City and Hackney Adult Mental Health Joint Strategic Needs Assessment:

Part 2: Local Services

2025

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Abbreviations and acronyms

ACH:	African Caribbean Heritage
CAMHS	Child and Adolescent Mental Health Services
ELFT:	East London Foundation Trust
GP:	General Practitioner
ICB	Integrated Care Board
JSNA:	Joint Strategic Needs Assessment
LGBTQIA+:	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, and all other related identities
MHIC:	Mental Health Integration Coordinating Committee
MindCHWF:	Mind in the City, Hackney and Waltham Forest
NHS:	National Health Service
PCN:	Primary Care Network
SMI:	Severe Mental Illness
SWEMWBS:	Short Warwick-Edinburgh Mental Wellbeing Scale
TTAD:	Talking Therapies of Anxiety and Depression
VCS:	Voluntary and Community Sector
WBN:	Wellbeing Network

Executive summary

Local services

This Local Services Joint Strategic Needs Assessment considers local mental health services, their outcomes, inequalities, some of the challenges they face and residents' experiences. It is the second of three linked reports, along with the "Local Picture" and "Local Challenges and Recommendations"[1].

In the City and Hackney, mental health support is delivered by a number of specialist commissioned mental health services, voluntary and community sector (VCS) providers and GPs (general practitioners). This report focuses on three of the largest services: East London Foundation Trust (ELFT), Taking Therapies for Anxiety and Depression (TTAD) and the Wellbeing Network (WBN), which very broadly support severe mental illness, common mental health conditions and complex mental health needs respectively. Data for other services are included where available. For the purpose of this report, ELFT services were split into community, inpatient and crisis services.

TTAD assesses and treats approximately 7,000-8,000 people a year and has seen increasing numbers of referrals over the last few years. The WBN is comparatively smaller, seeing approximately 1,170 clients a year and an additional 5,866 person hours through their Open Access activities. ELFT did not provide these data.

Outcomes

Using the Short Warwick-Edinburgh Mental Wellbeing Scale to assess outcomes, clients of the WBN experienced a 4.6 point increase, a clinically significant improvement. Improvements were greater for women, non-African and Caribbean Heritage communities, adults aged 18 to 39 and heterosexual adults. WBN data also indicate that clients' social connectedness, physical health and unemployment improves between entering and exiting the WBN.

Of TTAD 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.

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[1] A Children and Young People's JSNA was published on October 2025: https://cityhackneyhealth.org.uk/wp-content/uploads/2024/10/Hackney-and-City-Health-Needs-Assessment-for-Children-and-Young-People-with-Special-Educational-Needs-and-Disabilities-1.pdf

Overall service satisfaction rates in TTAD vary from 95%-100% each month. In the WBN 92% of service users 'strongly agreed' that they were happy with the service in 2023/24. ELFT did not provide outcomes or satisfaction data.

Inequalities

Service use was not evenly distributed across the local population.

- **Gender:** Even taking into account differences in the prevalence of mental health conditions, men are underrepresented in most of the largest commissioned services locally. The exception was inpatient services, where a significantly higher proportion of ELFT inpatients were men, which might be expected given men's higher SMI rate locally. In crisis services there was not a significant difference.
- **Age:** Broadly, TTAD has a younger cohort of patients and an underrepresentation of those aged 45 and over. ELFT community services data indicate that older residents may be underrepresented in ELFT community services. For ELFT crisis care, the 45-49 to 60-64 age groups had above average attendance rates and ELFT inpatient age distribution was quite varied. In the WBN, rates of clients in the service increased with age up to the 60-64 age group.
- **Ethnicity:** In both the WBN and TTAD, the rate of people from African and Caribbean heritage communities was slightly higher than the rate of people from other ethnicities, using population based estimates. In ELFT community services, the rate of patients from ACH communities was lower than expected but higher in inpatient services. The rates for crisis services were not significantly different.
- **Deprivation**: Residents from the most deprived areas locally appear underrepresented in both the WBN and TTAD. Patients seen in all three ELFT services had higher attendance rates from residents living in more deprived areas locally, in line with local prevalence.
- **Location:** there are not very clear trends with service use based on areas with higher mental health needs.
- **Sexual orientation:** In the WBN, rates of service users identifying as gay or lesbian, straight or heterosexual, and bisexual, reflected the relative proportions of local residents. The rate of WBN service users who self-described as any other sexual orientation was significantly higher than in the local population. Completion rates for sexual orientation in ELFT and TTAD were too low to be analysed meaningfully.

Challenges identified

- **Waiting times:** The average waiting time is 22 days for the WBN and 14 days from referral to treatment for TTAD. For some specialist pathways the waiting times can be longer than average for both services. Silver

Cloud and Open Access Activities can be accessed while on the waiting lists. ELFT did not provide updated data for this report but have previously reported wait times of over a year for some ELFT services, which unfortunately is not unusual for secondary care services nationally.

- **Lost referrals:** For the larger services, 25%-35% of people dropped off waiting lists, either before assessment or before starting the main interventions. Not much is known about these people and why they dropped off but it does indicate a high number of people who reach out for help but do not receive it.
- **Navigating the system:** many resident representatives reported 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 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. These issues navigating the system are not experienced with other support services and a number of stakeholders specifically requested a much simpler system for mental health referrals.
- **Length of support offer:** there is limited provision for residents that need longer term or ongoing support.
- **Insufficient support offer:** The most common type of mental health support offered locally is talking therapies. While this can be effective, evidence suggests, and local resident representatives agree that it is not suitable for everyone, with some suggesting it has a western bias. More skills, social, activity, practical and learning based support was requested.
- **Governance and accountability:** the underlying governance systems are currently not working well. 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.
- **Service accessibility:** many stakeholders requested more in-reach and outreach options, especially for the most excluded population groups.
- **Service inclusivity:** despite some improvements in this area, some residents continue to report discrimination, distrust and a lack of cultural competence in relation to mainstream services.
- **Lack of partnership working:** while there have been various efforts to improve this, integration between different mental health services is still limited. This is likely partly a result of the underlying governance and accountability system, which differs for each service. Some target setting can also discourage partnership working.

1. Introduction

This joint strategic needs assessment (JSNA) on local services aims to improve understanding on what mental health support is in place locally, how well this is meeting the needs of adults living in the City of London and Hackney, as well as identify what is working and areas for improvement.

In the City and Hackney, mental health support is delivered by a number of specialist commissioned mental health services, voluntary and community sector (VCS) providers and GPs (general practitioners). This report considers the data provided by these services and resident experiences of them.

There are also many local services that support mental health indirectly, by supporting other issues that can negatively impact mental health, such as substance use, housing, employment etc. While a detailed analysis of these services is beyond the scope of this report, these wider services are often well placed to identify mental health needs, offer basic mental health advice and make referrals to formal support services. For the purposes of this report, a number of these services shared their experiences of this, as well as insight regarding their perspectives of local mental health services.

Additionally further insight into resident experiences of mental health services was provided by service user representatives, such as Mental Health Voice, and other stakeholders. Residents were not surveyed directly but this could be a potential future piece of local research. Insights from the Better Mental Health funding projects and VCS assembly evaluations, as well as insights from community champions and key local stakeholders have also been drawn upon in the report.

The JSNA provides an overview of the information available and key issues locally. It does not consider specific issues in-depth but it may highlight areas where more detailed research may be useful.

2. Local Mental Health Services

Commissioned services

The largest commissioned mental health support services in the City and Hackney are East London Foundation Trust (ELFT), City and Hackney Talking Therapies for Anxiety and Depression (TTAD) and the City and Hackney Wellbeing Network (WBN). Broadly these provide mental health support to people with severe mental illness (SMI), common mental health conditions and complex mental health needs respectively, although in reality the distinctions are not always so clear cut.

Within ELFT there are numerous different services and it was not possible to split the analysis by each one, so they have been grouped, using guidance from ELFT, into crisis, community and inpatient services. The WBN and TTAD have a number of different providers and pathways within the services but for the purposes of this report they are mostly analysed as whole. More detailed analysis into the different services, providers or pathways could be possible in the future, if there is a specific area of interest.

The City and Hackney Wellbeing Network

The City and Hackney Wellbeing Network (WBN) has grown and adapted since its beginning in 2015, to better meet the needs of the local communities. Currently, the WBN has two distinct types of support. The first is the core service, which provides integrated, holistic and person-centred support. It is delivered by a variety of voluntary sector organisations to residents with complex mental health needs. The second is Open Access, a range of activities. The WBN service was designed to fit a gap in need for residents who were too complex for TTAD but also not meeting the ELFT criteria, or for whom traditional NHS services may not be appropriate. With the WBN contract ending in 2027, this will leave a significant group of residents with no service that meets their needs.

The core service operates through an individualised approach, in which each service user is paired with a dedicated coach. Together, they develop a personalised care plan that includes various interventions tailored to the individual's unique requirements. These interventions address mental and physical health, daily living skills, and social connections. Support offered includes talking therapies, crisis care, advocacy, employment assistance, and housing support. These services can be provided by organisations within the network, as well as external services outside the WBN. Importantly, some interventions are designed for particular community groups, aiming to make the service more inclusive and help reduce mental health inequalities.

The service's Open Access activities are open to all City and Hackney residents and complement the core service. They can be especially valuable to people on waiting lists, those who may be hesitant to engage with or commit to formal services and people who are not comfortable sharing personal information. These services are mainly peer-led and offer community based, preventative initiatives. They do not require any formal registration. This function also provides a valuable asset for clients upon discharge from core service as a way to remain connected to community infrastructure and to support the maintenance of improvements whilst in service.

The WBN has a range of specialist providers to ensure that tailored support can be offered to a wider range of communities. For example, Bikur Cholim, Derman, the African Community School and IRIE Mind each focus on providing culturally sensitive services to the Jewish, Kurdish and Turkish, African heritage, and Caribbean communities respectively. A summary of each organisation is provided in Appendix 2.

The service is relatively flexible, which allows it to be innovative and to respond to identified needs. An example of this is Mind Forward, a one at a time therapy offer, developed by MindCHWF (City Hackney and Waltham Forest) to ensure quicker access to therapy for those that need it. This complements its longer term therapeutic offer.

Talking Therapies for Anxiety and Depression

The City and Hackney Talking Therapies for Anxiety and Depression (TTAD) service, previously called Improving Access to Psychological Therapies, is commissioned to deliver National Institute for Health and Care Excellence recommended psychological therapies for people suffering from common mental conditions, such as depression, generalised anxiety disorder, social anxiety, panic disorder, health anxiety, obsessive compulsive disorder and post-traumatic stress disorder. Patients do not need a formal diagnosis but must have a clinical need for one of the conditions treated.

NHS Talking Therapies for Anxiety and Depression is a national programme with locally delivered services. City and Hackney NHS Talking Therapies is delivered by four providers, with NHS Homerton Foundation Trust being the largest. Bikur Cholim delivers culturally specific psychological therapies to the Charedi communities and Derman, to the Turkish and Kurdish-speaking communities. MIND is shifting its support toward Global Majority clients and delivers two specialist pathways: African Caribbean heritage (ACH) and LGBTQIA+ (lesbian,

gay, bisexual, transgender, queer or questioning, intersex, asexual, and all other related identities).

TTAD also provides an adapted service, which considers the bidirectional relationship for patients who have cooccurring common mental health and physical health conditions, such as diabetes, chronic obstructive pulmonary disease and chronic pain.

The service has also just been awarded funding from Sport England to integrate physical activity with TTAD as part of a three year project.

East London NHS Foundation Trust

East London NHS Foundation Trust (ELFT) provides a wide range of mental health services, including community, crisis, forensic and inpatient services, to young people, working age adults and older adults across the City of London and Hackney, as well as Newham, Tower Hamlets, Bedfordshire and Luton.

All ELFT services are coproduced and are provided in collaboration with service users. ELFT also collaborates with a number of VCS providers, including their community connectors service and step down and supported accommodation by Look Ahead. They are part of several alliances, including the Psychological Therapies and Wellbeing Alliance and the Dementia Alliance. ELFT takes a population health approach to mental health care, with an increasing focus on prevention.

In the City and Hackney ELFT provides seven inpatient wards, including a specialised Mother and Baby Unit and a male psychiatric intensive care unit. Its working age adult community services aim to be place based, providing integrated mental health care as near to residents as possible. In Hackney, ELFT is part of a Section 75 agreement with the London Borough of Hackney, where mental health and social care is provided in an integrated manner.

In 2024, 8,593 adults (18+) living in the City and Hackney were referred to ELFT. Community services received 7,315 referrals, crisis services 2,111 and inpatient services 892. These figures are not mutually exclusive as patients can be referred to multiple types of services within a calendar year.

Most of the ELFT data presented in this report was obtained from the North East London Snowflake data system. Additional data were requested directly from ELFT but not received, meaning it could not be included in all the analysis. Where data are missing, this is noted in the relevant sections.

Table 1: Summary of services provided by the WBN, TTAD and ELFT

Service	WBN	TTAD	ELFT
Providers	MindCHWF (lead provider), African Community School, Bikur Cholim, Centre for Better Health, Core Arts, Derman, IRIE Mind CIC, Shoreditch Trust[2]	NHS Homerton Foundation Trust, MindCHWF, Bikur Cholim, and Derman.	East London NHS Foundation Trust
Commissioned by	City and Hackney Public Health	North East London Integrated Care Board	North East London Integrated Care Board
Target population (eligibility criteria)	Residents with complex mental health needs.	Residents with a clinical indication of need relating to one or more of the conditions treated, such as anxiety, depression, generalised anxiety disorder, health anxiety etc.	Residents in crisis and residents with severe mental illness
Other criteria	- City or Hackney resident, registered with a City or Hackney GP, or a City or Hackney care leaver up to age 25 - Adult (18+)	- Adults (18+) registered with a City or Hackney GP or a resident of City & Hackney - People working in the City or Hackney - Some providers also have specific population group targets	- Residents registered with a City or Hackney GP or a resident of City & Hackney - Varies depending on the service
How to refer	Self-referral, referral by any health professional or support worker	Self-referral, GP referral or other health professionals	Most community and inpatient services require a GP referral, although patients may self-refer

[2] This is the current list of providers, there have been a number of changes in providers throughout the history of the service, though they have always come from the VCS. Appendix 2 provides further details on each provider.

			within a year of discharge. Crisis services can be accessed directly via self referral.
Length of offer	Core service: Until the service user has recovered sufficiently that they can successfully look after their mental health outside of the service, which is expected to be within one year. In some exceptional circumstances can work with individuals longer. There is a check-in option with no time limit. Open Access: no time limit.	The length of the offer depends on the patient needs and treatment offer but usually do not exceed 20 weeks over a period of six months.	Varies depending on the service, level of illness, level of functioning and speed of recovery. For example, crisis interventions may last a few days or weeks, whereas Care Programme Approach patients may stay up to several years. Some psychotherapies follow a set programme, e.g. a 10 week course and some support, such as care coordinators, can last 6 months to a few years,
Capacity	New Core Service Users[3] 2023/24: 1,150 2025/26: 748 Total Core Service Active Clients[4] 2023/24: 1,800 2025/26: 1,170 5,866 person hours of support via Open Access in 23/24	,Approximately 7-8,000 assessed and treated per year	ELFT did not provide these data

[3] Reductions due to reduced funding.
[4] Reductions due to reduced funding.

Number of referrals in the last year available	1,959 referrals in 2024/25	Around 13-14,000 adults per year	Around 7,200 adults (2024)
Outreach	Open Access activities in the community and a regular presence at key community events	Homerton: dedicated community outreach worker. Mind: at community events. Work with council's health inclusion team to connect with other services Bikur Cholim - support workers in hospital wards Derman - awareness sessions / promotional sessions	Information not provided
Service budget	1.334 million in 2023-25, £834k across all providers from 2025/26[5]	£6.8 million per year (£6 Million for Homerton services)	ELFT did not provide this information

Another service: Primary Care Psychotherapy Consultation Service, was decommissioned around the time this report was being written, Data from this service were not made available.

[5] £2,055,781.00 in 2015.

Voluntary sector services

Mental health support from VCS services is a vital part of the local mental health system. Not only does it add capacity but VCS services also can often be more flexible in their approach and reach residents through their position in the community, including those who may be unwilling to attend mainstream services. However, many VCS organisations have recently experienced funding cuts from their contracted activity, alongside reductions in donations, reducing capacity in the vital support services they provide.

The VCS services that submitted data for this JSNA report were Core Arts, Coffee Afrik, Immediate Theatre and St Mary's Secret Garden. Their client numbers varied from a few tens to approximately 650 clients for Core Arts. Data provided were variable across the different services, sometimes limited and the majority were summary data rather than the patient level data received for the main commissioned services. Therefore, while it has been included throughout this report where relevant and available, the VCS data may not always be directly comparable to the commissioned services data. Numbers were also sometimes small and so had to be suppressed/combined,

While ideally data would have been received from more VCS services, it is acknowledged that their capacity is limited and they often do not have the same access to data systems or analysts. Non-commissioned services can be invited but not compelled to share their data. However, this does mean that a large and very important section of the mental support system is missing from the analysis in this report and overall picture of mental health support locally. Nevertheless the data from those who did provide it still offers some valuable insight.

Core Arts

Core Arts offers creative arts education for persons experiencing mental health issues across five domains (art, music, multimedia, horticulture and sport). Over 70 courses are run per week, with a monthly events programme and access to artistic and cultural opportunities offered as part of the membership. The Core Arts membership team offer support throughout membership and have a partnership with ELFT and the NHS to ensure members best outcomes, improved emotional wellbeing and increased self-management skills.

Core Arts has capacity for about 650 clients at any one time and sees about 1,200 per year. It is commissioned by the ICB and is a member of the WBN.

Clients stay with the service for a minimum of 12 weeks, up to a year. Core Arts eligibility criteria requires members to have a formal diagnosis. Of Core Arts members, 81% were experiencing severe mental illness, 5% first episode (early SMI), 11% personality disorders and 3% serious but common mental health conditions such as PTSD or OCD as their primary diagnosis when accessing support.

Of Core Arts clients, 51.2% have a diagnosed SMI, 11.0% a diagnosed common mental condition and 41.9% had a significant mental health need but no formal diagnosis, though many would meet the criteria.

Given its relative large size and considerable commissioned activity, Core Arts should potentially be considered under the main commissioned providers for future updates.

Residents can refer in to Core Arts through a number of pathways: https://www.corearts.co.uk/eligibility-referrals/.

Coffee Afrik

Coffee Afrik CIC is an experience-led community organisation working across East London. They work with women and young people from black and Global Majority communities, run community hubs, build knowledge, skills, and create connections. The service includes 28 projects, across seven community-led hubs, including a youth hub, two women's hubs, a problematic drug use safe space, a research lab, and a systemic litigation space.

Immediate Theatre

Immediate Theatre aims to work closely with local organisations and community groups to create performances that engage people in the process of change. They also provide one to one support, including employment support (including outreach at the Job Centre Plus), Immediate Theatre works with young adults (18-25) in particular young black men and Global Majority women (18+).

St Mary's Secret Garden

St Mary's Secret Garden was a community garden providing therapeutic and social horticulture opportunities in Hackney. Unfortunately this service has now closed, though may reopen in the future. Information from St Mary's Garden has still been included where available as it provides a useful perspective from a small local VCS service.

Mind in the City, Hackney and Waltham Forest

In addition to being the lead provider for the WBN and one of the community providers in TTAD, Mind in the City, Hackney and Waltham Forest (MindCHWF) offer a number of other services and in total support over 4,000 people in the City and Hackney, funded through a mixture of commissioned services, grants and donations. These include:

- IRIE Mind CIC - range of community based psychosocial support for the African Caribbean heritage community,
- Rainbow Mind - LGBTQIA+ service that provides a range of psychosocial support and partnerships with other LGBTQIA+ charities,
- Community Connectors (co-located in the community mental health teams in partnership with ELFT),
- Welfare Rights - supporting people flexibly to access and understand welfare benefits,
- Part of the Integrated Recovery service led by Turning Point.

Unfortunately some Mind CHWF have had to close a number of services recently due to funding cuts, including Supported Self Help, an education service and employment services.

Other services

The services listed above are those that provided data for this report. Further information on mental health and related services not covered in this report can be found at hackney.gov.uk/mental-health and https://www.cityoflondon.gov.uk/services/health-and-wellbeing/mental-health-and-wellbeing.

General Practitioners

GPs also play a crucial role in providing mental health support and treatment. They can diagnose and prescribe medication to people with mental health conditions, provide advice, as well as refer and signpost to specialised mental health services. Some residents will be treated solely by their GP, some just by mental health services and some by both. GPs can also help identify links where patients have coexisting mental and physical health conditions and how they might interact. Where patients do have multiple needs, GPs can play a role in bringing the various services and health professionals together.

At the time of writing, data on GP treatment of mental health was just in the process of being made available but had not been validated, so it was not possible to use for this report but this could potentially be included as a future update.

3. Service data

Data submitted from the different mental health support services are presented in this section. There are a number of points to note regarding these data which are described below.

For the quantitative analysis below, all service users were included in the overall totals. However, when the number of service users in a specific group was less than eight, these were combined into larger categories or excluded from that part of the analysis to protect the anonymity of individuals within datasets.

Rates have been used to present data in this report, rather than percentages, as this takes account of differences in the local population and makes it easier to identify areas of unmet needs. The calculation of rates was based solely on general population figures, meaning it does not take into account any specific differences in need. It may be possible to calculate this to account for local mental health needs when the second round of the 2023/24 Adult Psychiatric Morbidity Survey data are published, although this is likely to have its own limitations.

For the WBN, the data used are for people who have been assessed by the service, so will not include data on anyone who dropped out before this. This is because some clients referred to the service do not take up this referral until a later date, which would affect the data. For TTAD and ELFT, the data analysed were for people who were referred to the service and not those actually treated, so this should be kept in mind when interpreting the analysis.

WBN data mostly are for service users assessed by the service in 2024, because the service underwent significant changes in July 2023. This provided a whole year of data reflecting the current service, while avoiding the initial transition period. Individual level data are not collected for Open Access, to ensure it is as inclusive as possible, so was not available for the analysis.

The TTAD quantitative data are from 2021/22 to 2023/24. Each of the four organisations submitted their data separately and they were then combined. As

around 92% of service users are seen by Homerton, when data for the four organisations are combined, they predominantly reflect Homerton service users.

For ELFT, the quantitative data were analysed in three separate service groups, although these groupings include various distinct services within them:

- **Community services:** including community mental health teams, mental health care of older people, an early intervention service, perinatal mental health, a rehab and recovery service, an autism and ADHD diagnostic service and psychological therapy services.
- **Crisis services:** including a psychiatric liaison team in A&E, a home treatment team, a crisis assessment team, a crisis cafe and the City of London street triage service.
- **Inpatient services:** including an inpatient mother and baby unit, two female acute wards, three male acute wards, one male psychiatric integrated care unit and a health based place of safety (section 136).

Relevant population data are sometimes referenced in this section for context and comparison. A more detailed analysis of local population mental health data is available in City and Hackney Mental Health JSNA - Part 1: The Local Picture.

Unfortunately, there were insufficient data to carry out some of the detailed analysis as originally hoped, such as a more detailed breakdown of demographic characteristics (e.g. young black men) and clients journeys through services.

Mental health outcomes

Mental Health outcomes have been considered separately below for each service, as the type of data collected and submitted differs for each. Some consistency in measurement could be helpful in understanding the impact across the different services, although the different interventions used, as well as starting severity and complexity of need may also have to be taken into account.

Wellbeing Network

For the WBN outcome analyses, service users who were assessed on or after July 2023 and discharged in 2024 were included[6]. Out of these 470 service users, 284 (60%) had valid measures of the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) both before and after their treatment. Therefore, this does

[6] The short period of time was because the service changed significantly in July 2023 and using data from before this would not be reflective of the current service.

not include service users who had their initial assessment but are still in treatment or those who left treatment without completing the final assessment.

Overall there was a 4.6-point increase from the initial average score (16.6) to the final average score (21.1). An improvement of 3 points is considered a clinically significant change, so this is evidence that the service is effective at improving wellbeing. Given the service works with people with significant complex mental health needs and often challenging life circumstances, where improving mental health outcomes is particularly difficult, this is especially noteworthy.

Improvement was larger for:

- Women (5.7) compared to men (2.9),
- Non-African and Caribbean Heritage (ACH) (4.9) compared to ACH (3.7),
- Younger adults aged 18 to 39 (5.9) compared to adults 40 and over (3.2),
- Heterosexual/straight (5.0) compared to gay/lesbian, bi and other sexualities (3.5),
- Springfield Park (6.8) and Hackney Downs (6.1) compared to the average (4.6) Primary Care Network (PCN),
- No clear pattern was observed in relation to local deprivation,

More in depth analysis could be possible in the future when more clients have completed both assessments for the current service model.

In addition to SWEMWBS, the WBN data indicate that clients also experience notable improvements in social connectedness, physical health and unemployment between entering and exiting the WBN. In 2024/25, 42% of clients who reported smoking at service entry no longer reported smoking at service exit. For clients who reported being unemployed at service entry, only 31% still reported being unemployed at service exit. Between service entry and exit 65% of clients reported improvements in their physical health and 56% in their social connectedness.

WBN clients are also provided with a range of opportunities for learning and skills development, for example the service's Peer Pathway. The Peer Pathway provides opportunities for clients to take a next step in their recovery through building confidence and resilience by taking part in both practical and learning opportunities. The Pathway is fully lived experience led and offers continuous peer support spaces, building capacity within the system through strengthening a self-sustaining community. This also offers an alternative or additional type of support that is invaluable to many. A core offer is their Peer Leadership Programme where clients develop skills that foster their involvement in the service, such delivering groups or volunteering, and in the wider community such as moving towards employment or community activism. The Pathway has

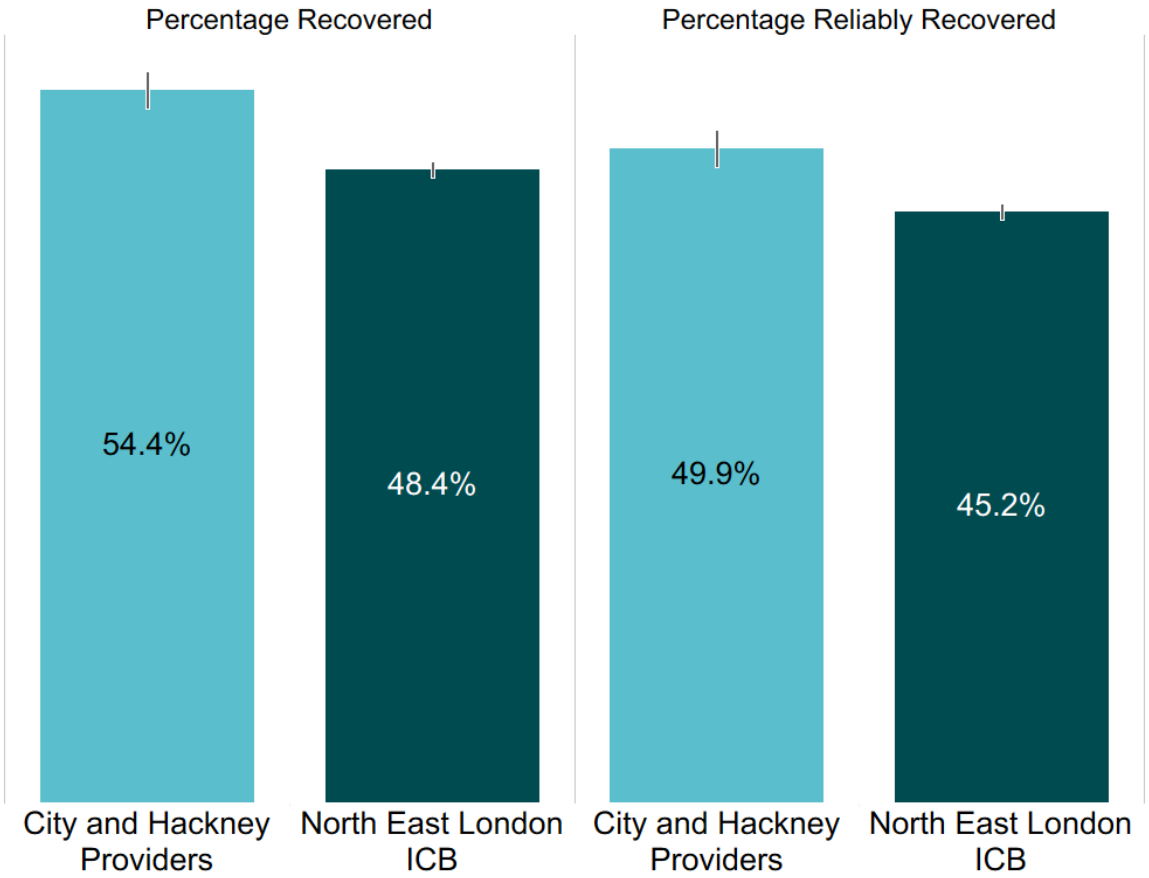
supported 49 people since its inception in 2023 with 36 people attending the leadership programme over 2024/2025 (Case studies available in Appendix 3).

In the WBN's newly developed Mind Forward (one at a time therapy) offer, 175 people had engaged with this intervention at the point of writing. Of these, 70% demonstrated improvement in symptoms after one session, 26% improvement after two and 100% improved after four sessions.

Talking Therapies for Anxiety and Depression

Of TTAD 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 (Figure 1). Differences in recovery rates across gender, age and ethnicity groups were mostly not significant, with the exception of the 'Asian or Asian British' ethnicity group having significantly lower overall recovery rates than average.

Figure 1: Recovery and Reliable Recovery outcomes from NHS Talking Therapy service, proportion of referrals that finished a course of treatment, 2024/25

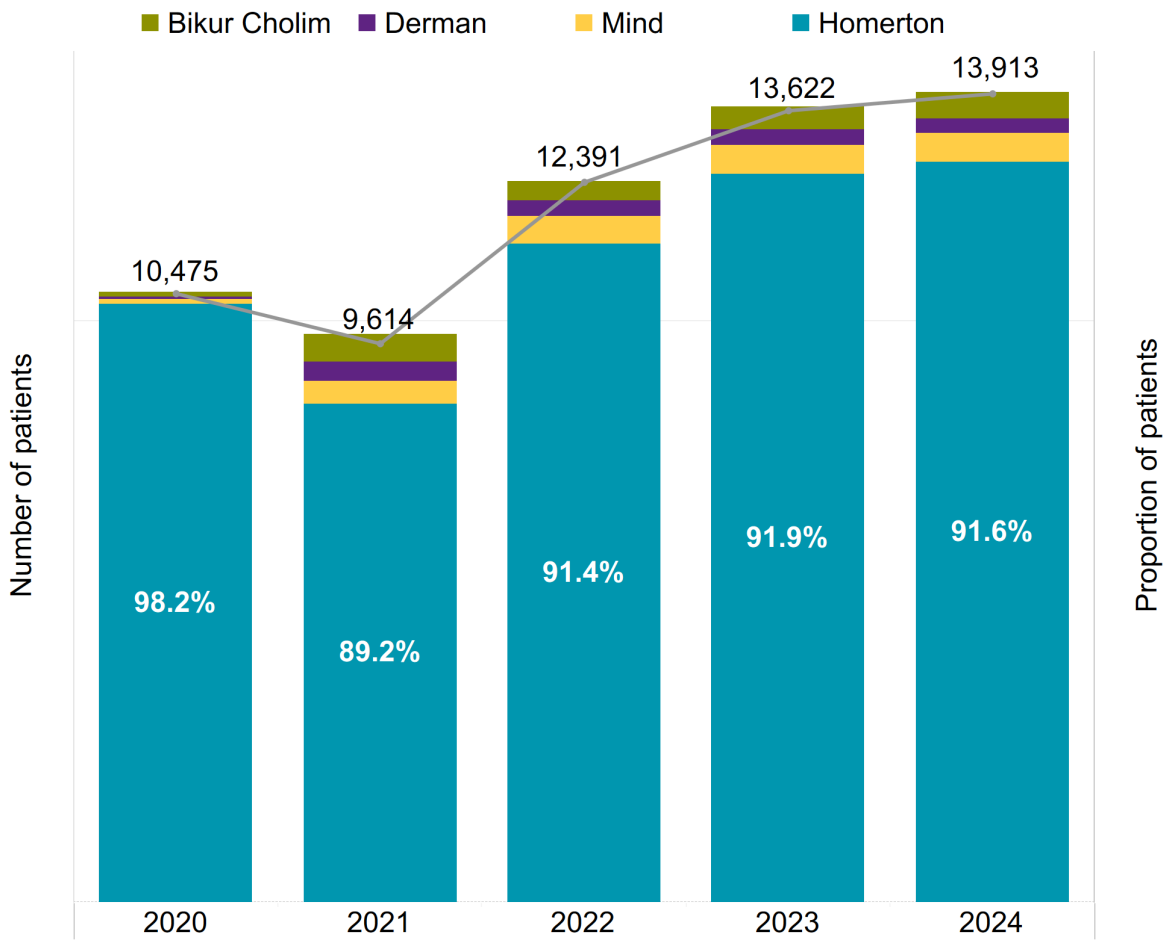


Source: NHS Talking Therapies, for anxiety and depression, annual report, 2024/25. Rates calculated using Census 2021 for the local population numbers.
Note: City and Hackney providers is a combination of the following providers' numbers from the annual report data: Mind in the City, Hackney and Waltham Forest, Derman, Bikur Cholim Ltd, Homerton Healthcare NHS Foundation Trust

At 36%, roughly a third of referrals accessed the service and received an assessment but no treatment. Reasons for this included TTAD not being the appropriate service for their mental health needs and patients declining treatment after referral (including self-referrals). Where patients are not suitable for TTAD, they are discharged following advice and support, and referred to other services where appropriate, by mutual agreement. This requires a lot of resources and reduces the amount of time the service can dedicate to treatment.

The number of service users seen by all the providers annually varied from around 9,600 in 2020/21 to almost 14,000 in 2023/24 (Figure 2). Homerton accounted for the largest number of service users, at around 90% or more each year.

Figure 2: Service users referred to NHS Talking Therapy service over time, number and proportion, 2019/20 to 2023/24

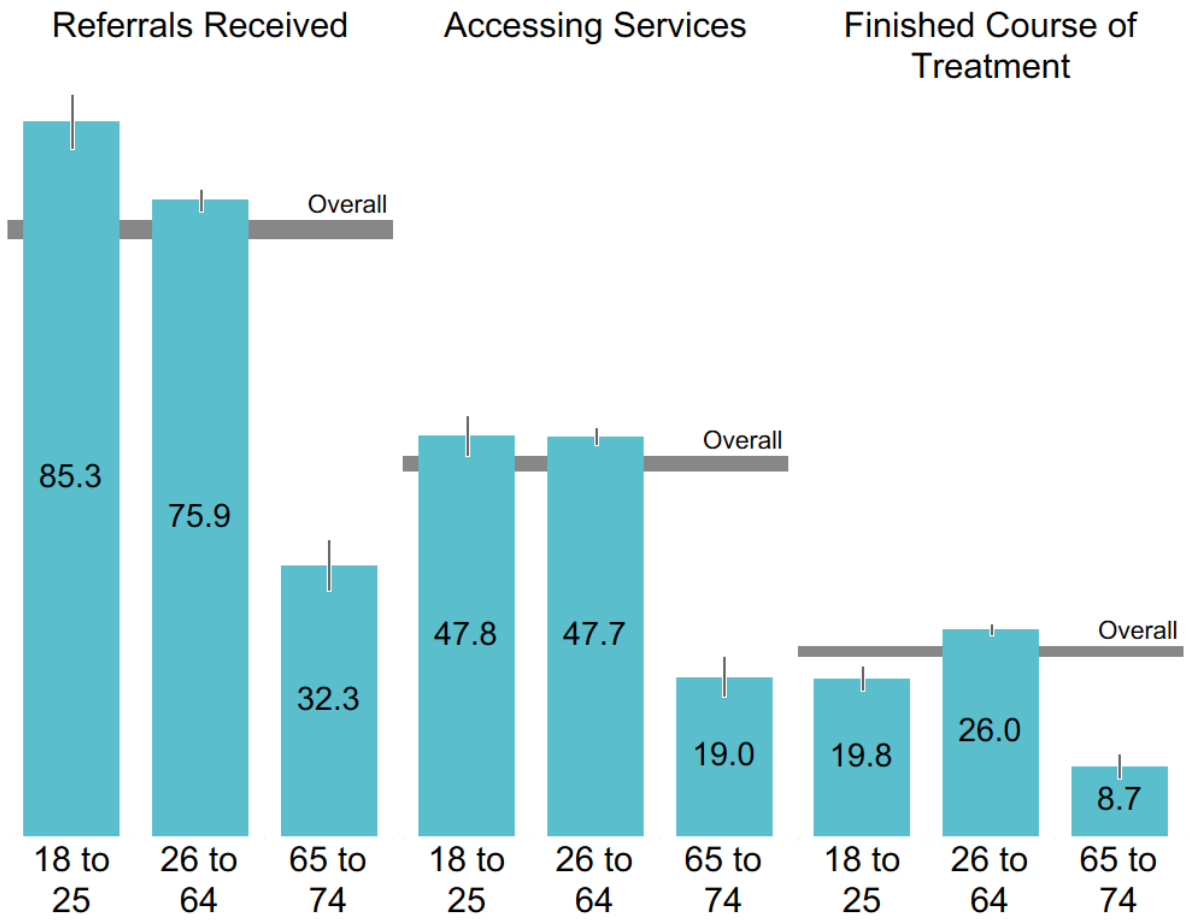


Source: Data sent individually by each provider.
Note: The year shown in the graph reflects the data at the end of the financial year. For example, the financial year from April 2019 to March 2020 is represented with 2020.

There was an overall 8% drop in service users referred to TTAD in 2020/21. Referrals to the Homerton reduced by around 1,700 during this period, likely due to people avoiding non-urgent NHS services around the coronavirus pandemic. The VCS providers experienced a combined increase of around 1,000 referrals in the same period due to an increase in funding. The overall increasing trend reflects the broader picture of increasing mental health needs in the population.

In 2024/25, the referral rate for service users aged 18–25 years in the City of London and Hackney (85 per 1,000) was statistically higher compared with the overall rate (72 per 1,000). However, the rate for those completing a course of treatment, which is defined as attending at least two treatment sessions, was only 20 per 1,000. This is statistically lower compared with the overall rate of 23 per 1,000. This suggests that this age group fails to access services or complete treatment compared to the larger 26 to 64 age group.

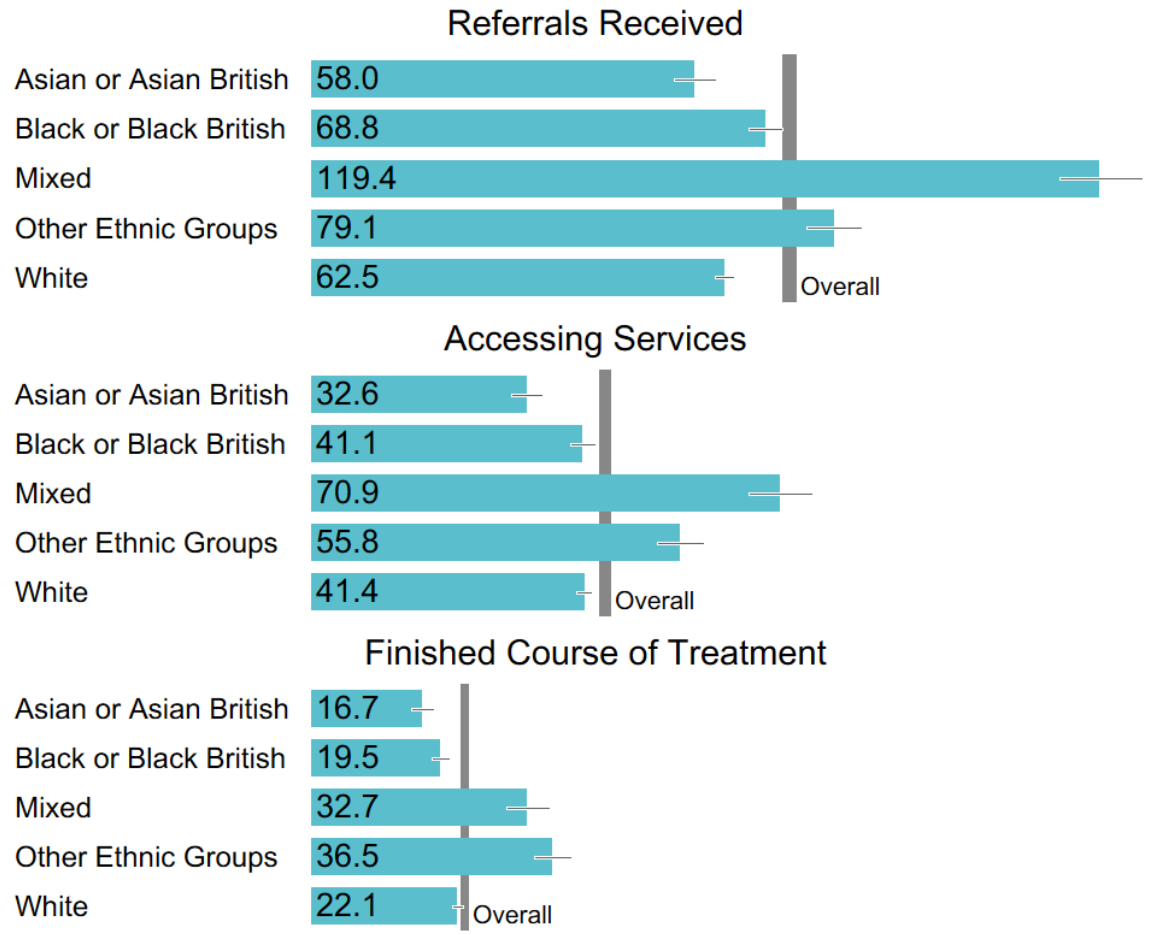
Figure 3: Rate per 1,000 of referral received, accessing services and finishing a course of treatment from NHS Talking Therapy service, by age group, City of London and Hackney providers*, 2024/25



Source: NHS Talking Therapies, for anxiety and depression, annual report, 2024/25. Rates calculated using Census 2021 for the local population numbers.
Note*: City and Hackney providers is a combination of the following providers' numbers from the annual report data: Mind in the City, Hackney and Waltham Forest, Derman, Bikur Cholim Ltd, Homerton Healthcare NHS Foundation Trust

The same rates also vary by ethnicity when compared to the overall rate. The rate for the Asian or Asian British group remained consistently below the overall average across all three stages, with 58 per 1,000 for referrals, 32.6 per 1,000 for accessing services and 16.7 per 1,000 for finishing treatment. While the white group initially showed a referral rate (62.5) below the average, this gap narrowed, resulting in a completion rate (22.1) similar to the overall figure. Conversely, the black or black British group began with a referral rate (68.8) broadly similar to the average, but fell below the overall rate for both accessing services (41.1) and finishing a course of treatment (19.5).

Figure 4: Rate per 1,000 of referral received, accessing services and finishing a course of treatment from NHS Talking Therapy service, by ethnic group, City of London and Hackney providers*, 2024/25



Source: NHS Talking Therapies, for anxiety and depression, annual report, 2024/25. Rates calculated using Census 2021 for the local population numbers.
Note*: City and Hackney providers is a combination of the following providers' numbers from the annual report data: Mind in the City, Hackney and Waltham Forest, Derman, Bikur Cholim Ltd, Homerton Healthcare NHS Foundation Trust

ELFT

In the data provided by ELFT only 5% of City and Hackney residents had patient-reported outcome measures recorded, at the start of treatment. These are insufficient data to analyse mental health outcomes for ELFT. The service is now using Dialog and is encouraging it to be used systematically, so better outcomes data may be available in the future.

Core Arts

Following Core Arts interventions, over 80% of clients have a meaningful improvement in their wellbeing, measured using the Warwick-Edinburgh Mental

Wellbeing Scale. Core Arts also reports a 96% non-addmission rate to inpatient services over a 3-6 month placement timeframe.

Service waiting lists

Waiting times

The average waiting time is 22 days for the WBN and 14 days from referral to treatment for TTAD. Some independent VCS services reported having virtually no waiting list, which may reflect the more flexible way in which they work. For example, Core Arts usually respond and invite clients to start within a week but at times have had to close to new referrals to manage demand. There is also some variation in how 'waiting' is defined, for example waiting to be accepted to the service, for an assessment, or for the main interventions to begin. ELFT did not provide updated waiting times data for this report but have previously reported wait times of over a year for some ELFT services, which unfortunately is not unusual for secondary care services nationally.

Waiting times for mental health services is something that is frequently brought up by resident representatives and stakeholders as a concern locally, with ELFT and TTAD referenced specifically. Some local support services reported not making referrals because of the waiting times. Anecdotally, Mind and Derman noted that a few service users complain about the waiting times for TTAD services. This feedback does not appear entirely consistent with the data for non-ELFT services at least, so it would be useful to understand more detail behind this. It may be that long wait times for certain people are obscured by the average or that specific pathways within services require a longer wait, for example the VCS pathways in TTAD are often accessed by clients with more complex life circumstances. It would also be useful to understand what the expectation of residents is and what is deemed a 'long' or unreasonable wait.

Waiting lists are a concern as mental health problems can continue to worsen without intervention, may be time sensitive, or, for some, the window where they are open to accepting support can be limited. To minimise these risks TTAD offers Silver Cloud, a digital mental health support platform, to those appropriate on their waiting list. The WBN encourages clients on its waiting list to attend its Open Access interventions and, as these are open to all residents, they can be utilised by those on any waiting list. The WBN also has introduced Mind Forward (one at a time therapy) sessions, which are available to all core clients. Clients can be seen on the same day as their consultation with the psychological therapies team, minimising waiting times for therapy specifically. ELFT did not provide information on support available while waiting.

Services will also often prioritise certain clients, for example those with the most urgent needs. TTAD prioritises perinatal, armed forces, healthcare professionals and parents of children under Child and Adolescent Mental Health Services (CAMHS). The WBN uses a triage system to prioritise those waiting for its services. Both services also regularly review capacity and demand. ELFT did not provide this information.

Lost referrals

For the WBN, TTAD and Core Arts 25%-35% of people dropped off waiting lists or from the service either before assessment or before starting the main interventions. Not much is known about these people and why they dropped off but it does indicate a high number of people who reach out for help but do not receive it. For the smaller VCS organisations who provided these data, drop outs tended to be much lower, under 5%. ELFT did not provide these data.

Derman, Bikur Cholim and Core Arts did provide some anecdotal insight into why some prospective clients may drop out, the extent of each issue is not known and there are likely other reasons too:

- Due to mental health needs or additional complexities being too great,
- Some residents need more support and encouragement to overcome initial hesitancy,
- They want to be seen sooner and choose a private therapist instead,
- They were referred by their GPs/professionals but don't actually want therapy or think it will help,

Services reported turning clients away for a number of reasons relating to contractual requirements. Several reported not being able to support clients due to their level of complexity, including cooccurring problematic drug and alcohol use, making them unsuitable for the interventions offered. Conversely the WBN had to turn down people who were not complex enough. Prospective TTAD clients not registered with a GP were also turned away. ELFT did not provide this information.

Decreasing the number of clients who are referred to the inappropriate service could improve client experience and overall system efficiency.

Demographic data

Gender

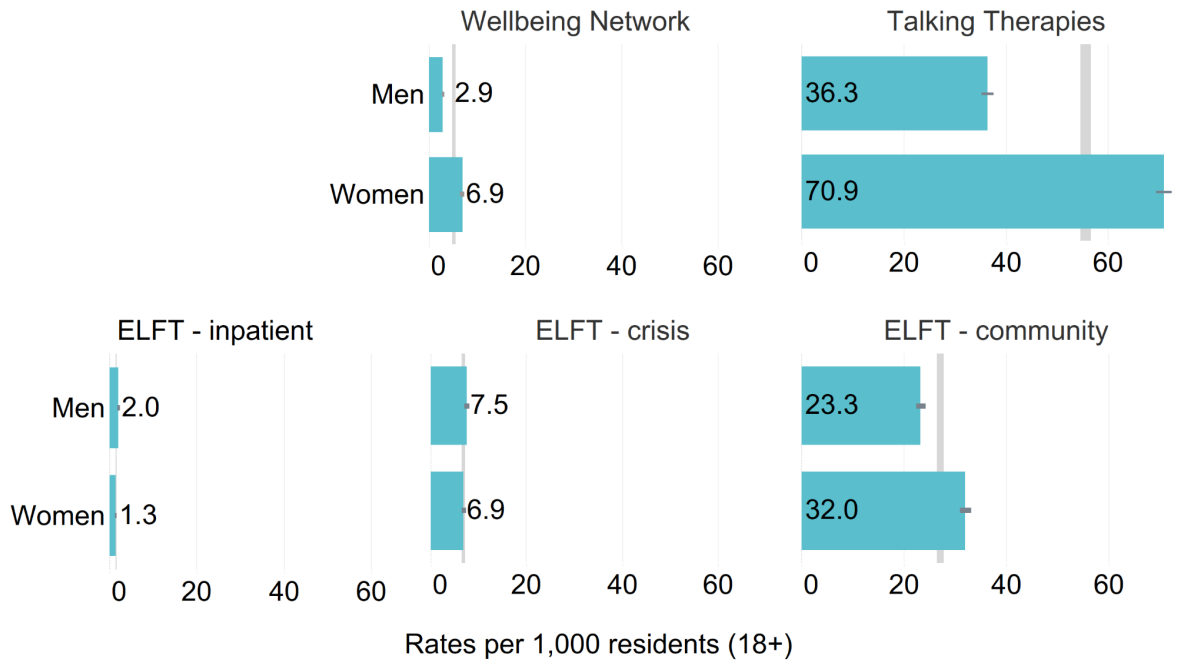
Even taking into account differences in the prevalence of mental health conditions, men are underrepresented in most of the large commissioned services locally.

In TTAD, the number of men referring to the service was 36.3 out of 1,000 about 50% of the rate for women of 70.9 per 1,000. In the local population, the number of men diagnosed with common mental health conditions is about 60% of the number of women.

The WBN had the highest relative rate of women in comparison to men, with 2.9 men per 1,000, which was 42% of the 6.9 per 1,000 population women. Local rates on prevalence of complex mental health needs are not collected, so it is not possible to determine what the comparative need is in this group. Some relevant factors, such as poverty and challenges associated with being a single parent are more common in women, but others, such as substance, are more common for men.

ELFT services had the lowest proportionate difference in rates. In ELFT community services 30.7 women per 1,000 population were seen, compared to 22.8 per 1,000 men However, as rates of SMI are actually higher in men locally than for women, this is still a notable underrepresentation of men. A higher rate of men than women accessed ELFT crisis services, although the difference is not statistically significant and a significantly higher proportion of ELFT inpatients were men.

Figure 5: Service users assessed by/referred to the WBN, TTAD and ELFT inpatient, crisis, and community services, by gender, rate per 1,000, 2024



Source: WBN: Mind. TTAD: Bikur Cholim, Derman, Mind, and Homerton. ELFT: North East London Integrated Care Board, 2025 (numerator of the rates, number of service users). Office for National Statistics, Census 2021 (denominator of the rates).
Notes: Rates were calculated by dividing the number of service users in a certain sex by the total number of residents in City and Hackney in the same sex.
Non-binary and other genders were suppressed from this analysis due to numbers being under eight.
WBN data refers to people assessed by the service in 2024. TTAD data refer to people whose referral was received by the service from 2021/22 to 2023/24. ELFT data for inpatient, crisis and community services refer to people whose referrals were received by the service in 2024. People without information of sex were included in the total, despite not being shown on the graph.

There was also variation within TTAD, which varied from 64% women in MIND and Homerton to 84% in Bikur Cholim. It is very likely that there will also be variation between the different WBN providers and the different ELFT services, though these data were unavailable for this report.

It is not clear from the data whether social issues, such as stigma relating to mental health are disproportionately affecting men and therefore making them less likely to attend services, or attend later. It could also be that services and interventions offered are less inclusive or acceptable to men than women. The latter is supported by Samaritans research, which found men gravitate towards hobby-based activities focused on meeting general wellbeing needs, rather than formal mental health or crisis services. (1)

Most City and Hackney mental health services record more genders than men and women but for confidentiality reasons, due to small numbers, these figures cannot be reported here. However, wider data show that non-binary and transgender individuals can experience unique mental health challenges and higher rates of some mental illness, so it is important that services consider how their offer can be inclusive of all genders.

Coffee Arik reported that over 90% of their clients were women. However, Core Arts, St Mary's Secret Garden and Immediate Theatre all reported close to a 50-50 split of men and women, as well as a small proportion of non-binary, transgender and other genders. This is interesting considering the above mentioned Samaritans research and does give some indication that underrepresentation of men in some of the larger services may not solely be due to an absence of need or willingness to seek support. It would be useful to get further insight into the gender distribution across more of the VCS services providing mental health support, to see if this trend persists more widely.

In the WBN and TTAD, a significant majority of staff were women, whereas in Core Arts there was a roughly an even split between men and women in their staff[7]. It is potentially interesting that in these cases staff and client gender composition roughly correlate, though more information would be needed to ascertain whether there is any causal connection. ELFT did not provide data on staff gender composition.

Age

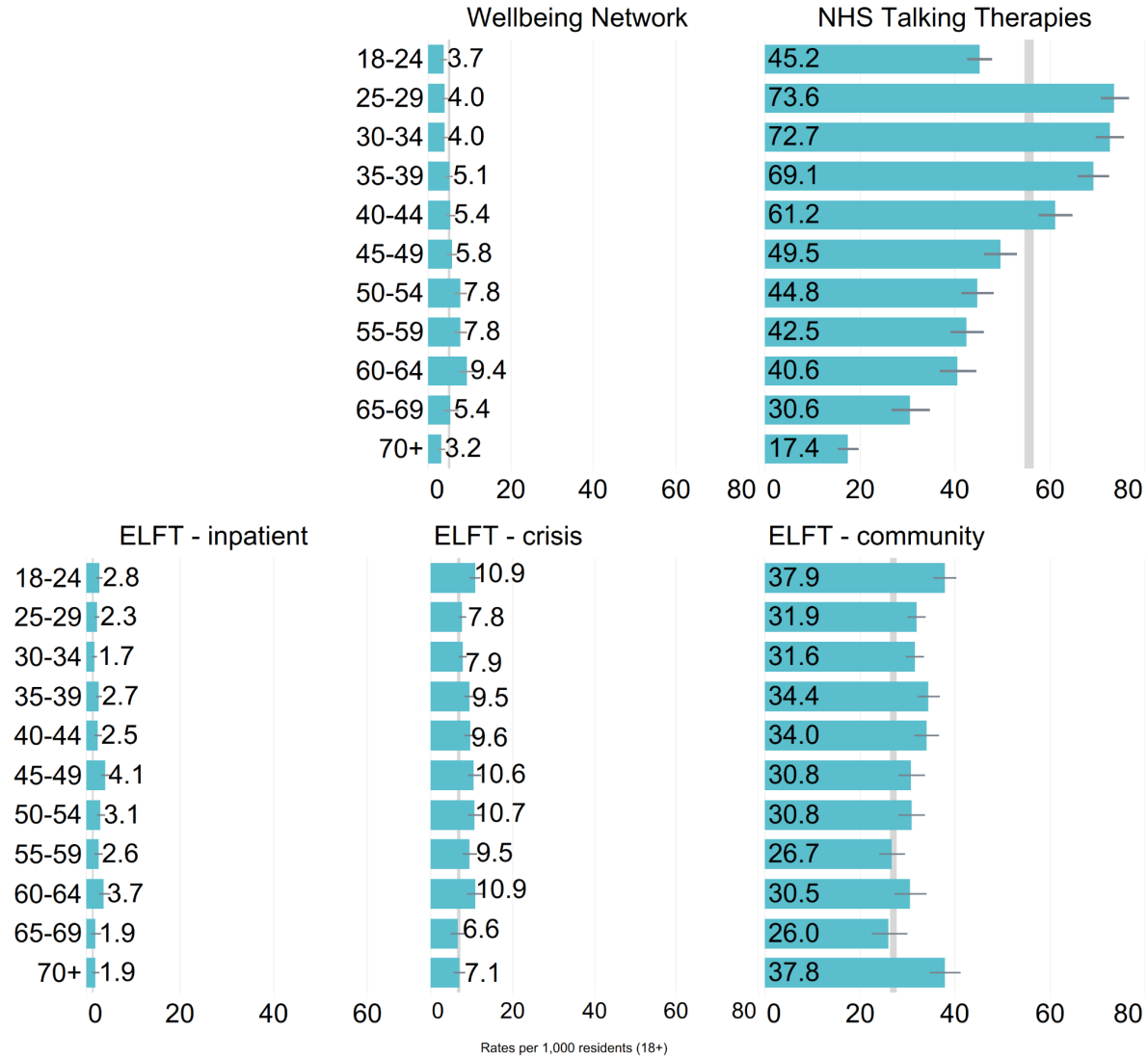
The age distribution across all three services is quite different. Broadly, rates of patients in TTAD get lower as age patients get older. Rates of patients in the service are below population estimates for those aged over 45, although the 18-24 age band is also lower than expected. Prevalence of anxiety locally is highest in the 25-39 age bands, which roughly correlates with TTAD demand. However, prevalence of depression is highest in the 50-64 age group locally and lowest for the 75+ and 18-24 age groups. Overall the evidence indicates that there is an overrepresentation of younger age groups in TTAD locally, especially as prevalence of depression is much higher than anxiety.

The ELFT community services patient age distribution is more even across all age groups, although there are still lower rates in age groups above 45, apart from the 70+ age group, which is significantly higher. The local population data show that rates of SMI are higher in age groups over 40, so this would indicate that older residents are underrepresented in ELFT community services. For ELFT crisis care, the 45-49 to 60-64 age groups had above average attendance rates and most of the younger age groups had below or similar to average attendance rates, with the exception of the 18-24 age group. ELFT inpatient age distribution was quite varied, with the highest rates in the 45-49 and 60-64 age groups.

[7] Immediate Theatre also submitted these data but the numbers were unfortunately too small to interpret meaningfully

In the WBN, rates of clients in the service increased with age up to the 60-64 age group, after which they fell again. The largest *number* of service users in the WBN is actually the young adult population, which is likely a reflection of City and Hackney's relatively young demographic (Figure 6). As information on complex mental health needs is not available for the population, it is not possible to comment on how well the age range in the service reflects the local need.

Figure 6: Service users assessed by/referred to the WBN, TTAD and ELFT inpatient, crisis, and community services, by age band, rate per 1,000, 2024



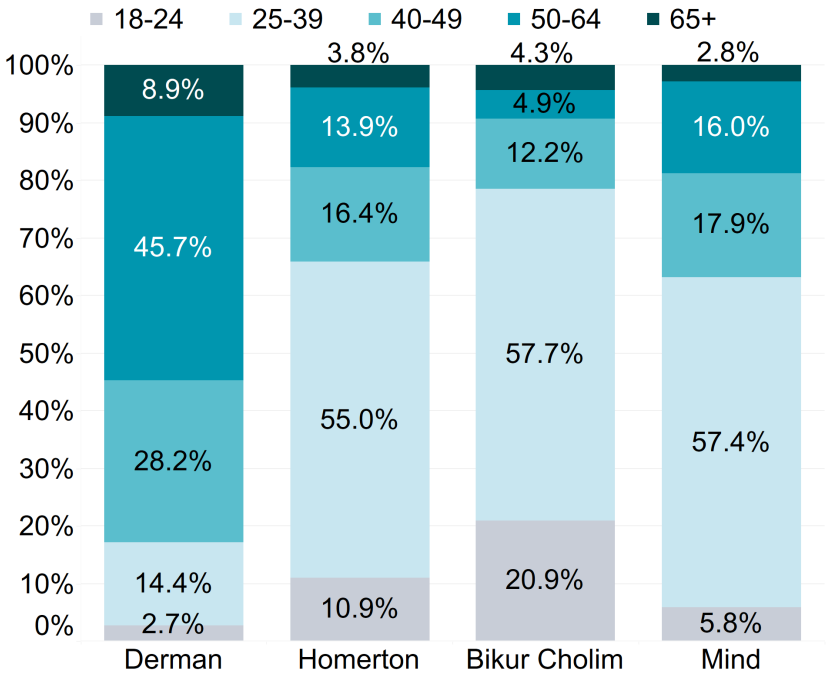
Source: WBN: Mind. TTAD: Bikur Cholim, Derman, Mind, and Homerton. ELFT: North East London Integrated Care Board, 2025 (numerator of the rates, number of service users). Office for National Statistics, Census 2021 (denominator of the rates).

Notes: Rates were calculated by dividing the number of service users in a certain age group by the total number of residents in City and Hackney in the same age group.

WBN data refers to people assessed by the service in 2024. TTAD data refer to people whose referral was received by the service from 2021/22 to 2023/24. ELFT data for inpatient, crisis and community services refer to people whose referrals were received by the service in 2024.

In TTAD, the age distribution differed across the providers. Derman had a noticeably older cohort of patients, whereas Bikur Cholim's was slightly younger (Figure 7).

Figure 7: Service users referred to NHS Talking Therapy service by age group and provider, proportion, 2021/22 to 2023/24

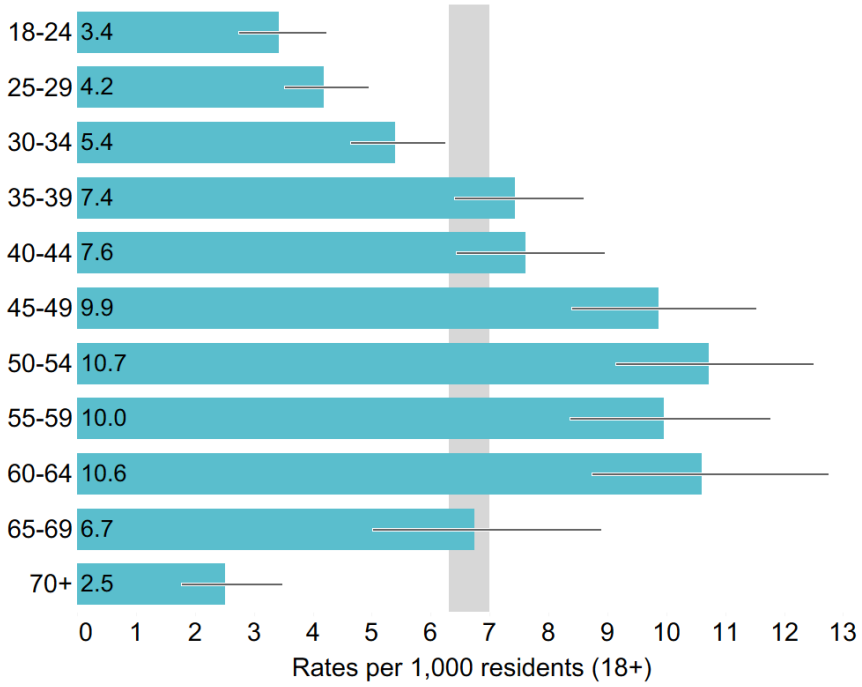


Source: Each provider Bikur Cholim, Derman, Homerton and Mind sent their data, 2025 (number of service users).

It is not clear what the reasons for the difference in age distribution at the different services are. It could be related to how they are promoted, or perhaps some interventions are more acceptable to younger people, such as talking therapies, while older people may prefer alternative interventions or community based providers.

In St Mary's Secret Garden, the majority of clients were 45 years and older. In Core Arts, rates for 35-64 year olds in the service were higher than average, with the highest rates in the 45-64 age range. Residents aged under 34 and over 70 appear under represented within Core Arts.

Figure 8: Service users referred to Core Arts, by age band, rate per 1,000, 2018-2023



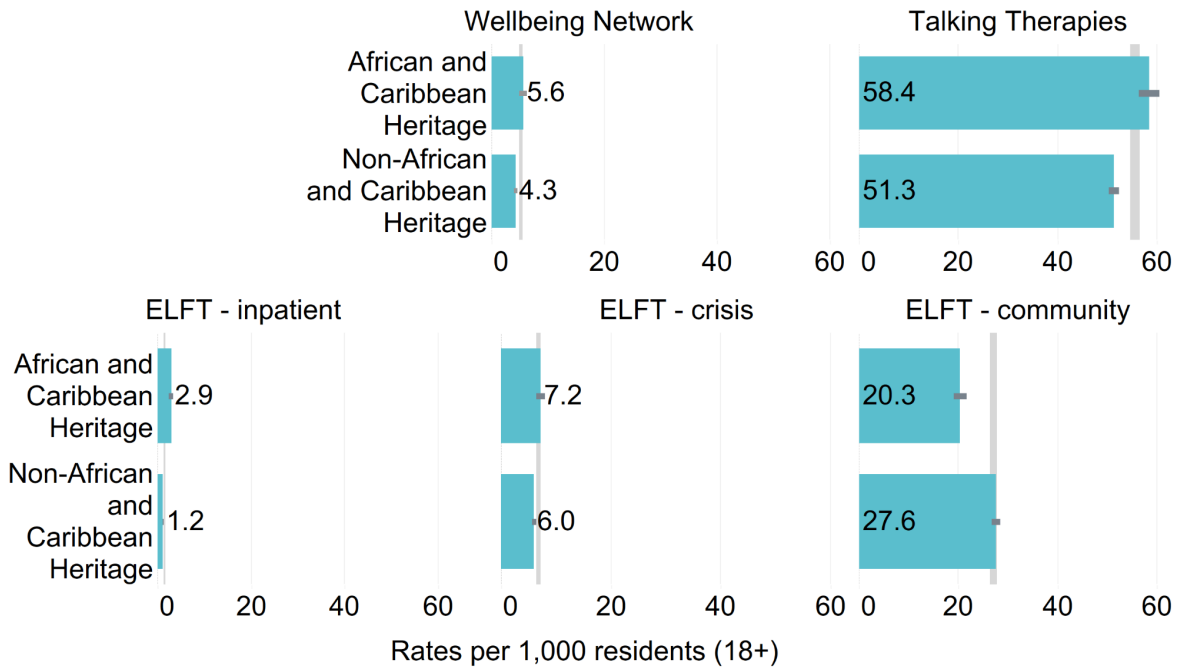
Source: Core Arts, Office for National Statistics, Census 2021 (denominator of the rates).
Notes: Rates were calculated by dividing the number of service users in a certain age group by the total number of residents in City and Hackney in the same age group.

Ethnicity

In both the WBN and TTAD, the rate of people from African and Caribbean heritage communities (ACH)[8] was similar to the rate of people from other ethnicities (Figure 9). In ELFT community services, the proportion of patients from ACH communities were lower than what would be expected based on the local population numbers but higher in inpatient services. The rates for crisis services were not significantly different.

Figure 9: Service users assessed by/referred to the WBN, TTAD and ELFT inpatient, crisis, and community services, by ethnicity, rate per 1,000, 2024

[8] ACH communities include: black African, black Caribbean, black other, mixed white and black African, mixed white and black Caribbean, mixed any other. This was based on advice from providers



Source: WBN: Mind. TTAD: Bikur Cholim, Derman, Mind, and Homerton. ELFT: North East London Integrated Care Board, 2025 (numerator of the rates, number of service users). Office for National Statistics, Census 2021 (denominator of the rates).
Notes: Rates were calculated by dividing the number of service users in a certain ethnicity grouping by the total number of residents in City and Hackney in the same ethnicity grouping.
WBN data refers to people assessed by the service in 2024. TTAD data refer to people whose referral was received by the service from 2021/22 to 2023/24. ELFT data for inpatient, crisis and community services refer to people whose referrals were received by the service in 2024. People without information of ethnicity were included in the total, despite not being shown on the graph.
African and Caribbean heritage is composed by black African, black Caribbean, any other black ethnicities, mixed white and black African, mixed white and black Caribbean, any other mixed ethnicities.

The comparatively low rate of ACH patients in ELFT community services is potentially concerning, as locally the highest rates of diagnosed SMI are in Caribbean and other non-African black ethnicity groups. black African, white and black African and white and black Caribbean ethnicity groups also have above average rates of SMI locally. As a proportion of ACH inpatients, 37% were black African, 29% black Caribbean, 24% other black ethnicity groups and 10% mixed white and black. However, completion rates for inpatient ethnicity was only 65%.

The high rate of ACH inpatients in the City and Hackney corresponds to national trends and also reflects the higher rates of diagnosed SMI in these population groups locally. However, this does not explain why there is such a marked difference between inpatient and community services. Additionally, diagnosis rates can be influenced by social factors as well as actual prevalence, so more detailed research in this area could be useful to ensure resulting actions are set correctly.

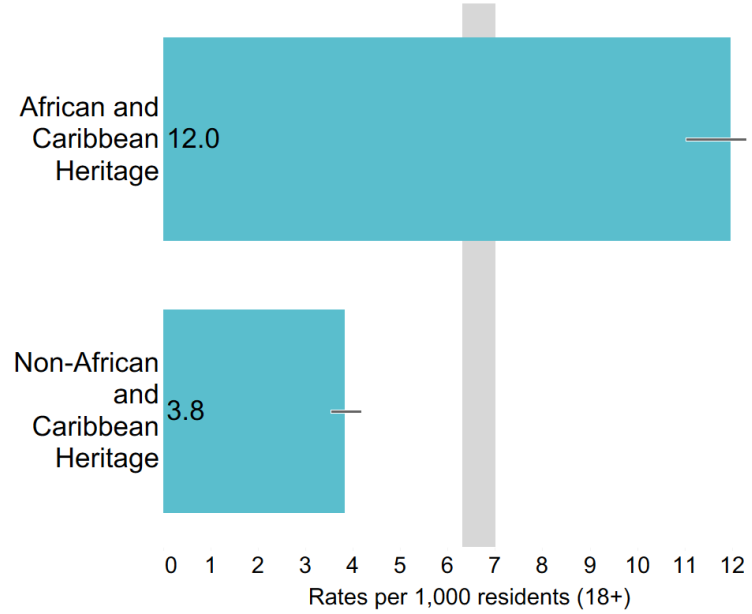
In both the WBN and TTAD, there has been a seemingly successful focus on improving representation from these previously underserved ACH communities.

In the WBN, including organisations and interventions that specifically focus on ACH population groups has played a big role in increasing representation, as has introducing a more streamlined pathway into the service for ACH clients. TTAD includes a specific pathway provided by MindCHWF.

There are notable differences in the ethnic backgrounds of service users across the different TTAD providers, with Derman and Bikur Cholim patients reflecting their Turkish/Kurdish and Orthodox Jewish focus respectively. MindCHWF clients were also comparatively diverse, including a relatively high proportion from ACH communities. This is perhaps unsurprising as a key reason for including community providers in TTAD was to increase engagement from underserved communities.

In Core Arts, ACH communities are significantly overrepresented. This may be related to a number of factors including that Core Arts sees a high proportion of residents who are diagnosed with SMI, which is higher than average in ACH communities. It may also be that some ACH residents prefer the less medicalised approach offered by Core Arts, or that this service is considered more inclusive.

Figure 10: Service users referred to Core Arts , by ethnicity, rate per 1,000, 2018-2023



Source: Core Arts, Office for National Statistics, Census 2021 (denominator of the rates).
Notes: Rates were calculated by dividing the number of service users in a certain ethnicity grouping by the total number of residents in City and Hackney in the same ethnicity grouping.
African and Caribbean heritage is composed by black African, black Caribbean, any other black ethnicities, mixed white and black African, mixed white and black Caribbean, any other mixed ethnicities.

The data is presented in just these two ethnicity categories because:

- a detailed breakdown results in some small numbers for the smaller services,
- splitting by the traditional asian, black, mixed and white is not particularly meaningful due to the diversity within these groups,
- providers requested the ACH focus due to this being a priority area of work.

It would be possible to split these ethnicity data into more categories in the future but this may need some discussion/agreement around how to categorise these data meaningfully, For example, Orthodox Jewish and Turkish/Kurdish populations are significant locally and there are specific providers for them in some of the services but these groups are often not well captured in ethnicity data, making it difficult to understand need.

Client feedback about what could increase inclusivity of mental health services often includes the importance of having staff that look like, or have similar social experiences to them. Of the services that provided this data, the WBN had the most diverse staff in terms of ethnicity, even more diverse than the local population. TTAD staff were less diverse than the local population.

Table 2: Staff ethnicity group by service[9]

	Local Population	**WBN**	**TTAD**	**Core Arts**
Global Majority	46.2%	48.6%	31.5%	33.3%
White British	34.3%	22.9%	47.7	33.3%
Other white ethnicities	19.5%	28.6%	20.8%	33.3%

Deprivation

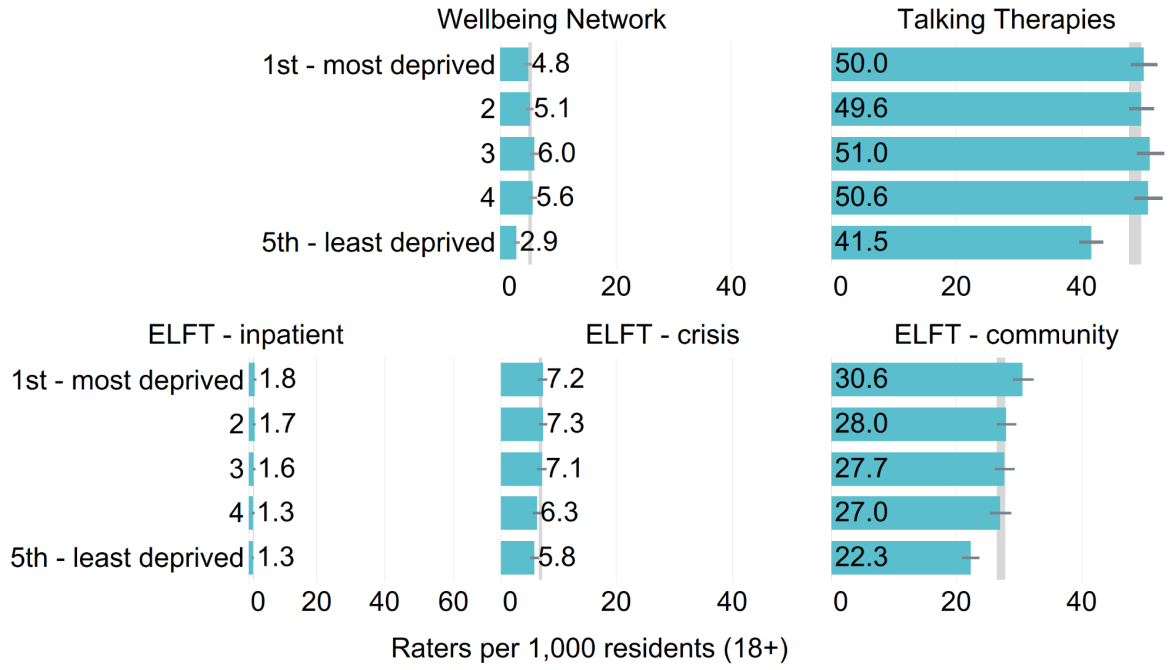
The rate of people diagnosed with mental health conditions in the City and Hackney is significantly higher among those from the most deprived areas and lower in those from the least deprived areas. Patients seen in all three ELFT services did follow a similar trend, although some differences were less marked than might be expected and many were not significant.

In TTAD there appears to be broadly similar rates of people in mental health services across all the deprivation quintiles apart from the least deprived

[9] Staff ethnicity groups were limited to these three categories due to small numbers.

quintile, for which the rate was notably lower[10]. In the WBN, the most deprived quintile had the second lowest rate of clients, with the third and fourth least deprived quartiles having the highest rates. These data suggest that people from the most deprived areas are underrepresented in the WBN and TTAD.

Figure 11: Service users assessed by/referred to the WBN, TTAD and ELFT inpatient, crisis, and community services, by local deprivation quintile, rate per 1,000, 2024



Source: WBN: Mind. TTAD: Bikur Cholim, Derman, Mind, and Homerton. ELFT: North East London Integrated Care Board, 2025 (numerator of the rates, number of service users). Office for National Statistics, Census 2021 (denominator of the rates).
Notes: Rates were calculated by dividing the number of service users in a certain sex by the total number of residents in City and Hackney in the same sex.
Non-binary and other genders were suppressed from this analysis due to numbers being under eight.
WBN data refers to people assessed by the service in 2024. TTAD data refer to people whose referral was received by the service from 2021/22 to 2023/24. ELFT data for inpatient, crisis and community services refer to people whose referrals were received by the service in 2024. People without information of local deprivation quintiles were included in the total, despite not being shown on the graph.

For the WBN, it is perhaps especially surprising that the rate is not higher in the most deprived groups, given that deprivation is often a factor in mental health complexity, which in turn contributes towards service eligibility. However, it is possible that for residents in this group, other issues, such as housing and low income are so pressing that they do not always have the time or head space to

[10] It is possible that a greater proportion of people from the least deprived group get mental healthcare privately. Similarly they may be less likely to have a diagnosis recorded with their GP, which is what is used for the local population comparator. There is, however, no evidence to show this, and practically, the impact on demand for locally commissioned services remains as reported. .

prioritise mental health or are not presenting until their mental health deteriorates further. Stakeholders have suggested that lowering barriers to entry for this group by offering more outreach/inreach may increase representation from people living in the most deprived areas.

Location (Primary Care Networks)

All three services serve residents across all the primary care networks (PCNs) in the City and Hackney. There are some similarities across services. For example, all services, apart from ELFT crisis services where the rate is still below average, see the lowest rate of people from the Shoreditch Park and City PCN. This PCN also has a lower than average prevalence of mental health conditions locally and the lowest prevalence of SMI. Hackney Marshes is in the top two PCNs seen by all three organisations, despite being more middling in terms of prevalence of mental health conditions.

Well Street Common has the highest rates of all three mental health condition categories locally and its residents have some of the highest attendance rates for all services, apart from the WBN, where the attendance rate is below average. Conversely the highest rate of clients in the WBN came from Springfield Park, whereas for all ELFT services the rates are below average for this area and about average for TTAD. The distance of this PCN from ELFT services and comparatively low rates of mental health conditions may at least partly explain this low uptake. The presence of Bikur Cholim in this PCN, a key partner in the WBN and smaller partner in TTAD, is likely also impacting uptake in the area, both because of its proximity and culturally tailored service.

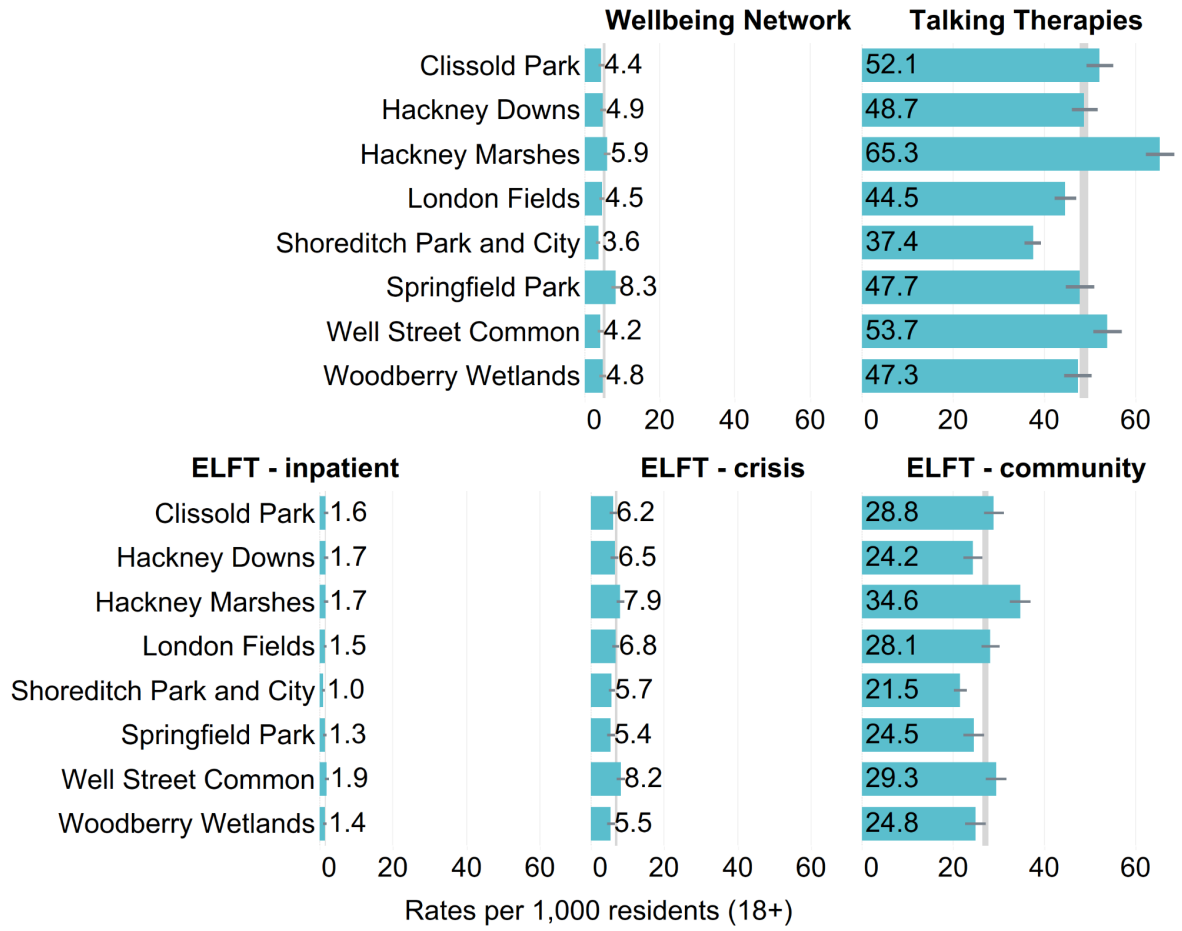
Rates for Clissold Park are neither particularly high nor low for any of the services, which is also true for SMI rates in this PCN, although common mental health condition prevalence is above average. Rates of patients were about average or a little below for Woodberry Wetlands PCN, compared to an above average rate of depression locally and roughly average rates of anxiety and SMI.

In Hackney Downs rates varied from below average for ELFT inpatient services, to above average for ELFT community services and about average for TTAD, WBN and ELFT Crisis services. Rates for London Fields were about average for all services apart from ELFT community services, where rates were above average.

Uptake from different PCNs will be influenced by a range of factors, including proximity to services (despite some virtual options being offered), local

population demographics and relative mental health needs, so fully understanding the differences and causality in uptake will be difficult.

Figure 12: Service users assessed by/referred to the WBN, TTAD and ELFT inpatient, crisis, and community services, by primary care network, rate per 1,000, 2024



Source: WBN: Mind. TTAD: Bikur Cholim, Derman, Mind, and Homerton. ELFT: North East London Integrated Care Board, 2025 (numerator of the rates, number of service users). Office for National Statistics, Census 2021 (denominator of the rates).
Notes: rates were calculated by dividing the number of service users in a certain sex by the total number of residents in City and Hackney in the same sex.
Non-binary and other genders were suppressed from this analysis due to numbers being under eight.
WBN data refers to people assessed by the service in 2024. TTAD data refer to people whose referral was received by the service from 2021/22 to 2023/24. ELFT data for inpatient, crisis and community services refer to people whose referrals were received by the service in 2024. People without information on primary care networks were included in the total, despite not being shown on the graph.

Within TTAD, the different providers reached different areas. There was a concentration of people referred to the Bikur Cholim service in the North of Hackney, aligning with the usual residence of the Charedi community. Derman referrals were spread throughout Hackney but not in the City of London. Both Homerton and Mind had service users living in Hackney and in the City of London, but Homerton service users represented 96% of the service users living

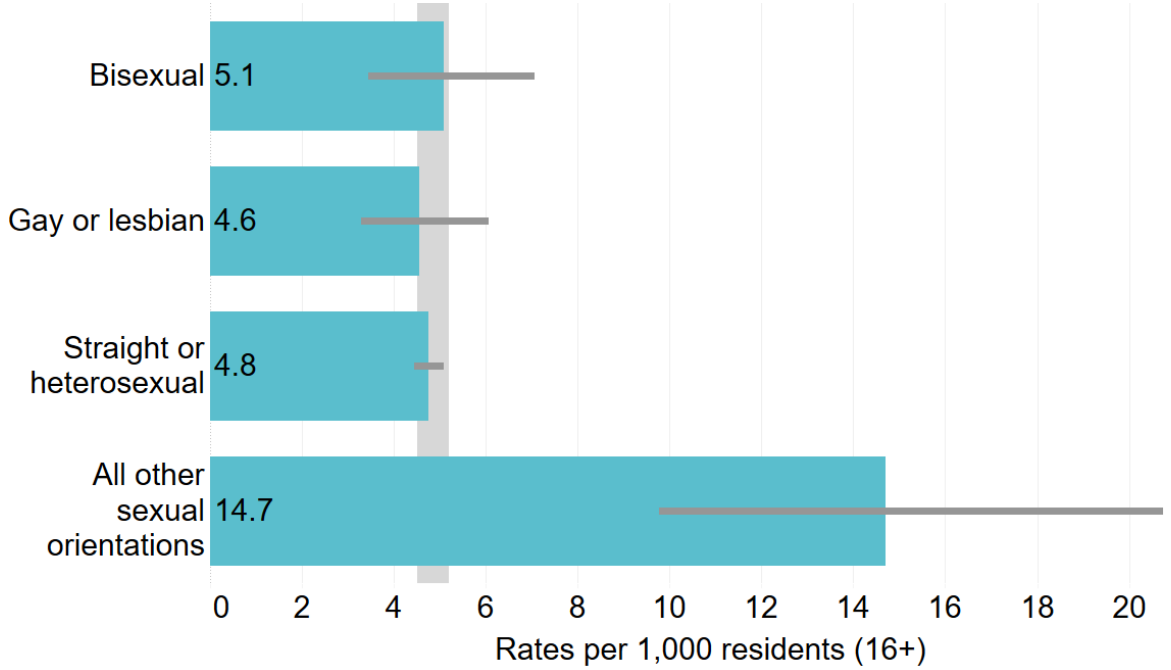
in the Square Mile referred to TTAD. Anecdotally, City of London residents are very reluctant to travel outside of the City of London for services.

Sexual orientation

In the WBN, sexual orientation was recorded for 85% of service users and of these 89% were heterosexual, 4% were gay or lesbian, 4% bisexual and 3% self-described. Where sexual orientation wasn't recorded, this was mostly due to service users actively choosing not to disclose the information (80%).

For service users identifying as gay or lesbian, straight or heterosexual, and bisexual, the rates in the WBNs reflected the relative proportion of local residents in each group. The rate of WBN service users who self-described as any other sexual orientation not previously mentioned was much higher than in the local population. While the numbers in this group were small, the difference was significant.

Figure 13: Service users assessed by the WBN by sexual orientation, rate per 100,000 adult population, 2024



Source: Mind, WBN service data, 2025 (number of service users). Office for National Statistics, Census 2021 (denominator of the rates).
Note: The average for City and Hackney band is different from the other band shown in the other WBN graphs because in this one the resident population includes people aged 16 and over due to data availability.

The representative rates of LGBTQIA+ residents in the WBN is positive, as this group is often underrepresented in services. The service has worked to improve

inclusivity for the LGBTQIA+ community, including having a specialist provider for this group (Rainbow Mind). However, given research consistently shows that LGBTQIA+ individuals in the UK experience comparatively higher rates of mental health problems, it might be expected that the rates of residents in services would actually be higher than average. Local data on mental health conditions by sexual orientation are not available.

Unfortunately it was not possible to report sexual orientation data for the other mental health services, as while TTAD and ELFT collect this, completion rates are below 20%, and 1% respectively, so insufficient for valid analysis. This is concerning as LGBTQIA+ communities report a number of issues in accessing mainstream mental health support services, such as discrimination and not feeling understood, so understanding how much this is an issue with local services is important.

Other characteristics

The WBN, TTAD and ELFT do collect other data, which would be useful for understanding local mental health needs, such as marital status, employment status, accommodation status and religion. However, completion rates were below 20% and so insufficient for a representative sample. Completion of disability status was better for the WBN and TTAD but this was not recorded consistently, e.g. different definitions were used, meaning accurate analysis could not be carried out. Similarly language data for TTAD were recorded but inconsistent.

The majority of clients working with Core Arts, Immediate Theatre, Coffee Afrik and St Mary's Secret Garden were not in work. Data on sexual orientation, housing tenure, learning disability and long term physical health conditions were also provided by Core Arts, Coffee Afrik and St Mary's Secret Garden but either completion rates were too low or insufficient information was provided to include in this report.

Unavailable data

While available mental health service data provides useful indications into where unmet needs are locally, there are also some notable gaps in the information. As a result, a full picture of local mental health needs for services is not possible.

- Data are not routinely gathered by services for all relevant population groups. For example, asylum seekers, people living in temporary accommodation, gypsy and traveller communities and people using food banks repeatedly come up as having high unmet mental health needs but these are not well captured in data, so cannot be quantified.
- Most of the data available are from services, including GPs. Residents who do not access mental health services or are not registered with a GP will not be included. It is known that some communities do not trust mainstream services and can be unwilling to share their personal details, so these communities may be underrepresented in services.
- Even if residents are registered with a service and that service does record the relevant information, residents may not disclose key details due to stigma or privacy concerns. For example, residents from Gypsy and Traveller communities often do not disclose this.
- The data available do not really account for complexities and intersecting needs, which is often where the greatest levels of support needs arise.
- Due to the amount and sometimes the completeness of data available, the analysis of subgroups for the purpose of this report was limited.

Challenges in data collection

There are a number of challenges that organisations face in relation to data collection. These include:

- Service user **privacy concerns,** especially regarding what may seem to be unrelated issues, such as relationships, housing status or employment.
- Service users' **lack of understanding of how their data would be used**.
- Limited organisational **resources and capabilities to support data collection,** especially in VCS organisations. Access to data systems, training and expertise can also be particularly challenging for VCS services.
- **Identifying measures for effectiveness of interventions is often not straightforward.** For example the WBN uses SWEMWBS but this is better suited to psychological interventions than for the more holistic wellbeing support such as advocacy education, and social inclusion. Comparing outcomes across different intervention types and for residents with different starting levels of needs is a further challenge.
- **Getting clients to complete follow up questionnaires**, so that change can be measured, is difficult as they often express frustration about the amount of questionnaires and many don't complete exit interviews or drop out before this can take place.

More positively, data collection on a number of measures, such as ethnicity, has really improved within the WBN over the last few years. This reflects huge efforts from the team to improve this, partly in response to new reporting requirements around key demographic data. There is potential learning here on how to improve completion rates for data fields.

4. Service User Experience

Service data

Satisfaction with both the WBN and TTAD is high, based on data collected by the services. Overall satisfaction rates in TTAD varied from 95%-100% each month. In the WBN 92% of service users 'strongly agreed' that they were happy with the service in 2023/24, although the numbers completing this feedback were small. ELFT did not provide service user feedback data.

Within TTAD confidence and trust in the staff, feeling involved in their care, feeling listened to and being helped to deal with their health or condition better were some of the frequent top rated areas. Similarly in the WBN, being listened to, treated with respect, skill and knowledge of staff, being helped with their difficulties and receiving the help that mattered to them were some of clients' top rated feedback.

Core Arts did not report quantitative data but themes from feedback comments include: increased confidence, improved happiness and wellbeing, being treated with respect and skills development.

While these are all undoubtedly positive results, it must be acknowledged that there may be biases in these data, such as those who are happy with the service may perhaps be more likely to stay long enough to provide feedback and perhaps be more willing to do so. It also cannot be assumed that people dropping out of services are dissatisfied, as they may do so for many reasons, including that they felt better, changes in circumstances prevented them from attending more sessions, lack of time etc. However, it would be really beneficial if there were a mechanism for capturing their data.

Wider feedback

Feedback on services was also provided by patient and resident representatives, including from other support services, as well as via various stakeholder engagement activities. Many were invited to do so anonymously

hence further details not being included. The term resident representatives will be used here to refer to all of these collectively.

Navigating the system

One of the biggest issues raised was difficulty navigating the numerous services, their different criteria, referral pathways and processes. Resident representatives highlighted ELFT services as being especially opaque and hard to navigate. Additionally some residents did not understand their offer, for example what the neighbourhood teams are, do or who they are for. Where residents have complex and intersecting needs, stakeholders reported that it is especially difficult to identify a suitable service.

The WBN and TTAD both offer a self-referral option, which can simplify the pathway in. In TTAD, 90% of patients are self-referrals, highlighting how important this option can be. In the WBN roughly a third of clients self-refer, with the rest being referred via a range of internal and external organisations. In ELFT crisis services residents can self-refer but for many of its community and inpatient services, referrals must come via GPs, which may contribute to the difficulties residents report accessing it. ELFT are currently exploring increasing the number of services to which self-referrals can be made. A benefit of GP referrals is that they can briefly assess need first and this may reduce the number of ineligible referrals and therefore people bouncing around the system.

Referral forms often rely on a level of input and proactivity from residents or referrers that is not always easy for people with complex or severe mental health conditions, or for support staff with limited time/capacity. Furthermore, referrers reported that they often did not get a response or follow up after making a referral, including to crisis services, or in some instances were turned away from ELFT due to the service being too busy.

Most providers report having significant numbers of people refer to their services where it is not actually the most suitable service for that person's needs, which is likely a reflection of the difficulties residents and referrers have identifying the right service. These residents may be referred on to a more appropriate service but there is not always capacity to do this and some people are just declined. While there are no robust data on this, anecdotally many people do not take up onward referrals and drop out of the system.

Where residents do take up onward referrals, they often report frustration at having to repeat the same information to different services, which can also be retraumatising for them, as well as increasing the time before they can get treatment.

As a result of these various difficulties, some staff from wider support services report not making referrals, especially if help is needed sooner than the system allows, or if they fear doing so will cause more harm than good in terms of future resident acceptability of support services. Some don't make referrals at all and just call the police if somebody presents with significant mental health needs.

It is worth noting that the difficulties navigating mental health services are not replicated with other support needs. Various stakeholders commented how referrals for other services like smoking cessation, substance use, employment support, housing etc. are much more straightforward. A number of stakeholders specifically requested a much simpler referral pathway for mental health.

It was acknowledged that there are a range of navigator services locally, though they often have their own criteria and usually do not specialise in mental health and may even face similar difficulties in knowing what service is most appropriate, as they are not trained to assess the different types of mental health need. It was also acknowledged that even where navigation services do work, they are only as good as the intervention they have to navigate to and rely on there being adequate capacity.

Length of support offer

Another frequently reported concern for service users is the length of support. Residents representatives and several local mental health support services (WBN, Bikur Cholim, Derman, Core Arts and Immediate Theatre) all confirmed a need for longer-term mental health support for some individuals, while acknowledging funding limitations.

How long support can be offered for is often predetermined by services, perhaps with some limited flexibility, and not based on individual resident needs. Resident representatives noted how some people move from service to service once they have used up their limits of the previous one, but this means they often run out of options and the support they do get is fragmented and is not always best suited to their needs. If residents run out of support and continue to deteriorate they can be at risk of more serious illness or crisis. While this issue was widely acknowledged, data are not available on how many residents this impacts.

Some residents also may prefer and/or benefit from a shorter course of treatment. In the WBN's Mind Forward one at a time therapy clients can choose to end or continue with treatment after each session. Interestingly 60% of clients elected to have just one session, 27% had two sessions and 13% had three or four

sessions. All these clients had requested 1:1 talking therapies as part of their care plan. These figures are also potentially interesting when considering the high drop out rates from traditional talking therapies.

In a landscape of ever more stretched budgets, providing longer-term support will be a huge challenge but not doing so may cost even more in the long run.

Insufficient or inappropriate support

Resident representatives have not only raised concerns about the insufficient capacity of local mental services but that the current support offer is not right for everyone, especially for certain population groups. Some of the most common complaints included how mental health support has been over medicalised and that it focuses too much on talking therapies. Some commented that this is a very white or western approach to mental health and that it lacks important social, activity and spiritual based support. Various stakeholders suggested more mental health support needs to be provided by VCS organisations, in addition to NHS services. Many also called for more informal support options, including safe spaces where people can go to just socialise, connect and be out, as well as more outreach into local communities.

Relatedly, the Better Mental Health fund local evaluation found that some residents with mental health needs do not want to attend interventions specifically labeled as being for mental health, often due to associated stigma or previous negative experiences. However, these residents were often open to opportunities to build skills, learn and socialise, which evidence shows improve mental health. The evaluation also noted that for some residents, trust needs to be built slowly and they will not benefit from going straight into a 6 week course of treatment with a stranger. However, once a trusting relationship is built, for example through the aforementioned activities, clients often become receptive to conversations about wellbeing and mental health support. Having staff who have a deep understanding of the challenges and stigma specific communities face also was found to strongly support the development of trust.

Many mental health service providers acknowledge the importance of more holistic and community based interventions, however, there is a tension around who should be providing these. Most mental health services are commissioned to provide therapeutic mental health support and their targets and service design reflect this. Most are NHS services, so the more clinical focus is perhaps unsurprising. Each service has specific requirements (e.g. providing talking therapies for common mental health conditions) and none have responsibility for all mental health locally or overall improvements in mental health outcomes. Even if every existing service performed perfectly, there would still be gaps

between the services, for support needs, such as more holistic mental health support. However, if not mental health services, it is not clear who should be responsible for funding or providing this.

Governance and accountability

Beyond services, there also does not appear to be an overall functioning authority structure with responsibility for mental health in totality across the City and Hackney. The closest is perhaps the Mental Health Integration Coordinating Committee (MHIC), which is made up of a number of key stakeholders and providers, though at the time of writing it has temporarily been disbanded. While this committee could potentially provide some accountability, it is not clear how it can compel action or funding decisions beyond those that individual providers or commissioners choose to make. To illustrate the issue, a collaboration of stakeholders, including MHIC members, agreed the data that should be collected for this report. However, this did not prove sufficient authority to compel all providers to share their data, despite them being among MHIC members. Many of the key MHIC members are service leads or commissioners, so there is arguably an issue of 'marking one's own homework'.

The current underlying governance structure makes it nearly impossible for a person or service to be held accountable for issues, such as many of the unmet needs identified in this report and the lack of integration between services, which causes negative resident experiences. Currently each service reports to its own commissioner and gaps in provision tend to be managed within services rather than between them. The lack of a joined up and overarching approach to mental health provision or responsible authority means that it is almost inevitable that services will not meet the needs of many residents.

Delivery channels

The way in which services are provided was also commonly raised as an issue, with services users usually having to attend the provider's location. Some population groups will be less likely to attend these locations, for reasons including, lack of time and affordability of travel. Some residents also have significant, complex needs and sometimes chaotic or difficult lives that can make attending appointments difficult. For others, they may have to prioritise certain practical needs above attending mental health support.

While some services do offer online or telephone support options, there were concerns this was not suitable for everyone, especially where social isolation was already an issue.

Many stakeholders advocated for more outreach and in-reach services, including targeting people using food banks, asylum seekers, refugees and people living in temporary accommodation, who are not well served by current services. Citizens Advice and warm hubs were also suggested for in-reach locations, with reportedly many clients with unmet mental health needs.

Cultural competency

Beneficiaries across the vast majority of the Better Mental Health funded interventions, cited feeling subject to prejudice and discrimination from public services in the borough, as well as the lack of diversity and inclusion in these services and a deep lack of cultural understanding and competency. A number of resident representatives also noted how many residents opt out of specialist mental health support due to feeling discriminated against, a lack of cultural understanding or feeling a general distrust toward mainstream health services. Some residents are reluctant to formally register with services due to concerns around how their personal details will be used.

5. Prevention

There are a wide range of individual, social and environmental factors that can help protect good mental health and prevent the development or worsening of mental health conditions. Many of these are largely beyond the remit of mental health services, including housing, income, employment, education, social inclusion, substance use, family and relationships, physical health, sleep, nutrition and experience of trauma. While very important, these are beyond the scope of this report, although there is a brief description of how some of these intersect with mental health in Section 6: 'Local Context' of City and Hackney Mental Health JSNA - Part 1: The Local Picture.

Individual behaviours and resources

There are a wide range of resources available to support individuals to build resilience and maintain good mental health, such as Five to Thrive/Five Ways to Wellbeing, Good Thinking, Every Mind Matters and Mind. Additionally there are many tailored resources for specific population groups. City and Hackney Public Health maintain a page on the Hackney Council website (hackney.gov.uk/mental-health), which provides links to many of these, as well as signposting to other relevant support. Partners also promote these resources to residents, for example on recognised mental health days.

VCS organisations provide a wide range of preventative activities, for example lunch clubs, exercise sessions, social and skills based events. Many of these offers are at risk, due to reductions in VCS funding both from voluntary contributions and commissioned services.

Early intervention

Early intervention can prevent many mental health problems from worsening and improve chances of recovery. GPs and other health professionals play a vital role in identifying potential issues as they emerge and signposting or referring residents to support services. Issues navigating mental health services, as discussed above, can make this difficult and can mean that residents may not end up seeking support until their condition has deteriorated. Feedback from services indicates that there is an increase in the number of people presenting only once their mental health problems have become more serious.

Wider support services, beyond mental and physical health, can also play a key role in prevention and early intervention and this is covered in more detail in the section below.

Wider local support

Wider local support services include those with a specific focus, such as substance use, as well as those offering more general support, such as libraries and front of house council staff. Many mental health stakeholders agreed that these services should be familiar with mental health problems, be able to provide basic mental health advice, make referrals to relevant services where appropriate and be trauma informed. However, the extent to which local support services agree with and do this at the moment varies significantly.

Some services reported their staff being skilled in identifying mental health issues and responding to them and a few even have mental health specialists within their service, which they found very helpful. Other services acknowledged that competence in this area varied across their staff, often dependent on the individual's previous experience or training. Some services reported that this wasn't something that their staff do, or that they didn't want them to. Reasons for not offering basic mental health advice or signposting include:

- Believing it is beyond the scope of their role to do so,
- Concerns it may disrupt the support they are trying to provide,

- Not knowing how or not feeling confident to bring up a conversation around mental health,
- Not knowing what basic advice/tips to provide
- Not wanting to give advice in something they are not trained in,
- Believing only mental health professionals should offer advice regarding mental health,
- Concerns that residents may react negatively or even with hostility to the subject of their mental health being raised,
- Not wanting to risk harming a positive relationship they have built with residents,
- Not having sufficient time/capacity to have the conversation, with many services already struggling to meet demand for their services' primary purposes,
- High staff turnover (trained staff and knowledge are lost)
- The person does not meet mental health service referral thresholds or eligibility criteria,
- Believing mental health waiting times are too long/that there is insufficient capacity,
- Not knowing when, how or where to refer residents to for mental health support.

It is possible a few respondents misunderstood the type of mental health support they were being asked to provide as being clinical support, perhaps reflected by comments such as procedures being to call emergency services when somebody presents with mental health needs. However, this could also suggest a lack of understanding as to how mental health needs present in many different ways and severities.

Staff training in identifying mental health issues, providing basic advice and signpositing could help overcome some of the concerns listed above. A few services do ensure that all their staff receive mental health training as standard, however, most do not see it as their responsibility to provide or fund this. These services will usually allow staff to attend externally funded courses, often resulting in just a few staff being trained. While many of these services could see the benefits of universal staff mental health training, they believe it is the responsibility of mental health services to provide. Use of online training resources was rarely considered. It was also noted that training on bringing up difficult conversations, in particular how to raise mental health in a discussion without it being taken the wrong way, would be especially useful.

City and Hackney Public Health did fund mental health training for resident facing staff, as described above, for a number of years. However, this recently ended due to funding cuts.

The extent to which wider support services interact with mental health services varies considerably, some of which will be due to the nature of the different services. Some services reported positive partnerships, regular meetings and well utilised referral pathways with both NHS and VCS mental health providers. In a minority of cases colocation occurred, which was regarded as very positive and several services expressed a desire for more of this. They felt this would help capitalise on the key moments when residents are already open to mental health support and to minimise barriers to engagement. Other services reported challenges in getting engagement from mental health services, including mental health services saying that they don't have capacity/are too busy or making referrals but not getting a response. Furthermore, even some that had established relationships felt the pathways and ways of working could be streamlined, as well as that the partnerships needed to be much wider than mental health.

Many wider support services record data on mental health for their clients. How it is recorded varies between different services from a yes/no option, to details of diagnosis. For most it is not a mandatory field to complete, so data are often quite incomplete. At present, these data are only used internally. However, if the data were sufficiently complete and reliable, getting regular updates on the mental health trend data from some of these organisations could offer potentially very interesting insight into prevalence of mental health needs locally, both generally and in specific communities.

6. Partnership Working

For the most part, each local mental health service works broadly independently from one another, with their own priorities and reporting requirements. In some ways this makes sense with the way the different mental health services are set up to treat different levels of need. However, this likely contributes to the resident experience of a complex system that is hard to navigate, with no real system or coordination between mental health services. As noted above, it is also a problem for residents whose needs do not fit well with any of the main services and fall through the gaps.

Furthermore, stakeholders and resident representatives note the frustration of residents with multiple or complex mental health needs who are supported by multiple services for different aspects of their needs with little coordination between mental health services and their other support providers. Various stakeholders also called for much more integration between mental health and

substance use services, noting how currently residents are often passed back and forth between these services, with both refusing to help until the person's other issue is resolved.

Partly in response to these challenges, services have taken a number of actions to improve client experience through improved partnership working. All the services who provided information on partnership working reported having positive relationships with other service providers and having developed referral pathways to other services. These pathways tend to be informal, rely on individual services to cultivate them and vary between services. Some services, such as Bikur Cholim have a specific member of the team responsible for developing partnerships.

The WBN has brought together a number of providers in order to provide a single integrated mental health service. The service uses shared data processing systems, implements agreed standards across providers and provides opportunities for information sharing for member organisations. The WBN also introduced an 'independent access' option, which allows clients who already have a keyworker with another service to access the Network's interventions without needing a keyworker within the service itself. This is being piloted within the Integrated Recovery Service (substance use) and ELFT Community Connectors, which is a blended VCS and NHS service. It has also developed delivery partnerships with external partners including Heads Up (ELFT), Carers First, Community Connectors, Pause/Steps, TTAD, Off Centre, Acorn House under Spitalfields Crypt Trust Hackney Recovery Service and City Libraries. The WBN is required to report on its success in developing partnerships and delivering shared services as part of its formal contract monitoring and KPIs.

TTAD works closely with CAMHS and GPs, with information sharing processes in place and also has links with secondary care and the voluntary sector.

ELFT did not provide any information on partnership working.

There are also a number of forums, such as the Psychological Therapies and Wellbeing Alliance, that bring together different mental health service providers, for a number of purposes, including information sharing, joint problem solving and decision making. However, the reach and authority of these forums have a number of challenges and limitations and there is no single board to which all services are accountable nor which is fully responsible for their combined strategic direction. The TTAD agenda is largely set nationally by NHS England, North East London ICB commission ELFT and the WBN is for City and Hackney only, commissioned by City and Hackney Public Health. Each service has its own

targets and priorities and some stakeholders have commented that some KPIs can even discourage partnership working.

These problems are exacerbated by the fact each service also uses its own data processing systems and collects data differently. There recently was an attempt to create a single shared referral form but the issues proved insurmountable.

GPs can be a valuable asset in helping to ensure a person's care is coordinated when they have multiple needs. However, GPs are not always aware when somebody is accessing mental health support in specialist services, especially those provided by VCS organisations. While it is not always possible, e.g. if the client refuses consent, notifying a person's GP can support their overall care.

GPs don't need the detail of a person's clinical notes, they just need to know:

- What services that person is accessing and broadly what interventions they are being provided with,
- Ideally contact details (named person) in case they need to speak to somebody or escalate an issue,
- How long they are receiving support with that service/how many sessions etc.,
- Any key messages or actions the person needs to take or that the GP can help support,
- Knowing high level goals would also be helpful.

7. Trauma Informed Services

Core Arts, Immediate Theatre, the WBN and all four TTAD providers all confirmed that their staff are trained in trauma informed approaches. Additionally, all TTAD high intensity therapists are trained to treat post-traumatic stress disorder and the service recently introduced a new pathway for complex post-traumatic stress disorder. In the WBN, every step of the client journey is designed to be trauma informed, including consideration of how to make the delivery environments more trauma informed. ELFT did not provide any information on this.

8. Section 117 Aftercare

Section 117 aftercare is free, ongoing support for people who have been detained in hospital under certain sections 3 and above of the Mental Health

Act. Once they leave hospital, the NHS and local council must jointly provide care and support to help them stay well and avoid going back into hospital. City and Hackney's section 117 aftercare system faces growing cost pressures that affect the whole system. With some of the highest rates of serious mental illness in the country, the borough naturally supports a large number of people under section 117, many with complex, long-term needs. However, costs are rising due to a combination of factors: very few people are discharged from section 117 (even when stable), care packages often include high levels of support to manage risk, and there is limited general needs housing or flexible community support available.

For service users, the implications are profound. Extended stays in institutional or distant settings can disrupt connections with family, peers, and local support networks; key elements of recovery. Personalised, recovery-oriented pathways risk being constrained by placement availability rather than individual need. These challenges are particularly acute for communities experiencing health inequalities, including ACH residents and other minoritised communities who are over-represented in secure care pathways. From a system perspective, the current trajectory is not financially sustainable and diverts resources from broader population mental health priorities. Strong joint working is already in place across partners, but the scale of the challenge calls for renewed focus on collaborative solutions.

The system as a whole would benefit from stronger joint governance, clearer discharge pathways, more balanced risk-sharing in the community, and better use of existing services, all working together to keep care effective, person-centred, and financially sustainable.

9. Support of Carers

Carers are people of any age who look after a friend or relative who needs support because of:

- a physical or learning disability,
- mental health problems or illness,
- impaired health due to sickness or old age,
- substance use or addiction.

Many people with mental health problems are also carers or have carers themselves and being a carer can put a lot of pressure on people's mental health. The WBN has been building partnerships with carers' organisations since the new service commenced in 2023. TTAD prioritises parents whose children are being seen in CAMHS, some of whom are carers, Bikur Cholim offer peer

support groups for carers and Derman provide counselling/group activities for them.

Recently ELFT launched a support offer for carers of their mental health patients, which aims to ensure that carers are recognised, supported and included in all aspects of mental health care. The offer includes:

- **Dedicated Carer Support Roles:** funded by the London Borough of Hackney, delivering statutory carers assessments, ongoing emotional support and coaching. 1:1 support (about 50-60 carers at any one time), a six-week strengths-based coaching course, and group programmes such as boundary setting and communication skills.
- **Education and Peer Support:** monthly psychoeducation sessions, providing carers with clinical insight and space for discussion, support for carers of adults experiencing psychosis and monthly wellbeing and peer support groups delivered in partnership with the Hackney Carers Centre.
- **Family, Friends and Carers Hub:** brings together ELFT, the Hackney Carers Centre, Turning Point and the Young Carers Service to provide a coordinated response for carers. Carers of adults admitted to hospital following mental health act assessments are proactively contacted within 48 hours and a new self referral option has recently been introduced. The hub also offers follow-up for carers linked to safeguarding enquiries and is developing a pathway to support carers who experience abuse from the person they care for.
- **Partnership and Community Offer:** carers can access counselling, grants, wellbeing activities and peer opportunities offered by voluntary sector partners, supporting both emotional resilience and social inclusion.

Of ELFT service users admitted to hospital or assessed by AMHP, 100% were screened for carers. Over the past three years, the carers service in ELFT have provided information, advice, support or assessment to approximately 950 informal carers and the service is currently on target to meet a new target of 278 assessments per year.

In order to develop workforce capacity and embed carer awareness and good practice across ELFT services, ELFT has a specific Senior Carers Lead post, who is a member of the Community Services management team. The Senior Carers Lead also sits on the ELFT Carers Strategy Implementation Group and the Hackney Carers Partnership Board, ensuring strong alignment between NHS, local authority and voluntary sector priorities for carers.

ELFT social care staff receive annual carer-focused supervision and regular training on carers' rights, duties under the Care Act, and best practice in supporting families and friends. This sustained emphasis on workforce

development ensures that carer needs are considered at every level of service delivery.

The carer support offer is still relatively new and is being continually developed and improved following stakeholder feedback.

Data on the mental health needs of Hackney carers are currently not available and this may be an area for further investigation going forwards

10. Service Response

Much of the data presented in this report will not be new or surprising to services and in many cases work is already taking place to address some of the challenges identified. This section provides an opportunity for services to share how they have been doing this and anything they plan to do as a result of this report.

The Wellbeing Network

Service flexibility and data requirements

A defining characteristic of the Wellbeing Network is its ability to adapt service delivery arrangements in response to feedback, real-time intelligence, ongoing development, and cross-service learning. The service is subject to rigorous administrative and data reporting requirements, which have presented challenges for smaller voluntary and community sector (VCS) organisations. Nevertheless, these high expectations have resulted in a wealth of data that are available for analysis, with the potential to generate valuable insights at both local and national levels.

Innovation and service delivery

The Wellbeing Network has supported and cultivated a range of innovative approaches. Notable examples include Mind Forward, which offers one session or more of therapeutic support at the point of need to address lengthy waiting times for clients with complex needs or circumstances. The service has also introduced increased digital automation for data entry and intervention registration following participation in interventions. The shared care pathway is another key innovation, strengthening collaboration between the Integrated Recovery Service (Turning Point) and Community Connectors (ELFT), ultimately enhancing the client experience and achieving system-wide cost savings.

Additionally, the Wellbeing Network provides a drop-in, open-access offer to all residents of City and Hackney. This initiative delivers effective aftercare and maintenance following discharge, community-based preventative support, and acts as a gateway for clients who may be uncertain about making a longer-term commitment to the service.

Community engagement and inclusion

Historically, engagement from the African and Caribbean Heritage communities was lower prior to 2020. In response, pilot projects were launched, subsequently leading to the integration of African Community School, Immediate Theatre, and IRIE Mind into service delivery. This inclusive approach has resulted in engagement levels among African Heritage and Caribbean Heritage populations now exceeding established service targets. The specific engagement of young black men aged 18-24 remains below target, whereas targets for young black men aged 25-30 are being met.

Data capture and inequalities analysis

The Wellbeing Network currently collects and reports data to commissioners on more than 20 inequalities categories, with a focus on intervention engagement rather than outcomes, which are presented in aggregate form. There is an aspiration to explore where improvements in outcomes for specific demographic groups are strongest, and to understand whether these improvements are linked to particular service journeys, wider structural inequalities, or a combination of factors. Such analysis would inform future resource allocation and decisions regarding the adaptation of interventions, as well as the division of funding between general and specialist providers. The infrastructure to analyse and respond to these data trends is invaluable.

We are proud of our diverse and talented staffing that constitute the integrated service.

We would encourage commissioners commissioning services across the mental health system to adapt similar frameworks for capturing inequalities KPIs both for active engagement in service and outcomes. This will ensure fairer allocation of resources based on local need, population health information and shared learning between statutory and VCS where providers are excelling in certain areas.

Enhancing service provision for men

The service is committed to improving data capture and reporting. With regard to poorer outcomes and engagement among men, consideration is being given

to the integration of more male-focused groups. In 2015, MindCHWF piloted male-specific groups with positive results, though this initiative was supported by a dedicated budget. Pilot projects that feature homogeneity in protected characteristics within groups have often yielded positive outcomes. Given the current funding constraints, careful thought is required before progressing with further targeted provision. Demand for the Wellbeing Network continues to exceed capacity across all characteristics and demographics KPIs (for which there is evidence of poorer mental health outcomes throughout the lifespan).

Decisions must be made about balancing the response to those seeking support through the Wellbeing Network against allocating specific resources to targeted audiences.

Collaboration and future funding

The Wellbeing Network remains committed to ongoing collaboration with the eight Voluntary and Community Sector providers who make up the Wellbeing Network (African Community School, Bikur Cholim, Centre for Better Health, Core Arts, Derman, IRIE Mind, MindCHWF, Shoreditch Trust) and the broader mental health system, with the aim of learning from one another and improving support for local people. The enormous amount of service re-design and adaptation that has occurred in the last 3 years has been a testament to the ingenuity, flexibility and resilience within the voluntary sector. To cost effectively sustain and build upon this community offer and the learning, talent, and service structures established, sustainability of funding beyond 2027 is required.

Talking Therapies for Anxiety and Depression

TTAD did not provide a full response but work to address some of the challenges raised in this report includes:

- Closer work with VCS providers to help the service to reach previously underrepresented groups
- Expanding the range of support offers the service can provide (e.g. to include support for complex PTSD)
- The new physical activity pilot, meaning the service will be offering a more whole person approach
- Trialing new days of delivering therapy, including digital therapies.

East London Foundation Trust

ELFT did not provide a response but work to address some of the challenges raised in this report includes:

- The Service User Network group, allowing service users to access peer support following discharge
- CIty Street Triage and Right care right person, supporting people to get the appropriate support in response to crisis
- Improvements to the crisis response offer, including the crisis line, to ensure that patients are able to speak to somebody more quickly and that they get the appropriate support they need.

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References

1. Samaritans [Internet]. [cited 2025 Oct 2]. Engaging men earlier. Available from: https://www.samaritans.org/about-samaritans/research-policy/middle-aged-men-suicide/engaging-men-earlier/

Appendix 1: Data completeness

	Completeness of recording				
Service	**Gender**	**Age**	**Ethnicity**	**Deprivation**	**PCN**
Wellbeing Network	98%	99%	88%	100%	100%
TTAD	98%	100%	95%	100%	100%
ELFT community services	100%	100%	92%	100%	100%
ELFT Crisis services	100%	100%	86%	100%	100%
ELFT Inpatient services	100%	100%	97%	100%	100%

Source: WBN: Mind. TTAD: Bikur Cholim, Derman, Mind, and Homerton. ELFT: North East London Integrated Care Board, 2025 (numerator of the rates, number of service users). Office for National Statistics, Census 2021 (denominator of the rates).
Note: The proportions have been rounded to whole numbers.

Completeness for deprivation or PCN fields will always be 100%, as they are calculated using postcode data. As postcodes are what was used to select the data in the first place, in order to identify somebody as living in the CIty or Hackney, every record must include one. If any records do not include postcode data, these will not be included in the analysis.

Appendix 2: Wellbeing Network Providers

The Wellbeing Network is a service delivered by a range of voluntary and community sector partners, as described in the report. Below is a short summary about each of the providers. Further information can also be found on their respective websites.

Mind City, Hackney and Waltham Forest
MindCHWF are an independent local charity who are community rooted: most staff are local, have lived experience and every year work with 4,000 people within City and Hackney. MindCHWF's holistic services are funded by contracts, grants and donations. They provide general and specialist support. The service offer includes psychoeducation groups, 1:1 psychological therapies and peer support alongside welfare and benefits support service. MindCHWF are community minded with a focus on reducing isolation and health inequalities and creating connections. They have a specialist LGBTQIA+ offer through Rainbow Mind and a specialist ACH offer through IRIE Mind. They lead a suicide bereavement postvention service for adults, children and young people and contribute to suicide prevention initiatives across North East London. MindCHWF offers mental health training and bespoke employee support for organisations and community groups. They respond to local needs and innovate new ways to deliver services. MindCHWF strives to improve the local health system through thought leadership and collaboration with partners.

Derman
Since its inception in Hackney in 1991, Derman has been offering health and social care services to all Kurdish and Turkish speaking communities irrespective of their ethnic, religious and political backgrounds. Services are offered freely reaching thousands of residents each year. Derman's recovery rates are high (consistently around 60%) and it engages very well with Kurdish and Turkish communities. Derman is also BACP accredited, annually passes NHS digital's Data Protection Toolkit, is a Trusted Charity of NCVO and is Advice Quality Standard accredited to provide Welfare Advice.

Core Arts
Core Arts enriches the lives of socially excluded people with severe mental health issues through creative education and emotional support, helping individuals realise their artistic potential. Based in Hackney, Core Arts is an award-winning mental health creative education centre that has delivered user-led services since 1992. We offer courses in arts, music, horticulture, multimedia and sport. Core Arts promotes positive mental health through the arts in a supportive, college-like community that empowers members to overcome

barriers, lead fulfilling lives and experience social inclusion. With a 96% non-readmission rate, many members break the cycle of hospitalisation. In partnership with the NHS, its programme offers intensive wraparound support for clinically referred individuals. Core Arts welcomes people from marginalised and minority communities, especially those who may not feel able to engage with traditional services or mainstream arts opportunities. Our mission is to promote recovery, social inclusion and wellbeing through the use of arts.

IRIE Mind CIC
IRIE Mind is a community-led, culturally specific black, African, and Caribbean mental health and wellbeing service, for the people, by the people. Operating across the City of London and Hackney, the service supports adults (18+) through culturally grounded talking therapies, psychosocial groups, and 1:1 community-based support. IRIE Mind addresses racial trauma, systemic inequity, and the impact of severe mental illness (SMI) and chronic health conditions that are particularly common within these communities, While also supporting the "worried well" – individuals experiencing early signs of emotional distress or seeking to maintain positive mental wellbeing.

Culturally specific Mental Health First Aiders (MHFAiders) provide Mental Health First Aid support, outreach, and signposting to raise awareness, reduce stigma, and promote early engagement with services, including culturally specific support. Programmes such as Black Men's Support Group, MADE, ACT for Racial Trauma, Nyam Well 4 Better Health, and the Front Room Drop-in Space promote healing, resilience, and community connection. IRIE Mind is a BACP-accredited service and supports the principles of the Patient and Carer Race Equality Framework (PCREF) and the wider health equity agenda.

Shoreditch Trust
Shoreditch Trust is a community-rooted anchor organisation with over 25 years' experience in delivering civic, health, and wellbeing programmes across Hackney and the City. It supports those most likely to experience health, social and economic inequalities, including isolated older adults, people with long-term health conditions, vulnerable young people, and women facing multiple disadvantages during pregnancy and early parenthood.

Shoreditch Trust's work is grounded in lived experience, peer support, and strong local partnerships. It delivers holistic, person-centred services through outreach, 1:1 support, and group activities. The We Connect programme includes coaching, mental health support, community meals, volunteering and peer facilitated groups, that build resilience and connection through creative group activities.

Shoreditch Trust supports people at community hubs across Shoreditch Park and the City, and actively collaborates with statutory services, schools, and voluntary sector partners to ensure inclusive, coordinated support that strengthens individual wellbeing and community resilience.

Centre for Better Health
The Centre for Better Health is a registered charity that supports wellbeing and recovery from mental ill health. It provides a range of services in a trusted, community-based, non-clinical setting: low-cost counselling; low-cost creative, movement and therapeutic groups; as well as work-skills training placements to help provide in-roads into employment for those who are out of work and struggle with their mental health.

Each of the services provided places an emphasis on developing supportive and therapeutic relationships with clients, in order to effectively support wellbeing and recovery from long-term mental ill health. The service supports individuals to achieve personal growth, improve wellbeing and quality of life, and make employment progression where relevant. Centre for Better Health's vision is for individuals to lead satisfying and hopeful lives in a society without any stigma around mental ill health.

African Community School
African Community School works with children and families in need to build their confidence, learn new skills and empower them to gain employment. They conduct flexible and affordable, OCR and NCFE accredited educational and training sessions. African Community School promotes community cohesion by ensuring their services are accessible to all ethnic groups in the community.

Bikur Cholim
Bikur Cholim provides a wide range of practical and emotional support services, with an emphasis on empowering people no matter their situation. They provide personalised support according to each person's individual needs with sensitivity, compassion and confidentiality. Bikur Cholim's dedicated team of 45 staff members and over 400 volunteers are trained to deliver person centred support 24/7, 365 days a year.

Appendix 3: The Wellbeing Network Peer Pathway Case Studies 2024-25

Case Study 1:

"I officially became a Peer and felt embraced"

"I have 'climbed' in my journey to becoming a more self-confident individual. This is primarily due to the course sessions of the Peers Leadership Programme. It has positively impacted my confidence, management skills and public speaking skills"

"The peers pathway opens opportunities for people in recovery, to be a part of a network of supportive peers. For them to take ownership of their recovery. For them to utilize their lived experiences and to be a source of encouragement and empowerment to others."

What led you to the WBN?
I went through nineteen years of a bad and controlled marriage and lost almost all that strong independent female I used to be. I was suffering with depression and high anxiety where my mouth and body began shaking. I called the GP for more anti-depressants but was refused. I was referred to Talk Therapy instead, then to Irie Mind.

How did you discover the Peer Pathway?
I was introduced to the Peers Leadership program via IRIE Mind who assessed me and, as a result of completing this, I officially became a Peer and felt embraced.

What accomplishments are you most proud of during your time in the programme?
I now have the opportunity and support to run my own group within the wellbeing network. I must say that I have 'climbed' in my journey to becoming a more self-confident individual. This is primarily due to the course sessions of the Peers Leadership Programme. It has positively impacted my confidence, management skills and public speaking skills, as I had to prepare a speech (with complete and non-forcible support), and present it in front of a large audience.

What are your next steps in the Peer Pathway and beyond?
My plan is to deliver a group to encourage others to communicate their emotions, feelings, thoughts and expressions without judgement. Let them know that creative techniques can release anxiety and pent-up emotions and stress. There is no right or wrong way to be. Mistakes are allowed. Perfection is not allowed. The point of the group is to give acknowledgement to each person,

to give the drive and determination to carry onward and above. It will make them feel as if they are somebody, if others made them feel otherwise.

Any additional comments or suggestions for the team or other peers?
The peers pathway opens opportunities for people in recovery, to be a part of a network of supportive peers. For them to take ownership of their recovery. For them to utilize their lived experiences and to be a source of encouragement and empowerment to others. I was at a point of low and desperation. I did something about it. I continued to be supported. Now I am planning on running my own group, with continued support.

Case study 2:

"One of my main motivations for joining was to overcome my fear of speaking in groups."

"The exchange of ideas was both refreshing and inspiring, offering me new ways of thinking and problem-solving."

"My next goal is to build on the skills and confidence I have gained and apply them to future leadership and community projects."

How did you discover the Peer Pathway?
A friend recommended the Peer Pathway programme for its focus on leadership development. Having already taken part in leadership roles elsewhere, I saw this as an opportunity to expand my knowledge and strengthen my skills.

I have always believed that learning is a continuous process, and that there is always room to grow. One of my main motivations for joining was to overcome my fear of speaking in groups. In the past, I often went blank or became overwhelmed when addressing others. That anxiety made me rush through what I wanted to say, simply to get it over with.

Through the Peer Pathway, I wanted to build confidence, manage my nerves, and learn to communicate more clearly and effectively. I also wanted to develop my ability to speak from the perspective of others, to engage with people in a way that is understanding and empathetic. My goal was to move beyond speaking just for myself and instead communicate in a way that connects with and resonates with others.

What accomplishments are you most proud of during your time in the programme?

Throughout my time in the programme, I have achieved real personal and professional growth. I am proud of how much I have developed my confidence and communication skills, especially my ability to help others by speaking openly and honestly. That was something I used to find very difficult. I have really valued working alongside peers who brought such diverse experiences and perspectives. The exchange of ideas was both refreshing and inspiring, offering me new ways of thinking and problem-solving. Each person's input contributed to a richer, more dynamic learning experience, and that collaboration became one of the highlights of my journey.

What are your next steps in the Peer Pathway and beyond?
Although I have recently been unwell, I remain committed to continuing my journey within the Peer Pathway. My next goal is to build on the skills and confidence I have gained and apply them to future leadership and community projects. I am determined to keep improving my communication abilities and to use my lived experience to support and uplift others.

Any additional comments or suggestions for the team or other peers?
I want to express my deep appreciation for the entire team behind the programme and the dedication they show to every participant. The Peer Pathway has been delivered with care and professionalism and has provided a truly empowering and inclusive environment for everyone involved.

Appendix 4: Services in the City and Hackney Public Health team that influence mental health of our residents

Community Wellbeing Team

The City and Hackney Community Wellbeing Team is a collaborative effort that brings together local support services for residents who traditionally do not access conventional settings.

All residents are welcome, but especially those who are:

- rough sleepers.
- struggling with alcohol and substance use,
- asylum seekers.
- sex workers.
- members of the Gypsy Roma Traveller community,
- in contact with the justice system,
- other socially excluded groups,

The team parks in various locations across Hackney and the Square Mile. They offer different services and information on different days, from Monday to Friday.

PAUSE

PAUSE provides a psychologically informed, bespoke 18-month programme of interventions for women who have had children removed from their care. Each programme is developed around the goals and aspirations women have for themselves and aims that no woman should ever have to experience the removal of a child more than once.

STEPS

STEPS provides a specialist, intensive outreach programme, delivering relationship-based, trauma-informed practice to a population of adults in the City of London and Hackney. To be eligible, the person would have experienced three or more disadvantages, these include: substance use, enduring psychological distress and trauma histories, homelessness, and involvement in the criminal justice system. STEPS supports these adults to gain greater control over their lives and to improve their health and wellbeing.

Gambling harm

City and Jackney Public Health arranged for frontline staff to be trained in gambling harm with Gamcare in 2024. The frontline staff were representative of various services such as customer service, housing needs and benefits, Turning Point, and the City Police. The aim is that these staff can support people, and

avoid gambling harmful effects such as low self-esteem, addiction, poor sleep and appetite, stress related or mood disorders like depression and anxiety, and even suicidal thoughts, as well as impacting relationships, employment, and overall wellbeing.

Substance use

The City and Hackney Recovery Service, run by Turning Point, is the service commissioned by the City and Hackney Public Health Team to support people with substance use needs in the local area. It is the main service in the area, delivering individual and group support. It has subcontractual agreements with Mind.

As part of its support offer, professionals work with individuals to develop a long-term personalised care plan to reduce harms from substance use and improve their mental health. This plan is agreed with a key worker, and supported by them, using a motivational approach in the sessions. The group-based psychosocial interventions combine different talking therapy approaches to develop motivation to modify their substance use behaviour, manage feelings that can trigger it, and build skills to regulate their emotions and be more mindful. These groups are delivered by a licensed psychologist. This supports long-term recovery and resilience.
Turning Point also has a subcontractual agreement with Mind, which supports them to work together on cases and easily refer people who have both ongoing mental health and substance use needs. In the UK, 72% of adults who started treatment for substance use in the UK between 2023 and 2024 reported a mental health treatment need.

As part of the work of the City & Hackney Combating Drugs Partnership (CDP), Turning Point is currently working together with the East London Foundation Trust, Mind, and TTAD to improve integrated support for people with cooccurring mental health and substance use needs. These efforts include:

- Improving communication and information sharing systems and protocols between services,
- Upskilling the mental health and substance use workforce to deliver effective interventions for people with cooccurring mental health and substance use needs,
- Piloting care teams that integrate mental health and substance use professionals,
- Streamlining referral, assessment, and triage pathways to ensure appropriate access to support.

Support When It Matters (SWIM) is also commissioned to provide mental health and substance use support both for individuals and groups-based support focused on substance use. The service uses similar motivational techniques, but is specifically for people from African and Caribbean heritage who are registered at a GP within four of Hackney neighbourhoods and experience complex needs. In addition to the service users, SWIM supports professionals through cultural competence awareness training.

Lastly, the East London Foundation Trust has just been commissioned to provide more integrated support for people with cooccurring mental health and substance use needs. As part of this service, mental health nurses work within the City & Hackney Recovery Service to deliver sessions jointly with Turning Point staff focused on improving their mental health in line with their substance use. They will also lead on case management to ensure that service users receive appropriate and coordinated support between other mental health and substance use professionals.

Domestic violence

The Domestic Abuse Intervention Service (DAIS) is jointly commissioned by City and Hackney Public Health and the North East London Integrated Care Board (ICB). From April 2023, the service has been delivering training to increase the early identification of domestic abuse cases and case consultations to discuss cases of individuals identified as being at risk of serious harm. The service aims to support practitioners working directly with residents in City and Hackney by increasing:

- awareness and understanding of the different types of domestic violence and abuse among frontline practitioners, and the referral pathways within City and Hackney,
- referrals from frontline practitioners to domestic violence and abuse services,
- prevention and early identification of domestic violence by frontline practitioners.

DAIS focuses on staff working within NHS and local authority services (including Hackney Council and the City of London Corporation), the voluntary and charity sector (VCS) and external agencies such as the Metropolitan and City of London Police and the London Fire Brigade. The service is a way of improving access to domestic abuse support agencies and therefore, promoting access to mental health services to these victims with high mental health needs.

Further information is available in the Early Identification Domestic Abuse Needs Assessment (2022).

Stop smoking service

Smokefree City and Hackney is the local stop smoking service for adults and children (12+ years) who live, work, study or have a GP in Hackney or in the City of London. They offer 12 weeks of support to help you quit, with your own dedicated stop smoking advisor and easy access to stop smoking medication. Further information regarding smoking in City and Hackney is available in the Tobacco Needs Assessment for City and Hackney (2024).

Physical activity

There are some initiatives promoted by City and Hackney to encourage people to move. Further information is available in the Healthy Weight Needs Assessment for City and Hackney (2024).