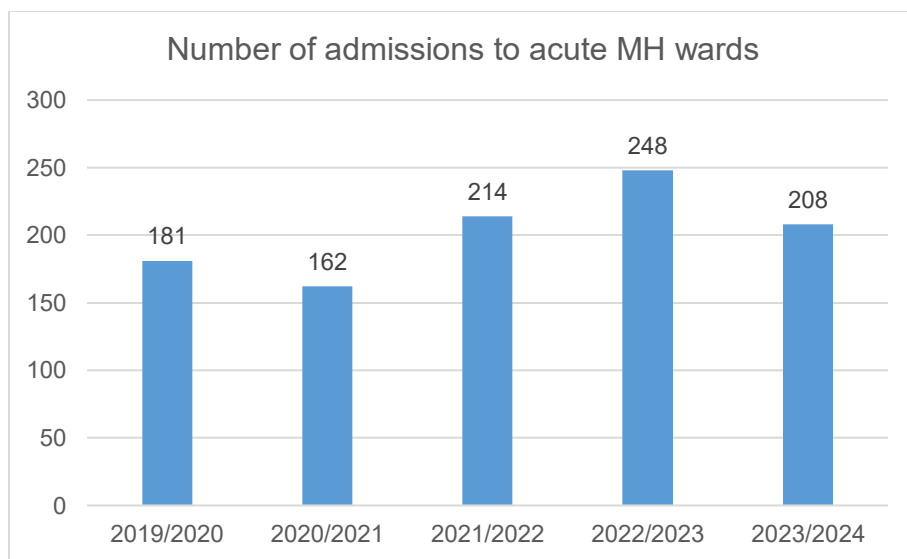
- Section 136 is part of the Mental Health Act that allows police to take an individual to a 'place of safety' such as a hospital, if they think the individual has a mental disorder, is in a public place and needs immediate help.
- There has been a general reduction in the number of Section 136s in the East Area Borough Command Unit, which covers Havering as well as Redbridge and Barking and Dagenham, since the Police brought in the Right Care Right Person approach in November 2023.
- The impact of RCRP on other emergency and mental health services is being monitored.

## Inpatient services

### Acute mental health wards

Inpatient mental health beds are provided by NELFT at Goodmayes Hospital in Ilford.

Figure 62: Graph showing the number of admissions to acute mental health wards by Havering residents, 2019/20-2023/24

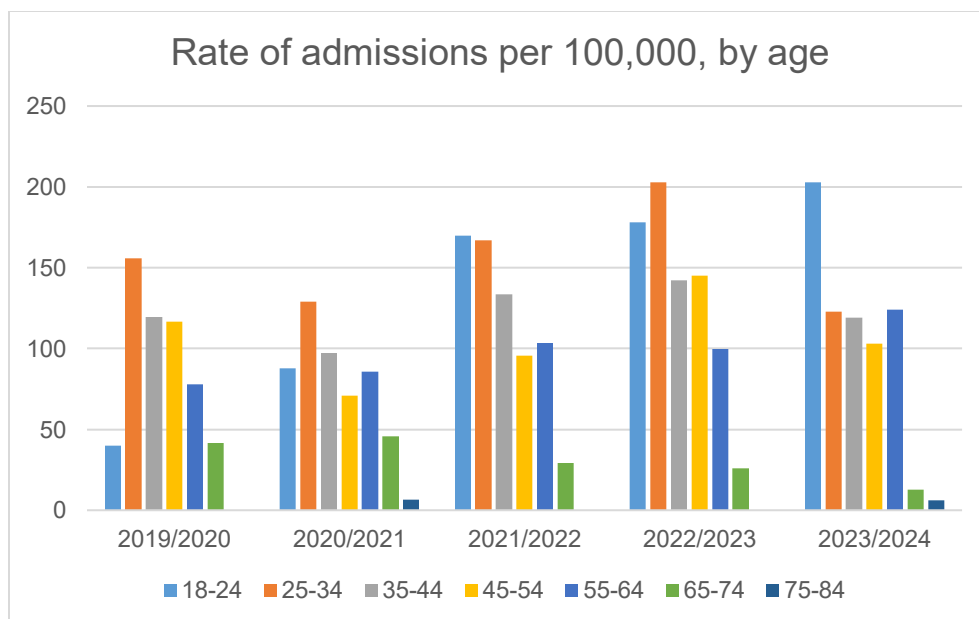


Source: NELFT

- Admissions to acute mental health wards has increased by 15% between 2019/20 and 2023/24 for Havering residents.
- Most admissions (average 55%) between 2019/20 and 2023/24 were from an individual's usual place of residence.
- However, the proportion admitted from their usual place of residence has decreased from 61% in 2019/20 to 54% in 2023/24.
- Meanwhile, the proportion admitted from a general (non-mental health) NHS ward has increased from 18% in 2019/20 to 32% in 2023/24.

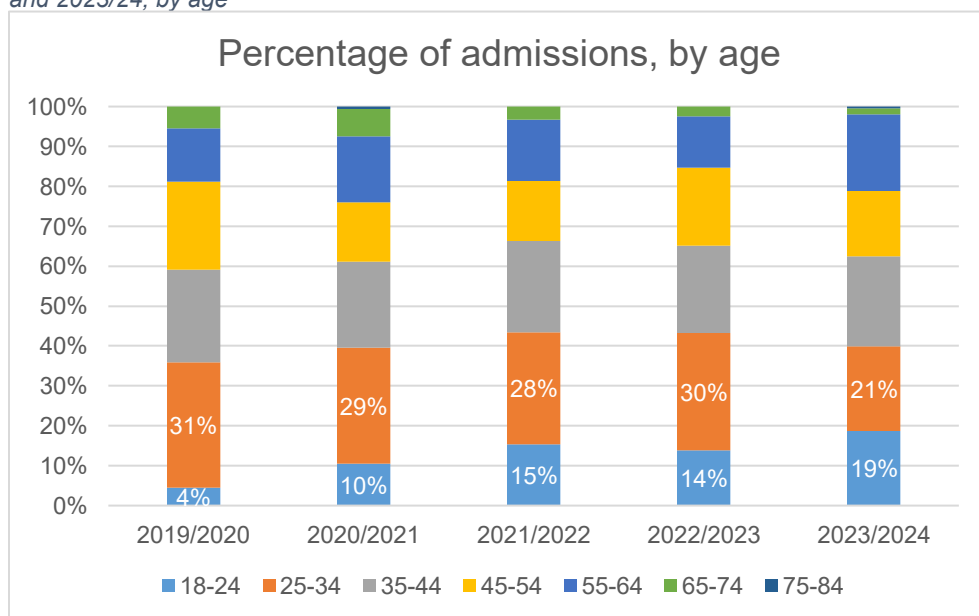
### Age of acute mental health admissions

*Figure 63: Graph showing the rate of admissions per 100,000 to acute mental health wards, between 2019/20 and 2023/24, by age, using ONS mid-year population estimates*



Source: NELFT

Figure 64: Graph showing the percentage of admissions per 100,000 to acute mental health wards, between 2019/20 and 2023/24, by age



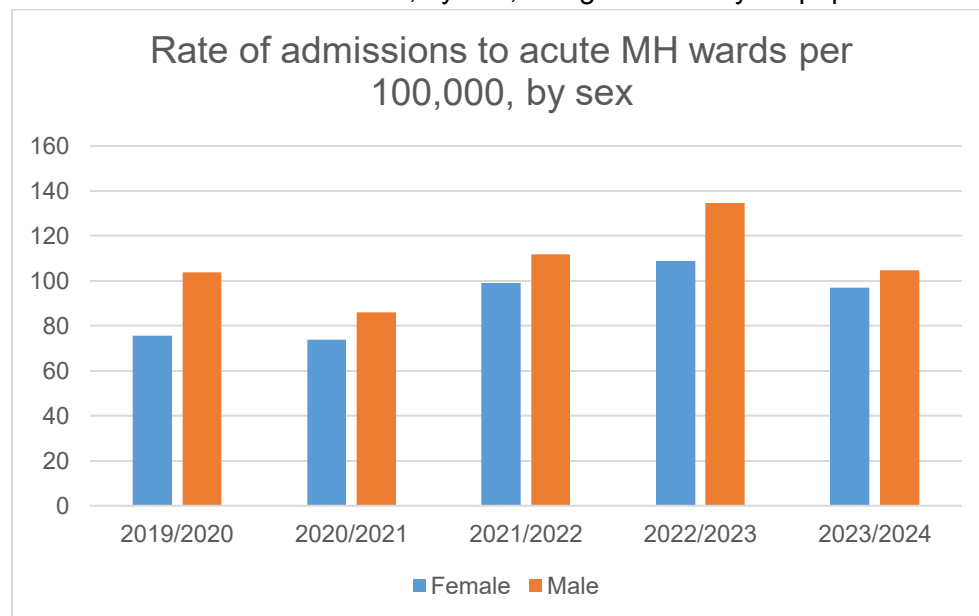
Source: NELFT

- The rate of admissions for 18-24 year olds has increased from 40 per 100,000 to 200 per 100,000 between 2019/20 and 2023/24. The proportion of the age group among the admissions has increased from 4% in 2019/20 to 19% in 2023/24.
- The rate of admission among 25-34 year olds has remained relatively stable until 2022/23, then to 21% in 2023/24.



## Sex of acute mental health admissions

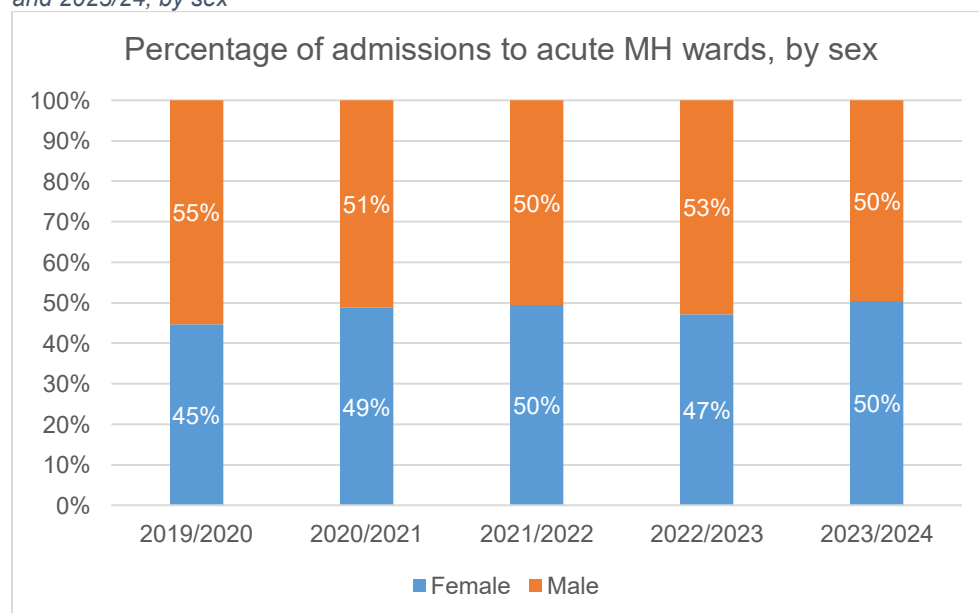
Figure 65: Graph showing the rate of admissions per 100,000 to acute mental health wards, between 2019/20 and 2023/24, by sex, using ONS mid-year population estimates



Source: NELFT

- The rate of admissions among males is consistently higher than among females.
- Admission rates have increased for both sexes between 2019/20 and 2023/24.

Figure 66: Graph showing the percentage of admissions per 100,000 to acute mental health wards, between 2019/20 and 2023/24, by sex



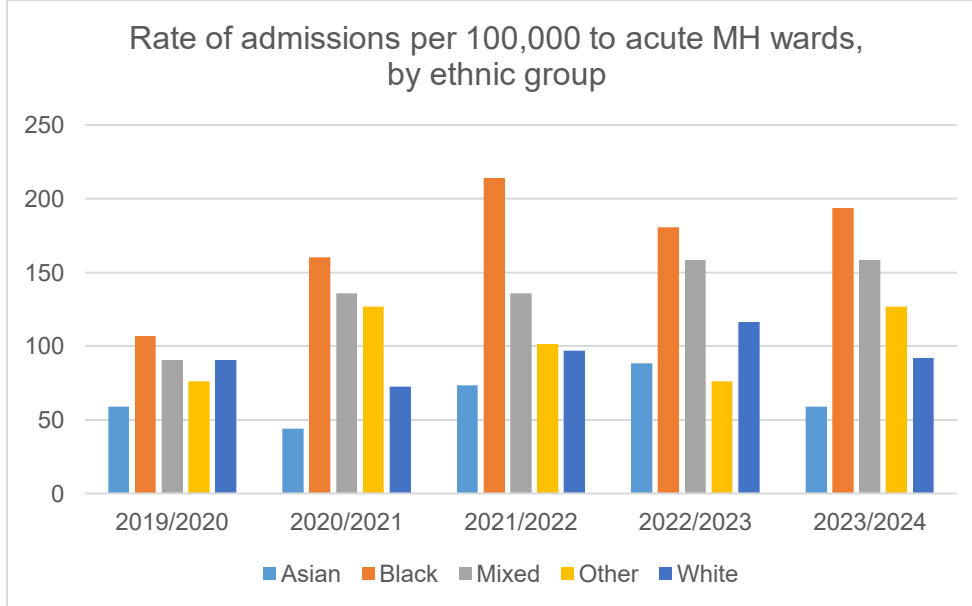
Source: NELFT

- The proportion of admissions is relatively even in most years between males and females.

- Males appear slightly overrepresented in acute MH wards given Havering's population is 51.8% female to 48.2% male.

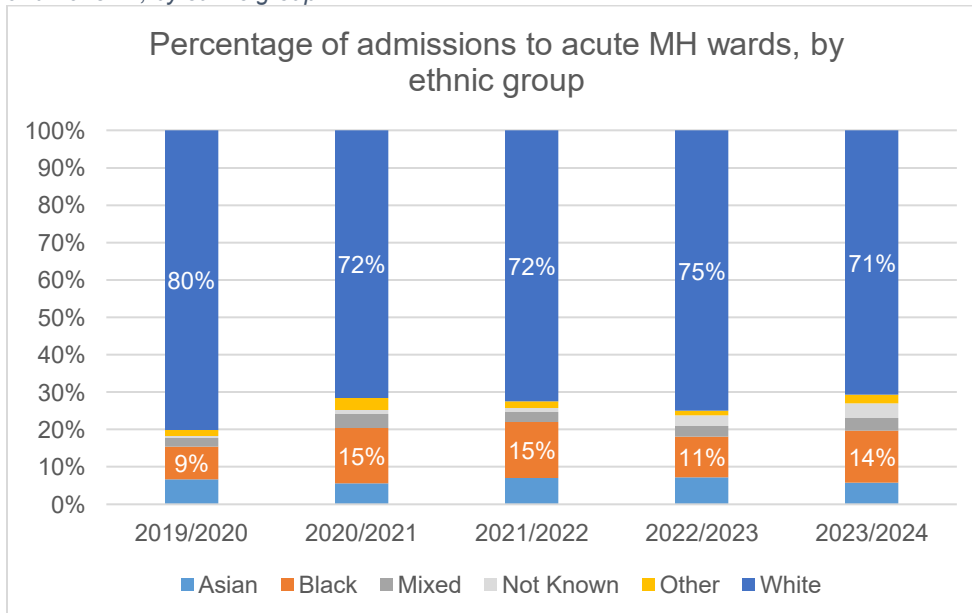
### Ethnicity of acute mental health admissions

Figure 67: Graph showing the rate of admissions per 100,000 to acute mental health wards, between 2019/20 and 2023/24, by ethnic group, using 2021 Census data



Source: NELFT

Figure 68: Graph showing the percentage of admissions per 100,000 to acute mental health wards, between 2019/20 and 2023/24, by ethnic group



Source: NELFT

- The rate of admissions to acute MH wards has increased most for people from Black and Mixed ethnic groups.

- The proportion of admissions to acute mental health wards of people from Black ethnic groups has increased from 9% to 14% between 2019/20-2023/24 (compared to 8% of Havering's population in the 2021 Census).
- This indicates ethnic disparities in admissions to acute mental health wards for Havering residents.

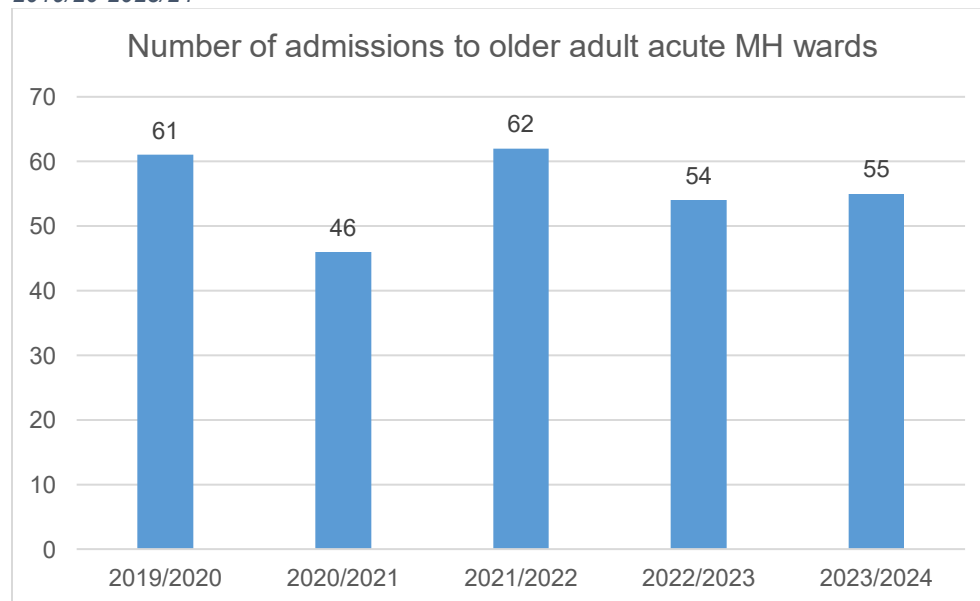
### Length of stay and readmissions

- The Mental Health Implementation Plan has a target for Trusts to reduce the average length of stay in adult acute inpatient settings to 32 days or fewer by 2023/24.<sup>11</sup>
- Between 2019/20 and 2023/24, an average of 73% of Havering patients admitted to NELFT acute mental health wards had a length of stay between 1-30 days. This ranged from 68.7% to 78.6%.
- The proportion of admissions with a length of stay of 61-90 days ranged from 3.8% to 7.2%; for more than 90 days ranged from 3.2% to 8.0%.
- The percentage of Havering residents readmitted within 30 days of discharge rose from 8% in 2019/20 to 17% in 2020/21. This has now decreased to 11% in 2023/24, an indication that appropriate discharge plans are being implemented.

### Older adult inpatient wards

Goodmayes Hospital has male and female inpatient wards for adults aged 65 and above.

Figure 69: Graph showing the number of Havering resident admissions to older adult acute mental health wards, 2019/20-2023/24



Source: NELFT

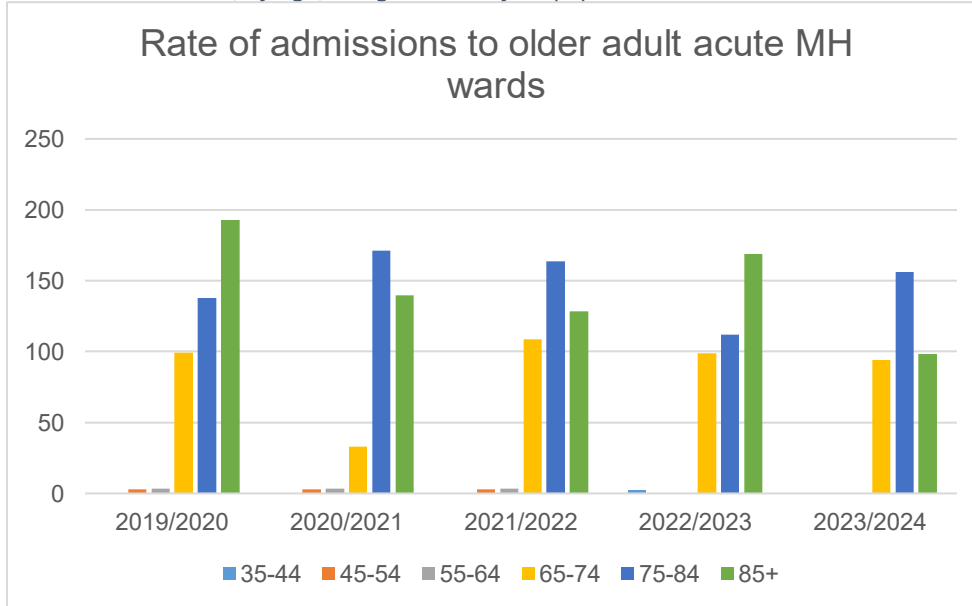
- The number of Havering residents admitted to older adult mental health wards has been relatively stable between 2019/20 and 2023/24.

<sup>11</sup> [NHS Mental Health Implementation Plan 2019/20 – 2023/24](#)

- Around 42% of patients are admitted from their usual residence and 42% from a general (non-MH) NHS ward.

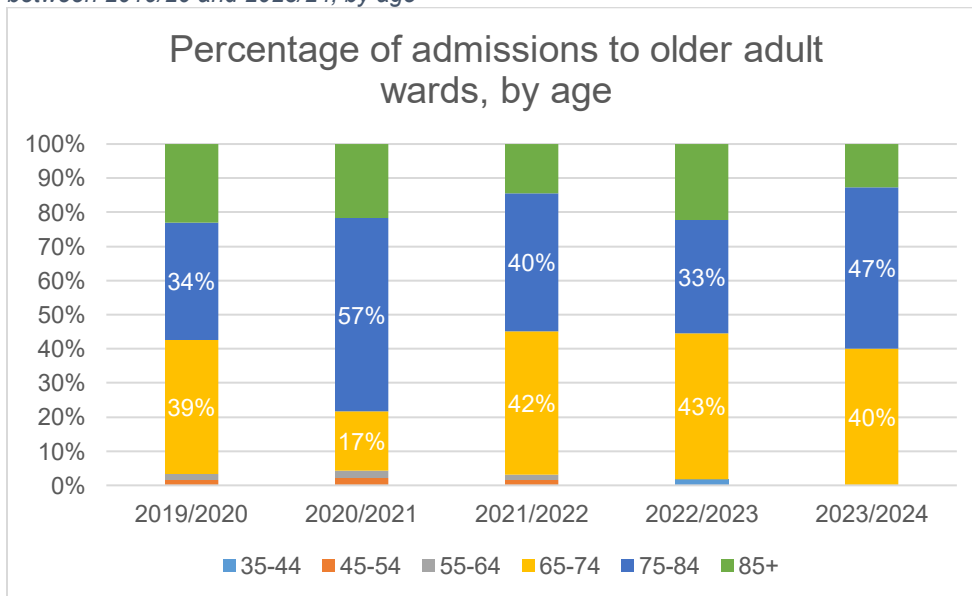
### Age of acute older adult mental health admissions

Figure 70: Graph showing the rate of admissions per 100,000 to older adult acute mental health wards, between 2019/20 and 2023/24, by age, using ONS mid-year population estimates



Source: NELFT

Figure 71: Graph showing the percentage of admissions per 100,000 to older adult acute mental health wards, between 2019/20 and 2023/24, by age

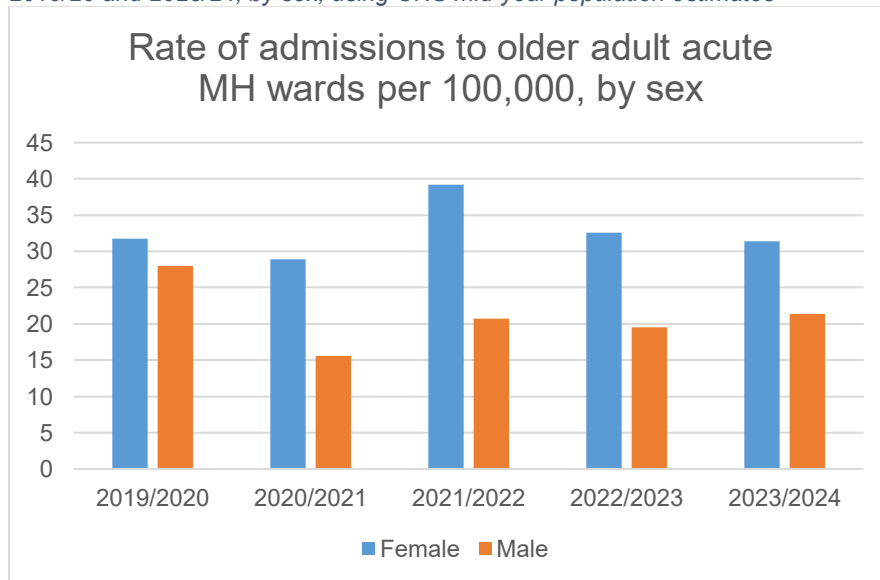


Source: NELFT

- The largest proportions of patients admitted to older adult mental health wards are from the 65-74 and 75-84 age groups.
- A small number of younger patients may be admitted to these wards if they have particularly complex needs.

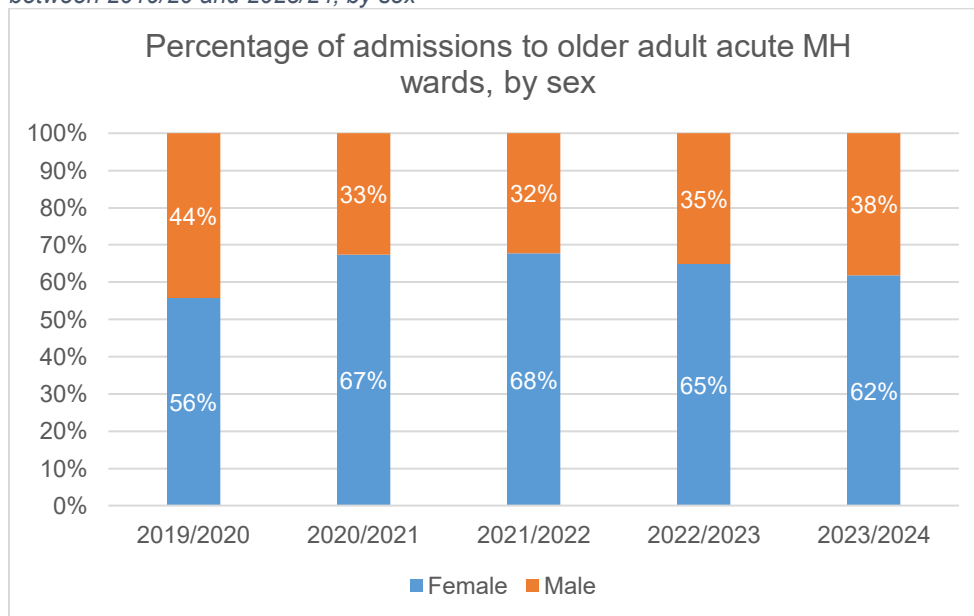
## Sex of acute older adult mental health admissions

Figure 72: Graph showing the rate of admissions per 100,000 to older adult acute mental health wards, between 2019/20 and 2023/24, by sex, using ONS mid-year population estimates



Source: NELFT

Figure 73: Graph showing the percentage of admissions per 100,000 to older adult acute mental health wards, between 2019/20 and 2023/24, by sex



Source: NELFT

- Both the rate and the percentage of admissions to older adult MH wards is consistently higher for females than males, in contrast to the acute mental health wards.

### **Ethnicity of acute older adult mental health admissions**

- Due to small numbers, it is not possible to report on the rate of admissions per 100,000 by ethnic group.
- People from White ethnic groups comprised 94% of admissions to older adult acute mental health wards between 2019/20 and 2023/24.

### **Length of stay and readmissions**

- The Mental Health Implementation Plan has a target for Trusts to reduce the average length of stay in adult acute inpatient settings to 32 days or fewer by 2023/24.<sup>12</sup>
- On the older adult wards, a large proportion of Havering patients had a length of stay of more than 90 days, and this rose to 43% in 2023/24.
- This is in contrast to the length of stay on acute wards for 18-65 year olds, and likely reflects the additional complexity in older adult settings.
- The percentage of patients readmitted within 30 days of discharge is low, ranging from 4%-15% between 2019/20 and 2023/24.

### ***Out-of-area admissions***

Rising demand for inpatient mental health beds across north-east London has led to the purchase of additional beds from other providers including private sector providers. The cost of a private sector bed is circa £750/night. In Havering, NELFT funds this provision for people aged under 65 and NEL ICB funds admissions for people 65+. Providers are actively working on reducing these extra-contractual referrals (ECR) and associated costs.

In addition to limited capacity, another factor increasing the demand for out-of-area inpatient provision is the lack of locally commissioned services that meet the growing complexity and acuity of needs. In 2024/25, the highest-cost out-of-area placements funded by NEL ICB involved specialist and/or bespoke inpatient provision that is not commissioned within the NEL region. These complex packages of care represent a significant cost burden to the health and care system.

In Havering, there were 60 NELFT ECR referrals between Dec 2023 and September 2024. Of these:

- Referrals for female beds were more common than male (63% to 37%), suggesting that there are particular capacity issues on the locally commissioned female wards.
- 10% were for female PICU admissions, which there is no provision for at Goodmayes Hospital.

A number of measures are being implemented to improve the acute and crisis pathway. For example, the Integrated Crisis Assessment Hub (ICAH) at Goodmayes enables timely

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<sup>12</sup> [NHS Mental Health Implementation Plan 2019/20 – 2023/24](#)

assessment and provides therapeutic spaces that help prevent informal admissions to inpatient mental health beds where appropriate.

Havering is in the process of commissioning a crisis café to provide out-of-hours (daytime and evening) support in a non-clinical setting, in collaboration with voluntary sector partners.

Other boroughs in NEL are also establishing new services to address these challenges. For example, in Redbridge, a new Well House provides a short-term community alternative to hospital admission, providing access to trauma-informed intervention and peer support. The aim is to reduce crises and to complement traditional, clinically-led approaches to crises.

### ***Psychiatric intensive care unit (PICU)***

Goodmayes hospital has a 15-bed male PICU for service users who present a high risk to themselves and/or others, which cannot be safely managed in an acute environment. The service can also assess female patients that may require management in a more secure environment.

- Low numbers of Havering residents were admitted to the male PICU at Goodmayes between 2019/20-2023/24 (between 4 and 10 people each year).
- Between 2019/20 and 2023/24, most Havering service users admitted to the PICU were between the ages of 35-44 (30%), compared to age groups 45-54 (27%), 25-34 (24%) and 18-24 (18%).
- Black men were over-represented in PICU admissions: 27% of admissions, despite being 7.9% of the Havering population (Census 2021).
- Although the absolute numbers are low, the most common sources of admission to PICU were people's usual place of residence (24%), general hospital ward (18%) and police (15%).

East London Foundation Trust has one PICU ward for female patients at Mile End Hospital; women from Havering requiring PICU are admitted to Mile End Hospital and this ward serves all females requiring PICU admissions across North East London.

- Between 2023 and April 2025, a total of 9 female residents in Havering have been admitted to the ELFT PICU.
- The age range for these admissions is 20-44 years.
- The majority of those admitted were from non-White ethnic groups.

If commissioned beds have reached capacity, the ICB funds private PICU beds out of area. In 2024/25, six people were admitted to private PICU beds. More than one of these individuals were readmitted more than once, although further analysis is not possible due to the small numbers.

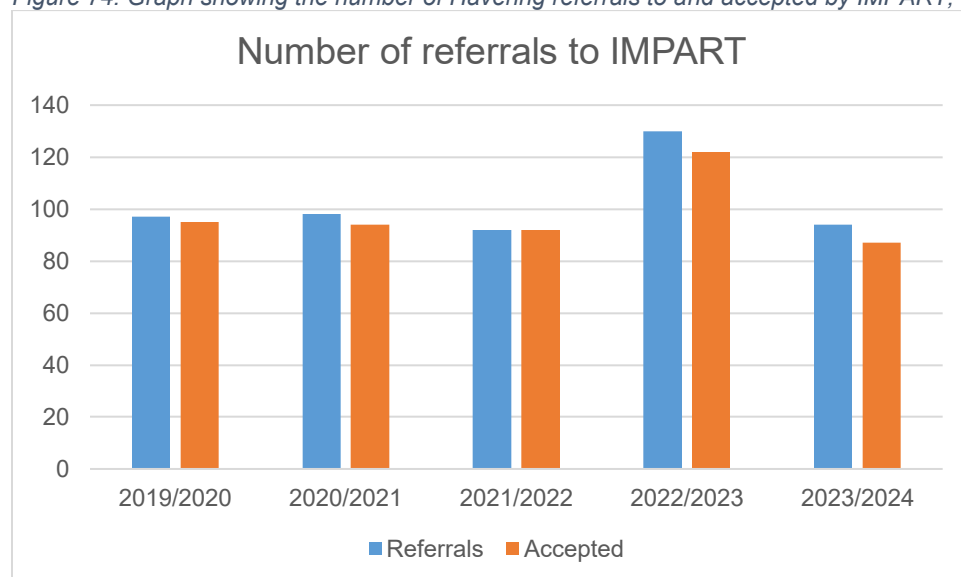
## Personality disorder (PD) services

One of the most common types of personality disorder is borderline personality disorder (BPD; sometimes known as emotionally unstable personality disorder, EUPD). People with borderline personality characteristics are more likely to seek treatment than people with characteristics of other personality disorders.<sup>13</sup> Evidence-based treatments exist for borderline personality disorder, including dialectical behavioural therapy (DBT) (recommended by NICE guidelines), cognitive behavioural therapy (CBT), and motivational interviewing.

### IMPART

IMPART is NELFT's psychological therapies service which provides evidence-based treatments for individuals with a personality disorder which severely impacts their life and are at very high risk of self-harm or suicide. It also offers support for families and friends supporting the clients being seen by IMPART.

Figure 74: Graph showing the number of Havering referrals to and accepted by IMPART, 2019/20 – 2023/24



Source: NELFT

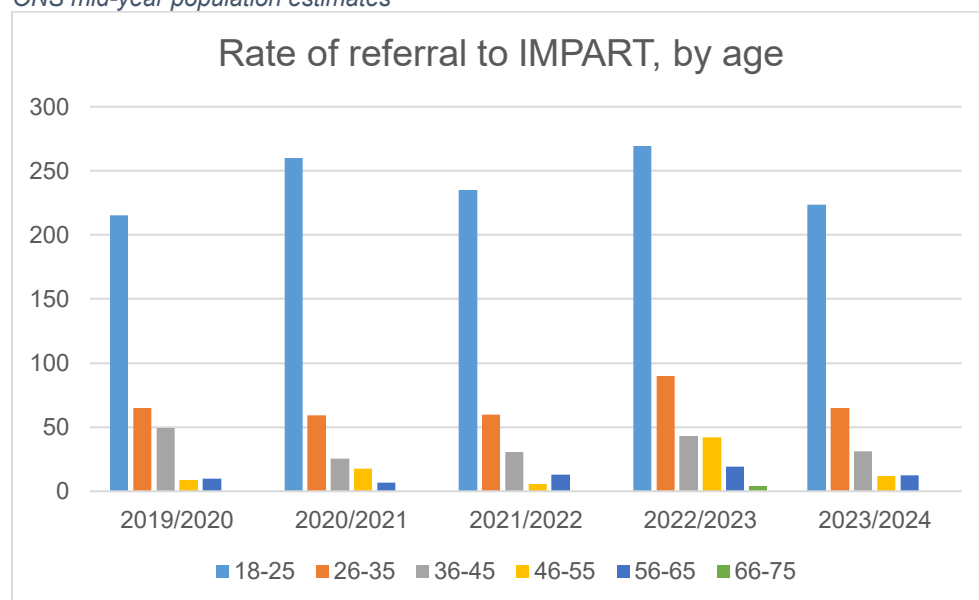
- The number of referrals to IMPART has been stable around 90-100 in all years, except for 2022/23 (130 referrals).

## Age of IMPART service users

<sup>13</sup> Tyrer, P. (2022), Myths and misunderstanding about personality disorder. Trends Urology & Men Health, 13: 27-30. <https://doi.org/10.1002/tre.869>

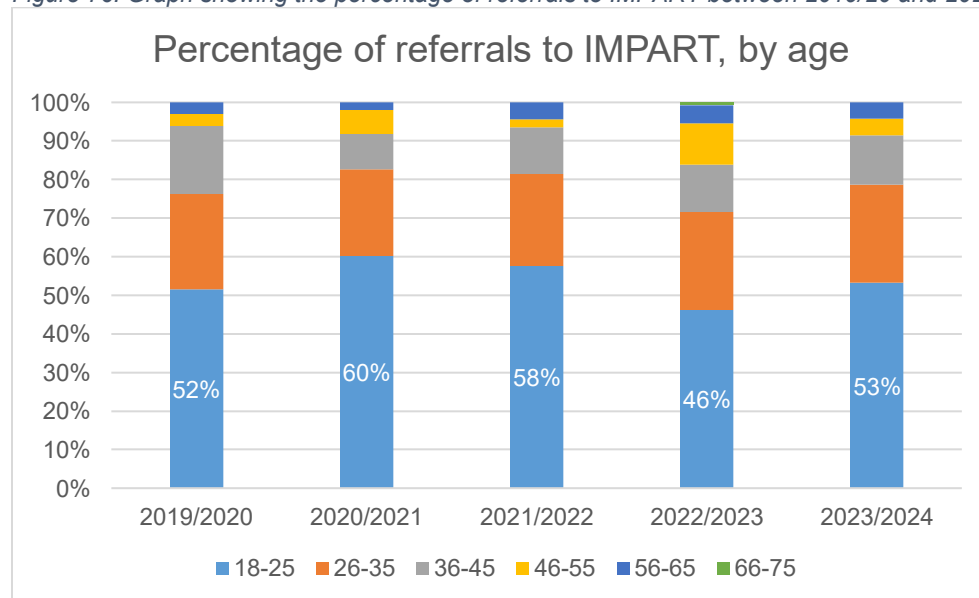


Figure 75: Graph showing the rate of referrals per 100,000 to IMPART between 2019/20 and 2023/24, by age, using ONS mid-year population estimates



Source: NELFT

Figure 76: Graph showing the percentage of referrals to IMPART between 2019/20 and 2023/24, by age

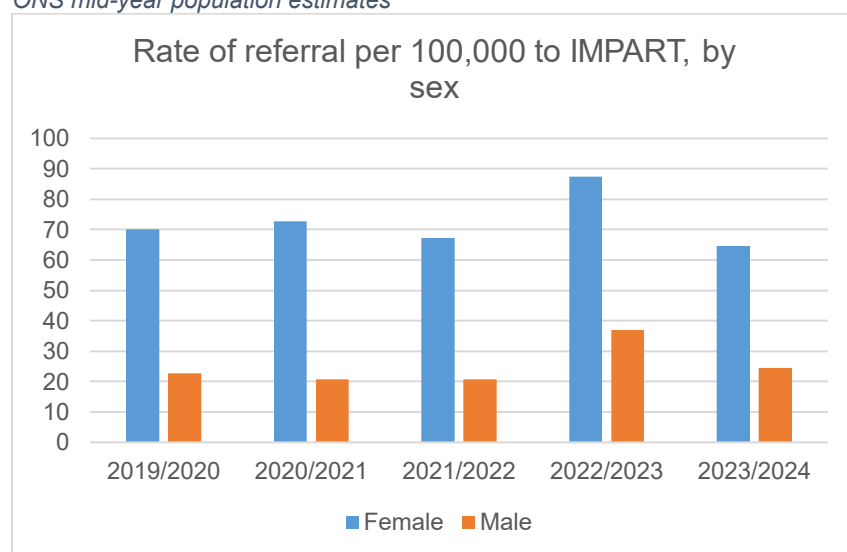


Source: NELFT

- Most referrals (average 54%) are for patients aged between 18-25, who are also referred at significantly higher rates than other age groups.

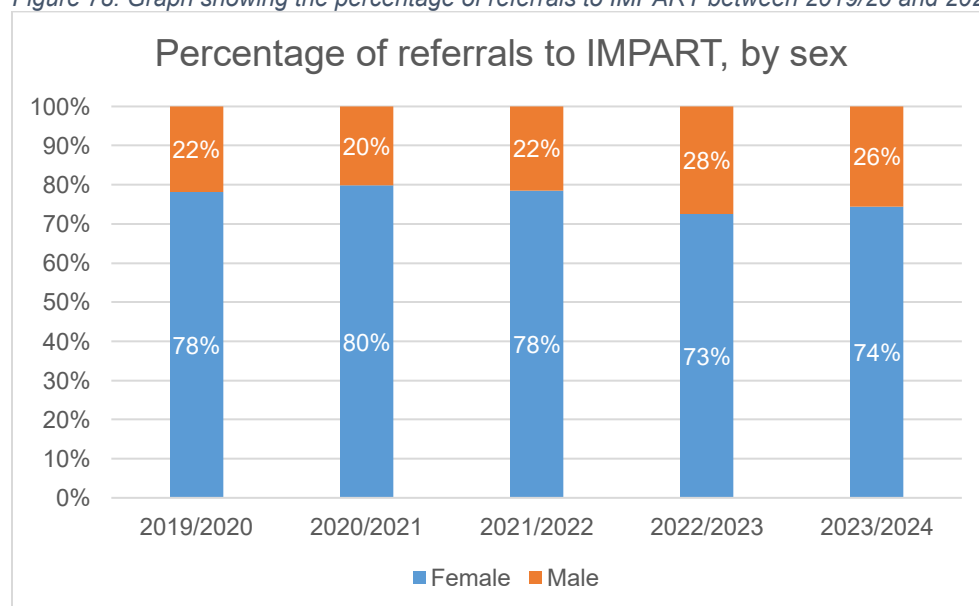
## Sex of IMPART service users

Figure 77: Graph showing the rate of referrals per 100,000 to IMPART between 2019/20 and 2023/24, by sex, using ONS mid-year population estimates



Source: NELFT

Figure 78: Graph showing the percentage of referrals to IMPART between 2019/20 and 2023/24, by sex

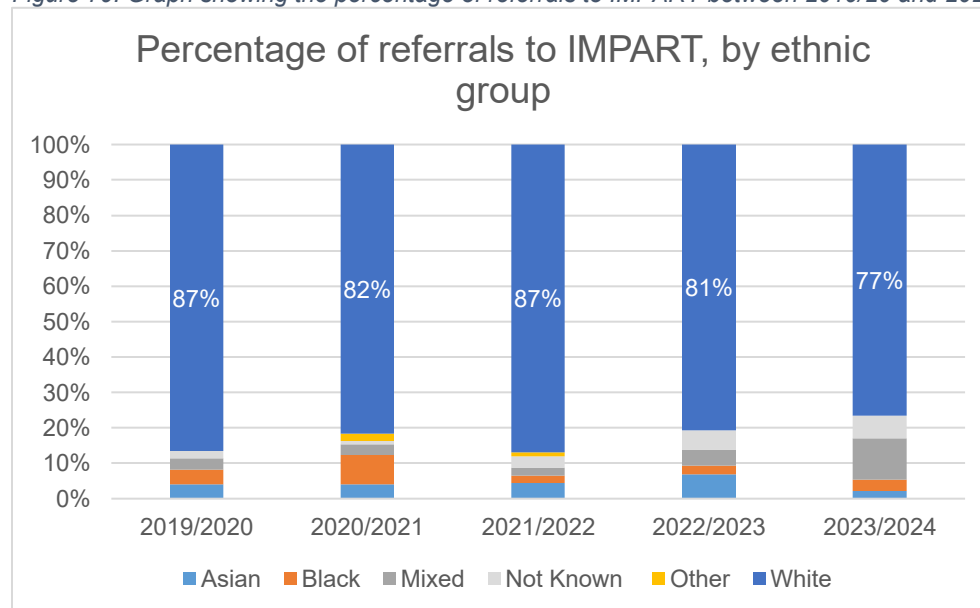


Source: NELFT

- Females are consistently referred to IMPART at substantially higher rates than males.
- Between 2019/20 and 2023/24, there were more females (average 77%) than males (average 23%) referred to IMPART.

## Ethnicity of IMPART service users

Figure 79: Graph showing the percentage of referrals to IMPART between 2019/20 and 2023/24 by ethnic group

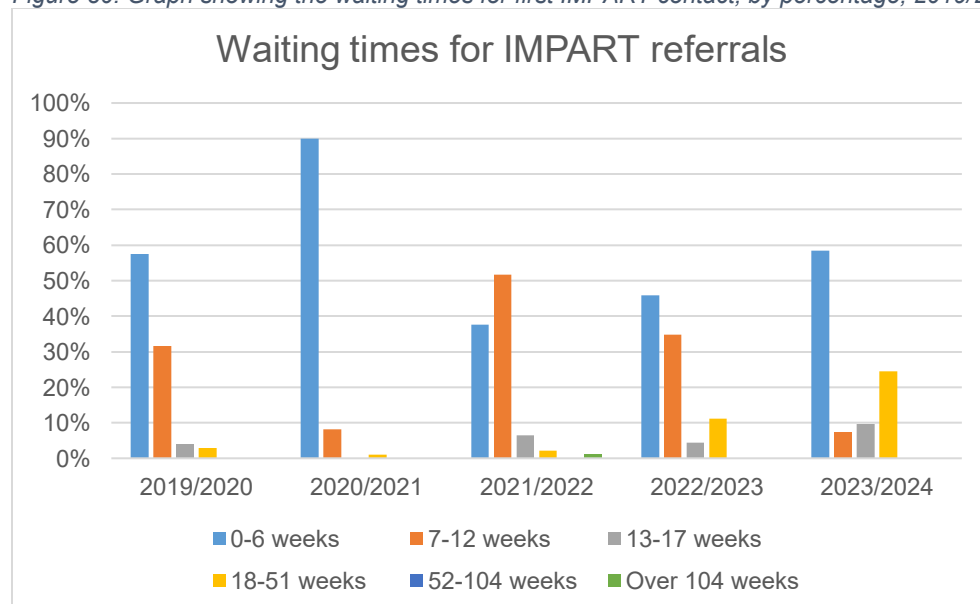


Source: NELFT

- Due to small numbers, it is not possible to report on the rate of admissions per 100,000 by ethnic group.
- The majority of referrals are for people from White ethnic groups, although there are indications this is decreasing in recent years.
- Small numbers limit analysis of referrals for people from other ethnic groups.

## Waiting times

Figure 80: Graph showing the waiting times for first IMPART contact, by percentage, 2019/20 – 2023/24



Source: NELFT

- Waiting times for first IMPART contact have worsened since 2019/20.

- In 2023/24, 24% of people referred waited between 18-51 weeks, compared to 3% in 2019/20.
- However, the proportion seen between 0-6 weeks has later improved from 38% in 2021/22 to 59% in 2023/24.
- As of March 2025, the waiting list has reduced from 6 months to 2 months.

### ***Other support for Havering residents with personality disorders***

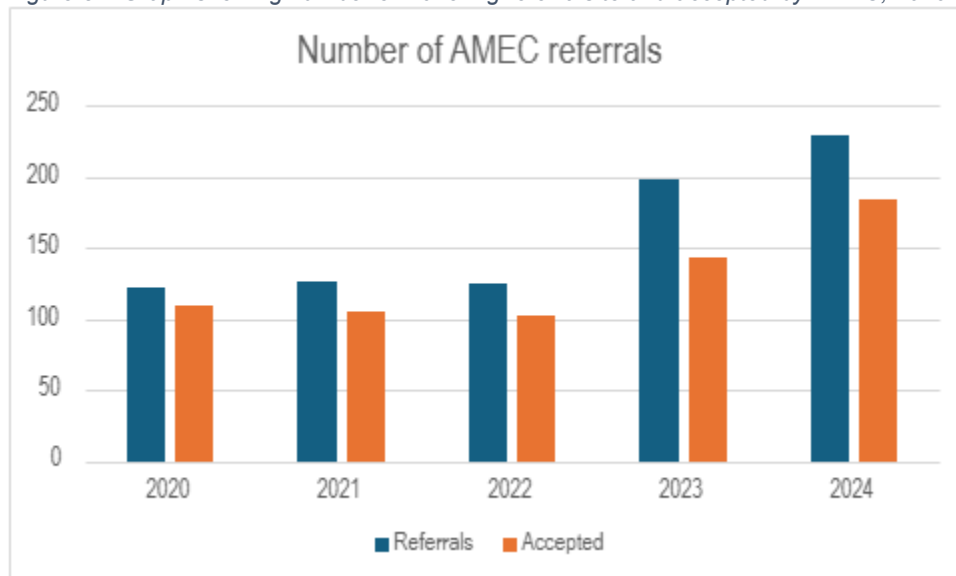
For individuals who do not meet the criteria for IMPART, Havering offers DBT-informed support through the MHWT. Delivery of psychological interventions for PD patients has been standardised across NELFT.

In March 2025, NELFT launched a Trust-wide DBT service for adolescents who struggle with emotional dysregulation.

### ***Anger management and emotional control (AMEC)***

NELFT also offers AMEC, an anger management and emotional control psychological group therapy programme, for people who have anger management difficulties that impact upon their daily functioning. The service estimates that 50% of referrals have a diagnosis of antisocial personality disorder. The 16-week programme of group sessions offers social skills development, and empathy, mood and impulse control management.

*Figure 81: Graph showing number of Havering referrals to and accepted by AMEC, 2020-2024*



Source: NELFT

- The number of referrals to AMEC has increased by 89% between 2020 and 2024, with particularly pronounced increases in 2023 and 2024.
- The proportion of accepted referrals has also decreased, rising from around 9% in 2020-2022 to 19% in 2024, suggesting that inappropriate referrals are being received.
- More referrals are for males (average 51.4%) than for females (average 48.6%).

### ***Innovative approaches in north-east London***

Approaches for high-risk patients with personality disorder traits have been implemented elsewhere in north-east London. For example, in Waltham Forest, IMPART and the Whipps

Cross Psychiatric Liaison Service run an interface project, providing short-term psychological support to people who have attended ED in mental health crisis and fast tracking referrals to psychological services such as IMPART. Service users include people presenting with high levels of risk, such as self-harm, suicidal ideation or substance misuse. Initial evaluation of the project have shown that a third of people did not require further support after completing the intervention, while another third were motivated to continue appropriate psychological therapies.

## Adult Social Care Services

LBH Adult Social Care (ASC) funds various types of support for people whose mental health problems cause impairment that entitles them to support under the Care Act 2014.

*Table 2: Table showing the demographics of mental health service users of Havering Adult Social Care between 2020/21 and 2023/24 (ages 18-64)*

Demographics of Mental Health Service Users of Havering Adult Social Care	Year				
		2020/21	2021/22	2022/23	2023/24
<b>Total Service Users</b>		91	78	93	87
<b>Total Service Users by Age</b>	18-24	7	7	14	9
	25-34	13	10	15	12
	35-44	14	14	14	16
	45-54	30	24	27	24
	55-64	27	23	23	26
	<b>Total</b>	91	78	93	87
<b>Total Service Users by Sex</b>	Female	35	24	38	29
	Male	56	54	55	58
	<b>Total</b>	91	78	93	87
<b>Total Service Users by Ethnicity</b>	Asian	5	5	3	3
	Black	8	6	7	7
	Mixed	<5	<5	<5	<5
	Other	<5	<5	<5	<5
	White	75	64	80	74
	Unknown	<5	0	0	<5
	<b>Total</b>	91	78	93	87

Source: London Borough of Havering

*Table 3: Table showing the number of mental health service users for Havering Adult Social Care services, 2020/21 to 2023/24*

Number of adult service users	Year			
	2020/21	2021/22	2022/23	2023/24

Receiving direct payments	11	11	8	8
Receiving home care for MH	42	26	22	26
Receiving supported living for MH	54	47	51	47
Receiving extracare for MH	<5	<5	<5	<5
Receiving residential care for MH	30	26	23	20
Receiving nursing care for MH	17	14	8	10
Placed out of borough	39	39	37	34

Source: London Borough of Havering

- The number of service users supported by adult social care for mental health support has been relatively stable around just under 100 persons over the past four years.
- Consistently more males than females receive ASC support – an average of 64% are male. This contrasts with the broader trend across most NELFT mental health services, where more females than males represent service users.
- The number of service users increases with age, peaking at the 45-54 age group, after which it decreases.
- White ethnic groups represent 84% of service users, compared to 75% in the 2021 Census.

## Safeguarding

Between 2016 and 2025, among those undergoing Safeguarding Adults Reviews in Havering, two-thirds involved suicide and a quarter involved individuals with a diagnosis of severe mental illness.<sup>14</sup>

## Digital services

### *Joy directory*

LBH has launched Joy, an online directory of services for professional referrals to various local statutory and voluntary services. Future updates will support residents to self-refer.

### **SHOUT**

SHOUT is a free, confidential, 24/7 text messaging service for people who are struggling to cope, available nationally. In 2023/24, SHOUT spoke to around 500 texters from Havering in around 900 conversations. The main presenting issue (42%) was stress or worry. Other issues identified in conversations with Havering residents included low mood or sadness (38%) and suicide (37%), which was higher than the mention of suicide in conversations with people across the rest of London (33%).<sup>15</sup>

## Voluntary and Community Sector Organisations

The voluntary and community sector (VCS) also provides services, particularly for people with low mood and anxiety. Some of these are specific to Havering. VCS stakeholders noted the

<sup>14</sup> Numerical data suppressed due to small numbers.

<sup>15</sup> Data from SHOUT, unpublished

increased demand for their mental health services, which are mainly voluntary-funded, due to lengthy NHS waiting lists.

There are many voluntary and community sector organisations across Havering. Although only a few are highlighted in this report, please refer to the [Live Well Havering Booklet](#) for a more comprehensive list.

### **Havering Mind**

Mind in Havering, Barking & Dagenham is a mental health charity providing a range of free mental health and wellbeing services for people with mild to moderate mental health issues such as anxiety, stress and depression; as well as those who have experienced trauma and/or living with long-term mental health conditions. Havering Mind is commissioned to provide a variety of community programmes, including:

- support for people with severe and enduring mental illness
- early years support for families (with children up to age 2)
- parents' groups
- 17-25 year olds
- social inclusion

It also provides advocacy for those with a statutory right to advocacy, for instance people detained under the Mental Health Act.

*Table 4: Number of service users referred and supported by Mind between 2019/20 – 2023/24*

Age group	Number
Aged 17-25	250
Aged 26+	14,285

Source: Havering Mind

### **Havering Mind: Identified Gaps and Challenges**

- Lack of courses offering parenting skills
- No mental health support for 11-17-year-olds who do not fit CAMHS criteria
- Lack of general advocacy to accompanying/supporting people to benefits assessments, professional meetings etc.
- No non-statutory mental health support outside of working hours
- Minimal promotion to residents of available services in the borough
- Increased demand from residents for counselling
- Long waiting times for support in the community
- Reduced funding for mental health support

### **HBBS Counselling**

HBBS is a local non-profit organisation providing professional, confidential counselling services for adults, young people and children. Initially focused on bereavement support, HBBS expanded its services in response to evolving community needs. It offers a range of individual counselling programmes, including:

- Bereavement and generic counselling for adults, young people and children
- Training and support for teachers and other professionals working with vulnerable populations
- Emergency clinical support to address community crises

#### Demographics and service use of HBBS Counselling

- From 2019/20 to 2023/24, 90% of service users identified as White British.
- From 2019/20 to 2023/24, 66% of clients were female, 33% male and 1% transgender or gender neutral.
- The proportion of free sessions provided to clients has steadily increased.

Table 5: HBBS Counselling service user demographics, 2019/20-2023/24

Year	2019-20	2020-21	2021-22	2022-23	2023-24
<b>Adult Projects</b>					
Total sessions	584	87	366	537	632
Total clients	97	15	61	90	105
<b>CYP Projects</b>					
Total sessions	994	381	1157	1085	1070
Total clients	166	64	193	181	178
Free to clients	60%	67%	84%	89%	95%

Source: HBBS Counselling

#### HBBS Counselling: Identified Gaps and Challenges

- Limited specialist support beyond in-house bereavement services.
- Inadequate funding for baby loss and neurodivergence counselling, both emerging community needs.
- Increasing demand far exceeds capacity, with only 40% of needs being met due to financial constraints.
- Service transformation efforts hindered by resource limitations.
- Shortage of qualified and experienced counsellors poses delivery challenges.

#### **Rainham Resource centre**

Rainham Resource Centre, previously known as Rainham Foodbank, provides short-term nutritionally balanced emergency food and additional support to local residents facing crises or insecurity. As part of the Trussell Trust's national foodbank network, Rainham Resource Centre is committed to reducing hunger and poverty across the UK. Beyond food provision, it offers a wide array of services, including befriending, counselling and debt management support.

The counselling service offers non-judgmental, confidential, one-to-one sessions, with two professional counsellors.

#### Demographics and service use of Rainham Resource Centre counselling

- In 2024, 152 individuals accessed Rainham Resource Centre's Counselling Service.<sup>16</sup>

#### Gaps and challenges for Rainham Resource Centre

- Limited pathways for clients post-counselling, particularly after the 12-session limit.

<sup>16</sup> Source: Rainham Foodbank.



- Low engagement among male clients regarding mental health support.
- Increasing demand for free counselling and complementary services like debt management and skills training.
- Underuse of mental health services by global majority populations.
- Challenges scaling counselling services to meet the needs of a diverse and growing community.