haringey strategic partnership

Meeting: **Well Being Strategic Partnership Board**

Date: **8 December 2009**

Report Title: **Mental Health Needs Assessment - Update**

Report from: **Susan Otiti, Interim Joint Director of Public Health**

Purpose

To provide Board members with an update on the progress made in producing a mental health needs assessment and to highlight an area of concern.

Background

The Mental Health Needs Assessment (JSNA) forms part of Phase 2 of the Joint Strategic Needs Assessment. A briefing was presented and accepted by the JSNA Steering Group. Dr Klynman also presented the needs assessment briefing to the Well Being Chairs Executive in the spring to seek approval on the approach and to gain support in its development (Appendix 1). The proposal was approved and all partners agreed to identify officers to assist with the needs assessment.

NHS Haringey Public Health team is aiming to complete the needs assessment by the end of January 2010. The literature review is complete and most of the data has been analysed. We are now at the engagement part of the needs assessment process. We will be undertaking approximately 30 stakeholder interviews from health and mental health services. We are involving users through the Haringey Mental Health Services User consultation day.

The aim of the needs assessment is to identify the mental health need for patients in primary care, particularly those from black and minority ethnic groups, in order to improve access to services and reduce stigma for mental health conditions.

It will be important to keep the JSNA for mental health as a living working document as many aspects will need revisiting within a given time.

Key issues for consideration

Currently there is a gap in the depth of study of social care. If this gap continues the needs assessment will be biased towards health unfortunately there isn't anymore capacity within public health. We need an identified resource in the Council to take forward two areas;

- Interviews need to take place with stakeholders e.g. social services, housing community safety and the DAAT
- Would the Council like to undertake further user involvement, if so who will take this forward

Legal/Financial Implications

None.

Recommendations

i. That the Council to identify support to enable the completion of a comprehensive needs assessment.

ii. That Health Links to consider supporting the user engagement aspect of the needs assessment.

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Use of Appendices

Appendix 1 –Proposal for Mental Health Needs Assessment

Appendix 1

Proposal for Mental Health Needs Assessment

Background

Mental health problems are common amongst the general population[i] however it is estimated 1 in 5 patients come from a black and minority ethnic group (BME)[ii]. It is likely that the combination of ethnicity with factors associated with deprivation lead to a greater proportion of black and minority ethnic patients suffering from a variety of mental health problems[iii].

The majority of patients, including BME groups, suffering from mental health problems will access services via primary care. It is vital that early identification and treatment is available for all patients. There is much literature on difficulties BME communities have accessing primary care and the level of stigma attached to mental health conditions in their communities[iv] [v] [vi]. Services for BME groups are often not specific to their cultural needs. BME patients themselves site a 'lack of choice and voice' when trying to access health services[vii] [viii]. It is vital that primary care services are responsive to the needs of the ethnically diverse communities.

In Haringey, it is estimated that 55% of the 228,000 residents come from a black and minority background[ix] [x]. It is known that some patients, especially those from BME groups, do not access services until they are at crisis point. This has led to recent failures of care[xi]. Haringey needs to ensure that primary care services are available for early identification and treatment and that its services are culturally specific.

Aim

To identify the mental health need for patients in primary care, particularly those from black and minority ethnic groups, in order to improve access to services and reduce stigma for mental health conditions.

Objectives

1) To determine if there is any unmet mental health need in primary care by:-

    a. Identifying relevant national and local policy in relation to primary care mental health provision

    b. Identifying an ideal model of primary care mental health service provision, including the use of IAPT and counsellors

    c. Predicting the prevalence of mental health need and comparing this to number of mental health patients known in primary care by age, sex, ethnicity and locality.

d. Predicting future primary care mental health need.

e. Mapping the provision of mental health services according to population need

f. Making recommendations to increase the number of patients accessing treatment in primary care

2) To identify the unmet needs of the black and minority ethnic (BME) community by:-

a. Identifying which BME groups are accessing primary and secondary care mental health services

b. Comparing the number of BME groups currently accessing services to the predicted number

c. Identifying those cases who only reach services at crisis point and ascertaining reasons for lack of early intervention

d. Understanding how Community Development workers can work with particular ethnic groups to improve access to services and decrease stigma

e. Understanding the cultural barriers to accessing mental health care in relation to stigma and discrimination.

f. Identifying specific services for BME communities and discovering how users may access these services

g. Engaging with service users in the BME communities and recognising why patients access services late and developing ways to overcome stigma.

h. Benchmarking BME specific services across London areas with large BME communities to ascertain if our services are comparable.

i. Making recommendations to improve the access and update of services for BME communities and reduce stigma

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[i] Goldberg D, Huxley P. Common mental disorders: a bio-social model. Tavistock/Routledge

[ii] Minister calls for improvements to mental health services for BME patients. Department of Health. 2007

[iii] King et al. The incidence of psychotic illness in London: a comparison of ethnic groups. BMJ 309:1115-1119

[iv] Street, Cathy, et al. Minority voices : research into the access and acceptability of services for the mental health of young people from black and minority ethnic groups. London : Young Minds, 2005 http://www.youngminds.org.uk/publications/all-publications/minority-voices/file

[v] Taha, Amjad BME Health Forum and Migrant & Refugee Communities Forum Caught between stigma and inequality : black and minority ethnic communities and mental well-being in Kensington and Chelsea and Westminster : recommendations for improved service delivery and partnership with local communities. London : BME Health Forum ; MRCF, 2005

[vi] Fernando, Suman Cultural diversity, mental health and psychiatry: the struggle against racism. Hove : Brunner-Routledge, 2003

[vii] Lakhami M. No patient left behind: how can we ensure world class primary care for black and ethnic minority people?. Department of Health 2008 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084971. Accessed on 1 April 2009

[viii] Palmer D, Ward K. 'Unheard voices': listening to refugees and asylum seekers in the planning and delivery of mental health service provision in London. CPPHIH 2006 http://www.irr.org.uk/pdf/Unheard_Voices.pdf

[ix] ONS – Census 2001

[x] GLA 2007

[xi] Care blunders 'failed to stop' knifeman who went on stabbing spree. http://www.thisislondon.co.uk/standard/article-23659426-details/Care+blunders+'failed+to+stop'+knifeman+who+went+on+stabbing+spree/article.do