Exploring Mental Health in the London Borough of Bromley

1. Introduction

What is Healthwatch Bromley and Lewisham?

Healthwatch Bromley and Lewisham is one of 152 local Healthwatch organisations that were established throughout England in 2013, under the provisions of the Health and Social Care Act 2012. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public.

The remit of Healthwatch Bromley and Lewisham as an independent health and social care organisation is to be the voice of local people and ensure that health and social care services are safe, effective and designed to meet the needs of patients, social care users and carers.

Healthwatch Bromley and Lewisham (HWBL) gives children, young people and adults in Bromley a stronger voice to influence and challenge how health and social care services are purchased, provided and reviewed within the borough.

Healthwatch Bromley and Lewisham's core functions are:

1. Gathering the views and experiences of service users, carers, and the wider community,
2. Making people's views known,
3. Involving locals in the commissioning process for health and social care services, and process for their continual scrutiny,
4. Referring providers of concern to Healthwatch England, or the CQC, to investigate,
5. Providing information about which services are available to access and signposting,
6. Collecting views and experiences and communicating them to Healthwatch England,
7. Work with the Health and Wellbeing board in Bromley and Lewisham on the Joint Strategic Needs Assessment and
8. Joint Health and Wellbeing strategy (which will influence the commissioning process).

2. Strategic Drivers

Healthwatch Bromley and Lewisham's (HWBL) role is to ensure the voices and views of the local community are expressed and to ensure their opinions are taken into account when services are commissioned. Healthwatch Bromley and Lewisham launched a research project focusing on attitudes toward mental health and service access in the London Borough of Bromley. The Joint Strategic Needs Assessment 2015 shows the London Borough of Bromley to have two of the lowest scores on wellbeing. Furthermore, mental illness was shown to be notably high in several of the wards in the borough. In Healthwatch's routine engagement, stigma around mental health

came up frequently and it was felt further research needed to be completed in this area. This report outlines the findings of the research, which took place from September to December 2015. The research explored people's attitudes toward mental wellbeing, the general state of mental health in Bromley and the public's feedback regarding those services. This report hopes to point out the areas of success in the current services offered and identify areas for improvement.

This report will be shared with the Bromley Health and Wellbeing Board, all participating General Practices, the Voluntary and Community Sector, the Bromley Clinical Commissioning Group (CCG), the Care Quality Commission (CQC), NHS England and Healthwatch England, and other Health subgroups.

3. Methodology

Healthwatch Bromley representatives gathered information through in-depth research, questionnaires and focus groups with Bromley residents and representatives from various health organisations.

The questionnaire consisted of a total of 15 questions, a full copy of which is available in Appendix i. Respondents were either asked to tick the relevant box or to evaluate and express their perceptions in free text boxes. The general factors being researched were people's understandings of and attitude towards mental health and how they actively maintained a good mental state. General details regarding the respondents were also captured including age, gender, ethnicity and disability status. HWBL representatives were given copies of a standard questionnaire to hand out at various public spots, such as libraries and community centres. For service users who could not complete the questionnaire on the day, Freepost envelopes were provided. An online version was made available via the Healthwatch Bromley website. For the online questionnaires, the only demographic questions asked was the respondent's gender. Participation in the study was on a completely voluntary basis.

Further targeted research was carried out with two separate focus groups, where a more in-depth discussion around the topic was made possible. These were more interactive sessions, asking service users to pinpoint their perceptions of mental health, the barriers to understanding it and accessing its services more fully, and to suggest ways of improving it across communities.

A total of 109 surveys from all over Bromley were collected. In the community focus groups a further 26 participants were engaged, amounting to a total of 133 responses.

4. Summary of Findings

Overall, Healthwatch Bromley and Lewisham's research suggests that:

- Quantitative data showed that 97% of survey respondents confirmed that they knew what mental health is, although qualitative data shows there were many varying explanations offered.
- 77% of those questioned felt that mental health was a difficult topic to talk about, with the majority agreeing that there is not enough mental health support in the community.
- Men constituted a much smaller number of respondents suggesting a reluctance to talk about mental health and its implications. Notably, those who did respond were more likely to discuss mental health in terms of their medical diagnosis, often using it as a label or identifier for their emotional wellbeing.
- Regarding improvements in local service provision, drop in centres and open access, especially for those at crisis point, were identified as a much needed resource.
- It was noted that mental health challenges can affect anyone, at any stage of life; therefore it is essential that residents have equal access to quality local services. There is a need for mental health services to be widely advertised and available for all.
- Education around mental health awareness, particularly at a young age, was pinpointed as an area of importance. As was the need for institutionalised and standardized mental health training in the workplace and other key institutions.

5. Mental Health in the London Borough of Bromley

"National statistics state that 1 in 3 people struggle with mental health and psychological symptoms at one time. In Bromley, 64,000 people, that is 1 in 6, are experiencing mental health challenges at any one moment in time. Some of the more common mental disorders include varying degrees of depression and anxiety."[1] Notably, women are more likely to be affected than men. Depression was found to be more common in women, at 10.4%, than men, at 6.5%, and was associated with functional disability, co-morbid medical disorder, and social deprivation.

In Bromley, self-poisoning is the most common method of self-harm, making up 83% of all deliberate self-harm in 2012. Self-harm is vastly more prominent in females at 71%, with the highest self-harm admissions in hospitals amongst 15-19 year olds. 73% of emergency admissions for self-harm are females following self-poisoning with drugs. The Bromley Annual Public Health Report 2013 reports that although women tend to engage in self-harm more frequently than men, men are 3 times as likely to

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[1] *Joint Strategic Needs Assessment 2015*. Bromley Clinical Commissioning Group and the London Borough of Bromley

commit suicide. From 2011-2013, 89% of all people dying by suicide in Bromley were men, of which the majority of deaths were males aged 35-64. Comparatively, the rate for women is significantly lower and is also decreasing.

The prevalence of people with depression in the over-18s in Bromley, 6.38%, is similar to the national average of 6.52%. There is an upward trend of self-harm emergency admissions in Bromley, the most prevalent of which is in women (70%) 15-19 years old, with statistics remaining high until 54 years. These self-harm cases seem to be concentrated around the more economically deprived areas within Bromley. Ultimately, those in the London Borough of Bromley with serious mental health problems are 1.9 x more likely to die before the age of 75 compared to the general public.[2] Regionally, residents aged 65+ make up the highest number of people in London, and are growing, making up a total of 17.74% of the general population in 2014. This demographic is often more prone to loneliness and isolation and faces difficulty in accessing services, indicating a higher risk for mental illness.

6. Understanding Mental Health

When asked to explain their understanding of the term 'mental health' participants offered varying descriptions, including the following:

"Mental health is the ability to live life to one's fullest ability without mental problems hampering your life."

"Mental health is to do with your mood, your thoughts, your mind and everything that is going through it."

"Good mental health is freedom from anxiety, depression, psychosis and extreme mood swings."

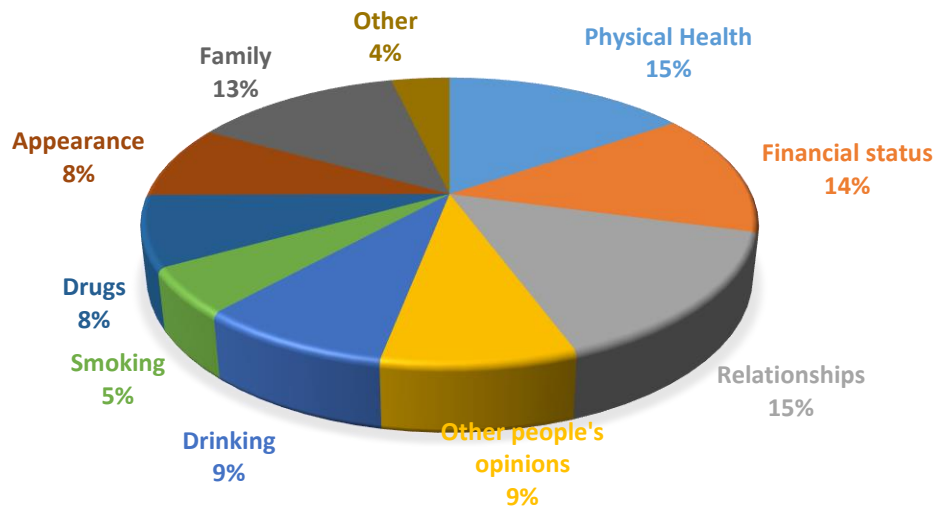*"Having the emotional wellbeing to be able to lead a full and happy life."*

"Mental health is the health of the mind and the state of the psyche."

"There is a stigma attached to mental health and people don't understand what that means. We live in a judgemental and isolated world where people can't interact with those who communicate or see the world in an 'unusual' way."

2

"It refers to the mind, emotions, feelings, understanding, ability to relate to others, perceptions of the world and other people."

"Mental health means mental wellbeing. Having a healthy mind is as important as a healthy body."

"It is when a person's psyche is 'normal'. Normal means that it follows certain parameters established by the society."

"A state of mind which determines whether an individual is capable or has the capacity to make informed decisions on their life and wellbeing for him/herself."

A common sentiment was that the need to be pictured as 'normal' led to the habit of unhealthy behaviours. The word cloud below captures the most commonly expressed sentiments.

7. Maintenance of Mental Health

During our engagement, many factors were identified by participants that could potentially lead to mental illness. The causes ranged from physical health, employment status, education, housing conditions (overcrowding), levels of social care, smoking and substance abuse, lone parenthood (higher risk of living in poverty for children) and unawareness of mental support services on offer. It was considered by all involved that mental health can be vastly improved through healthy social interactions – but it can decline with unhealthy social interactions.

WHICH OF THE FOLLOWING DO YOU CONSIDER TO HAVE AN IMPACT ON YOUR MENTAL WELLBEING?

- Other 4%
- Family 13%
- Appearance 8%
- Drugs 8%
- Smoking 5%
- Drinking 9%
- Other people's opinions 9%
- Physical Health 15%
- Financial status 14%
- Relationships 15%

Controllable factors such as smoking, diet, alcohol consumption and physical activity were noted as being greatly influenced by cultural, economic, social and environmental things. When asked which factors contribute most to mental wellbeing, relationships and family scored highly, followed by physical health and financial status. People's overall health was also found to be invariably linked to the economy with "people in the poorest fifth of incomes far more likely to be at risk of a mental health problem than those in the richest fifth."[3]

The Centre for Social Justice found that family relationships pose both a risk and protective factor for mental illness. Half of survey respondents in its 2011 report for UK thought that family breakdown was a major cause of poor mental health and more than 60% thought poor mental health was a contributor to family breakdown.

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[3] London's Poverty Profile

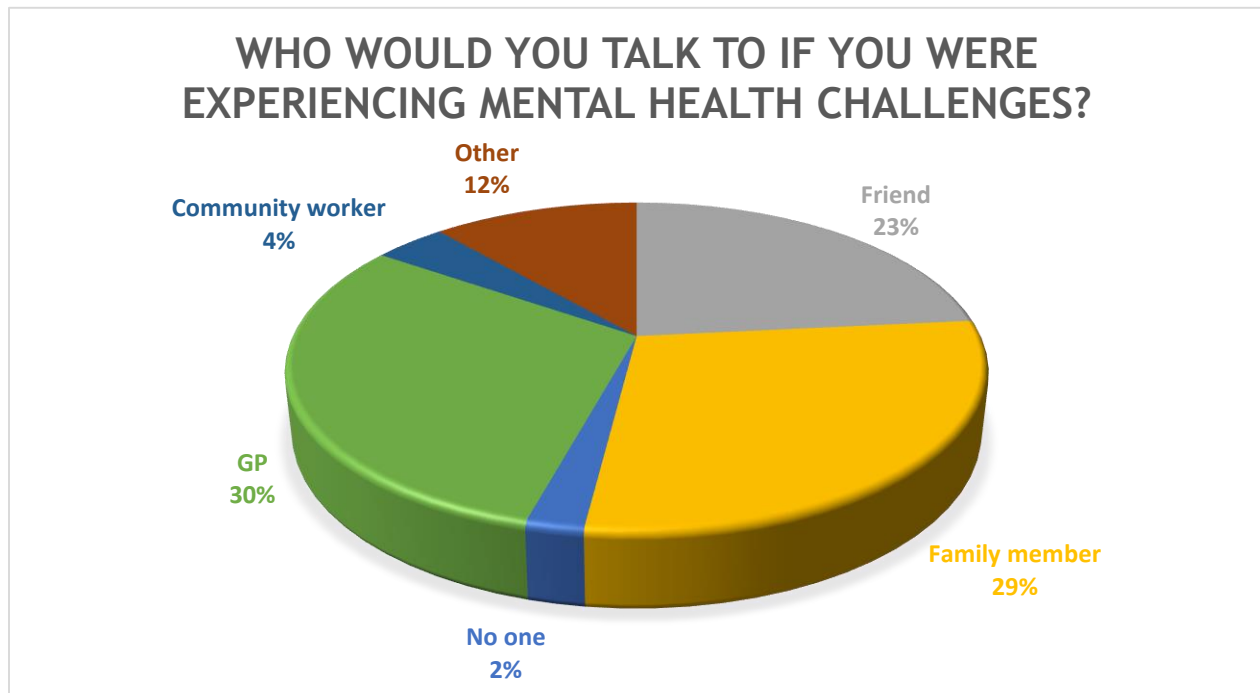Focus group participants identified these keys points as integral to maintaining good mental health:

- **Ownership of your mental health and self-care**
- **Knowing your rights**
- **Availability of good and accurate information**
- **Good personal and professional support network**
- **Open dialogue and discussion amongst the wider community**
- **Societal acceptance, including acceptance in a professional context**
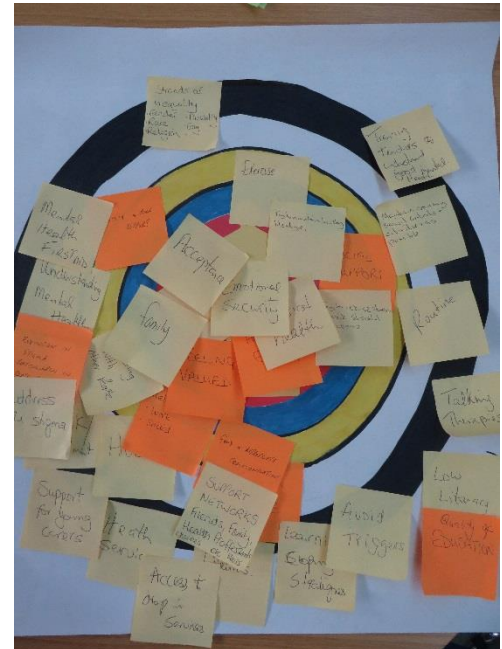
In everyday life, respondents indicated that maintaining good physical health was integral to sustaining good mental health with healthy eating and exercising being some of the highest responses. In focus groups, people identified having a good social network as important, echoed in the questionnaire by people's choices of socialising and hobbies. The need for a 'purpose' and role echoes people's thoughts that routine and structure give people stability and a sense of purpose.

MAINTAINING GOOD MENTAL WELLBEING
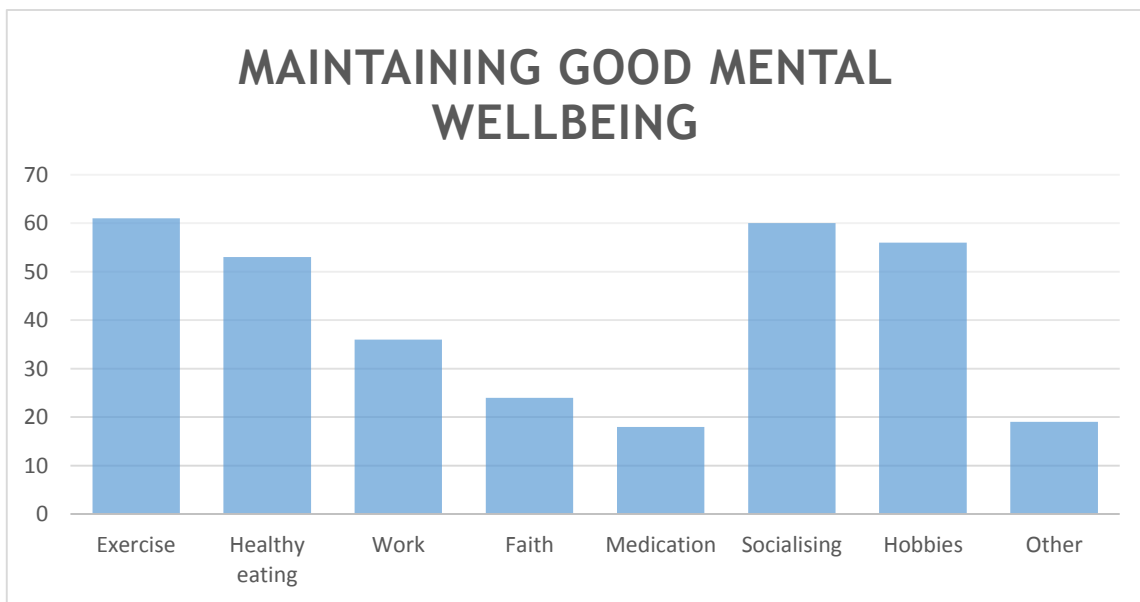
When asked who they would talk to if they were experiencing mental health challenges, the majority of respondents indicated they would talk to their GP, closely followed by family and friends. Men were much less likely to confide in a GP, choosing instead to turn to a friend. Notably, although a small number, more men than women were likely to seek support from a community worker.

WHO WOULD YOU TALK TO IF YOU WERE EXPERIENCING MENTAL HEALTH CHALLENGES?

Other
12%

Community worker
4%

Friend
23%

GP
30%

Family member
29%

No one
2%

When asked about the support available in the community, respondents expressed an interest in drop-in clinics and community centres rather than a GP or hospital as a first point of call. There was some concern around the format of information provision. A commonly vocalised concern, is the reliance of the internet for information and advice regarding mental health and people's, with little information being readily available in the community.

"To what extent that information deemed supportive is questionable. Is information in a leaflet the practical help someone requires?"

Primarily, with regards to what could improve community mental health, the majority said support, meaning support for people who fear stigma or are particularly at risk and may not have ease of access to services. Respondents indicated that communities can show support and address the impact of stressful work life, for example, by encouraging working people to slow down or take part in local health initiatives, such as Croydon's Health Walks. Also, communities can combat social isolation with community events. Other avenues of support were said to not just come from

organisations, but also from teachers, families, friends, issue-specific groups, counselling, pre-emptive support groups (not just diagnosing) and creative groups.

Institutionalizing mental health discussions and encouraging open conversation was also mentioned. That is, improving overall understanding of mental health across the general population. This can be done through better education in schools and at home, as well as working towards open discussions in society and the media. Other things respondents suggested were to have mental health services more widely advertised and accessible with evenly distributed free services and health awareness classes. Also social engagement, exercise and community-centred activities were highly advocated.

8. Journey to Good Mental Health

Participants were asked to identify areas of improvement in the current system and to draw up a comprehensive picture of where they wanted mental health services to be in 5 years' time. Key concepts included:

"There should be more education and talks in schools and to adult community groups about mental health awareness."

"There is a total lack of practical info around. There is very little available support around, especially for people who have a mental illness and manage to go to work. There is no support in the evenings that I know of."

"Not enough advertising and normalising of it so people feel it is something to keep private."

"The waiting lists are far too long to get help and then there is not enough support once a need is identified."

"There is not enough information available, especially for BME communities."

"Information about mental health is not routinely available. It has to be sought out. Very difficult to know where to start."

"Affordable childcare to enable overworked and tired parents to take time off and rest. Accessible and affordable couple counselling. Most of my friends with small children experience relationship problems."

"More working together by agencies."

"I would like to see more counsellors available so that people, regardless of their level of mental health, could have quick and easy access to talk and be assessed."

THE JOURNEY TO GOOD COMMUNITY MENTAL HEALTH

Where we are now

Primary care not accessible for all

Negative stigma & biased media campaigns

Signposting to efficient services hindered by economic factors

Lack of co-ordinated services

Shortage of accurate information

Services not widely advertised across all communities

GPs not sufficiently trained in mental health

Lack of locations & community support

Occasional mindfulness courses in schools

Few positive support & counselling groups

"Postcode lottery" with regards to local provision

Poor general understanding and attitudes towards mental health

Talking therapies and peer support not deaf friendly

Where we want to be

Positive acceptance and reinforcement of mental health

More training for GPs, teachers & employers

Better services for children and families

Choice within a holistic framework

GPs identify problems earlier

Drop in centres & open access, especially for the chronically mentally ill or those in crisis

Education for parents and families

Support for young people to develop coping strategies

Joined up services

Better communication & good relationships between schools and social services

Strong enforcement of NHS accessible information standards from 2016

Dynamic strategies & mechanisms for those who need support

Positive acceptance

Sense of community

Well structured & informed community support

9. Conclusions and Recommendations

Following Healthwatch Bromley and Lewisham's research into mental health within the London Borough of Bromley, we recommend:

- Better communication between health and social care services to ensure a joined up and consistent experience for the individual and a support system that does not suffer from 'gaps' in its provision.
- Additional community based services that utilize existing community centres and groups, for example, churches and local resident associations.
- A variety of treatment options available, tailored to meet the individual's needs. Dynamic mechanisms in place for those who need support and not a 'one shoe fits all' approach.
- Mainstream and compulsory education around mental health in schools and the workplace.
- Changes in media depiction of mental health, focusing on the positive rather than the negative.
- Encourage mental health first aid to be mandatory training for organisations and their staff.
- Better legislation around mental health to protect those that are most vulnerable and strong enforcement of NHS accessible information standards from 2016 to make information available for all.

10. Demographics

Of the completed questionnaires, the majority of respondents were aged between 35-44, with an equal amount being from the 18-24 category and the 25-34. 70% identified as 'White British', with a further 11% ticking 'White Any Other'. 4% identified as Black African, with an equal 4% identifying as 'White and Black Caribbean'. Of the survey respondents, 80% identified as female and 20% as male.

11. Acknowledgements

Healthwatch Bromley and Lewisham would like to express gratitude to all those who contributed and participated in this research project and allowed us to gather a comprehensive picture of mental health attitudes within the borough. HWBL would like to say a special thank you to Tanya Selle for all her hard work in supporting this research project.

Appendix

i.   Mental Health Questionnaire

Mental Health Questionnaire

healthwatch
Bromley and Lewisham

1. Do you know what Mental Health is?

Yes [   ]   No [   ]

If 'Yes', can you please explain your understanding.

[   ]

2. If someone is experiencing mental health challenges, what signs and symptoms might you expect to notice?

Anxiety	[ ]	Change in behaviour	[ ]	Self harm	[ ]
Not sleeping	[ ]	Social withdrawal	[ ]	Aggressive behaviour	[ ]
Oversleeping	[ ]	Inability to concentrate	[ ]	Nothing	[ ]
Mood swings	[ ]	Underperforming at work	[ ]		[ ]
Other	[ ]				

3. How much do you agree or disagree that the following statement is a commonly held view?

"It is frightening to think of people with mental problems living in the community."

Strongly agree	[ ]	Slightly disagree	[ ]
Slightly agree	[ ]	Strongly disagree	[ ]
Neither agree or disagree	[ ]		

Can you please explain your answer.

[   ]

4. Do you think there is enough information and support available within your commmunity around mental health?

Yes [   ]   No [   ]

Can you please explain your answer.

_____

5. **Do you think it is easy to talk about mental health?**

Yes ☐   No ☐

6. **Who would you talk to if you were experiencing mental health challenges?**

Friend ☐   GP ☐

Family member ☐   Community worker ☐

No one ☐   Other ☐

7. **Which of the following do you consider to have an impact on your mental wellbeing?**

Physical Health ☐   Other people's opinions ☐   Drugs ☐

Financial status ☐   Drinking ☐   Appearance ☐

Relationships ☐   Smoking ☐   Family ☐

Other ☐

8. **Which of the following do you use to maintain good mental wellbeing?**

Exercise ☐   Faith ☐   Hobbies ☐

Healthy eating ☐   Medicatio
                         n ☐   Other ☐

Work ☐   Socialising ☐

9. **In your opinion, what would improve your community's overall mental health?**

_____

10. **Please tick your age range:**

18-24 ☐   35-44 ☐   55-64 ☐

25-34 ☐   45-54 ☐   65+ ☐

11. **Please tick your gender:**

Male ☐   Female ☐   Transgender ☐

Binary ☐

12. Please tick your sexual orientation:

Heterosexual ☐   Bisexual ☐

Homosexual ☐   Prefer not to say ☐

13. Please tick your ethnic origin:

Asian or Asian British		**Mixed**	
Indian	☐	White and Black Caribbean	☐
Pakistani	☐	White and African	☐
Bangladeshi	☐	White and Asian	☐
Any other Asian background	☐	Any other Mixed background	☐

Black or Black British		**White**	
Caribbean	☐	White British	☐
African	☐	Irish	☐
Any other Black background	☐	Any other White background	☐

Other ethnic group ☐   **Prefer not to say** ☐

14. What is your postcode? ☐

15. Please tick your employment status:

Employed ☐   Job seeker ☐   Retired ☐

Self-employed ☐   Student ☐   Prefer not to say ☐

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