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| **Title of Report** | **Adult Mental Health Joint Strategic Needs Assessment** |
| **For Consideration By** | Health and Wellbeing Board |
| **Meeting Date** | 19 March 2026 |
| **Classification** | Public |
| **Ward(s) Affected** | All |
| **Report Author** | Jennifer Millmore<br>Senior Public Health Specialist (Mental Health and Suicide Prevention) |

Is this report for:

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| ☑ | Information to note | ☐ | For actions to be allocated |
| ☐ | For Discussion & input | ☐ | For escalation (if issue is outwith Remit of HWB |
| ☐ | Decision | | |

Why is the report being brought to the board? ***In three bullet points or less***

- This report has been brought to the Hackney Health and Wellbeing Board to share key findings and recommendations of the City and Hackney Adult Mental Health Joint Strategic Needs Assessment reports

**The board are asked to:**

- Note the contents of the report

Provide a succinct summary of the issue here:

The adult mental health JSNA collates evidence on mental health needs, services, inequalities and service user experiences and uses this to increase awareness of the challenges faced and make a set of evidence based recommendations.

Has the report been considered at any other committee meeting of the Council or other stakeholders?

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| The Joint Strategic Needs Assessment reports have been considered by the Mental Health Integration Committee and shared with relevant mental health and wider stakeholders |

1. **Background**

1.1. This adult mental health needs assessment was undertaken to inform the strategic decision making and action planning for adult mental health in the City and Hackney.

1.2. To do this, evidence on mental health needs, services, inequalities and service user experiences was collated and used to inform a set of evidence-based recommendations.

1.3. This needs assessment also aims to increase stakeholder awareness of local challenges, as well as good practice, and inform service planning and resource allocation.

1.4. The adult mental health JSNA reports includes:

- A description of the prevalence of mental health conditions in the local population,
- Identification of inequalities in the prevalence,
- A summary of local mental health services available, including key outcome and performance measures,
- An analysis of inequalities within services, including identification of underserved population groups,
- An overview of residents' experiences of services and support available, highlighting some of the main challenges they face,
- A summary of how mental health services work with each other, key partners and within the wider support system,
- Consideration of the governance and accountability underpinning mental health systems and services locally,
- A list of all the challenges identified in the needs assessment and a set of recommendations to address these challenges.

2. **Methods**

2.1. The needs assessment employed a multi-method approach incorporating:

- A review of national and local available literature, including strategic reports and evaluations,
- A quantitative analysis of GP and service data, comparing this against national benchmarks and the local population, where appropriate and where data were available,
- Stakeholder engagement, including service user representatives

- Interviews with wider support service leads, whose services see a high proportion of people with mental health conditions.

2.2. The Mental Health Integration Committee agreed the scope of the needs assessment and a steering group was established to oversee the progress.

## 3. Key Findings

### Local Picture:

3.1. Between 2012/13 and 2022/23 the rate of diagnosed depression significantly increased in Hackney from 5% to 12% respectively. This trend mirrors both London and England and may reflect an increase in awareness, as well as prevalence.

3.2. Hackney's rates have generally been higher than London's but similar to England's during this time. The rate of diagnosed anxiety is 7% in Hackney.

3.3. In 2024, 2% of adults (18+) experienced a severe mental illness in Hackney. Rates have not changed significantly in recent years. The rate of severe mental illness in Hackney has remained significantly higher than London and England by approximately 50%. Complex mental health needs are also frequently raised by stakeholders as becoming increasingly prevalent.

3.4. The burden of mental health conditions is not spread equally across the local population:

- Gender: in the City and Hackney, rates of diagnosed depression and anxiety were significantly higher in women than men, whereas for severe mental illness, rates were higher in men,
- Age: depression was most commonly diagnosed in 40-74 year olds, anxiety in 25-39 year olds and severe mental illness in 50-64 year olds,
- Ethnicity: depression and anxiety were most common in mixed white and black Caribbean, white British and white Irish ethnicities. Severe mental health conditions were highest among Caribbean and other non-African black ethnicities,
- Deprivation: for depression, anxiety and severe mental illness, rates were highest locally in the more deprived areas of City and Hackney,
- Other population groups identified as having high mental health needs and often additional complexities include: residents living in temporary accommodation, residents experiencing rough sleeping, Gypsy and Traveller communities, refugees and asylum seekers, LGBTQIA+ communities.

### Local Services:

3.5. Talking Therapies for Anxiety and Depression broadly supports residents with common mental health conditions and assesses and treats approximately 7,000-8,000 patients a year. The Wellbeing Network

supports residents with complex mental health needs and sees approximately 1,170 clients a year, with an additional 5,866 person hours through their Open Access activities. East London Foundation Trust (ELFT) supports residents with more severe mental illness and did not provide data on patients seen.

3.6. Using the Short Warwick-Edinburgh Mental Wellbeing Scale to assess outcomes, Wellbeing Network clients experienced a 4.6 point increase, a clinically significant improvement. Improvements were greater for women, non-African and Caribbean Heritage communities, adults aged 18-39 and heterosexual adults. Clients also improved on measures of social connectedness, physical health and employment between entering and exiting the service.

3.7. Of Talking Therapies for Anxiety and Depression patients, 54.4% recovered and 49.9% were considered to have 'reliably recovered', meaning that their recovery is significant and lasting. This is in line with national standards and significantly above the outturn for the whole North East London Integrated Care Board area for 2024/25. The 'Asian or Asian British' ethnicity group had significantly lower overall recovery rates than average. ELFT did not provide outcomes data.

3.8. Overall service satisfaction rates in Talking Therapies for Anxiety and Depression vary from 95%-100% each month. In the Wellbeing Network 92% of service users 'strongly agreed' that they were happy with the service in 2023/24. ELFT did not provide service satisfaction data.

3.9. Service use was not evenly distributed across the local population:

- Gender: men are underrepresented in many of the largest commissioned services locally. However, in ELFT inpatient services, a significantly higher proportion of patients were men. In crisis services there was not a significant difference.
- Age: broadly, Talking Therapies for Anxiety and Depression has an underrepresentation of those aged 45 and over. In ELFT community services, age groups up to 49 years old are overrepresented. In the Wellbeing Network, rates of clients in the service increased with age up to the 60-64 age group.
- Ethnicity: in both the Wellbeing Network and Talking Therapies for Anxiety and Depression, the rate of clients from African and Caribbean heritage communities was slightly higher than the rate of people from other ethnicities, following targeted work to reduce underrepresentation in these communities. In ELFT community services, the rate of patients from African and Caribbean heritage communities was lower than expected but higher in inpatient services.
- Deprivation: residents from the most deprived areas locally appear underrepresented in both the Wellbeing Network and Talking Therapies for Anxiety and Depression. Patients seen in all

three ELFT services had higher attendance rates from residents living in more deprived areas locally.

- Sexual orientation: in the Wellbeing Network, rates of service users from most sexual orientations reflected the local population. The rate of service users identifying as ‘any other sexual orientation’ was significantly higher. Completion rates for sexual orientation in ELFT and Talking Therapies for Anxiety and Depression were too low to be analysed meaningfully.

3.10. The average waiting time is 22 days for the Wellbeing Network and 14 days from referral to treatment for Talking Therapies for Anxiety and Depression. For some specialist pathways the waiting times can be longer. ELFT did not provide waiting time data for this report.

3.11. For the larger mental health services, 25%-35% of people dropped off waiting lists, either before assessment or before starting the main interventions.

3.12. Many residents experience difficulties navigating the numerous mental health services, their different criteria, referral pathways and processes, especially where residents have complex and intersecting needs. Some staff from a range of wider support services report not making referrals, believing it will do more harm than good. Most providers also report having to turn away many residents who are ineligible for their services.

3.13. There is limited provision for residents needing longer term support.

3.14. Talking therapies are the most common mental health support available locally but they are not suitable for everyone. Some stakeholders and service user representatives have suggested they have a western bias. More skills, social, activity, practical and learning based support was requested.

3.15. Governance and accountability systems could be improved. Roles and responsibilities are not always clear or well defined and there are some significant gaps in areas of responsibility, such as around less medicalised support offers.

3.16. More in-reach and outreach support options were requested by stakeholders and service user representatives, especially for the most excluded population groups.

3.17. Despite some improvements in service inclusivity, some residents continue to report discrimination, distrust and a lack of cultural competence in relation to mainstream services.

3.18. While there have been efforts to improve partnership working, integration between different mental health services is still limited.

## 4. Recommendations

4.1. Based on the data presented in the needs assessment four main themes of recommendations emerged:

- Difficulties experienced by residents in accessing and navigating local mental health services,
- Inequalities in mental health need and how inclusive services are,
- Gaps in the quality of insight, driven by fragmented data and inconsistent approaches, limiting effective decision-making.
- Improving underlying accountability and governance structures for mental health.

4.2. While discussed the least in the reports, the accountability and governance issues appear to underpin the other three and their success is likely to be limited if these governance and accountability issues cannot be solved.

5. **Policy Context**

Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?

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| ☐ | Improving mental health |
| ☐ | Increasing social connection |
| ☐ | Supporting greater financial security |
| ☑ | All of the above |

Please detail which, if any, of the Health & Wellbeing Strategy 'Ways of Working' this report relates to?

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| ☐ | Strengthening our communities |
| ☐ | Creating, supporting and working with volunteer and peer roles |
| ☐ | Collaborations and partnerships: including at a neighbourhood level |
| ☐ | Making the best of community resources |
| ☑ | All of the above |

6. **Equality Impact Assessment (EIA)**

Has an EIA been conducted for this work?

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| ☐ | Yes |

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| ☑ | No. Although an EIA has not been conducted, equity considerations are central to the data collection, analysis, needs assessment and recommendations of this Joint Strategic Needs Assessment. |

7. **Consultation**

Has public, service user, patient feedback/consultation informed the recommendations of this report?

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| ☑ | Yes |
| ☐ | No |

Have the relevant members/ organisations and officers been consulted on the recommendations in this report?

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| ☑ | Yes |
| ☐ | No |

8. **Risk Assessment**

N/A

9. **Sustainability**

N/A

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| Appendices | The City and Hackney Adult Mental Health JSNA is covered across three reports:<br>Local Picture<br>Local Services<br>Challenges and recommendations |