

# **Kingston's Better Mental Health Joint Strategic Needs Assessment 2022 Summary Report**

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## Introduction

This Joint Strategic Needs Assessment (known as a 'JSNA') covers all aspects of mental health (MH) from mental health promotion (sometimes referred to as mental wellbeing), mental illness prevention, and the care and support available for, and required by, those with a mental health problem and/or in recovery. A JSNA aims to assess the current and future health, care and wellbeing needs of the local community to inform local decision making. It is hoped that this Kingston Mental Health JSNA will help inform work in Kingston to develop a mental health prevention work appropriate to our population and to enable us to quantify the benefits of putting interventions in place.

The JSNA has 6 chapters. It begins with a focus on understanding our local population and in particular risk, wellbeing, prevention of ill health and community resilience. These are covered in the Understanding Place and Understanding People sections. After that, the JSNA follows a life course approach that includes sections on perinatal mental health, children and young people, working age adults and older people across our diverse population.

This JSNA was produced by both a literature review and review of the latest published health data, together with stakeholder involvement, and also using the findings of ongoing stakeholder surveys on the topic of Mental Health and Wellbeing. The PHE Model JSNA<sup>1</sup> was used to guide what data should be considered in the process.

### **Stakeholder engagement**

Three events were held in November and December 2019. These, along with the quantitative data, informed each chapter's contents and recommendations. The gap between these dates was because of the Covid-19 pandemic.

In February/ March 2021 the draft chapters were shared with members of the Kingston Communities Taskforce - Mental Health and Wellbeing subgroup and a number of revisions were made in light of their comments.

Between May and July 2021 a survey was used to check out some of the issues raised by the stakeholders<sup>2</sup>.

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<sup>1</sup> *Mental health and wellbeing: JSNA toolkit* Public Health England Published 30 August 2017 available at <https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit>

<sup>2</sup> *Wellbeing in Kingston, tell us your experience, RBK survey from May - July 2021*

# Chapter 1 - Understanding Place

## Deprivation and Inequality

Deprivation (a lack of money, resources and access to life opportunities) or being in a position of relative disadvantage (having significantly fewer resources than others) is associated with poorer mental health outcomes<sup>3</sup>.

### Kingston data and issues

The Cambridge Road Estate (CRE) is a housing estate in Kingston that is in the 20% of most deprived neighbourhoods in England and is the most deprived neighbourhood in Kingston. The health of residents on the Estate is much poorer than the rest of Kingston and this translates into a lower total and healthy life expectancy.

In a survey as part of 'Cambridge Road Estate: A Health and Wellbeing Analysis' (July 2021)<sup>4</sup> residents' top priorities for improving their health and wellbeing were reducing crime and anti-social behaviour, improving mental health, having more support with long-term health conditions, having improved estate facilities, and having help with increasing their levels of physical activity and exercise.

### Recommendations

- 1. Work with CRE residents and other local partners to develop an action plan to address residents' top priorities for improving their health and wellbeing - reducing crime and anti-social behaviour, improving mental health, having more support with long-term health conditions, having improved estate facilities, and having help with increasing their levels of physical activity and exercise.***

## Poverty and Financial Insecurity

Low income and debt are risk factors for mental illness. Personal and family financial security is a protective factor. Improved understanding of financial circumstances can help identify and target vulnerable groups and support the recovery of people with mental health problems.

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<sup>3</sup> *Poverty and Social Exclusion, 2016. Deprivation and Poverty [Online]. Available from: <https://www.poverty.ac.uk> [Accessed 10 December 2019].*

<sup>4</sup> *Cambridge Road Estate: A Health and Wellbeing Analysis July 2021*  
[https://cambridgeroadestate.com/assets/pdf/CRE\\_HNA\\_final\\_\(Nov\\_2021\).pdf](https://cambridgeroadestate.com/assets/pdf/CRE_HNA_final_(Nov_2021).pdf)

## Kingston data and issues

- In 2019 10.2% of full time employees living in Kingston were earning below the living wage. This compared to 13.5% in London and 12.9% in England<sup>5</sup> <sup>6</sup>. The Royal Borough of Kingston (RBK) is a living wage employer, and through its Good business charter is encouraging any suppliers of services for the council to be living wage employers<sup>7</sup>.

## Stakeholder views

The importance of a living wage was raised through the 'South London Listens' consultation and as part of the South London Listens Action Plan Local authorities are asked to promote the National Living Wage<sup>8</sup>.

## Recommendations

2. **Run regular campaigns promoting advice on finance and debt support and use the Connected Kingston website, connectors and champions to promote brief information and advice on finance and debt**
3. **Promote Mental Health First Aid (MHFA) for those working in services supporting people in financial difficulty**
4. **Review the Making Every Contact Count (MECC), Connected Kingston Connector and Champion training and ensure it covers all risks to mental health, e.g. finance problems, as well as protective factors for mental health, e.g. social connection and adult education, so that people provided with appropriate support in these areas.**
5. **Improve the accessibility of services and signposting to these services so that members of the public know where and how to access support.**

## Housing and Homelessness

Homelessness and poor quality housing are risk factors for mental health problems. Stable, good quality housing is a protective factor for mental health and can be a vital element of recovery<sup>9</sup>. Mental health problems among people experiencing homelessness are more prevalent than in the

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<sup>5</sup> Office for National Statistics, 2019. Annual Survey of Hours and Earnings (ASHE) - Estimates of the number and proportion of employee jobs with hourly pay below the living wage, by place of residence, for local authority and parliamentary constituency, UK, April 2018 and April 2019 (Reference number: 11027) [Online]. Available from: <https://www.ons.gov.uk/> [Accessed 19 December 2019]

<sup>6</sup> Note: The data does not account for people who are self-employed. Estimates are based on survey data and therefore subject to levels of confidence. All figures used have been deemed acceptable, reasonably precise or precise.

<sup>7</sup> <https://www.livingwage.org.uk/accredited-living-wage-employers>

<sup>8</sup> <https://www.livingwage.org.uk/what-real-living-wage>

<sup>9</sup> Chartered Institute of Environmental Health. (2019). Good Housing Leads to Good Health. [Online] <https://www.cieh.org/media>. [Accessed 22 Nov. 2019].

general population, particularly among people caught in the 'revolving door' between hostels, prison, hospitals and the streets<sup>10</sup>.

## Kingston data and issues

Housing costs are high in Kingston. It is estimated that 69 of the 98 LSOAs (small areas) in Kingston are in the 30% least affordable in the country (for owner-occupation and private rental).<sup>11</sup> Kingston has a high ratio of house prices to annual earnings, with median house prices being 12.7 times the median gross annual residence-based earnings in 2018.<sup>12</sup> This means there is a high risk of people struggling financially.

Shelter, in their report 'This is England: a picture of homelessness in 2019', estimates that Kingston is the 24th highest 'hot spot' for homelessness in England, with 2,317 homeless people, which includes 2,294 people living in Temporary Accommodation and 23 rough sleepers.<sup>13</sup>

Local homeless charity Kingston Churches Action on Homelessness (KCAH) identified 32 entrenched rough sleepers in 2018. Amongst them, 18 have mental health and substance (drug or alcohol) misuse issues.

The number of households living in temporary accommodation has increased over recent years (Kingston rate is currently 9.9 per 1,000 households compared to 3.4 in England)<sup>14</sup>.

## Stakeholder views

Attendees at the Working Age Adults stakeholder workshop raised the need to provide services that are based around the person and break down barriers and blockages between services.

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<sup>10</sup> [Cockersell P. Homelessness and mental health: Adding clinical mental health interventions to existing social ones can greatly enhance positive outcomes. \*Journal of Public Mental Health.\* \(2011\) 10\(2\):88-99](#)

<sup>11</sup> Ministry of Housing, Communities and Local Government, 2019. *English indices of deprivation 2019 - File 8: underlying indicators* [Online]. Available from: <https://www.gov.uk/> [Accessed 07 October 2019]. Note: Data as of 2016.

<sup>12</sup> Office for National Statistics, 2018. *Housing Affordability In England And Wales* [Online]. Available from: <http://bit.ly/2NP87hQ> [Accessed 04 January 2020]

<sup>13</sup> Shelter, 2019. *This is England: A picture of homelessness in 2019* [Online]. Available from: [england.shelter.org.uk/ThisIsEngland](http://england.shelter.org.uk/ThisIsEngland) [Accessed 27 January 2020].

<sup>14</sup> <https://fingertips.phe.org.uk/mh-jsna#page/1/gid/1938132920/pat/6/ati/202/are/E09000021/iid/91871/age/217/sex/4/cid/4/tbm/1>

## Recommendations:

6. Implement the 'Complex Lives model'<sup>15</sup> to help individuals to remain in their housing and avoid crises. This will include more joined-up working to support those with complex needs (homeless/ rough sleepers, mental health support and substance misuse support).
7. Further analysis and partnership working, to understand why people become homeless, to reveal issues around insecurity of tenure, as well as some poverty/financial issues. Our prevention approach should be based on these insights and have the resident at the heart of service planning. This work will be picked up through the 'Front End Design project' and the 'Complex Lives Pathway Prototype'<sup>10</sup>.
8. Implement the Front End Design project. This aims to provide an integrated access point to Adult Social Care and Community Housing which will work to reduce the number of housing crises by signposting to relevant services at the earliest opportunity. This will be done through training staff and creating a digital platform that is accessible and links to community support locally for individuals. This includes mental health training for staff.
9. Curate services on Connected Kingston that work to keep people in stable housing conditions.
10. Include an action in Kingston's Rough Sleeping Strategy and Homelessness Strategy to explore a Housing First model<sup>16</sup> across Kingston, and to engage with Registered Providers to support the Council's statutory duties. Money allocated by the Ministry of Housing Communities and Local Government (MHCLG) within the RBK Rough Sleeping Initiative, targets properties in the private sector for rough sleepers and is seen as a tentative step to the Housing First model.

## Education and Lifelong Learning

Education is an important determinant of later health and wellbeing. It improves people's life opportunities, increases their ability to access health services, and enables people to live healthier lives<sup>17</sup>. For adults, lifelong learning opportunities can increase the ability of those with low

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<sup>15</sup> In July 2019, RBK hosted a Homeless (Rough Sleeping) Summit that concluded with a commitment to a multi-agency approach to tackle these barriers through the development of a Complex Lives Pathway. The Pathway aims to enable better access to health, social care, and housing support by forming a multi-disciplinary team around this vulnerable population; ensuring that support is tailored specifically to the challenges and needs of each individual.

<sup>16</sup> The idea behind Housing First is that by providing a chronically homeless person with housing first, it becomes a foundation on which the other needs can be addressed, and the process of recovery can begin. Examples of additional support given to service users: signing up to a GP, mental health services, adult learning, addiction treatment or help with getting benefits. <https://www.homeless.org.uk/our-work/national-projects/housing-first-england>

<sup>17</sup> [WHO. Risks to mental health: an overview of vulnerabilities and risk factors. Background paper by WHO Secretariat for the development of a comprehensive mental health action plan \(2012\)](#) ↵

educational attainment to exert control of their lives<sup>18</sup>. Participation in adult learning can help encourage wellbeing and protect against age-related cognitive decline in older adults<sup>19</sup>.

## Kingston data and issues

**Table 1: School Readiness at Reception and in Year 1: general school population compared to those eligible for Free School Meals**

Indicator	Period	%		
		Kingston	London	England
School readiness: % of children with free school meal status achieving a good level of development at the end of Reception. Figure for all children is in brackets.	2019	56.0 (75.9)	64.1 (74.1)	57.0 (71.8)
School readiness: % of children with free school meal status achieving the expected level in the phonics screening check in Year 1. Figure for all children is in brackets.	(2018/19)	64.7% (83.6)	76.2% (84.2)	70.1% (81.8)

Source: Department for Education (DfE), 2018. EYFS Profile<sup>20</sup> PHE Fingertips data. Green indicates best results and red indicates worst indicator when comparing the three.

**Table 2: Data showing wellbeing and attainment scores as prevention indicators of mental ill health in children and young people for Kingston, London region and England.**

	Kingston	London	England
Average attainment 8 score for children in care (2020)	19.0	20.7	21.4
Average attainment 8 score for children eligible for free school meals (2021)	45.6	44.1	39.1

<sup>18</sup> [Sabates R, Hammond C. The Impact of Lifelong Learning on Happiness and Well-being Institute of Education \(2008\)](#) ↵

<sup>19</sup> [Foresight Mental Capital and Wellbeing Project \(2008\). Final Project report – Executive summary. The Government Office for Science](#) ↵

<sup>20</sup> Department for Education (DfE), 2018. EYFS Profile: EYFS Profile statistical series. EYFSP 2018 additional tables: underlying data [Online]. Available from: [www.gov.uk/government](http://www.gov.uk/government). [Accessed 04 February 2020]

Average attainment 8 score for disadvantaged children (2021)	47.1	45.1	40.3
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Source: Department for Education (DfE), 2020. *Key Stage 4 attainment*<sup>21</sup>

## Recommendations

- 11. As part of the Community Mental Health Transformation programme in Kingston, mental health services should work with Kingston Adult Education to expand access to their 'Practical Ideas for Happier Living courses' for those with mild mental health problems**
- 12. The gap in attainment for children on Free School Meals and in care needs further focussed attention to ensure that children achieve to the best of their abilities. Learning is needed from other boroughs which have reduced such gaps.**

## Employment and Working

Stable and rewarding employment is a protective factor for mental health<sup>22</sup>. Nationally stress, anxiety and depression are thought to account for half of days lost for ill health<sup>23</sup>. Challenges remain for people with mental health problems in finding and maintaining employment, sometimes because of negative attitudes and stigma, and concerns about employers<sup>24</sup>.

## Kingston data and issues

**Table 3: Unemployment rates comparing the overall rate and the rate for ethnic minorities in Kingston compared to London and England**

	Kingston	London	England
Unemployment rate (January and December 2020) <sup>25</sup>	4.9%	5.9%	4.6%

<sup>21</sup> Department for Education (DfE), 2020. *Key Stage 4 attainment* [Online]. Available from: [www.gov.uk/statistics-gcses](http://www.gov.uk/statistics-gcses) [Accessed 26 February 2021]

<sup>22</sup> HM Government. *No Health Without Mental Health (2011) Cited December 2016* ↵ ↵<sup>2</sup>

<sup>23</sup> Health and Safety Executive, 2020. *Annual Statistics October 2019* [Online]. Available from: [www.hse.gov.uk/statistics](http://www.hse.gov.uk/statistics) [Accessed 04 February 2020]

<sup>24</sup> [Lelliot P, Tulloch S, Boardman J, Harvey S, Henderson M, Knapp M. Mental Health and Work London: Royal College of Psychiatrists \(2008\)](#) ↵

<sup>25</sup> Available from: <https://www.nomisweb.co.uk/> [Accessed 11 August 2021]. Note: The estimates are subject to levels of confidence. Note: The Kingston estimate is model-based whereas the estimates for London and England are taken directly from the Annual Population Survey.

Unemployment rate (Ethnic minorities) (January and December 2020) <sup>26</sup>	7.2%	6.9%	6.8%
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Source: Office for National Statistics, 2019. *Model-based estimates of unemployment and Annual Population Survey*

Seventeen businesses in Kingston have achieved the Mayor of London's London Healthy Workplace Award (recently replaced by the 'Good Work Standard'<sup>27</sup>, which recognised their good practice in supporting the health and wellbeing of their employees.

The gap between the percentage of working age adults who are receiving secondary mental health services and recorded as being employed, compared to all employed people in Kingston is 68.9% as of 2019/20<sup>28</sup>. This gap is not dissimilar to the national average (67.2%)<sup>29</sup>.

RBK's Supported Employment Service does not currently provide support for people with Autism who don't meet the Adult Social Care (ASC) criteria after an assessment, and people with low-level Mental Health issues, homelessness and drug and alcohol issues.

## Stakeholder views

- A key message from stakeholders was that employment is key – getting access to it, support whilst in it, and help returning to it.
- 62% of respondents to Kingston's Wellbeing survey, which ran between May and July 2021,<sup>30</sup> who felt stressed at work, felt they had the help and support they needed from their workplace.

<sup>26</sup> Office for National Statistics, 2019. *Annual Population Survey* [Online]. Available from: [www.ons.gov.uk/peoplepopulationandcommunity](http://www.ons.gov.uk/peoplepopulationandcommunity) [Accessed 11 August 2021].

<sup>27</sup> *The Mayor of London's Good Work Standard* brings together best employment practice and links to resources and support from across London to help employers improve their organisations. The initiative has been developed in collaboration with London's employers, trade unions, professional bodies and experts. It covers the following four areas:

- Fair pay and conditions
- Workplace wellbeing
- Skills and progression
- Diversity and recruitment

<sup>28</sup> Note: The age ranges are slightly different for each group (18-69 for in contact with secondary mental health services and 16-64 for all residents)

<sup>29</sup> Public Health England (2019). *Public Health Profiles*. [online] Available at: [fingertips.phe.org.uk](http://fingertips.phe.org.uk) [Accessed 30 June 2021].

<sup>30</sup> *Wellbeing in Kingston, tell us your experience, RBK survey from May - July 2021*

## Recommendations

- 13. Review access to supported employment by people with low level Mental Health issues, homelessness and drug and alcohol issues and people with Autism who don't meet the ASC criteria and how these could be better promoted and coordinated and potentially increased in a future supported employment contract.**
- 14. Review the South London 'Work Well' pilot Employment Support Advice Line<sup>31</sup>, and if it is successful, develop it in Kingston.**
- 15. Encourage every Kingston employer to work towards the Mayor of London's 'Good Work Standard. This will:**
  - a. Build on the good practice so far developed through the previous Healthy Workplace award**
  - b. Encourage best practice in relation to fair pay, and potentially reduce the number of employers paying less than the living wage.**
  - c. Encourage best practice in relation to diversity in light of the higher unemployment rates among people in black and minority ethnic groups in Kingston.**
- 16. Ensure that the provision of support as part of the 'COVID-19 Skills and Employment Response Plan' for Kingston (KSERP) takes account of the mental health needs of residents and that those involved are trained in Mental health First Aid.**

## Crime, Safety and Violence

People with mental health problems are three times more likely to be a victim of crime than the general population and five times more likely to be a victim of assault (rising to 10 times more likely for women)<sup>32</sup>. There is a high prevalence of mental health needs among people in contact with the criminal justice system<sup>33,34,35</sup>.

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<sup>31</sup> For more details see the [South London Listens Action Plan](#)

<sup>32</sup> The 'At risk, yet dismissed' report by Mind, 2013  
<https://www.mind.org.uk/news-campaigns/news/at-risk-yet-dismissed/>

<sup>33</sup> [Brooker C, Sirdifield C, Blizard R, Denney D, Pluck G. Probation and mental illness. The Journal of Forensic Psychiatry and Psychology. 2012;23\(4\):522-37](#) ↵

<sup>34</sup> [Bebbington P, Jakobowitz S, McKenzie N, Killaspy H, Iveson R, Duffield G, et al. Assessing needs for psychiatric treatment in prisoners: 1. Prevalence of disorder. Social Psychiatry and Psychiatric Epidemiology. \(2017\) 52\(2\):221-9](#) ↵

<sup>35</sup> [Coid J, Ullrich S, Keers R, Bebbington P, DeStavola B, Kallis C, et al. Gang Membership, Violence, and Psychiatric Morbidity. American Journal of Psychiatry. 2013;170\(9\):985-93](#) ↵

Being a victim of domestic abuse increases the risk of mental health problems<sup>36</sup>. People from Black and Minority ethnic groups are 40 percent more likely to access mental health services via the Criminal Justice Service, and psychological therapy services are less likely to be supporting people from these communities<sup>37</sup>.

## Kingston data and issues

From April 2020 - to March 2021, a total of 338 cases were discussed at the Domestic Violence Multi-Agency Risk Assessment Conference (MARAC). 32% had mental health support needs as a vulnerability factor.

## Stakeholder views

In Kingston there is a lack of suitable pathways and programmes to support individuals in contact with the criminal justice system who require access to mental health services.

## Recommendations

- 17. Improve the identification of the mental health needs of victims of domestic violence to ensure they receive the support they need through:**
  - a. Clearer referral pathways and co-location of a complex needs worker within mental health settings**
  - b. Increase referrals to DV Hub and MARAC by Mental Health service and to Mental Health Services by those attending the DV Hub.**
- 18. As part of the forthcoming Kingston 'Violence Against Women and Girls' strategy ensure that women and girls' mental health is assessed and that all agencies in this area are trained in MHFA.**
- 19. As part of the Community Mental Health Transformation programme in Kingston, Mental Health services should work with the police and local safeguarding teams for children and vulnerable adults to develop pathways and programmes to support individuals of all ages in contact with the criminal justice system who are experiencing multiple disadvantages and require access to mental health services including:**
  - a. Considering what changes might be needed to enable practitioners to work assertively and flexibly to engage (and assertively re-engage) individuals with chaotic lifestyles and help them to manage appointments.**
  - b. Improve the early identification of those with learning disabilities, autism and/or Attention Deficit Hyperactivity Disorder (ADHD), and other**

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<sup>36</sup> [Golding JM. Intimate Partner Violence as a Risk Factor for Mental Disorders: A Meta-Analysis. Journal of Family Violence \(1999\)14\(2\):99-132](#) ↵

<sup>37</sup> [London Assembly Health Committee Transcript](#), 19 April 2017

- vulnerabilities in the criminal justice system so that they can be provided with supported access to appropriate services.
- c. Investigating the potential for regular mental health consultation surgeries e.g. with the primary care mental health team for criminal justice professionals supporting offenders with poor mental health and related vulnerabilities
  - d. A rolling programme of mental health awareness training and trauma-informed training to ensure a psychologically informed approach to managing offenders.
  - e. Making links with local voluntary and community organisations working with Black and Minority ethnic communities to ensure these programmes are appropriate to their needs

## Community Wellbeing and Mental Health in All Policies

The mental health of individuals is influenced by factors at a community level, such as social networks, sense of local identity, levels of trust and reciprocity and civic engagement. Interventions that affect the social determinants of mental health require joint working and collaboration across a range of partners.

### Kingston data and issues

Connected Kingston is our local system-wide social prescribing approach to support our residents to link in with and connect to the local community offer. [The connected Kingston website](#) provides low-level support, information, signposting and connection/ referral access to local activities and services which can help protect mental health e.g. volunteering opportunities and support residents experiencing risks to their mental health e.g. financial problems. However, there has not been an evaluation of the system so far to find out which groups of people have used it and how they have benefited from it.

### Recommendations

20. Increase the mental health awareness of frontline staff and community members, particularly those working with people exposed to risks to their mental health, to improve the identification and support of those with mental health problems
21. Encourage local organisations in Kingston e.g. schools, faith institutions, and voluntary and community organisations to become 'Be well hubs'<sup>38</sup>.
22. Evaluate the use of Health Impact Assessments in council committees, in particular how well Council Officers and Councillors understand the impact on mental health of their policies.

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<sup>38</sup> The [South London Listens Action Plan](#) includes establishing 120 'Be Well' hubs for people to turn to when they feel their mental health is low or simply to feel more connected with their local community.

23. Evaluate the 'Connected Kingston' website to understand how well it is used by different groups and how well it meets different users' needs in terms of support for mental wellbeing
24. Review progress on the implementation of a whole-system Marmot approach across Kingston.

## Chapter 2: Population and mental health in Kingston

Specific groups of people are at an increased risk of developing, or have, mental health problems and who may benefit from targeted action for prevention and to ensure their needs are met. The following groups are identified as being of high risk of mental health problems:<sup>39</sup>

- Black and Minority ethnic groups
- people living with physical disabilities
- people living with learning disabilities
- people with alcohol and/or drug dependence
- prison population, offenders and victims of crime
- LGBT (lesbian, gay, bisexual and transgender) people
- carers
- people with sensory impairment
- homeless people
- refugees, asylum seekers and stateless person

### Kingston data and issues

- The proportion of adults with learning disability receiving direct payments is lower in Kingston (24.7%) than London 30.9% and England 30.3%(2019/20)<sup>40</sup>.
- Kingston has a high proportion of supported working-age adults with learning disabilities living in unsettled accommodation (24%) compared to 20.6% in London and 16.9% in England<sup>41</sup> (2019/20).
- The 2019 Autism JSNA<sup>42</sup> recommended more joint working between CAMHS, South West London and St George's Mental Health NHS Trust (SWL&StG), Achieving for Children, Adult Social Care, NHS and voluntary and community sector organisations to share information and clear pathways for diagnosis and management.

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<sup>39</sup> [Department of Health. Annual report of the Chief Medical Officer 2013 - Public health priorities 2014](#)

<sup>40</sup><https://fingertips.phe.org.uk/profile/learning-disabilities/data#page/1/qid/1938132704/pat/6/par/E12000007/ati/102/are/E09000021/yrr/1/cid/4/tbm/1>

<sup>41</sup><https://fingertips.phe.org.uk/profile/learning-disabilities/data#page/1/qid/1938132704/pat/6/par/E12000007/ati/102/are/E09000021/yrr/1/cid/4/tbm/1>

<sup>42</sup> Autism JSNA, 2019 [https://data.kingston.gov.uk/wp-content/uploads/2019/05/JSNA\\_Autism2019.pdf](https://data.kingston.gov.uk/wp-content/uploads/2019/05/JSNA_Autism2019.pdf)

- The number of people with disabilities in Kingston is expected to grow over the coming years. The projections estimate that there will be an extra 500 adults under 65 with impaired mobility by 2030<sup>43</sup>.
- To date there has not been a Joint Strategic Needs Assessment of people with physical disabilities, including those with sensory impairment, and this should be undertaken in partnership with local community groups working with disabled people to identify gaps.
- In Kingston in 2018/19 34% of adult carers reported that they had enough social contact with people which was similar to London (33.2%) and England (32.5%) averages<sup>44, 45</sup>.
- 7.3% of Kingston households are from communities where no resident had English as the main language<sup>46</sup>.
- The greatest barriers to accessing mental health services, considered by local Black and Minority Ethnic community groups are:
  - Social stigma around accessing services
  - Language barriers including issues with interpretation and translation
  - Knowledge of what services are available

## Physical health

Compared with the general population nationally, people in contact with specialist mental health services have:<sup>47</sup>

- nearly 4 times the rate of deaths from diseases of the respiratory system
- just over 4 times the rate of deaths from diseases of the digestive system
- nearly 3 times the rate of deaths from diseases of the circulatory system

Preventing and tackling obesity through exercise, being outdoors and connecting with nature are protective factors against poor mental health. National evidence indicates that some Minority Ethnic Groups, as well as Disabled People, have lower rates of participation in physical activity. Furthermore, men are more active than women and activity declines with age<sup>48</sup>.

## Kingston data and issues

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<sup>43</sup> *Projecting adult needs and service information (PANSI)*

<https://www.pansi.org.uk/index.php?pageNo=395&sc=1&loc=8353&np=1> (accessed November 2021)

<sup>44</sup> PHE area profile available from <https://bit.ly/3BhD2ei>

<sup>45</sup> NHS Digital, 2018/19. *Personal Social Services Survey of Adult Carers in England 2018-19* [Online]. Available from: [link](#) [Accessed 07 October 2019]. Note: Based on 145 respondents. The survey question had three possible answers - the data is therefore not directly comparable to that from the equivalent question in the Adult Social Care Survey, England.

<sup>46</sup> Census 2011 available from <https://www.ons.gov.uk/census/2011censu>

<sup>47</sup> [NHS England. Five year forward view for mental health \(2016\)](#)

<sup>48</sup> <https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adult-active-every-day> Health matters: getting every adult active every day

Published 19 July 2016 PHE

**Table 4: Quality and outcome data regarding comorbidity in mental and physical illness for Kingston, London region and England.**

	Kingston	London	England
% Smoking prevalence in adults with a long term mental health condition (18+) (2020/21) <sup>49</sup>	28.7%	26.0%	26.3%
Smoking prevalence in adults with anxiety or depression (18+) (2016/17) <sup>50</sup>	32.1%	26.8%	25.8%
The percentage of excess under 75 mortality rate in adults with serious mental illness <sup>51</sup> (2018-20) <sup>52</sup> .	644.8%	445.9	451%

Source: PHE Fingertips data. Green indicates best results and red indicates worst indicator when comparing the three.

74% of respondents to Kingston's wellbeing survey (May and July 2021) would like to be more active. People would like help with:

- how I can be active when I am short on time
- how I can cycle safely around the borough
- low-cost ways to be active

## Suicide prevention

### Kingston data and issues

**Table 5: Services and outcome data relating to self harm and suicide data for Kingston, London region and England.**

	Kingston number	Kingston (per 100,000)	London (per 100,000)	England (per 100,000)
Hospital admissions as a result of	60	646.8	296.2	664.7

<sup>49</sup><https://fingertips.phe.org.uk/profile/MH-JSNA/data#page/0/gid/1938132920/pat/6/ati/102/are/E09000021/iid/20101/age/235/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

<sup>50</sup><https://fingertips.phe.org.uk/profile/MH-JSNA/data#page/0/gid/1938132920/pat/6/ati/102/are/E09000021/iid/20101/age/235/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

<sup>51</sup> The ratio (expressed as a percentage) of the observed number of deaths in adults in contact with secondary mental health services to the expected number of deaths in that population, based on age-specific mortality rates in the general population of England.

<sup>52</sup><https://fingertips.phe.org.uk/search/smi#page/1/gid/1/pat/6/ati/402/are/E09000021/iid/93581/age/181/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

self harm (15-19yrs) (2019/20) <sup>53</sup>				
Suicide rate females (2017-19) <sup>54</sup>	16	6.8	4.3	4.9

Source: PHE Fingertips data. Green indicates best results and red indicates worst indicator when comparing the three.

## Recommendations

1. Ensure that the mental health and wellbeing of carers is considered as part of the refresh of Kingston's Carers' strategy, in particular the importance of social contact and access to mental health support.
2. Target smoking cessation work at those with mental health issues and review smoke-free policies in NHS Trusts and Mental Health Services.
3. Work with Kingston's diverse communities in terms of age, gender, ethnicity etc, as part of the development of the Communication campaign proposed in the recommendations for Chapter 5, to ensure that information and advice about mental health meets their needs.
4. Ensure the new Kingston Leisure Strategy includes action to make it easier for groups of people who currently find it harder to be active to be more active, particularly targeting Black and Minority ethnic groups and people with mental health problems. This should also include increasing access to low-cost physical activities, such as the walking for health scheme.
5. [Kingston's Time to Change hub](#) to build on previous work with the Korean and Tamil communities to develop resources tackling stigma for local Black and Minority ethnic groups in partnership with local community groups.
6. Further develop the work of the 'Black and Minority Ethnic Groups Mental Health Forum' to ensure mental health support is provided in ways and places that meet the needs of residents.
7. Ensure that MHFA training is provided for staff working with Black and Minority ethnic groups, including refugees and asylum seekers.
8. Support Kingston voluntary and community groups working with vulnerable communities identified in this chapter to become 'Be Well' Hubs, and members of these communities to become Mental Health Champions<sup>55</sup>.
9. Review access to interpreters for those using mental health services, in particular psychological therapies and Crisis services
10. Encourage all local GPs to become Safe Surgeries<sup>56</sup>.

<sup>53</sup> <https://fingertips.phe.org.uk/search/self%20harm>

<sup>54</sup> This has recently been updated, Kingston is now 5.7, London 4, England 5 (2018/20)

<sup>55</sup> For more details see the [South London Listens Action Plan](#)

<sup>56</sup> A Safe Surgery can be any GP practice which commits to taking steps to tackle the barriers faced by many migrants in accessing healthcare

<https://www.doctorsoftheworld.org.uk/what-we-stand-for/supporting-medics/safe-surgeries-initiative/>

- 11. Review the implementation of the recommendations in the Autism JSNA related to mental health.**
- 12. Review the need for a JSNA of people with physical disabilities, including those with sensory impairment in partnership with the KCIL.**
- 13. Review the implementation of the recommendations in the Kingston Sexual Health JSNA (December 2015) to increase access to psychological support for LGBT people.**
- 14. As part of the Mental Health Transformation Programme, improve joint working between Substance (drug or alcohol) Misuse and Mental Health services to strengthen delivery, treatment pathways, inter-agency working, and workforce skills/development**
- 15. Refresh Kingston's Suicide Prevention Strategy (2016-2021) in light of the latest data and findings of the forthcoming South West London (SWL) CCGs Suicide Prevention Needs Assessment (October 2021 - March 2022).**
- 16. Implement the recommendations from the Health Watch Kingston report on a Long Covid**
- 17. As part of the 'Mental Health Transformation Programme', work with voluntary and community partners to develop proactive and tailored mental health support for communities described in this chapter including BAME community, men, people with learning disabilities.**
- 18. The Kingston Health and Wellbeing Board to consider the process for monitoring the impact of JSNAs**
- 19. Use the findings from the community engagement work on access to bereavement support described in Chapter 6 to improve access to bereavement support services particularly by those affected by Covid 19 and by men, given the links to suicide.**

## **Chapter 3: Perinatal Mental Health**

Perinatal mental health problems affect between 10 to 20% of women during pregnancy and the first year after having a baby<sup>1</sup>. During pregnancy and the year after birth, many women experience common mild mood changes. Some women can be affected by common mental health problems. The risk of developing a severe mental health condition is low but increases after childbirth.

### **Stakeholder views**

- Stakeholders raised concerns that people from non-English speaking backgrounds struggle to engage with perinatal mental health services.
- Stakeholders raised concern that there is a lack of awareness among the general public and healthcare professionals of the available perinatal mental health services, including the perinatal mental health team.
- Stakeholders raised concerns that there are poor links between housing and maternity services. This is likely to be, in part, due to benefit legislation, and the Council's lawful requirement to ensure the affordability of homes on allocation, which means that they could not allocate a property of a larger size pending the birth of a child.

- Stakeholders raised concern that there is a lack of knowledge regarding services available for new parents of disabled children.

## Kingston data and issues

- 25.1% of women at antenatal booking in 2017/18 were recorded as belonging to a Black, Asian, and minority ethnic group<sup>57</sup>
- 52.9% of births in Kingston in 2017 were to non-UK parents (where one or both parents were born in a non-UK country when the birth was registered). This is much higher than the national average (34.8%)<sup>58</sup>.

## Recommendations

1. **Better advertise local and national Perinatal Mental Health Services, support and advice in health, social care, children's services, voluntary sector, and Adult Social Care, especially groups working with parents likely to be experiencing risk factors.**
2. **Engage with hard-to-reach groups (Black and Minority ethnic groups, under 18s) to ensure maternity and mental health support services meet their needs and where necessary locate support in places and at times that people are more likely to access.**
3. **Improve links between Housing and Maternity services to ensure homeless families, in particular, are able to access appropriate and timely support.**
4. **Investigate what services are available for new parents of disabled children and ensure they are meeting the needs of this population**
5. **Improve joint working around perinatal mental health for all agencies around identification, supervision, pre-birth risk assessments, staff confidence in working with families, and information sharing. This should include recognised disorders of attachment.**

## Chapter 4: Children and Young People

The mental health and wellbeing of children is just as important as physical health. Developing good emotional wellbeing and resilience at an early age allows children to cope with life's challenges into adulthood. However, nationally, over 1 in 10 young people are currently affected by at least one mental health disorder, whilst 1 in 20 meet the criteria for two or more<sup>59</sup>. Risk factors that may reduce childhood mental wellbeing include:

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<sup>57</sup><https://fingertips.phe.org.uk/search/antenatal#page/1/gid/1/pat/15/ati/118/are/RAX/iid/92275/age/179/sex/2/cid/4/tbm/1> PHE Perinatal Mental Health profile

<sup>58</sup><https://fingertips.phe.org.uk/profile-group/mental-health/profile/perinatal-mental-health/data#page/1/gid/1938132/960/pat/6/par/E12000007/ati/102/are/E09000021/cid/4/tbm/1> PHE Perinatal Mental Health profile

<sup>59</sup><https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

- Being in social care
- Homelessness
- Youth offending
- Low household income
- bereavement
- Parental mental ill-health and/ or substance (drug or alcohol) misuse
- School absence and exclusions
- Young carers<sup>60</sup>

## Children under 5

A child's early attachment with its main caregiver can be a large predictor of the child's own wellbeing later in life<sup>61</sup>.

### Kingston data and issues

**Table 6: Data comparing New Birth Visits, 12 month, and 2 year reviews, of children for Kingston, London region and England.**

	Kingston numbers	Kingston	London	England
% of new births visits* completed within 14 days (2020/21) <sup>62</sup>	(1,513)	82.5	94.3	88.0
% of children receiving a 12 month review (2020/21) <sup>63</sup>	(1,234)	62.6	67.6	76.1
% of children who received at 2 to 2.5 year review of their health and development (2020/21) <sup>64</sup>	(955)	44.9	63.3	71.5

Source: PHE Fingertips data. Green indicates best results and red indicates worst indicator when comparing the three.

\* New birth visits are carried out by a Health Visitor and are vital to provide continuing support and identify maternal mental health problems.

<sup>60</sup><https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/5-children-and-young-people>

<sup>61</sup> Attached (2010) Amir Levine and Rachel S.F. Heller

<sup>62</sup> <https://fingertips.phe.org.uk/search/nbv>

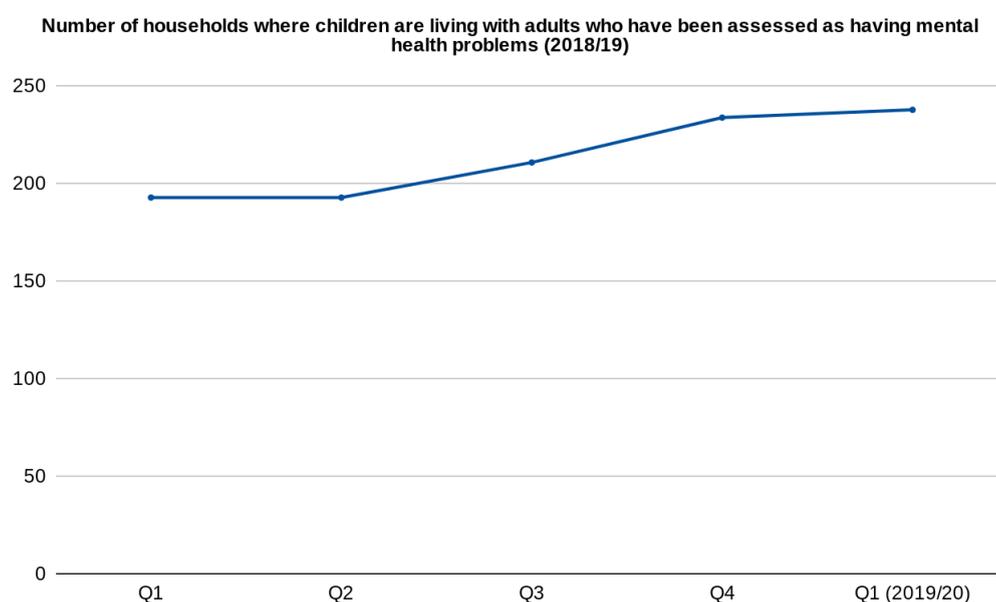
<sup>63</sup> <https://fingertips.phe.org.uk/search/12%20month%20review>

<sup>64</sup> Child and maternal health profile

<https://fingertips.phe.org.uk/child-health-profiles#page/1/aid/1938133223/pat/15/ati/402/are/E09000021/iid/20401/age/173/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

The following areas where more parenting support would be beneficial were identified:

1. Support for parents of adolescents with Attention deficit hyperactivity disorder (ADHD).
2. Support for parents of children with Autistic Spectrum Disorder (ASD) or ADHD.
3. Parent groups for parents of children waiting for Child and Adolescent Mental Health Services.



Source: Kingston Local Safeguarding Children's Board dataset, 2019

## Recommendations

1. **Further investigation is required into why Kingston figures for early visits by Health Visitors are comparatively low.**
2. **Improve links between the Emotional Health Service 0-5 years Infant Mental Health service and Adult Services and Perinatal Team in Kingston and consider combining Infant/ Early Years Mental Health Services with Perinatal Services or implementing joint parent/ child assessments within Perinatal Mental Health Services to allow for prevention and earlier identification of mental health problems in infants.**
3. **As part of the forthcoming Kingston's Parenting Strategy, address the gaps identified and review whether there are any groups of parents who are not currently accessing parenting support.**

## Children and young people aged 5 to 17

Promoting children and young people's emotional health and wellbeing positively impacts on their cognitive development, learning, physical health, mental health and social and economic prospects

in adulthood. School based interventions and practices are crucial for building resilience in children and young people<sup>65</sup>.

## Kingston data and issues

**Table 7: Data indicating children with learning difficulties and SEN in Kingston, London region and England.**

	Kingston number	Kingston (per 1,000)	London (per 1,000)	England (per 1,000)
Children with learning difficulties known to schools (2020)	539	20.4	22.9	34.4
Children with moderate learning difficulties known to schools (2020)	416	15.7	18.2	29.1
Children with severe learning difficulties known to schools (2020)	62	2.3	3.3	4.0
Children with Profound & Multiple Learning Difficulty known to schools (2020)	61	2.3	1.5	1.3
Children with Autism known to schools (2020)	599	22.6	20.4	18.0

Source: PHE Fingertips data. Green indicates best results and red indicates worst indicator when comparing the three<sup>66</sup>.

- As described in Chapter 1, there are growing numbers of Kingston families with children living in temporary accommodation, mainly outside the borough<sup>67</sup>.
- In 2019/20 the percentage of 'Children Looked After' in Kingston whose emotional wellbeing is a cause for concern is 45.7%<sup>68</sup>. This was higher than London (32.1) and England (37.8). Kingston is one of the highest in London.

<sup>65</sup> Promoting children and young people's mental health and wellbeing Guidance on the 8 principles of a whole school or college approach to promoting mental health and wellbeing. Public Health England, available from <https://bit.ly/2WP9eXq>

<sup>66</sup><https://fingertips.phe.org.uk/profile/learning-disabilities/data#page/1/qid/1938132702/pat/6/ati/302/are/E09000021/iid/92127/aqe/217/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

<sup>67</sup><https://fingertips.phe.org.uk/mh-jsna#page/1/qid/1938132920/pat/6/ati/202/are/E09000021/iid/91871/aqe/217/sex/4/cid/4/tbm/1>

<sup>68</sup> Child and Maternal Health profile PHE available at <https://bit.ly/3Ame5wJ>

- In Kingston, in 2019 15% of pupils reported that they care for someone at home who is unable to care for themselves<sup>69</sup>. This does not correlate to the number of young carers who are recognised by services.

## Recommendations

4. As part of the Thrive programme, see below, improve joint working between those working with children at higher risk of mental health problems, e.g. the Youth Justice team and the Adolescent Safeguarding team hand those working with children who are excluded from school, and CAMHS to improve the identification and support for these groups
5. Improve data collection by the Emotional Health Team to reflect the individual work completed for the Youth Justice service team
6. Implement the recommendations from the recent report into health provision for children who engage with the Youth Justice Service, including provision for emotional health and substance (drug or alcohol) misuse.
7. Increase the availability of training around mental health, including around self-harm and suicide prevention, for those working with children, young people and parents.
8. As part of the Mental health in schools programme<sup>70</sup> increase support to schools to manage increasingly complex mental health problems seen following the Covid-19 Lockdown
9. The gap in attainment for children on Free School Meals and in care needs further focussed attention to ensure that children achieve to the best of their abilities. Learning is needed from other boroughs which have reduced such gaps.
10. Support all schools in Kingston to develop a whole school approach to mental health.
11. It would be valuable to review current approaches and identify any gaps in Kingston's response to ACEs (Adverse Childhood Experiences).
12. Review the children and young people's self-harm and suicide prevention pathway in Kingston and Richmond.
13. Encourage all Kingston schools and services for children, young people and percent to become 'Be Well' hubs as part of the South London listens programme
14. Increase uptake of physical activity, particularly among young people at risk of mental health problems as part of the new Leisure strategy.
15. Increase access to preventative services as part of the plan for Improving Children and Young People's experience of Mental Health Services in Kingston & Richmond including:
  - a. Expanding access to face to face counselling services including bereavement

<sup>69</sup> Joseph, S., Kendall, C., Toher, D., Sempik, J., Holland, J., & Becker, S. (2019). Young carers in England: Findings from the 2018 BBC survey on the prevalence and nature of caring among young people. *Child: care, health and development*, 45(4), 606-612.

<sup>70</sup> SW London was a Trailblazer in delivering Green Paper (2018) reforms of increasing access to 'whole school approach' and delivery of Mental Health Support Teams (MHST).

counselling and ensure these are provided in ways that are accessible to different groups who are not as well represented in Kingston CAMHS services, in particular boys and Black and Minority Ethnic groups.

- b. Further develop the communications around CAMHS services and consider ways to improve the provision of advice to parents and better direct them to available services. This should include reviewing children, young people and parents' experiences of accessing advice on children's emotional health on existing websites, such as Achieving for Children<sup>71</sup>, Connected Kingston<sup>72</sup> and 'Getting It On'<sup>73</sup> and how this could be improved.

## Planning quality mental health and care services

### Stakeholder views

Stakeholders raised concerns about increasing demand, long wait times and high thresholds for services

### Kingston data and issues

Nationally there appears to be a slight increase in the prevalence of mental disorder in 5 to 15 year olds, rising from 9.7% (1999) to 11.2% (2017). Based on these estimates, Kingston has 3257 children aged 5-17 with mental health difficulties which encompass emotional disorders, behavioural disorders, hyperactivity disorders, autism spectrum, eating and other less common disorders<sup>74</sup>.

Kingston is planning to develop the 'THRIVE' framework for the future provision of CAMHS to address some of the ongoing issues with increased demand, long waiting times, increased complexity and severity of needs and insufficient service provision for crisis access<sup>75</sup>.

**Table 8: Data showing spend on children's services and on children and young people's mental health services in Kingston, London region and England.**

	Kingston	London	England

<sup>71</sup> <https://kr.afcinfo.org.uk/pages/community-information/information-and-advice/emotional-health-service>

<sup>72</sup> <https://www.connectedkingston.uk/results?category=5462fafa-6376-4289-8968-dcafae9ea87>

<sup>73</sup> <https://www.gettingiton.org.uk/emotional-health>

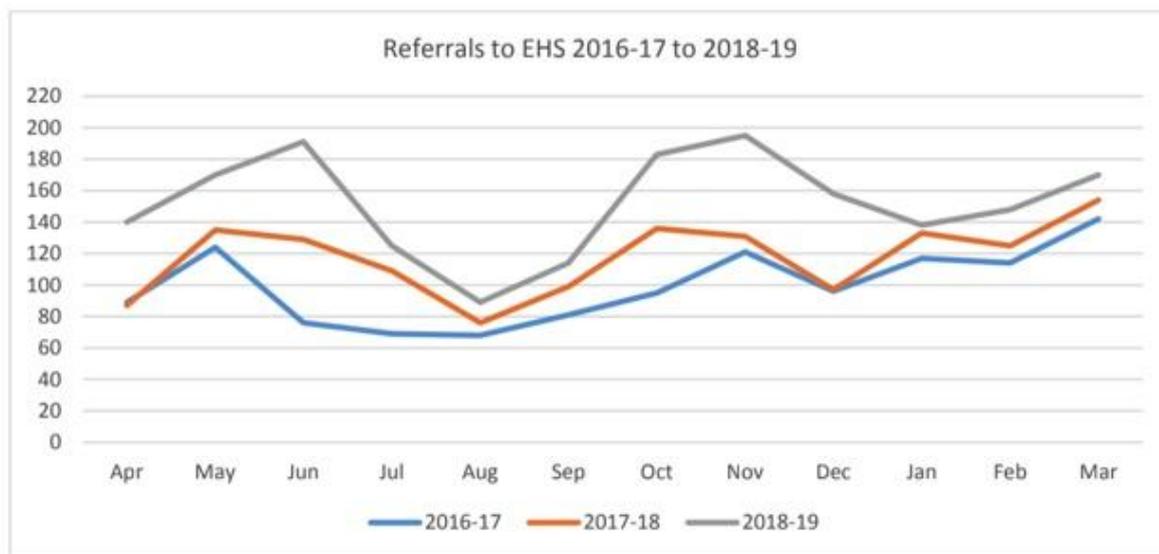
<sup>74</sup> The 2017 Mental Health of Children and Young People Survey available from <https://bit.ly/3mtUkyv>

<sup>75</sup> <http://implementingthrive.org/about-us/the-thrive-framework/> The *THRIVE Framework for system change*. This is an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and their families. It conceptualises need in five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support.

Rate of spend (£000) of children and young people services (not mental health specific)*, excluding education (per 10,000) (2017/18) by RBK <sup>76</sup>	£5,981	£8,729	£8,004
In 2019/20 Kingston CCG spent on children and young people's mental health services per capita.	£51	£79 SWL £61	£72

Source: PHE Fingertips data. Green indicates best results and red indicates worst indicator when comparing the three.

**Figure 1: Graph showing numbers of referrals to Kingston and Richmond Emotional Health Service for 2016-17, 2017-18 and 2018-19.**



Source: Achieving for Children analysis

Funding from Kingston council for [Real Talk - Children and Young People's Counselling Service](#) for children and young people between the ages of 5 – 18 years, who live or study in Kingston was withdrawn in 2019. This continues to be provided in Richmond. CCG funding has been maintained and this funds 20 Kingston young people to access the service.

<sup>76</sup><https://fingertips.phe.org.uk/profile/MH-JSNA/data#page/1/gid/1938132923/pat/6/par/E12000007/ati/102/are/E09000021/iid/90812/age/173/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

## Recommendations

- 16. Reduce waiting times and improve joint working as part of the plan for Improving Children and Young People's experience of Mental Health Services in Kingston & Richmond through:**
  - a. Improving referral pathways between the Achieving for Children Single Point of Access (SPA)<sup>77</sup> and the SWL & St George's CAMHS SPA
  - b. Implementing the Thrive Framework
  - c. Tackle Service delivery / demand pressure issues
  - d. Investing in more support and advice for those on the waiting list and their parents e.g. through group work
  
- 17. Increase early intervention as part of the plan for Improving Children and Young People's experience of Mental Health Services in Kingston & Richmond including:**
  - a. Increase early intervention in eating disorders in partnership with Beat Eating Disorders
  - b. Introduce the 'Self Harm Prevention model' developed in Sutton, in Kingston
  - c. Piloting and evaluating an Emotional Health Hub to provide a place where young people can get help with any health concerns and access a range of services available to meet their needs. This should ideally be designed with young people and link well with other support services. It should also target those at higher risk of mental health problems and those where there are lower numbers seen in some CAMHS services e.g. boys and young people from Black and Minority Ethnic Communities.

## Transition to Adult Services

This covers the period before, during and after a young person moves from children's to adults' services.

### Stakeholder views

- Stakeholder engagement events identified transition periods generally, as an important time when young people can become susceptible to poor mental wellbeing.
- Stakeholders in Kingston cited transitions as times of increased risk when children and young people were likely to experience disjointed support

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<sup>77</sup><https://kr.afcinfo.org.uk/pages/community-information/information-and-advice/safeguarding-and-child-protection/single-point-of-access-spa>

## Recommendations

18. Review the awareness by stakeholders of the current CAMHS transition process and monitor how well it is being adhered to and as part of the Mental Health Community Transformation Plan review the existing policy

## Chapter 5: Working age adults in Kingston

The focus of this chapter is the treatment of mental health problems and covers both common mental health conditions and severe mental illness. Acting early when someone has a mental health problem to prevent them from becoming more ill is vitally important.

### Stakeholder views

- **Communication and promotion:** Improve accessibility, signposting and understanding of where services exist and how to access them.
- **Service design and delivery patterns:** Extended hours, services delivered in the community, accessible outreach services into settings where people with mental health needs are.
- **Demand is high** but there is insufficient provision and long waiting times.
- Those experiencing mental health problems are often isolated and less likely to identify their need for and access support.

### Kingston data and issues

- The latest data (March 2019) estimates that under 20% of those estimated to have anxiety/depression are accessing Kingston iCope<sup>78</sup> (same as the England rate, the national target is 25%)
- 12% of people responding to Kingston's Wellbeing Survey (May and July 2021)<sup>79</sup> said they were suffering from a mental health problem and that they felt they needed help with but were not currently getting any help. 10% said they needed help with a friend or relative's mental health but were not getting it. The three most popular places where people would like information provided were:
  1. GP surgeries
  2. A drop-in hub or cafe
  3. Libraries

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<sup>78</sup><https://fingertips.phe.org.uk/profile/MH-JSNA/data#page/3/qid/1938132923/pat/46/par/E39000018/ati/165/are/E38000090/iid/90592/age/168/sex/4>

<sup>79</sup> Wellbeing in Kingston, tell us your experience, RBK survey from May - July 2021

- An evaluation of the national Community learning mental health research project in 2018 found that 61% of learners on the Practical Ideas for Happier Living provided by Kingston Adult Education showed clinically significant reductions in symptoms of anxiety and/or depression<sup>80</sup>.
- Kingston iCope saw an increase in clients presenting with distress, complexity, trauma and risk and safeguarding issues during the Covid-19 pandemic and this has continued post pandemic.
- In the 2020 CQC Community Survey, patients scored South West London and St George's Mental Health NHS Trust (SWL&StG)<sup>81</sup> for the help they received finding support in the following areas:
  - With physical health needs (4.2/10)
  - With financial advice or benefits if they needed this (3.9/10)
  - With finding or keeping work (paid or voluntary), (4.2/10)
  - With joining a group or taking part in an activity (4.7/10) (all of these are about the same as other trusts)

## Recommendations

- 1. Develop a communication campaign to ensure that members of the public know where and how to access mental health support. In particular target promotion at groups at higher risk of mental health problems and those most affected by Covid-19 and lockdown.**
- 2. Further develop Connected Kingston as a central hub to provide information on local mental health services and support. Evaluate how well it is currently used by people with mental health problems and work with them to improve access.**
- 3. Through the Community Mental Health Transformation Programme:**
  - a. Increase the promotion of, and access to, psychological therapies using a wider variety of locations. In particular, further develop outreach and target those at higher risk of common mental disorders, those most affected by Covid-19 and those with more complex needs and work with the 'Be Well' centres being created as part of the 'South London listens' action plan.**
  - b. Increase access to support for those experiencing trauma**
  - c. Build the capacity for self-care through further development of e.g. peer support, Practical Ideas for Happier living courses and the [Recovery College](#)<sup>82</sup>**

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<sup>80</sup> Community learning mental health research project Evaluation Report DfE 10 October 2018

<https://www.gov.uk/government/publications/community-learning-mental-health-research-project>

<sup>81</sup> <https://www.cqc.org.uk/provider/RQY/survey/6#undefined>

<sup>82</sup> South West London Recovery College provides a range of courses and resources for service users, families, friends, carers and staff to support people to become experts in their own self care, to better understand mental health conditions and to support people in their recovery journey. Courses are co-facilitated by a practitioner trainer and cover understanding mental illness, taking back control, understanding self harm and returning to work or study.

- d. **Ensure individuals with mental health problems are offered more support and signposting around employment, finance, physical activity**
  - e. **Review the availability of support for residents who do not meet the threshold for mental health services as identified by the need to create Tier 3.5 support as part of Kingston Stronger Together.**
  - f. **Further develop co-production and ensure the Mental Health Transformation Programme for Kingston is co-produced with residents, including service users of mental health services and carers.**
  - g. **Ensure that the planned Mental Health Single Point of Access<sup>83</sup> and Multidisciplinary Teams are codesigned with Public Health, Adult Social Care and the Voluntary Sector to avoid duplication with and enhance seamless interface with the Primary Care Networks and the Anticipatory Care Multi-Disciplinary Teams.**
4. **Develop and co-produce opportunities for social connection, particularly for people with serious mental illness.**
  5. **Increase training on MHFA for all frontline staff (in the council, NHS and partner organisations) in particular targeting those at higher risk of Common Mental Disorders and those most affected by Covid-19.**
  6. **The Metropolitan Police's South West London Mental Health Team to work with supported living venues for adults, children or older people to improve information sharing about residents who might go missing through the provision of or require sectioning and improve the pathway with reporting missing persons from mental health settings.**
  7. **Ensure all mental health settings have access to the 'Mental Health and Money Toolkit' and are aware of local services providing support in this area - so that they can help people understand, manage and improve their mental and financial health.**
  8. **Consider the need for a JSNA considering Attention Deficit Hyperactivity Disorder (ADHD).**

## Chapter 6: Older people: living well in Kingston

Mental health conditions are prevalent in later life and are not an inevitable part of ageing. Depression and other mental health conditions in older people often go underdiagnosed and undertreated<sup>84</sup>. However, older people with mental health problems are likely to respond to treatments as well as or better than the younger population<sup>85</sup>.

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<sup>83</sup> to redesign and integrate access into adult SMI services in Kingston, with a Single Point of Access (SPA) that will integrate Serious Mental Illness and the Primary Care Mental Health services (PCMH)

<sup>84</sup> <https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/7-living-well-in-older-years>

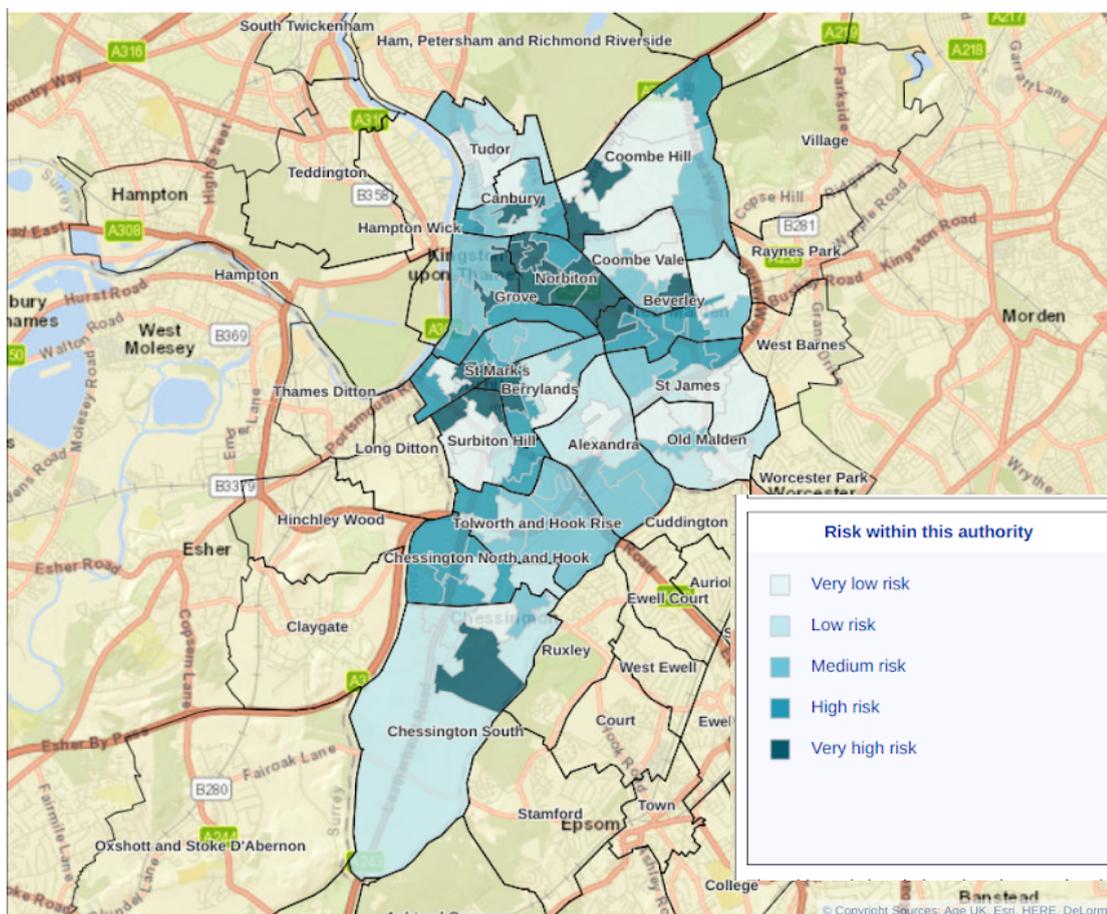
<sup>85</sup> [Joint Commissioning Panel for Mental Health. Guidance for commissioners of older people's mental health services \(2013\)](#)

## Prevention

### Kingston data and issues

Pockets of older people at risk of loneliness and social isolation in Coombe Hill, Norbiton and Chessington South with smaller pockets in Surbiton Hill, Berrylands and St Marks.

**Figure 2: Map of risk of Loneliness of people over 65 in Kingston**



Source: Age UK maps of loneliness based on methodology described in 'Loneliness at local and neighbourhood level' 2015 using data from the 2011 Census<sup>86</sup>

<sup>86</sup> <http://data.ageuk.org.uk/loneliness-maps/england-2016/kingston%20upon%20thames/>

The heat map shows the relative risk of loneliness in Kingston based on the Census 2011 figures for the factors - marital status, self-reported health status, age, household size. These four factors predict around 20% of the loneliness observed amongst older people 65 and over as represented in the English Longitudinal Study of Ageing (ELSA).

<https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-maps/>

## Stakeholder views

- Stakeholders said that older people want access to learning and volunteering and employment opportunities
- Stakeholders raised the need for more practical advice to help people prepare for retirement/older age.
- Some residents would like to see a forum for older people to give their views
- In 2018 a consultation conducted by Kingston Adult Social Care on respite services revealed there is not enough information on respite services available, organising respite was confusing and there was not enough choice of provider.
- 41% of respondents to Kingston's Wellbeing survey (May and July 2021) felt that they weren't provided with sufficient advice and support to prepare them for retirement by their previous workplace. They would like to have received more information about:
  - Where to meet other local older people with similar interests (44%).
  - Voluntary organisations for older people 28%
  - Benefits available to older people 28%

43% of respondents to the Wellbeing survey would like to volunteer more. Whilst the main thing stopping people from volunteering was lack of time. A large number of people wanted:

- More information about opportunities to volunteer or support others in the community (38%)
- More opportunities to volunteer or support others in the community near to where I live (40%)

## Recommendations

- 1. Increase the ways of identifying people who are lonely and supporting them to access local services, and work with older people, particularly those who are not accessing existing services, to develop ways for them to build social connections.**
- 2. Ensure the Kingston digital strategy and inclusion action plan includes how to engage and deliver digital learning to older people. Digital support should be funded and be part of commissioned social inclusion activities**
- 3. Work with partners, including local businesses, in Kingston to promote collaborative action to promote healthy ageing in line with the Healthy Ageing: Consensus Statement by Public Health England and the Centre for Ageing<sup>87</sup>. This will include protective healthy ageing services that integrate emotional, physical and financial wellbeing as well as access to volunteering and employment opportunities.**

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<sup>87</sup> <https://www.gov.uk/government/publications/healthy-ageing-consensus-statement>

4. As part of the development of Kingston's new Leisure Strategy, increase the availability and uptake of physical activities by older people in particular those which build strength and balance and improve the 'falls prevention'
5. As part of the forthcoming Kingston Carers' Strategy, improve respite provision for older carers and consider services to tackle social isolation amongst older carers
6. Develop ways that older people can help to influence and develop local services
7. Support community groups working with older people to become 'Be Well' Hubs, and older people to become Mental Health Champions<sup>88</sup>.
8. Work with organisations working with older people as part of the development of the Communication campaign (recommendation in Chapter 5) to ensure that information and advice about mental health meets their needs.
9. [Kingston's Time to Change Hub](#) to develop work with older people
10. Review the implementation of the recommendations in the Older People's JSNA.

## Identification and Treatment

### Kingston data and issues

Table 9: Number of referrals of over 65s to Kingston iCope from April to December 2019

2019										
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Number of over 65	16	20	22	24	30	17	17	21	13	180
Total Referrals	388	454	407	476	410	482	477	446	328	3868
% Over 65 (13% of RBK population ONS)	4%	4%	5%	5%	7%	4%	4%	5%	4%	5%

Source: provided by Kingston iCope 2020

### Stakeholder views

- A counselling service for older people was suggested

<sup>88</sup> For more detail see the [South London Listens Action Plan](#)

- Recent feedback from stakeholders shows services need to meet the emerging new challenges in next generations. This would include, for example, older people or those approaching older age who have drug misuse issues.
- Take services to older people and where they are
- Upskill all those who currently engage with older people so that they are skilled and competent in addressing mental health and wellbeing issues for older people.

## Recommendations

- 11. Improve the routine screening of older people for depression in health and social care, particularly those with a chronic physical health problem and associated functional impairment**
- 12. Promote MHFA training to all frontline staff working with older people**
- 13. Use the findings from the community engagement work<sup>89</sup> on access to bereavement support by some vulnerable groups including BAME communities to improve access to bereavement support.**
- 14. As part of the Mental Health Transformation Programme, improve access to psychological therapies for older people in settings that are accessible and appropriate for them.**
- 15. The Mental Health Transformation Programme to ensure the Mental Health Single Point of Access and Multidisciplinary Teams are co-designed with Public Health, Adult Social Care and the Voluntary Sector to avoid duplication and enhance seamless interface with the Primary Care Networks and the Anticipatory Care Multi-Disciplinary Teams.**

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<sup>89</sup> Undertaken in November and December 2021 on behalf of the [NHS South West London Clinical Commissioning Group end of life care response group and a working group](https://www.healthwatchkingston.org.uk/news/2021-11-26/kingston-partnership-bereavement-support-and-services-survey)  
<https://www.healthwatchkingston.org.uk/news/2021-11-26/kingston-partnership-bereavement-support-and-services-survey>

## **Covid-19 (coronavirus)**

The Covid-19 pandemic is having a big impact on all of our mental health and wellbeing. The pandemic has also brought about financial and physical health stresses for many. For people already living with mental health problems, this is an especially difficult time.

The pandemic has also brought out much of the best of Kingston, at the same time. Residents supported one another, found creative ways to communicate, many embraced digital communication for the first time, and volunteers helped feed and support residents across the borough. Some people also rediscovered the local green space.

### Recommendations from each chapter of the JSNA relating to Covid-19

**Chapter 1 Recommendation 16: Ensure that the provision of support as part of the ‘Covid-19 Skills and Employment Response Plan’ for Kingston (KSERP) (May 2021)<sup>90</sup> takes account of the mental health needs of residents and that those involved are trained in MHFA.**

**Chapter 2. Recommendation 16: Consider the recommendations from the Health Watch Kingston report on Long Covid**

**Chapter 4. Recommendation 8: As part of the Mental health in schools programme<sup>91</sup> increase support to schools to manage increasingly complex mental health problems seen following the Covid-19 Lockdown**

**Chapter 5. Recommendation 1: As part of the proposed new communication campaign to ensure that members of the public know where and how to access mental health support (recommendation in Chapter 5), target promotion at groups at higher risk of mental health problems and those most affected by Covid-19 and lockdown.**

**Chapter 5. Recommendation 5: Increase training on MHFA for all frontline staff (in the council, NHS and partner organisations) working with those most affected by Covid-19**

**Chapter 6. Recommendation 13: Use the findings from the community engagement work<sup>92</sup> on access to bereavement support by some vulnerable groups including BAME communities to improve access to bereavement support.**

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<sup>90</sup><https://www.kingston.gov.uk/downloads/download/320/kingston-covid-19-employment-and-skills-response-plan>

<sup>91</sup> SW London was a Trailblazer in delivering Green Paper (2018) reforms of increasing access to ‘whole school approach’ and delivery of Mental Health Support Teams (MHST).

<sup>92</sup> Undertaken in November and December 2021 on behalf of the [NHS South West London Clinical Commissioning Group](#) end of life care response group and a working group <https://www.healthwatchkingston.org.uk/news/2021-11-26/kingston-partnership-bereavement-support-and-services-survey>