

Grahame Park Health Needs Assessment: Mental Health Deep Dive

Contents

Executive Summary
Introduction4
Scope4
Methodology4
Limitations4
Summary of the Grahame Park Health Needs Assessment
Mental Health Needs7
People Receiving Incapacity Benefits or Employment and Support Allowance (Universal Credit) for Mental Health-related Conditions - May 20217
People Receiving Personal Independence Payments (PIP) for Mental Health- related Conditions - October 20219
Depression Prevalence – 2019/2011
Schizophrenia, Bipolar Disorder and Psychoses Prevalence - 2019/2013
Serious Mental Illness Prevalence - 2017/1814
Hospital Stays for Intentional Self Harm – June 2019
Hospital Admissions for Alcohol Attributable Harm – June 201916
Drug Crime Offences - December 2020-November 202117
Small Area Mental Health Index - 201718
Index of Access to Healthy Assets and Hazards - 201719
Mental Health Services
Barnet Improving Access to Psychological Therapies – December 202120

Executive Summary

The Grahame Park Health Needs Assessment identified poor health outcomes on the Estate, with mental ill health emerging as a priority. This Deep Dive explores the mental health needs of the area in more detail.

Grahame Park performs poorly on publicly available measures of mental health compared to Barnet:

- Grahame Park has a SUBSTANTIALLY HIGHER¹ average on the percentages claiming Incapacity Benefit or Employment Support Allowance due to mental health-related illnesses, the percentages claiming Personal Independence Payments due to mental health-related illnesses, the estimated prevalence of depression, alcohol-related hospital admissions, drug crime offences, and the Small Area Mental Health Index score.
- Grahame Park has a **HIGHER**² average on the prevalence of schizophrenia, bipolar disorder and psychoses, the prevalence of serious mental illnesses, and hospital admissions for intentional self harm.
- Grahame Park has a **SIMILAR**³ average score on the Index of Healthy Assets and Hazards a measure of how 'healthy' neighbourhoods are.

This Deep Dive confirms that action is needed to support residents of Grahame Park with their mental health.

Barnet Improving Access to Psychological Therapies (IAPT) supports residents with common mental health problems. Barnet IAPT performs **better** than North Central London and England on waiting times, with most people waiting fewer than six weeks for an assessment, but the waiting times for therapies are far longer – approximately seven months from the date of referral for Cognitive Behavioural Therapy (CBT), as of April 2022.

The indicators presented in this Deep Dive can be monitored over time to assess the impact of any service improvement or additional services which are commissioned to help assess the impact of the interventions. This can then be used to inform future roll out of this to other part of Barnet or the wider North Central London Integrated Care System.

¹ In the 5% highest Lower Layer Super Output Areas in Barnet.

² In the 20% highest Lower Layer Super Output Areas in Barnet

³ In the 40% highest Lower Layer Super Output Areas in Barnet.

Introduction

Scope

In 2021, the Grahame Park Health Needs Assessment was completed. Some of its recommendations were around improved mental health support for residents of Grahame Park:

"Prevalence of mental health needs are high on Grahame Park and are significant cause of disability. Action is needed to support residents with poor mental health."

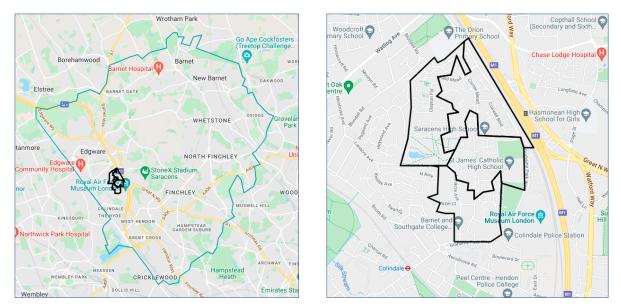
"Depression is the second most prevalent condition on Grahame Park and prevalence in the area is higher than London average. Support for people with mental health conditions is a priority."

"Qualified mental health support and counselling is needed. This is not currently available on Grahame Park."

This Deep Dive supplements the Health Needs Assessment by spotlighting mental health. It includes more indicators of mental health and compares Grahame Park to other neighbourhoods in Barnet.

Methodology

Grahame Park is defined, for the purpose of the Health Needs Assessment, as Lower Layer Super Output Areas E01000151, E01000152, E01000153, E01000154, as shown below. Where LSOA data is unavailable, Middle Layer Super Output Area E02000049 data has been used.



Limitations

• The uncertainty of the data on mental health is generally high, due to the underreporting of mental health disorders.

- The underreporting of mental health disorders may be more common in Grahame Park. Grahame Park contains a large population of underserved communities (see the Health Needs Assessment for demographic data), which are less likely to access care and support and, therefore, less likely to be represented in official statistics.
 - Black, Asian, and Minoritised Ethnic (BAME) groups.
 - People with drug and alcohol dependence.
 - People living with learning disabilities.
 - Offenders and victims of crime.
 - People experiencing homelessness.
- Some data was collected prior to March 2020, so the impact of the Coronavirus pandemic is not reflected in this data.
 - Multiple studies revealed deterioration in mental health during the pandemic, especially for women, young adults, adults experiencing loss of income or employment, adults in deprived neighbourhoods, and some ethnic minority populations⁴.
- This Deep Dive does not explore the determinants of mental health and wellbeing (e.g. access to greenspaces), but this is covered in the Health Needs Assessment.
- Previous needs are not necessarily indicative of future needs. The needs of Grahame Park may be higher or lower in the future than they have been historically.

⁴ Office for Health Improvement and Disparities (2022). COVID-19: mental health and wellbeing surveillance report. https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/2-important-findings-so-far

Summary of the Grahame Park Health Needs Assessment

The Health Needs Assessment identified a complex set of needs on Grahame Park Estate. Below is a very high-level summary of the findings.

- Population
 - Grahame Park has a higher population of residents aged 0-15, and a lower population of residents aged 65+, compared to Barnet.
 - Grahame Park has a significantly higher Black, Asian and Minoritised Ethnic population (61.3%), compared to Barnet (35.5%).
 - $_{\odot}$ Most of the housing is socially rented (69%).
- Mental Health
 - Depression is the second most prevalent condition among residents of Grahame Park, with 9.1% living with depression.
 - $\circ~$ 1.34% of residents have a serious mental illness, compared to 0.97% in Barnet and 1.1% in London.
 - Grahame Park has a higher percentage of the working age population receiving disability benefits compared to Barnet.
- Substance Misuse
 - Grahame Park has a higher rate of substance misuse activity compared Barnet, with 58 referrals per 10,000 population, compared to 33 per 10,000 across Barnet.
 - Grahame Park is home to 1.8% of Barnet's population. Residents of Grahame Park represent 3.2% of referrals to substance misuse services.
 - Grahame Park has twice the rate of unplanned exits from substance misuse services compared to Barnet.
- Deprivation
 - The Index of Multiple Deprivation shows that all residents of Grahame Park live in the 20% most deprived neighbourhoods in England, with slightly over half living in the 10% most deprived.
 - There were 130+ instances of night warden patrols engaging with homeless people on Grahame Park Estate between December 2020 and May 2021.
 - There are two foodbanks close to Grahame Park Living Way Ministries and Colindale Foodbank.
- Natural & Built Environment
 - Grahame Park was designed according to Radburn Principles, which isolates the Estate from the surrounding areas – active travel infrastructure is particularly lacking.
 - Grahame Park is one of the most densely populated areas of Barnet.
 - $\circ\;$ There are several vacant commercial units owned by Barnet Council on the Concourse.
- Coronavirus
 - Residents of Grahame Park were significantly more likely to claim Jobseekers Allowance and Universal Credit than the average for Barnet or London in Spring 2020.

Mental Health Needs

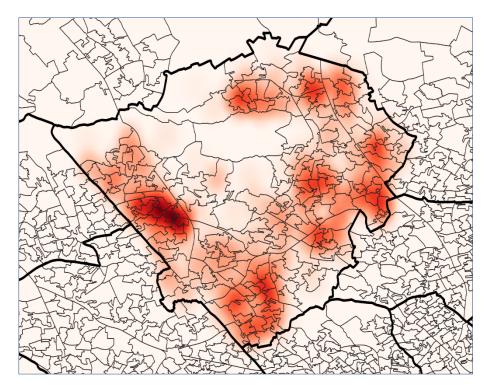
People Receiving Incapacity Benefits or Employment and Support Allowance (Universal Credit) for Mental Health-related Conditions⁵ - May 2021

Grahame Park has a SUBSTANTIALLY HIGHER proportion of the working age population claiming benefits due to mental health related conditions compared to Barnet.

	% of Residents	
Grahame Park	3.07	
Barnet	1.51	

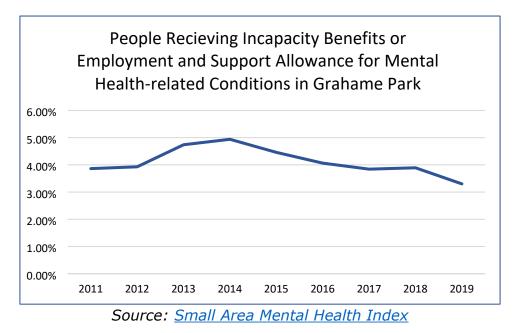
LSOA Barnet 026B in Grahame Park has the **second highest** (of Barnet's 211 LSOAs) percentage of residents claiming Incapacity Benefit or Employment Support Allowance for mental health-related conditions. LSOA Barnet 010C in Brunswick Park has the highest percentage of claimants.

There is a very high concentration of residents receiving Incapacity Benefits or Employment and Support Allowance in and around Grahame Park.



⁵ The figures for the number and proportion of people with mental health issues are based on the claimants of Incapacity Benefit who are claiming due to mental health related conditions. Incapacity Benefit is payable to persons unable to work due to illness or disability. Note, since March 2016, ESA is being replaced by Universal Credit for new claimants.

Rate = (Employment Support Allowance/Incapacity Benefit claimants, disease code mental)/(Population aged 16-64)*100



There has been a slight decline in the percentage of Grahame Park residents claiming Incapacity Benefits or Employment and Support Allowance since 2014. This is consistent with the modest decline seen across England. This may reflect reforms to increase conditionality for disability benefits (reduced generosity and stricter eligibility) rather than a decline in the percentage of residents being unable to work due to illness or disability. The UK Government introduced more stringent conditionality rules in the *Welfare Reform Act 2012*.

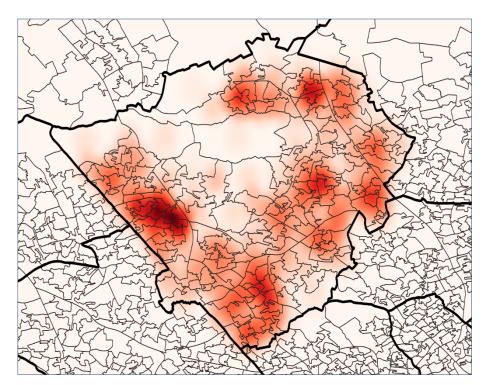
People Receiving Personal Independence Payments (PIP) for Mental Health-related Conditions⁶ - October 2021

Grahame Park has a SUBSTANTIALLY HIGHER proportion of the working age population claiming PIP due to mental health related conditions compared to Barnet.

	% of Residents	
Grahame Park	3.07	
Barnet	1.69	

LSOA Barnet 026B in Grahame Park has the **second highest** (of Barnet's 211 LSOAs) percentage of residents claiming Personal Independence Payments for mental health-related conditions. LSOA Barnet 002D in High Barnet has the highest percentage of claimants.

There is a very high concentration of residents receiving Personal Independence Payments in and around Grahame Park.



⁶ Shows the proportion of working age people receiving Personal Independence Payment (PIP) for mental health reasons. PIP helps with some of the extra costs caused by long-term disability, ill-health, or terminal ill-health. From 8th April 2013 DWP started to replace Disability Living Allowance (DLA) for working age people with PIP. Claimants are classified by primary health reason for making the claim using ICD summary disease codes. ICD (disease) summary code are based on the International Classification of Diseases, 10th Revision, published by the World Health Organisation. The ICD code for those with mental health conditions is 'Mental AND Behavioural Disorders (F00 - F99)'. For reporting purposes, the disability conditions as recorded on the PIP IT system have been mapped to reflect as closely as possible the appropriate ICD10 code. Note only claims in payment are included in the indicator.

Rate = (Personal Independence Payment (PIP) claims in payment)/(Total population aged 16-64)*100.

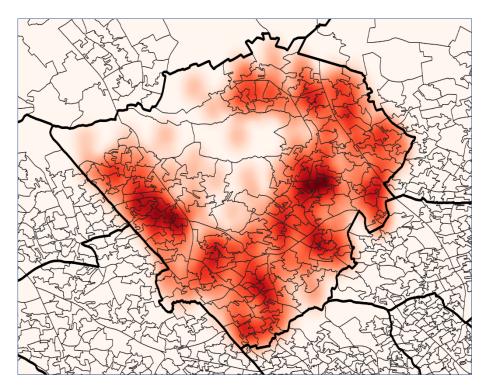
Depression Prevalence⁷ – 2019/20

Grahame Park has a SUBSTANTIALLY HIGHER registered prevalence of Depression compared to Barnet.

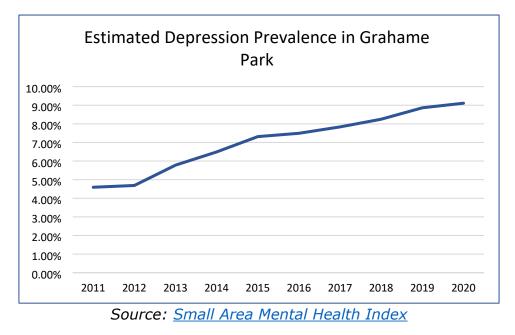
	% of Residents	
Grahame Park	9.11	
Barnet	7.94	

LSOA Barnet 026B in Grahame Park has the **11th highest** (of Barnet's 211 LSOAs) estimated percentage of depression prevalence. LSOAs in East Barnet and Brunswick Park had the highest estimated percentage of depression prevalence.

There is a very high prevalence of depression in and around Grahame Park, but there is also a very high prevalence in and around Woodhouse.



⁷ Shows the estimated percentage of Depression prevalence. The estimate is calculated based on the number of people listed on GP registers in 2019/20, and the number of people recorded as having the relevant health conditions. The data from England's GP practices was published by NHS digital. Please note that these are only estimates and that they are sensitive to the accuracy of GP data reporting. Some differences between areas may reflect differences in the way that GP practices operate, measure, and record, rather than genuine differences in prevalence. As the data is for 2019/20, it may be affected by the beginning of the COVID-19 pandemic. For some conditions (e.g. obesity and dementia), GP-recorded prevalence is lower than the proportion of people living with the condition.



There has been an increase in the estimated percentage of depression prevalence. This is consistent with an increase seen across England.

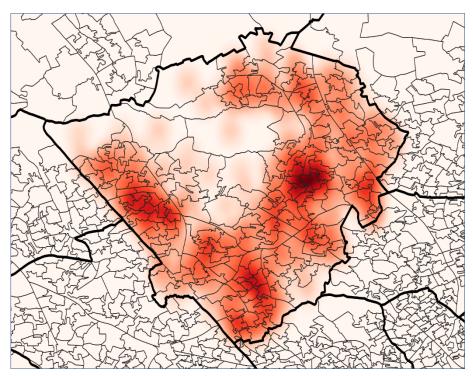
Schizophrenia, Bipolar Disorder and Psychoses Prevalence⁸ - 2019/20

Grahame Park has a HIGHER registered prevalence of Schizophrenia, Bipolar Disorder and Psychoses compared to Barnet.

	% of Residents	
Grahame Park	1.12	
Barnet	1.00	

LSOA Barnet 026B in Grahame Park has the **35th highest** (of Barnet's 211 LSOAs) estimated percentage of schizophrenia, bipolar disorder, and psychoses prevalence.

There is a high prevalence of schizophrenia, bipolar, and psychoses in and around Grahame Park, but there is also a very high prevalence in and around Woodhouse.



⁸ Shows the estimated percentage of Schizophrenia, bipolar disorder and psychoses prevalence. The estimate is calculated based on the number of people listed on GP registers in 2019/20, and the number of people recorded as having the relevant health conditions. The data from England's GP practices was published by NHS digital. Please note that these are only estimates and that they are sensitive to the accuracy of GP data reporting. Some differences between areas may reflect differences in the way that GP practices operate, measure. and record, rather than genuine differences in prevalence. As the data is for 2019/20, it may be affected by the beginning of the COVID-19 pandemic. For some conditions (e.g. obesity and dementia), GP-recorded prevalence is lower than the proportion of people living with the condition.

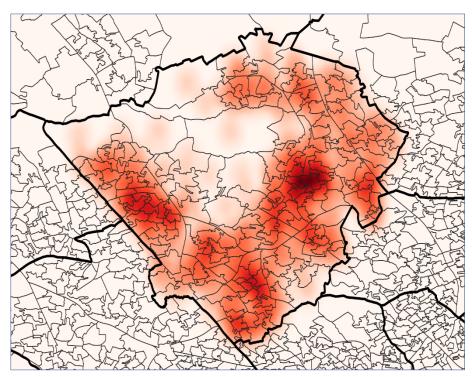
Serious Mental Illness Prevalence⁹ - 2017/18

Grahame Park has a HIGHER registered prevalence for serious mental illness compared to Barnet.

	% of Residents	
Grahame Park	1.15	
Barnet	1.04	

LSOA Barnet 026B in Grahame Park has the **34th highest** (of Barnet's 211 LSOAs) estimated percentage of serious mental illness prevalence.

There is a high prevalence of serious mental illness in and around Grahame Park, but there is also a very high prevalence in and around Woodhouse.



⁹ Shows the estimated percentage of Serious Mental Illness prevalence. The estimate is calculated based on the number of people listed on GP registers in 2017/18, and the number of people recorded as having the relevant health conditions. The data from England's GP practices was published by NHS digital. Please note that these are only estimates and that they are sensitive to the accuracy of GP data reporting. For some conditions (e.g. obesity and dementia), GP-recorded prevalence is lower than the proportion of people living with the condition.

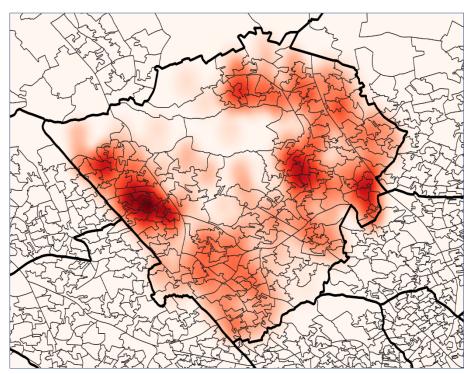
Hospital Stays for Intentional Self Harm¹⁰ – June 2019

Grahame Park has a HIGHER rate of admission to hospital for intentional self-harm compared to Barnet.

	Standardised Emergency Admission Ratio	
Grahame Park	70.4	
Barnet	50.19	

LSOA Barnet 026B in Grahame Park has the **32nd highest** (of Barnet's 211 LSOAs) standardised emergency admission ratio for hospital stays for intentional self-harm.

There is a very high concentration of hospital admissions for intentional selfharm in and around Grahame Park.



¹⁰ Shows the standardised emergency admission ratio (SAR) for hospital stays for intentional self harm (ICD10 code X60 to X84). An SAR is a measure of how more or less likely a person living in that area is to have an emergency admission to hospital compared to the standard population, in this case England. The SAR is a ratio of the actual number of emergency admissions in the area to the number expected if the area had the same age specific admission rates as England, multiplied by 100. An SAR of 100 indicates that the area has average emergency admission rate, higher than 100 indicates that the area has higher than average emergency admission rate.

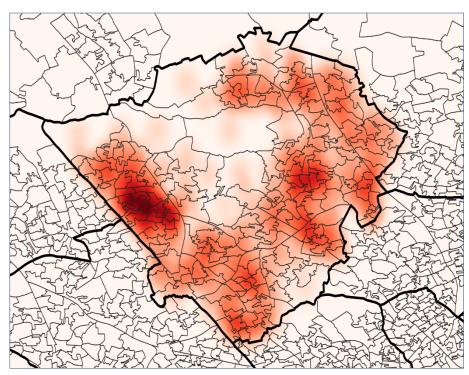
Hospital Admissions for Alcohol Attributable Harm¹¹ – June 2019

Grahame Park has a SUBSTANTIALY HIGHER rate of hospital admissions for alcohol attributable harm compared to Barnet.

	Standardised Emergency Admission Ratio	
Grahame Park	121.7	
Barnet	85.74	

LSOA Barnet 026B in Grahame Park has the **highest** (of Barnet's 211 LSOAs) standardised emergency admission ratio for hospital stays related to an alcohol-attributable condition.

There is a very high concentration of hospital admissions for alcohol-attributable conditions in and around Grahame Park.



¹¹ Shows the standardised emergency admission ratio (SAR) for hospital stays where the primary diagnosis or any of the secondary diagnoses contain an alcohol-attributable condition

⁽http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf, page 7). Children under 16 were only included if they had an alcohol-specific diagnosis i.e. where the alcohol-attributable fraction (AAF) equalled one, meaning that alcohol consumption was a contributory factor in all cases. For other conditions, the AAF estimates were not available for children. An SAR is a measure of how more or less likely a person living in that area is to have an emergency admission to hospital compared to the standard population, in this case England. The SAR is a ratio of the actual number of emergency admissions in the area to the number expected if the area had the same age specific admission rates as England, multiplied by 100. An SAR of 100 indicates that the area has average emergency admission rate, higher than 100 indicates that the area has higher than average emergency admission rate.

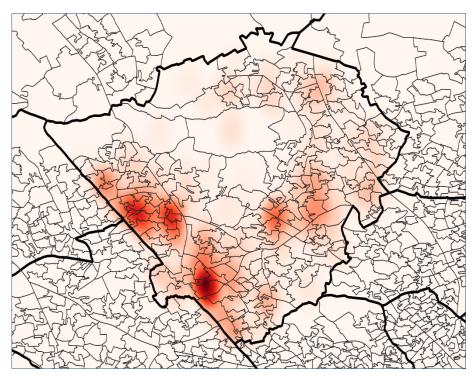
Drug Crime Offences¹² - December 2020-November 2021

Grahame Park has a SUBSTANTIALY HIGHER rate of drug related crime offences compared to Barnet.

	Per 1,000 Residents	
Grahame Park	6.32	
Barnet	2.35	

LSOA Barnet 026B in Grahame Park has the **7th highest** (of Barnet's 211 LSOAs) rate of drug crime per 1,000 residents. The highest rates are found in the surrounding areas – West Hendon, Burnt Oak, and Edgware.

There is a very high concentration of drug crime offences in and around Grahame Park, but there is also a very high concentration in and around West Hendon.



Rate = (Drug crime offences)/(Total population)*1000

¹² Shows 12 month total of neighbourhood-level incidents of drug crime, and as a rate per 1,000 residents. The incidents were located to the point at which they occurred and allocated to the appropriate output area and lower super output area (LSOA).

Small Area Mental Health Index¹³ - 2017

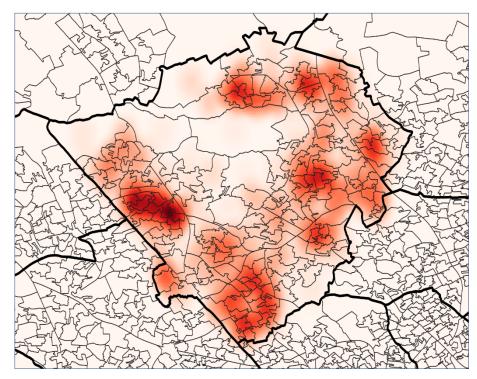
Grahame Park has a SUBSTANTIALY HIGHER Small Area Mental Health Index score compared to Barnet.

The Small Area Mental Health Index combines data on mental health from multiple sources (mental health-related hospital attendances, antidepressant prescribing data, estimated number of patients with a diagnosis of depression, and Incapacity Benefit and Employment Support Allowance for mental illness) into a single index, a higher score indicating higher mental health needs.

	Small Area Mental Health Index Score
Grahame Park	31.23
Barnet	16.02

LSOA Barnet 026B in Grahame Park has the **5th highest** (of Barnet's 211 LSOAs) Small Area Mental Health Index score. LSOAs in Brunswick Park (1st), High Barnet (2nd), Underhill (3rd), and West Hendon (4th) had the highest Small Area Mental Health Index scores.

The area in and around Grahame Park scores very poorly on the Small Area Mental Health Index.



¹³ Small Area Mental Health Index. The SAMHI is a composite annual measure of population mental health for each Lower Super Output Area (LSOA) in England. The SAMHI combines data on mental health from multiple sources (NHS-Mental health related hospital attendances, GP Patient Survey Q34 Best describe your own health state today, Prescribing data Antidepressants, QOF - depression, and DWP - Incapacity benefit and Employment support allowance for mental illness) into a single index. A higher score indicates that an area is experiencing high levels of mental health need.

Index of Access to Healthy Assets and Hazards¹⁴ - 2017

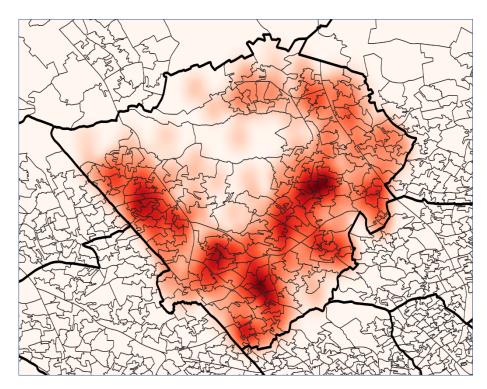
Grahame Park has a SIMILAR score on the index of access to healthy assets and hazards compared to Barnet.

The Index of Access to Health Assets and Hazards is a multi-dimensional index measuring how 'healthy' neighbourhoods are. It combines indicators under four different domains of accessibility: retail environment, health services, physical environment, and air quality, a higher score indicating a poorer health-related environment.

	Access to Healthy Assets and Hazards Score	
Grahame Park	26.91	
Barnet	26.94	

LSOA Barnet 026C in Grahame Park has the **67th highest** (of Barnet's 211 LSOAs) Index of Access to Healthy Assets and Hazards score.

The area in and around Grahame Park scores poorly on the Index of Access to Healthy Assets and Hazards, but there also pockets of poor health-related environments in Childs Hill, Golders Green, Hendon, and West Finchley.



¹⁴ The Index of Access to Healthy Assets and Hazards (AHAH) is a multi-dimensional index developed by the CDRC for Great Britain measuring how 'healthy' neighbourhoods are. It combines indicators under four different domains of accessibility: retail environment, health services, physical environment, and air quality. A higher score indicates that an area has a poorer health-related environment.

Mental Health Services

Barnet Improving Access to Psychological Therapies – December 2021

This data isn't specific to Grahame Park.

- Barnet performs better than North Central London and England on waiting times for an assessment, and similar to North Central London and England on outcomes.
- There are long waiting times between this initial assessment and accessing psychological therapies.

<u>Barnet Improving Access to Psychological Therapies</u> (Barnet IAPT) is based at Edgware Community Hospital. They offer a range of treatment programmes including one-to-one therapy, counselling, and group activities for common mental health problems such as depression and anxiety.

Please note that the 'Under 6 Weeks' and 'Under 18 Weeks' indicators measure the time from referral to *initial assessment*, usually done via telephone. Waiting times for therapies are included below and are longer.

Waiting Times

	Under 6 Weeks	Under 18 Weeks
Barnet	96%	100%
North Central London	89%	99%
England	89.9%	98.4%

Recovery, Improvement and Reliable Recovery Rates

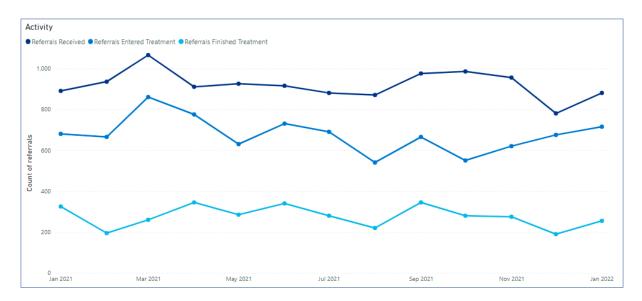
	Recovery Rate ¹⁵	Improvement Rate ¹⁶	Reliable Recovery Rate ¹⁷
Barnet	50%	65%	46%
North Central London	48%	66%	44%
England	48.6%	65.5%	45.6%

Barnet IAPT Activity (January 2021 – January 2022)

¹⁵ A referral has moved to recovery if they were defined as a clinical case at the start of their treatment (meaning they had severe enough symptoms of anxiety or depression to be regarded as a clinical case, measured by scores from questionnaires tailored to their condition) and not as a clinical case at the end of their treatment.

¹⁶ A referral has shown reliable improvement if there is a significant improvement in their condition following a course of treatment, measured by the difference between their first and last scores on questionnaires tailored to their condition.

¹⁷ A referral has reliably recovered if they meet the criteria for both the recovery and reliable improvement measures. That is, they have moved from being a clinical case at the start of treatment to not being a clinical case at the end of treatment, and there has also been a significant improvement in their condition.



Source: IAPT Monthly Interactive Dashboard

The waiting times for treatment at Barnet IAPT:

- Cognitive Behavioural Therapy (CBT): Approximately 7-8 months from the date of referral. There can be further waits for clients with specific requests.
- Guided Self Help: Approximately 2.5 months from the date of referral. There can be further waits for clients with specific requests.
- Counselling: Approximately 3 months from the date of referral. There can be further waits for clients with specific requests.

There was no data available to compare Barnet IAPT with North Central London or England.