



Health and Wellbeing Board

March 2025

Executive Summary

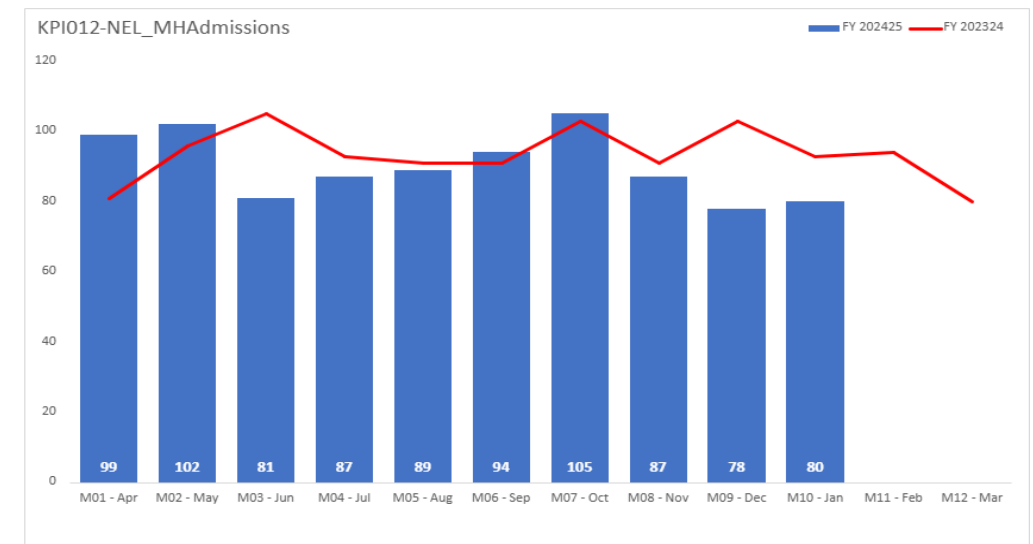
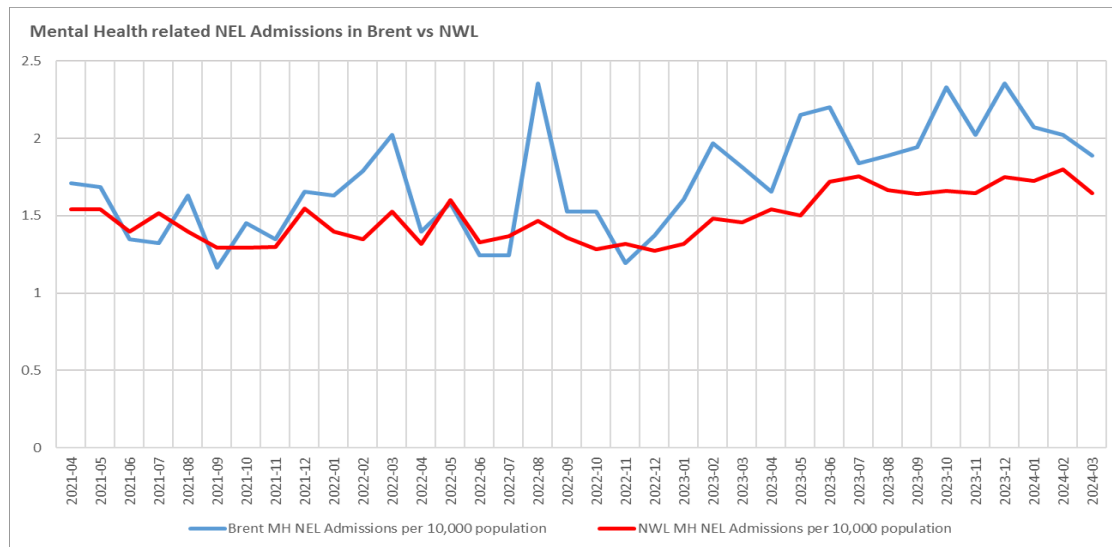
This presentation provides an update on the mental health programme, focussing on key performance data, challenges and priorities. It also highlights efforts to address critical issues and ensure better support for those in need.

Key points include:

- Performance: A review of mental health data, identifying successes and areas requiring improvement.
- Priorities: Key focus priority areas for the programme.
- Cultural Competency: Our approach to providing culturally considered mental health support to diverse communities.
- Support for Welfare: Efforts to assist those impacted by the welfare benefits system, ensuring getting back into employment and mental health support is provided.
- Private rented sector: Addressing the mental health needs of patients in the private rented sector and ensuring adequate support for the housing related challenges they face.

Mental Health Performance in Brent

The adult mental health related admissions have been rising over time in Brent (left figure). However, 2024/25 figures are stable compared with the same time last year (right figure).



Mental Health Performance in Brent

There are inequalities in Mental Health admissions (higher rates in black compared with white ethnic groups; and in most deprived compared with less deprived areas).

Rate of Mental Health related Non Elective Admissions by Ethnic Category

NHS_COMMISSIONER	White	Asian or asian british	Black or black british	Other ethnic groups	Mixed	Grand Total
Brent	2.73	1.50	3.93	1.58	2.58	2.27
Central London	2.73	1.62	1.34	7.09	2.66	2.35
Ealing	1.92	1.89	1.32	0.94	1.28	1.67
Hammersmith and Fulham	0.77	0.68	0.65	1.16	1.07	0.73
Harrow	3.36	2.06	3.51	2.63	4.39	2.71
Hillingdon	3.06	1.49	2.83	2.27	2.32	2.34
Hounslow	1.84	1.18	0.96	1.57	1.14	1.36
West London	2.76	1.69	2.30	3.80	2.38	2.53
Grand Total	2.30	1.60	2.18	2.11	2.14	1.97

Rate of Mental Health related admissions by IMD Decile

IMD Decile	Brent	NWL
1	4.64	4.22
2	3.09	2.54
3	2.25	2.31
4	1.91	1.85
5	2.09	2.00
6	1.59	1.69
7	1.62	1.58
8	2.38	1.52
Grand Total	2.28	1.95



- Admission rate for people from black ethnic backgrounds is 1.8 times the NWL average and 4 times the best-performing borough.
- Higher rates are seen in the more deprived parts of the borough for adults and children.

Mental Health Performance in Brent

Some segments of the Children and Young People (CYP) population are not accessing mental health services in a timely way. CYP from Black ethnic groups are under-represented in “getting advice/getting help” services and over-represented in ED attendances. Initiatives to prevent acute mental health episodes and deterioration of mental ill health in CYP are a priority for 2025/26.



1030 MH-related attendances in 2023/24

30% of NWL crisis referrals were for Brent

Ethnic Category	Number of CYP MH ED attendances (2023-25 YTD)	Rate per 1,000
Black or Black British	425	3.57
White	337	2.83
Asian or Asian British	303	2.54
Other ethnic groups	250	2.10
Mixed	78	0.65
Unknown	6	0.05
Grand Total	1,399	11.74

Mental Health Performance in Brent

- In Brent, 1 in 6 children aged 5 to 16 (16.7%) is likely to have a mental health disorder. The National average across England, of the prevalence of mental health disorders among children and young people is similar also with 1 in 6 children aged 5 to 16 (16.7%) experiencing a mental health condition.
- However, this differs among older teenagers. For older teenagers aged 17 to 19 in Brent, the figure rises to 1 in 4 (25%) in Brent. The national average is lower at 1 in 5 (20%).
- Brent has over 30% of children living in poverty - a rate that is significantly higher than the London average of 27% and the national average of 24%. Brent's poverty rates are higher than the national average, exacerbating the mental health challenges faced by our children and young people.
- Crisis Presentations to A& E – 40% CYP M/H related presentations to A&E across the 8 NWL boroughs in 23/24 was from Brent. Chief concerns accounting for 60% of these attendances were suicidal, self-injury, substance misuse and bizarre behaviour
- Specialist CAMHS in Brent has 830 CYP waiting for neurodiversity assessments.

Mental Health Programme

There are four main workstreams within the mental health programme:

Children & Young People

Housing

Access and Demand

Employment

Mental Health Programme Update

Workstream	What has been achieved	Key risks & Mitigations	Proposed priorities 25/26
Children & Young People	<ul style="list-style-type: none"> Mapping of local CYP mental health provisions in Brent providing overview of local services, strengths and gaps Consultations with young people, families and professionals gaining insights on their views of current CYP mental health offer & workshops with system partner to co-develop solutions to improve CYP mental health offer Arrangements for local CYP mental health Transformation plan have been aligned to the THRIVE model – currently in progress are a number of improvement projects (<i>referenced in proposed priorities for 25/26</i>) CYP MH Executive Steering Group was reset with new governance structure – priority areas were RAG rated and prioritised 	<ul style="list-style-type: none"> Continued increase in demand for mental health support across children, young people and adults <u>Mitigation:</u> Arrangements for local CYP mental health transformation includes focus on prevention, early identification and early intervention provisions for CYP experiencing emotional and mental ill health Non-recurrent funding for CYP neurodiversity assessments to CLCH and CNWL has come to an end <u>Mitigation:</u> Discussions with NWL ICB for resources in progress 	<ul style="list-style-type: none"> Reduction of CYP CAMHS waiting list & waiting times reduction Reduction of CYP on CAMHS ND waiting list & waiting times reduction Single Point of Access for CYP Mental Health Early intervention/prevention offer to reduce escalation to CAMHS Integration of mental health expertise in child health hubs
Housing	<ul style="list-style-type: none"> Theory of Change exercise has been completed and workstreams identified: single homeless people; working with social landlords; navigating the system. Priority plans for each workstream have been written and agreed with leads 25 active cases identified as mental health service users in inappropriate accommodation, 7 of these known to CNWL and 23 known to ASC. 8 people successfully rehoused. 	<ul style="list-style-type: none"> No housing data to inform the baseline <u>Mitigation:</u> Housing Priority area leads developing approaches for data collection and working with the BI team to support this 	<ul style="list-style-type: none"> Developing standardised assessment tools that can track changes in needs Ensuring there is a clear pathway into the SMART team Implementation of independent living/life skills training and peer support facilitated sessions Raising awareness to system partners about the housing surgery and high-risk panel

Mental Health Programme Update

Workstream	What has been achieved	Key risks & mitigations	Proposed priorities 25/26
Employment	<ul style="list-style-type: none"> • Employment support was utilised. 1,154 referrals received • 5 males and 2 females were supported into full-time employment • 9 males and 3 females were supported into part-time employment • Registered 4 employers as disability confident 	<ul style="list-style-type: none"> • Inadequate knowledge for recognising mental health needs and how to support those individuals <p><u>Mitigation:</u> Workstream to look into offering mental health awareness and sensitivity training for employers</p>	<ul style="list-style-type: none"> • Increase numbers of people supported into employment and education • Increase self-esteem, confidence and resilience in individuals • Reduce isolation and increase social interaction • Increase employer support and promotion of a culture of empathy, understanding, inclusivity and reasonable adjustments
Access & Demand	<ul style="list-style-type: none"> • Soft launch of NW2/NW10/HA9 project – more than 1,000 contacts made so far, with contacts per month increasing after recruitment • Implementation of PCREF is ongoing. Securing collaboration with Imperial College to support with evaluation framework. • Crisis pathway collaboration event happened on 27th February, where 80 people from voluntary and statutory services attended. Outcome of event analysis and roadmap in the making in collaboration with experts by experience. • Developed Standard operating procedure 	<ul style="list-style-type: none"> • Delayed access to mental health support from communities in targeted postcode areas <p><u>Mitigation:</u> Targeted outreach and engagement with communities in those postcode areas with support from Brent Health Matters.</p> <ul style="list-style-type: none"> • Demand outstripping service capacity <p><u>Mitigation:</u> Early reporting of demand and activity to enable detecting early signs of delay or changes in trends. Work with voluntary sector to enable signposting and support pathway flow for the service-user.</p> <ul style="list-style-type: none"> • Limited participation from voluntary sector <p><u>Mitigation:</u> Targeted reach to facilitate buy-in</p>	<ul style="list-style-type: none"> • Ongoing engagement with PCNs and local GP practices in those postcode areas as well as with schools, churches, local faith groups and factory workers. • Evaluation of the service - Imperial College London have been commissioned to conduct an evaluation at the end of the first 12 months of the life of this project • Development of support arrangements for LAC, CYP leaving care with mental health problems transitioning to adult pathway. Working together with Brent Children's services and CAMHS

Cultural Competencies

Given the rich cultural diversity of Brent, our focus is on :

Building trust

Improving communication

Tailoring services and targeted approaches and outreach

Community engagement and collaboration

Expert led work-shops by cultural experts and community leaders

Cultural competencies approaches

Cultural competency training and workforce development

- Training staff to
 - Understand cultural differences
 - Overcome unconscious bias and institutional racism and discrimination
 - Develop skills for working with interpreters and language barriers
 - Recruit and retain a diverse mental health workforce that reflects the ethnic and cultural makeup of Brent to foster trust and understanding
- What we are doing across mental health and wellbeing services
 - Community engagement and co-production
 - Working with local faith groups, community leaders, cultural organisations and experts to co-produce and deliver culturally appropriate and trusted services
 - Actively involving service users, carers and local communities to develop care plans and shape service improvements
 - Using a range of skills, knowledge, and experience to enhance community resilience, involvement, and empowerment.

Cultural competencies approaches – alignment to Patient and Carers Race Equality Framework

Targeted outreach and early intervention example of the NW2, NW10, HA9 initiative

○ Targeted outreach work

- Targeted outreach workshops to raise awareness of mental health services in communities where stigma and misunderstanding of mental ill health is prevalent – NW2, NW10, HA9 development
- Culturally sensitive early interventions programs in areas and communities that would benefit from normalised conversations about mental health to reduce stigma
- Peer-led support groups facilitated by individuals from similar cultural backgrounds who can provide culturally relevant advice, information and emotional support including the friendship bench

○ Community engagement and co-production

- Working with local faith groups, community leaders, cultural organizations and experts to co-design, co-produce and deliver culturally appropriate and trusted services
- Established community advisory panels representing diverse ethnic and cultural backgrounds to provide feedback and shape service provision
- Actively involve service users, carers and local communities to develop care plans and shape service improvements
- Use a range of skills, knowledge, and experience to enhance community resilience, involvement, and empowerment.

Cultural competencies approaches

Holistic and culturally adapted therapies and interventions within mental health services

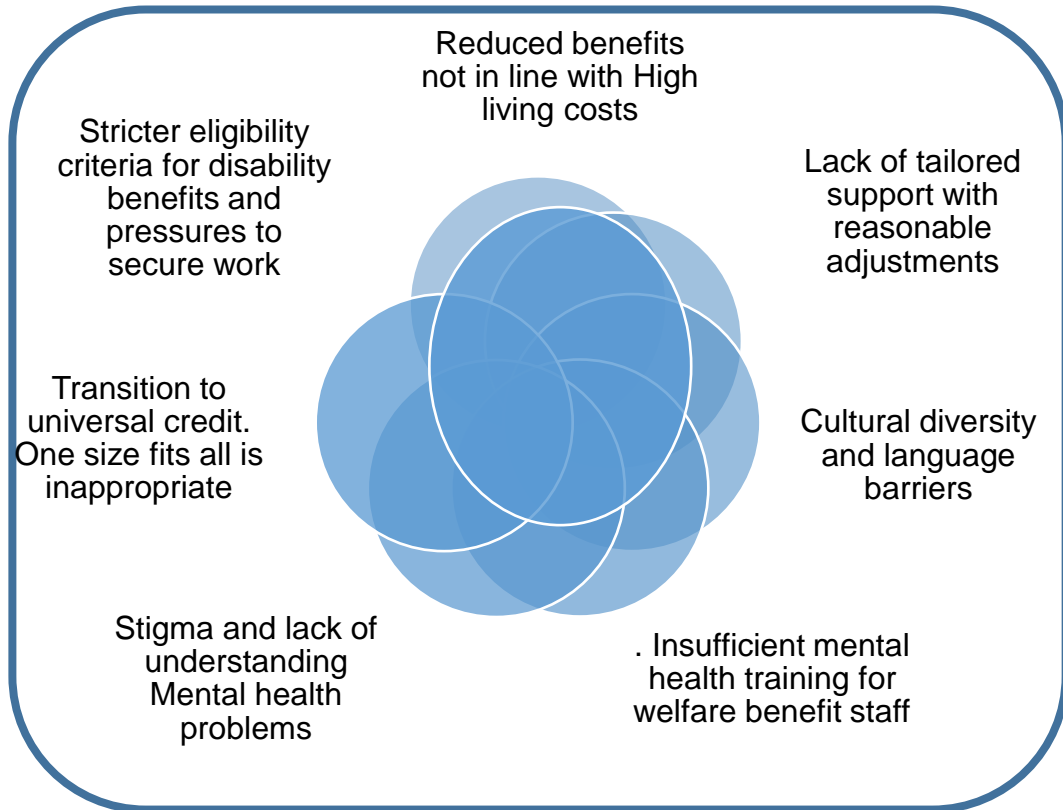
○ What we are doing

- Faith-based support
- Traditional healing practices integrated with western mental health models where appropriate.
- Group therapy sessions tailored to specific cultural and ethnic groups.
- Recognition of the role of family and community in mental health care by involving families in treatment where culturally appropriate.

○ Flexible and accessible service delivery

- Out-of-hours and walk-in services like the Cove to accommodate the work patterns and lifestyles of diverse communities.
- Provision of mental health support in non-traditional settings such as mosques, churches, temples and community centres to make services more approachable and trusted

Impact of changes to the welfare benefit system



How are we helping?

- Integrated care plans that combine financial support with mental health and housing assistance.
- Psychological and emotional support.
- Partnering with dedicated welfare advice teams
- Proactive support of vulnerable individuals identified through GP practices by the social prescribers
- Links with the Brent changing minds group for peer support
- Signposting to local community centres and food banks

Mental health patients in the private rented housing sector.

Numbers of people living in private rented homes has continued to increase. 4.8m in England in 2021

Poor housing conditions

Affordability

Insecurity/instability

Lack of tailored support

Discrimination and stigma

Increased vulnerability

Evictions and homelessness

Lack of rights and protection

Isolation

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We do not currently collect data on mental health patients from the private rented sector. We are working on how to do this going forward

How are we helping?

- Integrated support – housing and mental health services working together
- Housing surgeries for vulnerable mental health patients
- Crisis intervention support – pre and post crisis – NW2, NW10, HA9 -
- Support for tenancy sustainment - access to financial support - Housing and welfare benefit advice
- Advice, advocacy, meaningful activities, links with Primary care and self-care strategies
- Increase access to informal and formal support to combat social isolation.