Cambridge City Council **Item**

To:	The Leader and Executive Councillor for Strategy and Transformation: Councillor Lewis Herbert
Report by:	Andrew Limb, Director of Corporate Strategy
Relevant scrutiny committee:	Strategy & Resources Scrutiny Committee 21/3/2016
Wards affected:	Abbey Arbury Castle Cherry Hinton Coleridge East Chesterton King's Hedges Market Newnham Petersfield Queen Edith's Romsey Trumpington West Chesterton

JOINING THE MENTAL HEALTH CRISIS CARE CONCORDAT
Not a Key Decision

1. Executive summary

1.1 Cambridge City Council has the opportunity to join partners within a local Concordat that aims to deliver improvements in the care of people in mental health crisis, within a national framework.

1.2 Some Council services have contact with vulnerable people with mental health problems. Working with partners to implement the Concordat will help ensure people in mental health crisis receive the right care at the right time and from the right person. In this way, it will help officers acting as “first responders” to get better outcomes for local people.

1.3 By signing the Concordat the Council will demonstrate its support for the aspirations of the Concordat and willingness to engage, where appropriate, in the work of partners delivering it. At times, Council services may need to adapt their working practices to deliver the desired incomes, but there will be no direct financial cost arising from signing up. Officer time will be given to attend Concordat “Round-table” meetings.

2. Recommendations

The Executive Councillor is recommended:

1. To sign-up to the Cambridgeshire and Peterborough Mental Health Crisis Concordat on behalf of the City Council and encourage officers in the delivery of its aims.

3. Background

3.1 In February 2014 at the instigation of the Government, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and sign a Mental Health Crisis Care Concordat. The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

3.2 Although the Mental Health Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and intervention. The Concordat builds on and does not replace existing guidance.

3.3 Following the national launch of the Concordat the Police and Crime Commissioner for Cambridgeshire, Sir Graham Bright, set up a local Delivery Board for Cambridgeshire and Peterborough to prepare a local declaration of support for the Concordat. This declaration was accepted by the national Concordat Steering Group in mid-2014 and incorporated within its website.

3.4 The local signatories at this time were county-wide organisations, including Cambridgeshire County Council, predominantly NHS based. The Delivery Board then oversaw the preparation of an action plan showing how the partners would respond at a local level to the four aims of the national Concordat.

The four aims of the national Concordat

- **Access to support before crisis point** – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously,
- **Urgent and emergency access to crisis care** – making sure that a mental health crisis is treated with the same urgency as a physical health emergency,
- **Quality of treatment and care when in crisis** – making sure that people are treated with dignity and respect, in a therapeutic environment, and
- **Recovery and staying well** – preventing future crises by making sure people are referred to appropriate services.

3.5 The local Concordat action plan was accepted by the national steering group And updated in October 2015 in line with the outcomes of the Care Quality Commission's Right Here, Right Now report.

3.6 The report looked at people's experiences of help, care and support during a mental health crisis and found that the quality of care experienced by a person in crisis can vary greatly depending on where they are and what help they require. Many people also experienced problems getting help when they needed it, and found that healthcare professionals sometimes lack compassion and warmth when caring for people who are having a crisis.

The current action plan for Cambridgeshire's Concordat incorporates the following actions:

- 24/7 first response,
- Integrated mental health team in the Police Force Control Room,
- Non-health based places of safety,
- Information sharing,
- Multi-agency training,
- Multi-agency data collection, and
- Suicide prevention.

3.6 The Mental Health Crisis Concordat declaration and its accompanying action plan rests within a whole system of mental health social care and mental healthcare strategies that emphasise different elements of it. These include the Social Care Strategy for Adults with Mental Health Needs, Emotional Wellbeing and Mental Health Strategy for Children, the Suicide Strategy, the Clinical Commissioning Group's Commissioning Strategy for Mental Health and Well-Being of Adults of Working Age and, in particular, the Public Health Mental Health Strategy.

Vanguard Programme

3.7 The most relevant programme to improve mental health crisis care at present is the national Vanguard programme, which relates to urgent and emergency mental health care, where Cambridgeshire and Peterborough have been selected as one of eight pilot sites. The programme has national funding attached to it to help resource changes, assisting "first responders" to make appropriate referrals into the emergency care system. It will be rolled out over the next year.

Integrated Mental Health Team

3.8 The Integrated Mental Health Team is now installed in Cambridgeshire's Police Force Control Room. This means that when a call is taken an initial assessment can be made about individuals suffering from mental health crisis that focuses on diversion, providing access to the right pathways, helping to ensure that vulnerable individuals receive the right care, in the right place, at the right time. This initiative is presently being funded by partners within the local Concordat but it may, in the future, form a part of the Cambridgeshire Vanguard programme.

A joined up approach

3.9 Cambridgeshire MIND, who is presently helping to coordinate the local Concordat's action plan, is keen to ensure that all public agencies subscribe to the aims of the Concordat, so that we are all working together and have a "joined-up" approach towards people in mental health crisis.

3.10 Cambridge City Council's front line services work with vulnerable people. Some of these people will be experiencing mental health issues or nearing a mental health crisis. It is estimated that nearly 23,000 people in the city will have a mental health problem, such as anxiety and depression, and 1,020 people registered with their GP are known to have a serious mental illness, such as schizophrenia.

3.11 The "wellbeing principle" is an essential concept underpinning the Care Act 2014 and is broad in its coverage, including physical and mental health and emotional wellbeing, participation in work, suitability of living accommodation, as well as protection from abuse and neglect. The wider responsibilities in relation to safeguarding involve the City Council in working in partnership with the County Council and other bodies.

Cambridge City Council Services and mental health

3.12 Some of our services, such as tenancy sustainment, independent living, housing advice and options, community safety, environmental health will come into contact with vulnerable people living in difficult circumstances more than others because of the nature of their remits. The Council will look to help resolve problems, where it can, and alleviate behaviours that may impinge on neighbours and the wider community.

3.13 The Council actively seeks to work in partnership with local GPs, the county council, and other NHS bodies to ensure that people that have been identified as being vulnerable, due to their mental health needs, can enter the social care and mental health system but sometimes this is difficult to achieve given resourcing challenges. By providing improved access to mental health crisis care the Government believes that as well as individuals benefiting, people will be diverted away from A&E and that there will be reduced pressure on police forces.

3.14 At present Council officers who come across people experiencing an acute episode of mental illness as a "first responder" may call a police officer to attend as a last resort. With the advent of the Integrated Mental Health Team and the implementation of the Vanguard programme, advice, assessment and supported access to mental health services for people in mental health crisis should be more readily available. Where individuals are already known to mental health services, signposting and referrals to relevant services can be carried out in a timely manner.

Benefits of signing-up

3.15 By signing up to the Concordat declaration the council is committing itself to working towards its aims, with others. This will not require the commitment of financial resource at this time but a willingness to "join-up" our services, sharing knowledge of people approaching or in crisis that are known to us and the communities they live in, where appropriate, so that vulnerable individuals in crisis can receive the right care, in the right place at the right time.

3.16 Being a part of the delivery of the local Concordat declaration could allow us to improve our risk assessment of individuals before deploying resources, allowing services to be accessed in a more timely way.

3.17 Officers from the council's front line services have discussed the implications of "signing-up" to the Concordat declaration with the Cambridgeshire MIND co-ordinator and the lead police inspector. They felt that the Concordat declaration will offer a positive benefit to the delivery of council services and local people and also demonstrate that the council is committed to working in partnership to help improve care for local people.

4. Implications

(a) **Financial Implications**

Signing the Concordat declaration will not require the commitment of additional financial resources by the Council at this time but a willingness to "join-up" our services, sharing knowledge of people approaching or in crisis that are known to us and the communities they live in, where appropriate, so that vulnerable individuals in crisis can receive the right care, in the right place at the right time.

(b) **Staffing Implications** (if not covered in Consultations Section)

The council will be required to provide a senior representative at bi-monthly Concordat Round-table meetings and service managers may be involved in delivery task and finish groups where we can reasonably contribute to an action or initiative.

(c) **Equality and Poverty Implications**

The Concordat will help improve the delivery of services for people experiencing mental health crisis. Some parts of our population maybe at greater risk of mental illness because the conditions for their wellbeing, such as decent housing, access to the support of family, friends and the local community and the ability to live independently and participate in work, may not be present. Data from the Health Survey for England (HSE) indicates that adults in the poorest fifth of the population are much more likely to be at risk of developing a mental illness as those on average incomes: around 24% compared with 14%.

(d) **Environmental Implications**

Nil: the proposal has no climate change impact.

(e) **Procurement**

No procurement implications at present.

(f) **Consultation and communication**

The local Concordat declaration has been incorporated into the national website and was given local publicity at the time of its launch and subsequently when the update action plan was launched. It is envisaged that there will be a local "signing-up ceremony" later in the

Spring/early Sumer to mark the council's support for the Concordat – should the recommendation be endorsed.

(g) Community Safety

Some people approaching or in mental health crisis are vulnerable and may need protection from abuse or neglect. Others may exhibit behaviours that impact on neighbours and the wider community that can be interpreted as anti-social. Signing up to the Concordat should therefore have positive community safety implications.

5. Background papers

These background papers were used in the preparation of this report:

- Cambridgeshire MIND Powerpoint presentation about the Concordat to Officer Group: 28 January 2016
- Urgent and emergency care Vanguard: Fit for the Future Bulletin
- Social Care Strategy for Adults with Mental Health Needs, 2015-2018: Cambridgeshire Children, Families and Adult Services

6. Appendices

- Cambridge City Council Equality Impact Assessment
- Cambridgeshire and Peterborough Mental Health Care Crisis Concordat
- Concordat Delivery Action Plan

7. Inspection of papers

To inspect the background papers or if you have a query on the report please contact:

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Appendix - Cambridge City Council Equality Impact Assessment

Completing an Equality Impact Assessment will help you to think about what impact your strategy, policy, plan, project, contract or major change to your service may have on people that live in, work in or visit Cambridge, as well as on City Council staff.

The template is easy to use. You do not need to have specialist equalities knowledge to complete it. It asks you to make judgements based on evidence and experience. There are guidance notes on the intranet to help you. You can also get advice from Suzanne Goff, Strategy Officer on 01223 457174 or email suzanne.goff@cambridge.gov.uk or from any member of the Joint Equalities Group.

1. Title of strategy, policy, plan, project, contract or major change to your service:
Signing and commitment to the Mental Health Crisis Concordat.

2. What is the objective or purpose of your strategy, policy, plan, project, contract or major change to your service?
Cambridge City Council has the opportunity to join Cambridgeshire Mind, the Police Authority, the County Council, the Mental Health Trust and other organisations within Cambridgeshire to support a local Concordat that aims to deliver improvements in the care of people experiencing a mental health crisis. In February 2014 at the instigation of the Government, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and sign a Mental Health Crisis Care Concordat. The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. The four aims of the national Concordat: • **Access to support before crisis point** – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously, • **Urgent and emergency access to crisis care** – making sure that a mental health crisis is treated with the same urgency as a physical health emergency, • **Quality of treatment and care when in crisis** – making sure that people are treated with dignity and respect, in a therapeutic environment, and • **Recovery and staying well** – preventing future crises by making sure people are referred to appropriate services. Cambridgeshire MIND, who are presently helping to coordinate the local Concordat's action plan, is keen to ensure that all public agencies subscribe to the aims of the Concordat, so that we are all working together and have a "joined-up" approach towards people in mental health crisis. Cambridge City Council's front line services work with vulnerable people. Some people will be experiencing mental health issues or nearing a mental health crisis. It is estimated that nearly 23,000 people in the city will have a mental health problem, such as anxiety and depression, and 1,020 people registered with their GP are known to have serious mental illness, such as schizophrenia.

2. What is the objective or purpose of your strategy, policy, plan, project, contract or major change to your service?

By signing the Concordat, the Council will demonstrate its support for the aspirations of the Concordat and that it is willing to engage, where appropriate, in the work of partners to deliver it. This will not require the commitment of financial resource at this time but a willingness to "join-up" our services, sharing knowledge of people approaching or in crisis that are known to us and the communities they live in, where appropriate, so that vulnerable individuals in crisis can receive the right care, in the right place at the right time.

Being a part of the delivery of the local Concordat declaration could allow us to improve our risk assessment of individuals before deploying resources, allowing services to be accessed in a more timely way. Officers from the council's front line services have discussed the implications of "signing-up" to the Concordat declaration with the Cambridgeshire MIND co-ordinator and the lead police inspector. They felt that the Concordat declaration will offer a positive benefit to the delivery of council services and local people and also demonstrate that the council is committed to working in partnership to help improve care for local people.

3. Who will be affected by this strategy, policy, plan, project, contract or major change to your service? (Please tick those that apply)

X Residents

X Visitors

X Staff

A specific client group or groups (please state):

Anyone experiencing acute mental health issues.

4. What type of strategy, policy, plan, project, contract or major change to your service is this? (Please tick)

X New

☐ Revised

☐ Existing

5. Responsible directorate and service

Directorate: Corporate Strategy

Service: Strategy and Partnerships

6. Are other departments or partners involved in delivering this strategy, policy, plan, project, contract or major change to your service?
☐ No X Yes (please give details): All front line services – especially Customer Services, Housing Services and Community Safety.

7. Potential impact

Definitions:

Mental health (or wellbeing): There are many different definitions of mental health or wellbeing (and little consensus on how it should be measured), but they generally include factors known to promote mental health such as: life satisfaction, optimism, self-esteem, mastery and feeling in control, having a purpose in life, and a sense of belonging and support. Good mental health is not simply the absence of diagnosable mental health problems, although good mental health is likely to help protect against the development of many such problems. WHO describe mental health as 'a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community'.

Mental illness or disorder: Mental illness or disorder refers to a diagnosable condition that significantly interferes with an individual's cognitive, emotional or social abilities e.g. depression, anxiety, and schizophrenia.

Severe mental illness (SMI): includes diagnoses which typically involve psychosis or high levels of care, and which may require hospital treatment. Typically this includes schizophrenia and bipolar disorder (Mental Health Wales). The definitions are taken from *Cambridgeshire County Councils* *Public Mental Health Strategy 2015*

Context:

"In England, between 2013 and 2014, there were nearly 3 million adults on local GP registers, registered for depression, and approximately 500,000 for a severe and enduring mental health problem" Data Source

The Local Picture – Cambridgeshire - *Public Mental Health Strategy 2015*

There are an estimated 19,000 children and young people (aged 17 years and under) who may experience mental health problems in need of mental health support[1]	There were 474 self-harm hospital admissions in people aged 10-24 years in 2012/13 and the rate of admissions is higher than the England average[2]	In 2012 there were an estimated 7,500 people with dementia. This is expected to increase to over 12,000 by 2026[3]
6.2% (32,950) of adults aged over 18 years had depression in 2013/14 (CCG level. England average 6.5%)[4]	There are an estimated 63,000 adults aged 18-64 years with a common mental health disorder* [5]	The excess under 75 standardised mortality ratio for adults with serious mental illness was 319 in 2012/13** (England average 347)[6]
4.2% (810) of 16-18 year olds were not in employment, education or training in 2013 (England average 5.3%)[2]	4,986 patients registered in Cambridgeshire have a serious mental illness (SMI)[7]	The rate of hospital admissions for alcohol related conditions was 5.9 per 1,000 population in 2012/13 (3 ,526 admissions) (England average 6.4)[8]
In 2013/14 there were 610 households that were statutory homeless***[9]	0.25% of the working age population are long term unemployed (1,030 people) (England average 0.73%)[9]	13.1% of children live in poverty (14,110 children) (England average 20.6%)[9]

(a) Age (any group of people of a particular age, including younger and older people – in particular, please consider any safeguarding issues for children and vulnerable adults)

7. Potential impact
• Ten per cent of children and young people (aged 5-16 years) have a clinically diagnosable mentalproblem9 yet 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age. • The World Health Organization (2013) estimates that, worldwide, 20% of adolescents in any given year may experience a mental health problem. • In a 2005 US study, consisting of 9282 participants, it was found that 75% of mental health problems are established by age 24, and 50% by age 14. The study also found that one in ten (10%) of school-age children have a clinically diagnosable mental health problem, including depression, anxiety or psychosis. • According to the Royal College of Psychiatrists (RCPsych), depression may affect 1 in 5 older people in the general community and 2 in 5 living in care homes. • An English Health Survey on older people in 2005 found that depression affected 22% of men and 28% of women aged 65 years and over. • The RCPsych estimates that 85% of older people with depression receive no help at all from the NHS. • In a systematic review of 70 studies published in2015, it was found that social isolation, loneliness, and living alone increased the risk of premature death. The increased likelihood of death was 26% for reported loneliness, 29% for social isolation and 32% for living alone. Data Source This proposal is likely to have a positive impact on children, young people and older people experiencing a mental health crisis.

(b) Disability (including people with a physical impairment, sensory impairment, learning disability, mental health problem or other condition which has an impact on their daily life)
• There are strong links between physical and mental health problems. A 2012 report by The King's Fund found that 30% of people with a long-term physical health problem also had a mental health problem and 46% of people with a mental health problem also had a long-term physical health problem. Data Source This proposal is likely to have a positive impact on people's physical and mental health.

(c) Gender

- In England, women are more likely than men to have a common mental health problem and are almost twice as likely to be diagnosed with anxiety disorders.
- The Office for National Statistics (ONS) found that, in 2013, 6,233 suicides were recorded in the UK for people aged 15 and older. Of these, 78% were male and 22%were female.
- In England, women are more likely than men to have a common mental health problem (19.7% and 12.5% respectively). This is higher across all categories of common mental health problems, apart from panic and obsessive compulsive disorder.
- In England, more than 4,000 suicides (among people aged 15 and over) were registered in 2013. Of this figure, two thirds were male and one third was female.
- A 2015 English study of 3,366 adolescents found that, from 2009 to 2014, overall, adolescents experienced similar levels of mental health difficulties (i.e. emotional problems, peer problems, hyperactivity and conduct problems). There was, however, a significant increase in emotional problems in girls over time, and a decrease in mental health difficulties in boys.

Data Source

This proposal is likely to have a positive impact on women and men experiencing a mental health crisis.

(d) Pregnancy and maternity

- Around 50% of women with perinatal mental health problems are not identified or treated. The costs to the UK economy for untreated perinatal mental health problems is estimated to be around £8.1 billion for each one-year cohort of births; this is the equivalent to around £10,000 per year for every single birth in the UK. (These costs are generally the result of not identifying mothers' mental health needs or treating them effectively. However, when mothers are referred, there are known treatments that work well for most cases)
- Paternal mental health is also of crucial importance. Postnatal depression in fathers has been associated with emotional and behavioural problems in their child.
- In a literature review carried out in 2008, it was noted that women with a previous episode of serious affective problems, such as depression, bipolar, or anxiety, were at increased risk of recurrence, even if they had been well during pregnancy and for many years. This highlights the importance of good monitoring, early detection and early treatment.

Data Source

This proposal is likely to have a positive impact on pregnant women, parents and young children

(e) Transgender (including gender re-assignment)

"During our inquiry we heard evidence that trans people face discrimination in accessing general NHS services. Terry Reed, of GIRES, explained that trans people were often nervous about accessing services because they were "not treated sympathetically [or even] politely".

Jess Bradley - " we do see a lot of trans people being denied treatment, whether that is on the basis that they present at a mental health clinic and the mental health Clinicians think, 'Okay, this is too complicated for us. We need to pass this on to somebody else' You find a lot of trans people are passed from pillar to post"

Women and Equalities Committee Oral evidence: Transgender Equality Inquiry, House of Commons - Tuesday 8 September 2015

Please also see the comment from the 2014 Cambridge LGBTQ Needs Assessment in the Gender Section. This proposal is likely to have a positive impact on people from transgender communities experiencing a mental health crisis.

(f) Marriage and Civil Partnership

No anticipated impacts.

(g) Race or Ethnicity

- In a report by National Institute for Mental Health (2003) it was noted that people of Black African Caribbean and South Asian origin are less likely to have their mental health problems detected by their GP and more likely to have other problems incorrectly described as mental health problems.

- A study published in 2008 which explored the association between ethnicity, mental problems and socio-economic status, found that among adults aged 16- 64, Black Caribbean and Black African groups were generally twice as likely to experience psychotic disorders compared with their White British counterparts. This effect was still observed after controlling for socio-economic status.

- The same study also found that women of Pakistani and Bangladeshi origin were at elevated risk of schizophrenia after adjustment for socio-economic status.

- A study published in 2014, exploring the role of ethnicity as a predictor to being detained under the Mental Health Act (MHA), found that ethnicity did not have an independent effect on the likelihood of being detained. However, a diagnosis of psychosis, the presence of risk, female gender, level of social support and London being the site of assessment did affect the likelihood of being detained.

- Gypsies and Travellers are nearly three times more likely to suffer from anxiety than average and just over twice as likely to be depressed (DoH & Cabinet Office Social Exclusion Taskforce, 2010; CCC/NHS Cambridgeshire PCT, 2010).

- Members of black and minority ethnic communities are disproportionately represented in hospital statistics, with Black African, Black Caribbean and Black/White mixed groups of adults three times more likely to be admitted to hospital than the population as a whole.12 They are also up to 44 per cent more likely to be sectioned; that is, detained without their consent.

- Black Caribbean, Black African and White/Black Caribbean mixed groups are 40 – 60 per cent more likely than average to be admitted to hospital from a criminal justice referral, which means their mental health problems are often only detected when they come into contact with law enforcement agencies.

- Black men are also almost twice as likely as white men to be detained in police custody under Section 136 of the Mental Health Act.20 Given these trends, amongst these populations there is a high level of fear associated with mental health treatment; that they will receive inappropriate and poor treatment (e.g. excessive restraint and medication) and be discriminated against. The problems in mental health care seem to be amplified for ethnic groups and for the disadvantaged, with the inverse care law applying. That is, those who are in most need of support are the least likely to access the services which provide this support. Data Source

- Data Source (unless otherwise stated)

(h) Religion or Belief

No disproportionate anticipated.

(i) Sexual Orientation

- In a national English survey it was found that 27,497 respondents registered with the National Health Service who described themselves as gay, lesbian, or bisexual, were 2 to 3 times more likely to report having a psychological or emotional problem compared to their heterosexual counterparts.

- In a 2011 British survey, conducted by Stonewall, with 6,861 respondents, it was found that 1 in 10 gay and bisexual men aged 16-19 attempted to take their own life in the year prior to the survey. Further, 1 in 16 gay and bisexual men aged 16-24 had attempted to take their own life in the previous year.

- The survey also found that 1 in 7 gay and bisexual men were currently experiencing moderate to severe levels of mixed depression and anxiety.

- In a 2008 British survey on 6000 women, it was found that 4 in 5 lesbian and bisexual women reported having had a spell of sadness, feeling miserable or depressed. Further, 1 in 5 lesbian and bisexual women have deliberately harmed themselves in some way.

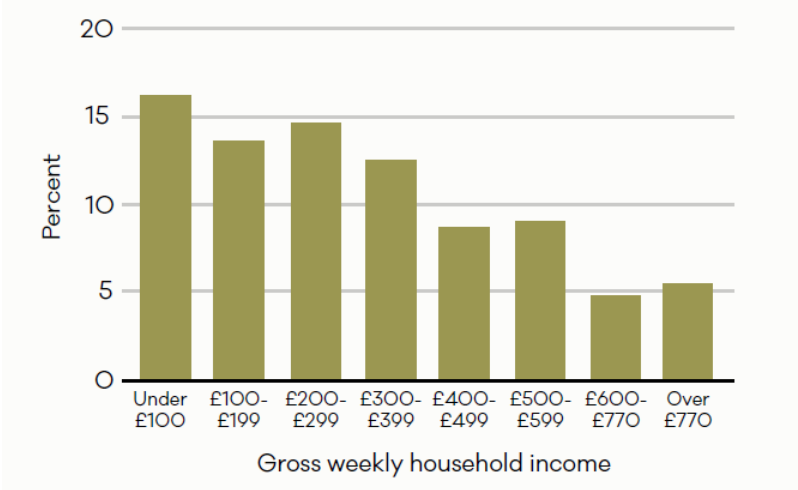
- “One of the key findings relating to respondents experiences of public services, highlighted issues with health services specifically. 73 % of comments given relayed negative experiences of accessing health services and prejudice from health professionals. This included a lack of understanding of LGBTQ issues by staff, direct homophobia, and heteronormative and cissexist assumptions from staff.” 2014 Cambridge LGBTQ Needs Assessment

Data Source (unless otherwise stated)

This proposal is likely to have a positive impact on LGBTQ communities.

(j) Other factors that may lead to inequality – <u>in particular</u> – please consider the impact of any changes on low income groups or those experiencing the impacts of poverty (please state):

- Data from the Health Survey for England (HSE) indicates that adults in the poorest fifth of the population are much more likely to be at risk of developing a mental illness as those on average incomes: around 24% compared with 14%. This means that signing the Concordat is likely to have a very beneficial impact.
- Prevalence of mental health problems in children by gross weekly household income, (Green et al, 2005)



"Countywide data can hide the local variations seen within Cambridgeshire. As previously mentioned, certain factors can increase the risk of people suffering poor mental health or illness. These factors often reflect the broad pattern of poverty or deprivation. For example, when looking at hospital admissions for self-harm across 10 years in Cambridgeshire, there is a correlation with deprivation; the rate of admissions are generally higher where deprivation is higher. These areas would also be expected to have a higher rate of adults living with common mental disorders" *Public Mental Health Strategy 2015*

This proposal is likely to have a positive effect on people experiencing poverty or who have a low income.

8. If you have any additional comments please add them here

People with mental health issues and violence

- Studies have shown that the estimated risk of violence by people with mental health problems ranges from 3% to 5%.
- People with mental health problems are more likely to be victims of violence compared to those without mental health problems.
- In a 2013 British survey among persons with severe mental health problems, it was found that:

- 45% had been victims of crime in the previous year.

- 1 in 5 had experienced a violent assault.

- People with mental health problems were 3 times more likely to be a victim of assault and any crime than those without.

- Women with severe mental health problems were 10 times more likely to experience assault than those without.

- People with mental health problems were more likely to report that the police had been unfair to them compared to the general population.

Homelessness

- An ONS report published in 2011, reported that twice as many people in the UK compared to the EU cited mental health problems as a reason for being homeless (26%and 13% respectively).
- A 2009 literature review found higher prevalence of mental health problems in the homeless population compared to the general population. The review noted that the prevalence of serious mental health problems was present in around 25-30% of street homeless and in those in direct access hostels.

Asylum Seekers and Refuges

- In 2011, the Scottish Sanctuary Project evaluation report identified that mental health problems are a major public health issue for asylum seeking and refugee women.
- The project also found that mental health was a predominantly Western concept, and services were built on models that were often not accessible or meaningful to minority ethnic communities.
- A 2009 study carried out by the Scottish Refugee Council with 349 refugees found that:

- 57% of women were likely to have Post Traumatic Stress Disorder
- 20% of women reported suicidal thoughts in the past 7 days
- 22% of women stated that they had tried to take their own lives.

Data Source
This proposal is likely to support and have a positive effect on groups experiencing complex and challenging circumstances.

9. Conclusions and Next Steps

- If you have not identified any negative impacts, please sign off this form.
- If you have identified potential negative actions, you must complete the action plan at the end of this document to set out how you propose to mitigate the impact. If you do not feel that the potential negative impact can be mitigated, you must complete question 8 to explain why that is the case.
- If there is insufficient evidence to say whether or not there is likely to be a negative impact, please complete the action plan setting out what additional information you need to gather to complete the assessment.

All completed Equality Impact Assessments must be emailed to Suzanne Goff, Strategy Officer, who will arrange for it to be published on the City Council's website.
Email suzanne.goff@cambridge.gov.uk

10. Sign off

Name and job title of assessment lead officer: Graham Saint

Names and job titles of other assessment team members and people consulted:

Suzanne Goff – Corporate Strategy

Date of completion: 4th March 2016

Date of next review of the assessment: March 2015