Access to mental health services for black people in Lambeth
A summary
January 2014

1. The population of Lambeth

Figure one shows that about 26% of Lambeth people consider themselves to be of black ethnicity in 2011\(^1\). Just under 10% considered themselves to be black Caribbean and about 12% black African. A further 5% were also of black origin. About 7% were of mixed heritage. A substantial proportion of this group were black and another ethnic group.

Figure 1.

![Ethnicity of Lambeth Population 2011 Census](image)

2. Mental health in people of black ethnic background

2.1 Common mental disorder (CMD)

National estimates from large surveys\(^2\) suggest that at any one time 16.2% adults (over 15 years old) have symptoms of common mental disorder (CMD – anxiety, depression, panic attacks, obsessive compulsive disorder etc). In 2011 this works out at an average of 41,700 people in Lambeth although this could be between 30,000 and over 50,000. About half of these are severe enough to warrant treatment (such as talking therapy or medication). In Lambeth over 25,500 adults (8.3% of GP registered adults) are known to their GP as having depression suggesting that the overall figure for CMD is higher.

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\(^1\) In this paper ‘black’ includes people declaring themselves to be black or black British’ including Caribbean, African and ‘Any Other Black’ ethnic categories.

After age-standardisation this national survey found ‘there was little variation between white, black and south Asian men in the rates of any CMD. However, in women all CMDs (except phobias) were more prevalent in the South Asian group’ although the number of south Asian women in the sample was small, so ‘while the differences were pronounced they were only significant for CMD as a whole, generalised anxiety disorder and for panic disorder’.

Although this national survey did not find black people to be at increased risk of Common Mental Disorder overall risk of CMD increases with socio economic deprivation including eg low paid work, unemployment, homelessness. For instance men in the lowest income bracket were 3 times more likely to have a common mental disorder than those in the highest income households. In Lambeth there are higher rates of homeless households and unemployment, poorer average rates of education, higher rates of violent crime and relatively high rates of looked after children all of which contribute to a higher risk of mental ill health. It also remains the case that people of black origin are more likely to be disadvantaged from a social and economic perspective arguably putting them at higher risk of CMD.

Depression is more common in people with a long term physical health conditions and some black and minority ethnic groups have disproportionately more diabetes, coronary heart disease, stroke etc.

2.2 Severe mental illness (SMI)

The national survey mentioned above found a 15-fold difference between prevalence in black men (3.1%) compared with white men (0.2%) for Severe Mental Illness (SMI - mainly psychotic disorders; schizophrenia and bipolar disorder). Other studies have found that incidence rates (ie the number of new cases a year) is also higher in black populations. SMI is also strongly socioeconomically determined especially in men with the risk increasing as income goes down so that for lowest quintile of household income the risk for men is nearly 10 times that of people in the wealthiest fifth (0.9% compared with 0.1%).

If there is a higher incidence and prevalence of SMI in black populations we would expect and want this group to make higher usage of mental health services simply because their need is greater. It is the case in Lambeth that people from black Caribbean and black African populations are over represented in acute psychiatric wards (in excess of 50%). However black men and women are also more likely to be admitted to secure services, nationally and locally. The ‘Count Me In’ census published annually until 2011 consistently found that rates of access to specialist mental health services are highest for people from the black groups.

In Lambeth about 4,500 adults are known by their GP to have severe mental illness. This is higher than would be expected from national figures. It is thought that there are other less well understood factors which also increase the risk of severe mental illness especially in men from black African and black Caribbean backgrounds. This is an active area of research in south east London. For instance a recent study in Lambeth has found that the increased incidence of psychotic illness in black people disappeared once they formed >25% of the population at small area level (ie 1500 people) (Schofield et al 2011). The mechanism for this is unclear but could be something to do with the effects of social support and social capital, possibly mitigating the effects of racism. Further research is happening to find out more about this phenomenon.
The figure shows that black, mixed and Asian groups are at higher risk of SMI than the white British population although the extent of missing or unknown data should also be noted. This is particularly the case for black Caribbean groups where although they form only about 7% of GP registered adults in Lambeth they form about 18% of people on the SMI register ie more than twice what would be expected.

Note that although numbers are small risk of SMI is also higher than average in the white Irish population. This is subsumed within the larger ‘white other’ group.

The positive perspective from this figure is that groups at increased risk are being diagnosed and are known to their GP.

3. Access to treatment and care for ethnic minorities in Lambeth

3.1 Common mental disorder

Most people with CMD are effectively managed in primary care. Access to talking therapy services is the focus for these conditions although people with CMD do also access other secondary mental health services including inpatients when the condition is more severe.

Talking therapies services in Lambeth are provided by SLaM and a number of other smaller providers working in collaboration with SLaM. Initially a year after the start of the new Improving Access to Psychological Therapies (IAPT) services in Lambeth (2009-10) an audit by Public Health identified that fewer older adults and men were being referred to the new services. Whereas 10% of the population was >65 years this age group represented less than 2% of referrals to IAPT services. Older people are more likely to have long term physical conditions and to be depressed. Older people in Lambeth are also more likely to be first generation immigrants and less likely to be fluent English speakers. The audit also showed that ethnic minorities were not accessing the service as fully as they needed to.
Figure 3 shows that white people (these data do not distinguish between white British and other white) are more likely to be referred to IAPT compared with their numbers in the population whereas black, Asian and mixed groups are less likely to be referred than might be expected from their numbers in the population.

As a result of these findings NHS Lambeth asked SLaM to pursue a number of initiatives eg community outreach to ethnic minority communities that was led by Fanon Care (now Certitude). As a result an increasing number of ethnic minority people self referred to the service.

After three years the service was re-commissioned to take in a wider set of options for therapy (both counselling and cognitive behavioural therapy, and mother tongue options etc). The emphasis on widening access for older people (over 55 years), people with long term conditions (LTCs) and ethnic minority groups has continued. In the 1st quarter of year 1 of the new contract (2013-14), baselines were established and targets set. The service is now making good progress for people over 55 years or with LTCs.

<table>
<thead>
<tr>
<th>Priority area</th>
<th>Baseline</th>
<th>Target</th>
<th>Progress at Q3</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTC</td>
<td>257</td>
<td>1000</td>
<td>613</td>
</tr>
<tr>
<td>Over 55 years</td>
<td>148</td>
<td>300</td>
<td>220</td>
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The next figure (4.) shows the ethnicity of clients for the first 2 quarters of the new service. Although the graph does not show the Lambeth population alongside it is clear that the service has increased the proportion of black clients to much closer to what would be expected and this is similar for other ethnic groups suggesting that the interventions to improve access have led to substantial progress.
3.2 Secondary mental health services

Figure 5 shows the ethnicity of SLaM clients by service; Adults, Child and Adolescent, Learning Disability, Older Adults. This is compared with the total across Lambeth SLaM and with the Lambeth population (2011 Census). It is a relatively complex graph and strictly speaking each service should be compared with the age group in the population rather than the total.

However if the SLaM total (blue) is compared with the Lambeth all age population (purple) this graph shows that white British, white other, mixed heritage, Asian and black African groups appear to be accessing services less than would be expected given their numbers in the population whilst black Caribbean, black other and other ethnic groups appear to be accessing services at a higher rate than would be expected given their population levels.

On its own this does not give an indication of whether levels of use of services are in line with need or whether appropriate care is being offered for instance in the community or in hospital but it is a useful initial indication of the ethnicity of service users of the different branches of SLaM services. The next section discusses memory services (for people with dementia) as an example of where work has been done to widen access to BME groups.
Figure 5. Ethnicity of Lambeth SLaM clients across all secondary services August 2013 compared with the all age population of Lambeth (2011)

NB: this excludes IAPT/ Talking therapies and tertiary services including forensic
3.3 Memory Services

In Lambeth there are 22,900 people over the age of 65, 8% of the resident population. This is a smaller proportion of older people than the rest of London or England. There are over 1000 people in Lambeth with dementia and it is the 9th highest cause of death in the borough; 1 in 98 people die because of Dementia. The Memory Service in Lambeth is for anyone with suspected or diagnosed memory loss referred by their GP. The aim is to promote case finding in general practice and enable holistic care and support to be put in place for people with dementia to improve their quality of life and to reduce the risk of someone presenting in crisis perhaps because of an accident or the illness of their main carer.

Ethnic minorities are 1/3 more likely to develop vascular dementia than the white population. Ethnic minorities should therefore be accessing memory services in line with this increased risk rather than simply in line with their numbers in the population.

Local research also suggested that people over the age of 85 were less likely to be referred for assessment than those aged 65-84. As dementia risk increases with age this also suggests inequity of access.

To raise awareness about dementia and promote access to the memory service NHS Lambeth, the Alzheimer’s society and the GP leads for dementia held an awareness raising event with ethnic minority leaders in December 2012. As well as this the GP lead for dementia works with all local GPs to promote learning about detection and management dementia and to make them aware of referring people aged >85 to memory services.

Progress in 2013

As of Quarter 3 2013-14 the Southwark and Lambeth Memory Service had received 245 referrals. Of these 73 (29.7%) are recorded as being from an ethnic minority background. Unfortunately the baseline data (Quarter 4 of 2012/13) is not considered valid as 67% of patients did not have their ethnicity recorded. However ethnicity recording has improved and the ‘not recorded’ figure has dropped to 64 (26.1%).

In Lambeth the over 65 year old population is 73% white, 19% black and 8% of another ethnic origin. Thus where ethnicity is recorded it can be seen that the black population is over represented compared to its population percentage. Given the increase risk in this group it is a positive finding.

For the over 65 year old referrals in 2012/13:
- 60% were of white ethnicity
- 33% black (82% Caribbean, 17% African, 1% other)
- 7% of another ethnic origin (Asian, and other groups including Chinese)

This has risen from 2011/12 figures of:
- 65% white
- 26% black (84% Caribbean & 16% African)
- 9% other ethnic origin (Asian, and other groups including Chinese)

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3 National End of Life Care Intelligence Network: National End of Life Care Profiles for Primary Care Trusts, Lambeth 2012
Work will continue in the coming year to raise awareness of dementia symptoms amongst ethnic minority groups and GPs, to reduce stigma so as to enable people and their family to get good information and the right support and care.

4. Forensic Mental Health Services

The ‘Count Me In’ census last done in 2011 found that black groups are 40% more likely to access mental health services via a criminal justice system gateway. The Health and Social Care Information Centre found that during 2012-13 about 42% of all white inpatients in England were subject to some form of restriction under the Mental Health Act but about 70% of black inpatients were subject to a form of compulsory detention. In Lambeth, the current proportion of black people in low and medium secure is 67% and in high secure 50%.

Lambeth spends more than the England average on forensic mental health services. In part this is related to the social and economic deprivation of the area and the high level of demand. Access to these services is triggered by the perpetration of a serious criminal offence (typically physical and/or sexual violence) and a court order recommending a period of NHS hospital care within a secure setting. Lambeth currently has 19 people detained at Broadmoor high secure facility and 57 people detained locally in low/medium secure provision.

5. Summary

A brief outline of access to primary and secondary mental health services is set out for Lambeth alongside some of the longstanding important concerns that are recognised nationally about the care of black people in mental health services.

Two examples are given of focused work by commissioners to ensure SLaM provides better access to ethnic minority groups in the Talking Therapy and Memory Services. These initiatives have led to improvements for ethnic minorities and greater awareness of the barriers to accessing these types of services for different segments of the population. They are also examples of where commissioners can effect change when working closely with the provider and suggests that other areas of service inequity could be successfully addressed.

More work is needed to review access to adult services, inpatients and use of mental health act section by ethnicity. This information is available from SLaM but it has not been possible to assemble the data in the time available. At this stage it might be constructive to prioritise which area of service to focus on and to work in partnership to make some specific changes.