

## London Borough of Enfield

### HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL

Meeting date: 17<sup>th</sup> February 2022

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**Subject:** Mental Health

**Cabinet Member:**

**Executive Director:** Tony Theodoulou

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#### 1. Purpose of Report

1.1 The purpose of report is to provide a description of what we know about the mental health of our residents, how we are working to enhance protective factors, and an explanation of what we are doing to protect the mental wellbeing of children and young people in the borough.

1.2 The scope of this report will be very wide ranging as emotional health and mental wellbeing are the product of a very large number of factors and influences. Environmental, educational, financial, and social. This report will cover:

- The local context.
- Challenges, with particular reference to the COVID-19 crisis.
- Conclusions and next steps

#### 2. Relevance to the Council's Corporate Plan

2.1 Addressing the promotion of mental health and wellbeing relates to the entirety of the Enfield Council Plan 2020-2022: a lifetime of Opportunities. All three principal priorities:

- Good Homes In Well Connected Neighbourhoods
- Safe, Healthy And Confident Communities
- An Economy That Works For Everyone

Have elements which influence the mental health and wellbeing of our residents.

### 3. Main Considerations for the Panel

#### 3.1 The Local Context – Mental Health Risk Factors

The data below are from sources of routine published national statistics  
**Prevalence and General Statistics.**

3.1.1 **1 in 5** Enfield residents aged 16+ (49,261) are estimated to have a **common mental health disorder (19.2%)**, such as depression, panic disorders, anxiety or obsessive-compulsive disorder. This is higher than the national estimate (16.9%) [PHE].

3.1.2. It is predicted that there will be 2,653 more 18-64 year olds in Enfield with a common mental health disorder by 2035 (6.6% increase) [PANSI].

3.1.3 The estimated **prevalence of common mental health disorders** in those aged **65 and over in Enfield was 11.4%** in 2017 [PHE].

3.1.4 The recorded prevalence of **depression amongst those aged 18+ was 9.5%** in Enfield 2020/21, this is higher than the 8.7% London average and lower than the 12.3% national average during the same time period [PHE].

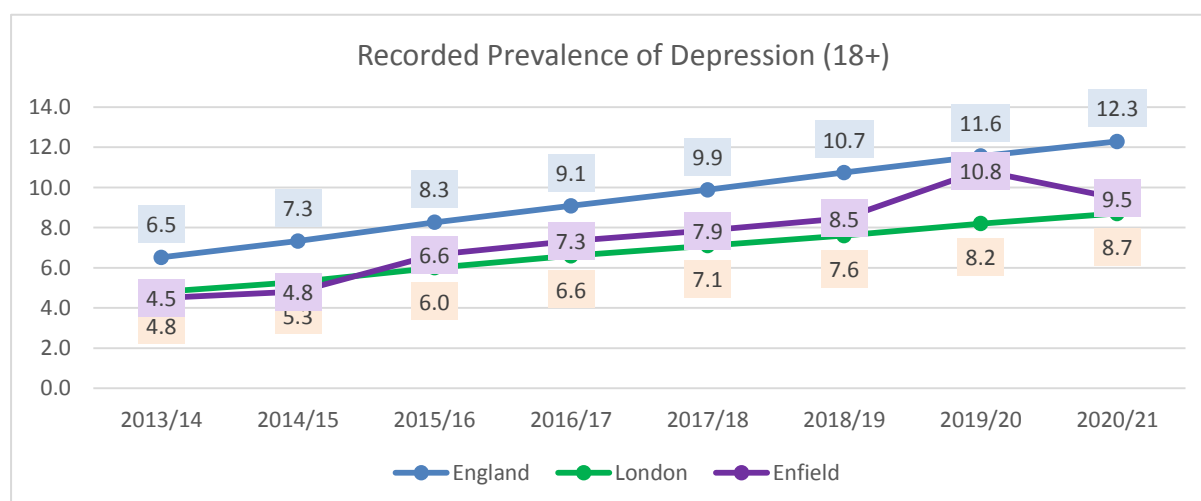
3.1.5 The recorded prevalence of depression amongst adults in Enfield decreased by 1.3% in the last year [PHE].

3.1.6 In 2018/19 was 55.8% of social care users reported to having depression and anxiety in Enfield, which is lower than the 50.5% national average [PHE].

3.1.7. The rate of **premature mortality in adults with severe mental illness** between 2018-2019 was **78.2 per 100,000** [PHE].

3.1.8. **66.5 per 100,000 people in Enfield were emergency hospital admissions for intentional self harm.** This is lower than that across the London region, 81.6 per 100,000 [PHE].

3.1.9 The **suicide rate** is 5.8 per 100,000 amongst persons, 9.0 per 100,000 amongst males in Enfield and 2.9 per 100,000 amongst females [PHE]. This is below the London average of 8.0/100k for persons. And is apparently one of the lowest figures in the Capital and indeed England as a whole. This picture is complicated by the time lag between deaths occurring and being clarified as suicide following appropriate Coroner and other enquiries. There also seems to be potential issue relating to non-resident suicides taking place within the Borough.



3.1.10 **2.75% of school** pupils in Enfield had social, emotional and mental health needs in 2020. This compares to 2.49% across the London region and 2.70% across England. [PHE].

3.1.11 In 2019/20, **65.2 per 100,000 hospital admissions amongst the under 18s** were for mental health conditions. During the same time period, across London and England this was 64.5 and 89.5 per 100,000 respectively.

3.1.12 In 2017/18, **it is estimated that 110 women in Enfield** experienced severe depressive illness in the perinatal period. Across London and England is estimated to be 2,886 and 14,766 women respectively [PHE].

3.1.13 **It is estimated that between 549 and 1099 women in Enfield** experienced adjustment disorders and distress in the perinatal period in 2017/18. Across London this was estimated to be between 14,431 and 28,863 women during the same time period [PHE].

3.1.14 Nationally, perinatal mental health problems affect between 10 to 20% of women during pregnancy and the first year after having a baby [GOV.UK].

### **Risk Factors**

The section below presents routinely available data on risk and protective factors among Enfield residents. Some of the sources of these data reflect periods prior to the start of the pandemic, others are based on studies conducted prior to the pandemic so will not give a full picture of the impact of the pandemic on mental health and wellbeing.

Importantly we know that factors such as education, employment, debt and such like have been affected by the pandemic and are likely to impact on mental health.

### **Educational Attainment**

3.1.15 **Fewer children in Enfield (79.5%) than across London (82.6%)** achieved at least the expected level in communication and language skills at the end of Reception in 2018/19. Across England this is 71.8% [PHE].

3.1.16 **Fewer children in Enfield (69.7%) than across London (74.1%)** achieved a good level of development at the end of Reception in 2018/19 [PHE].

3.1.17 **In 2019/20 50.1% of primary school pupils in Enfield achieved an average attainment score of 8**, this is the lowest in NCL and also lower than the London average, 53.4%. Across England this figure is 50.2% of primary school pupils [PHE].

(\*Following the new 1-9 GCSE grading system, an average attainment score of 8 is equivalent to between grades A and A\*.)

3.1.18 **26.3 per 1,000 children with learning disabilities** were known to schools in Enfield in 2020, this compares to 22.9 per 1,000 across London [PHE].

3.1.19 In 2020, **23.3 per 1,000 children with moderate learning difficulties** were known to schools in Enfield, this is higher than that across London, 18.2% but lower than the England average, 29.1% [PHE].

3.1.20 In 2020, **2.0 per 1,000 children with severe learning difficulties** were known to schools in Enfield, compared to 3.3% across London and 4.0% across England [PHE].

3.1.21 **15.5 per 1,000 children in Enfield with Autism** are known to schools, this is lower than that across London, 22.9 per 1,000, and England, 34.4 per 1,000 in 2020 [PHE].

### **Employment**

3.1.22 In 2020/21, **65.5% of people aged 16-64 years** and **71.8% of people aged 50-64 years** were in employment [PHE].

3.1.23 In 2019/20 there was a **65.5% gap between the employment rate** for those in contact with secondary mental health services and the overall employment rate in Enfield. This is lower than that across London, 68.1% [PHE].

3.1.24 The **long term unemployment** rate in 2019/20 was 3.1 per 1,000 of the working age population in Enfield [PHE].

3.1.25 In 2019/20 there was an **8.1% gap** in the employment rate between those with a **long-term health condition** and the overall employment rate in Enfield [PHE].

3.1.26 In 2019/20 there was an **53.1% gap** in the employment rate between those with a **learning disability** and the overall employment rate in Enfield [PHE]. This is lower than the London average, 68.1% [PHE].

### **Housing**

3.1.27 In Enfield 2019/20 **26.6 per 1,000** households were in **temporary accommodation**. This compares to **16.5 per 1,000** across London [PHE].

3.1.28 **70%** of adults in **contact with secondary mental health services were living in stable and appropriate accommodation** in Enfield 2019/20. This compares to 64% across London [PHE].

3.1.29 In 2019/20, **87% of adults with a learning disability** in Enfield were **living in stable and appropriate accommodation**. This is higher than the London average, 76.2% [PHE].

3.1.30 In 2020, **44 per 10,000 children in Enfield were in care** [PHE].

### **Social Connectivity**

3.1.31 **46.7% of adult social care users** aged over 18 in Enfield **had as much social contact as they would like** in 2019/20. This compares to 42.9% across the London region [PHE].

3.1.32 **44.5%** of adult social care users aged **over 65 in Enfield** had as much social contact as they would like in 2019/20. This compares to 40.1% across the London region [PHE].

3.1.33 **25% of Enfield adult residents feel lonely** at least some of the time, which is the 11th worst ranking in London out of 32 boroughs (PHE).

3.1.34 **3.9% of Enfield households** are persons aged 65 years and older **living alone** (12,108 households) [census 2011].

3.1.35 **One in Ten Households (10.8%)** in Enfield are **single occupied households** (33,359 households). In England this is 12.8% and London 12.8% [census 2011]

3.1.36 Lonely and isolated older people are **2.5 times more likely to develop frailty** (Davies 2021).

3.1.37 Loneliness is associated with a 25% increased risk of dementia (Lara 2019).

3.1.37 **11-18% of cases of depression could be prevented** if loneliness was eliminated (Lee 2021).

### **Crime and VAWG**

3.1.38 In Enfield 2020, **230 in 100,000 offenders were first time offenders**. This is higher than the London average of 184 per 100,000 [PHE].

3.1.39 In 2020/21 there were **25.8 violence offences per 1,000** population and **1.9 sexual offences per 1,000** population in Enfield. These figures are similar to the London averages, of 24.3 and 1.8 per 1,000 respectively [PHE].

3.1.40 In the year ending May 2020 a total of 103,290 incidences of **domestic violence** and abuse were recorded across London, with **4,486 incidences recorded in Enfield**. Of all cases of domestic abuse across England, 67% of the victims were women (1,561,000) and 33% were men (757,000). The highest proportion of female victims (57%) were between the ages of 25 and 39 [Metropolitan Police Crime Stats].

### **Substance Misuse**

3.1.41 In the year ending March 2021, **68% of all clients in substance misuse services in Enfield were Male and 32% Female**. Most were of White British ethnicity (51%), Other White (18%) or Caribbean (6.3%) backgrounds. 57% of all clients in these services were between the ages of 30-49 [PHE].

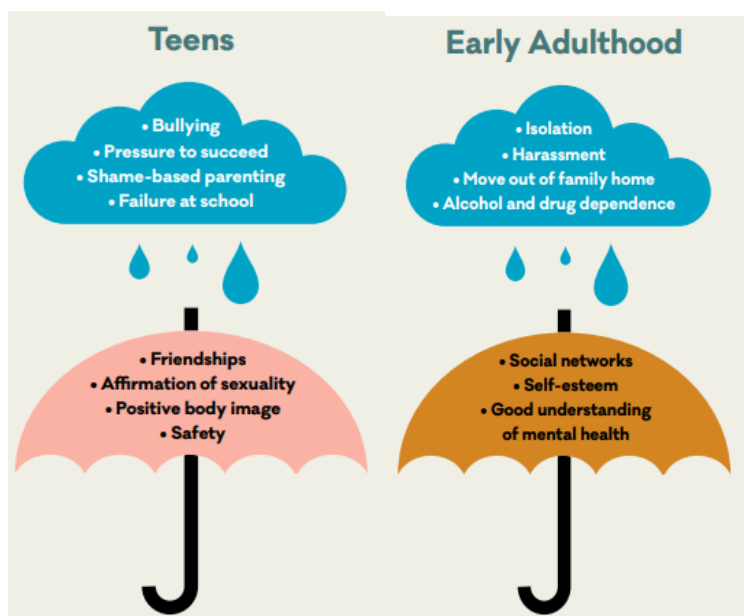
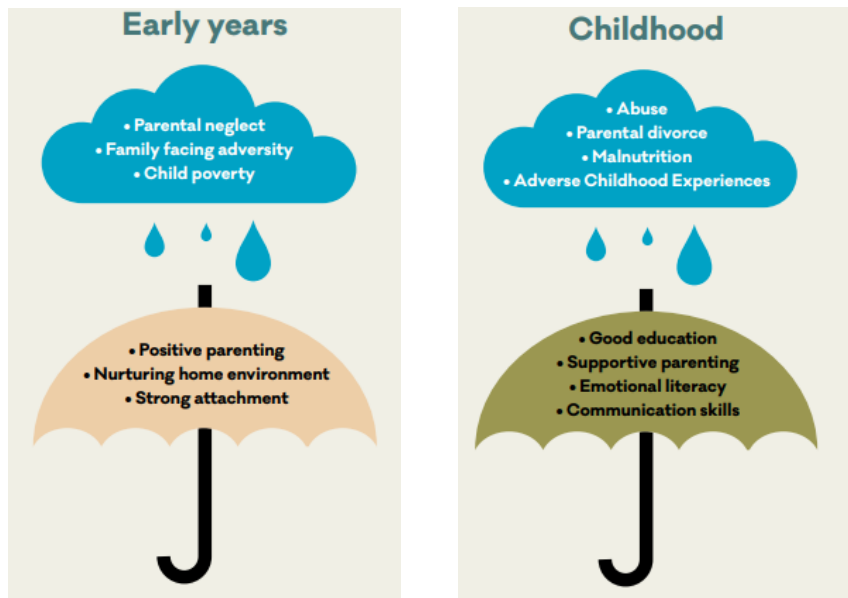
3.1.42 28% of adults with a substance misuse treatment need successfully engage in community-based structured treatment following a release from prison. This is higher than the London average, 22% [PHE].

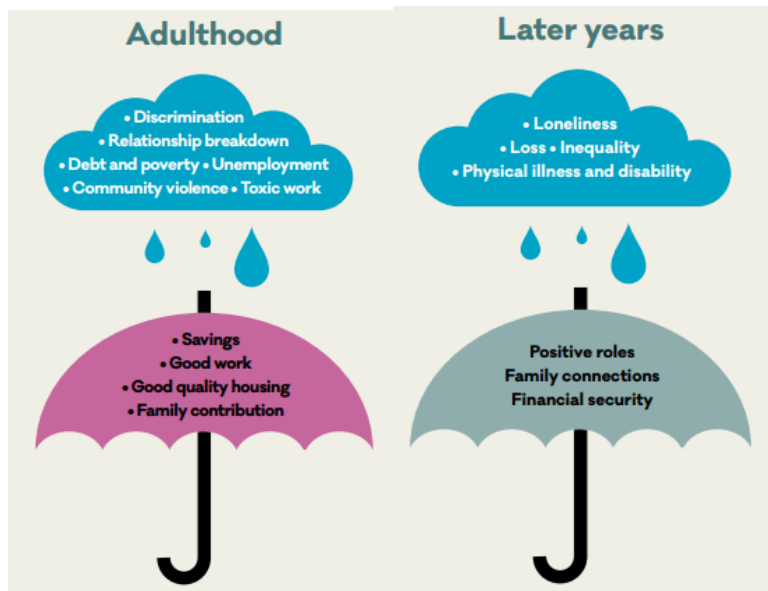
3.1.43 The majority, 34%, of new presentations to substance misuse services in the year ending March 2021 were for Alcohol only services [PHE].<sup>i</sup>

### **Risk/Protective Factors**

3.1.44. We have set out in some detail the potential risk factors for poor mental wellbeing but what are the protective factors?

3.1.45. Infographics below highlight key risk and protective factors at various stages throughout the life course. It is important to consider that high frequency of risk factors and low frequency of protective factors during early years, childhood and teens create higher risk of poor mental health during adulthood. Therefore highlighting the benefit of effective provision focusing on these critical periods of life.





### 3.2 Challenges

#### Pandemic

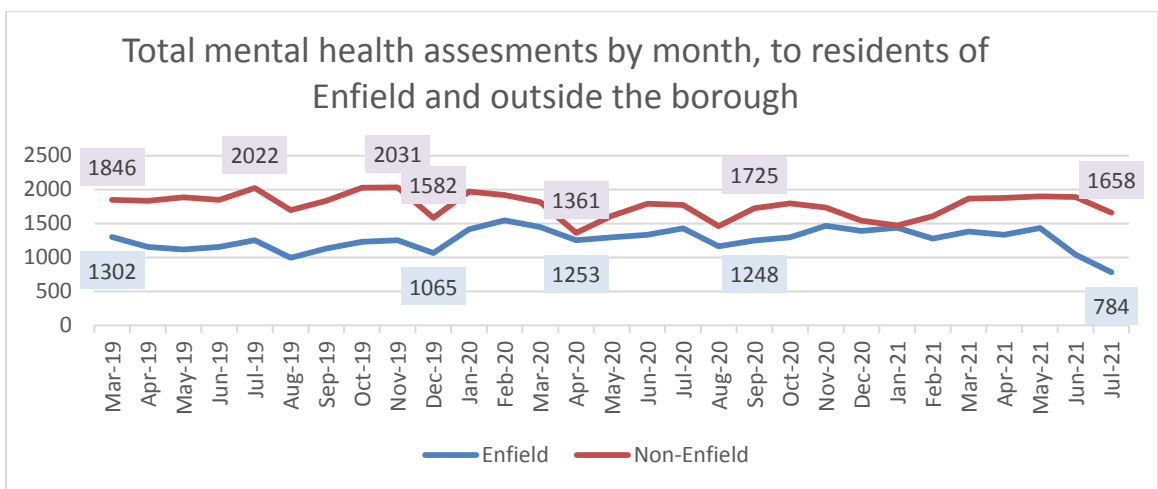
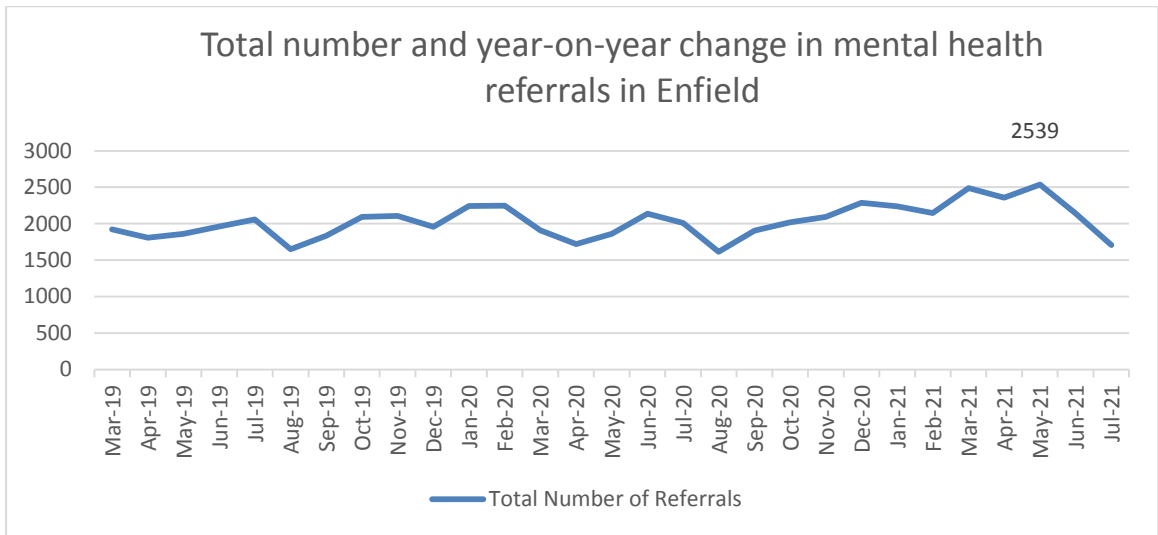
3.2.1 The physical health impact of the pandemic has been clear in Enfield – excess deaths increasing by 375% in April 2020 alone, with of course care homes proportionally hit.

3.2.2 However, the impact of the pandemic has also impacted on the mental health and wellbeing of many of our residents with significantly increased referrals to local voluntary and community sector groups focused on mental health and practical support.

3.2.3 Increased mental health inpatient admissions, particularly amongst BAME communities.

3.2.4 Increased admissions to assessment and treatment for people with learning disabilities.

3.2.5 The onset of the pandemic did clearly create an additional spike in demand for mental health inpatient services and the charts below shows referrals to Mental Health Services and inpatient admissions to mental health wards over time within Barnet Enfield and Haringey Mental Health Trust



## 4. Conclusions and Next Steps

### 4.1 Current Activities

#### Adults with Mental Ill Health

4.1.1. The integrated Mental Health Service works to support adults with severe and enduring mental ill health to reintegrate back into their community. Integrated services work with just under 1,100 people per year. This year has also seen the following developments.



4.1.2 A joint health and social care project to develop new stepdown services for people leaving hospital wards and residential care settings is now providing much needed additional capacity within the community to enable this. This service enables people to live more independent lives, with support as needed to prevent relapse, from a multi-disciplinary team of staff.

4.1.3. A new and expanded employment support service has been jointly commissioned by the Council and the CCG which has already supported more than 50 people to gain paid employment this year. This service works with people who have been discharged from hospital and with people referred by their GP.

4.1.4. Lower numbers of people admitted to permanent residential care year on year with over 78% of people known to mental health services living in settled accommodation.

4.1.5. Additional Council and CCG investment in enablement service capacity to work with people in the community, to support rapid and appropriate hospital discharge and to provide more people with the practical support skills they need to live independently.

4.1.6. Additional joint investment in community support services focused on reducing the number of younger black men admitted under section to inpatient units.

4.1.7. Planned Council investment in a new mental health and wellbeing hub delivering a wide variety of services for local people, including a planned community café open outside of normal working hours to provide people with practical support.

4.1.8 NCL CCG are undertaking a service review focusing on mental health services across Enfield, Haringey, Barnet, Camden, and Islington. The review brings together stakeholders from mental health services, primary care, acute care, social care, and community health services to develop the interfaces and collaborative working across pathways. A review of community health services is running in parallel, with integrated workstreams. The review comprises of four elements: understanding the current baseline, co-development of an outcomes framework, co-development of a 'core offer' for mental health services and co-development of a transition plan. Subsequently, further work will take place to deliver transformation over the short to medium term.

4.1.8 Whilst not specifically aimed at residents experiencing poor mental wellbeing, the Council have developed Hubs providing early intervention to residents for housing, employment, debt and health and wellbeing including Food Pantries. These Council Hubs focus on some of the key risk factors for mental wellbeing thus contributing to improved mental wellbeing.

4.1.9 Primary Care Networks each provide a social prescribing function to provide additional support to patients requiring increased support with non – health care related issues such as debt, housing, employment, social isolation etc. Many of these social issues managed by social prescribers are linked to poor mental wellbeing.

### **Older People with Mental Ill Health**

4.2.1 The last 20 months have been severely challenging for services within Enfield intended to support older people with mental ill health. As the most severely at-risk group from severe COVID-19 infection, service delivery to this cohort has been severely constrained by infection control measures. But this delivery has still been taking place.

4.2.2 Service development has been equally impacted, but initiatives such as the Enfield Wellbeing Network – a partnership between Enfield Voluntary Action (EVA), Age UK Enfield, Enfield Carers Centre and Mind in Enfield and Barnet [with Alpha Care Specialists and Citizens Advice Enfield as strategic partners] are emerging.

4.2.3 However, our older person population is increasing. In 2019 it was estimated that 45,400 people were aged 65 and over. This figure is set to rise to 61,100 by 2030, when our older population is expected to represent 15.6% of Enfield's population – a percentage increase of approximately 2.6% from 2019.

4.2.4 In 2019 it was also estimated that 16,827 people over 65 years would live alone. This represented 37% of Enfield's older person population. By 2030, the number of people aged 65 and over is set to rise to 22,294.

4.2.5 In respect of mental health in older age, In 2019 1,243 people aged 65 years and older were estimated to have severe depression, and this is set to rise to 1,686 by 2030.

4.2.6 We are still estimating the potential adverse impacts upon the mental health and wellbeing of our older population due to enforced isolation and other social disruption associated with infection control measures intended to control the COVID-19 epidemic.

### **Younger People with Mental Ill Health**

A range of activity aimed at enhancing the mental wellbeing and resilience of children and young people across Enfield are currently taking place.

#### **4.3.1 0-5 Years**

Early years settings promote the mental health and wellbeing of children attending by having appropriately trained staff able to recognise the importance of positive early experiences for mental wellbeing. Settings promote physical development, healthy eating and regular outdoor activities as well as promoting the development of family relationships.

The Councils Early Years team provide information and advice about how to recognise emotional health issues and how to support children, develop staff training and workshops on physical development, wellbeing and children's mental wellbeing.

#### **4.3.2 School Aged**

The following programmes of work are being delivered within Enfield schools to enhance the mental health and wellbeing of pupils and staff. This is in addition to the development of Trauma Informed Practice in schools. This is a partnership led by the Educational Psychology Service where a whole system change is being implemented across our schools and partnership services. E-TIPS focusses on prevention and early intervention. The aim is to ensure our whole system provides a good environment to support all CYP in our schools and settings to feel (1) psychologically safe and learn to (2) identify, understand and (3) regulate their emotions so that they are (4) capable of functioning in school and life, i.e. learn, have positive relationships, enjoy school and have good life chances.

#### 4.3.3 Whole School Approach to Mental Health and Wellbeing

The approach is a coordinated and evidence-informed approach to mental health and wellbeing in schools and colleges leading to improved pupil and student emotional health and wellbeing which can help readiness to learn. Enfield EPS developed a local version of the Sandwell Whole School Wellbeing Chartermark (funded by Public Health), which has now been rolled out.

#### 4.3.4 Senior Mental Health Leads Training

Department of Education training for all senior mental health leads in schools.

#### 4.3.5 Wellbeing for Education Recovery

#### 4.3.6 The Anna Feud Link Programme

A programme of work about to start aimed at strengthening partnership working between different parts of the children's mental health system including Council, Schools, CCG and NHS.

#### 4.3.7 Relationships, Health and Sex Education (RHSE) Training

#### 4.3.8 Mental Health Support Teams (MHSTS)

This has been funded to reach 37 educational settings and are part of the broader offer of support in schools and work in partnership with partner services to complement the 'team around the school' or 'team around the child/young person and family'. MHSTs are commissioned to deliver three core functions:

- Deliver evidence-based interventions for mild to moderate mental health and emotional wellbeing needs.
- Support senior mental health leads in education settings to develop and introduce their whole-school or whole college approach to mental health and emotional wellbeing.
- Providing timely advice to staff and liaising with external specialist services so that children and young people can get the right support and remain in education.

#### 4.3.9 Psychological First Aid Training

#### 4.3.10 Mental Health and Wellbeing Resources

### Conclusion

4.3.11 This report has identified key trends in mental health and wellbeing among Enfield residents according to routinely available national statistics. Whilst routine data does not - yet provide indication of the impact of the pandemic on mental health, our local data does indicate increased levels of need. The report also identifies key initiatives aimed at improving mental wellbeing among Enfield residents. It is important to recognise that whilst statutory services have a role in prevention, early identification and support for residents with poor mental wellbeing, the local voluntary sector and communities have a critical role in maintaining resilience. Many positive factors have developed during the pandemic that indicate resilience within Enfield communities.

4.3.12 The pandemic has impacted residents in a number of ways which may influence future mental wellbeing including bereavement, education, social isolation, employment and such like.

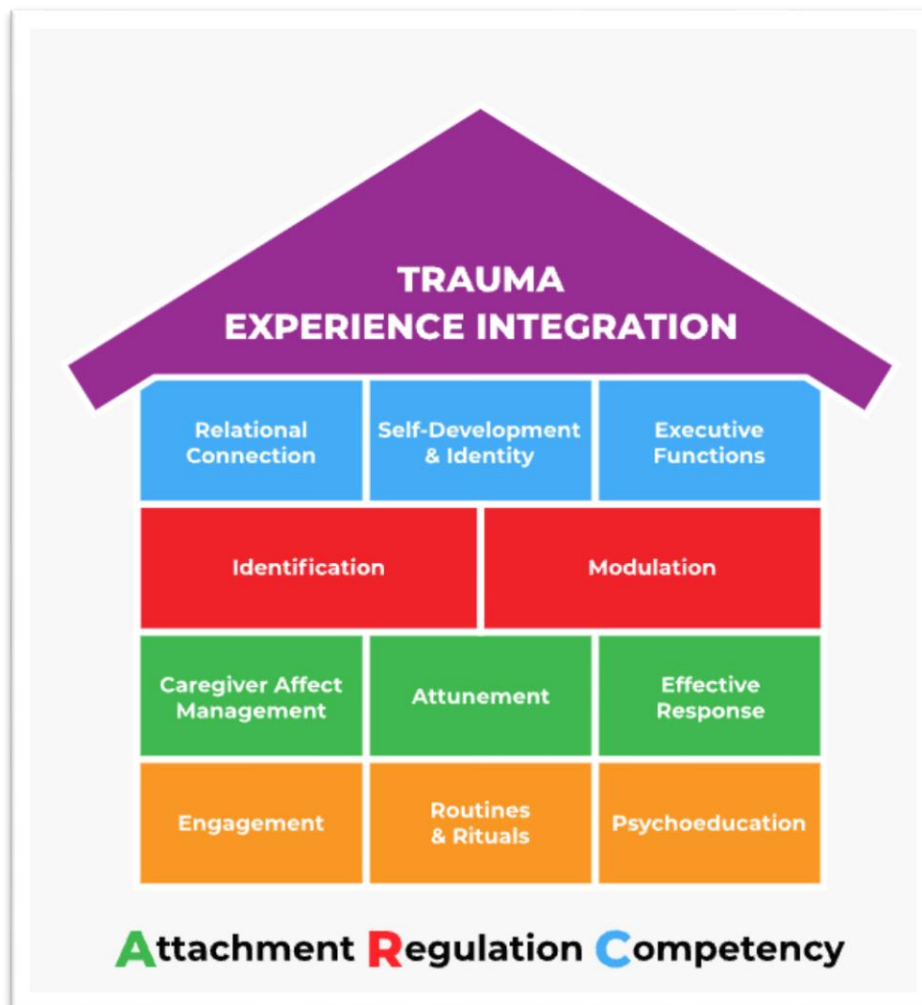
4.3.13 The Council will be continuing work with partners to inform and take forward the recommendations of the Mental Health service review. Additionally, the Council will continue work with NHS, statutory and voluntary sector partners to promote resilience among Enfield residents.

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London Borough of Enfield

Date of report: 10/01/22

## **Appendix A**

The ARC framework provides an accessible modular framework for implementing trauma informed practice (Attachment, Regulation and Competency):



Margaret Blaustein and Kristine Kinniburgh (2019)

<sup>i</sup> Links to sources/more information:

PHE:

<https://fingertips.phe.org.uk/search/SCHOOL>

<https://fingertips.phe.org.uk/search/mental%20health>

<https://fingertips.phe.org.uk/search/disabled>

<https://fingertips.phe.org.uk/search/perinatal#page/0/gid/1/pat/6/par/E12000007/ati/102/iid/92257/age/1/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

ONS:

<https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2019-to-2020>

GOV.UK

<https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/4-perinatal-mental-health#fn:1>