

Mental Health in Islington

Joint Strategic Needs Assessment
Public Health, March 2025

A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within a local authority area.

This JSNA has a comprehensive focus on Mental Health and Wellbeing across the life course. It includes:

- Key concepts and definitions
- Influences on mental health and wellbeing
- Overview of mental health needs in Islington and services and support
- Qualitative insights from children, families, adults and key stakeholders
- A summary of best practice for taking a Public Mental Health approach

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Key findings

Key findings – Children and Young People

- Poverty and deprivation are key risk factors for poor mental health amongst children and young people. According to 2019 data, Islington is the most deprived borough for children in London. In 2023/24, once accounting for housing costs the proportion of children living in relative poverty in Islington was 37%. This was higher than the London average.
- It is estimated that 8,990 children in Islington had a probable mental health problem in 2023. Prevalence of probable mental health problems amongst children and young people increases with age especially for girls. For girls 14% of children and young people have a probable mental health problem at age 8-10 years. By the ages of 20-23 there is a significant increase to 29%.
- The rate of hospital admissions as a result self harm was significantly higher for 10-14 year olds and 15-19 year olds in Islington relative to London but not significantly different compared to England. Self-harm admissions are highest amongst 15-19 year olds (403.8 per 100,000 population in 2022/23).
- The perinatal period is a time when there are significant risks of mental health problems. In 2019, 652 (24.7%) women in Islington were estimated to have pre-existing or newly diagnosed mental health problems in the perinatal period. This is significantly lower compared to England (25.8%).
- In April 2020 NHS England increased its target for Specialist Perinatal Mental Health Services to see 10% of the local birth rate. In North Central London, the percentage of women accessing SPMHS as a proportion of births was 7.5% in 2023/24, lower than the NHS England target (10%).
- In Islington, Social Emotional and Mental Health services can be accessed via a Central Point of Access (CPA). In 2023/24, 2138 referrals were received by the CPA which is similar to the year before (2385). The number of referrals was highest for 11-15 year olds and White British Children and Young People.

Key findings – Children and Young People (continued)

- The average number of weeks waiting between a referral to CAMHS and 1st Contact ranged between approximately 4 weeks and 8 weeks between April and January 2024.25. This does not include neurodevelopmental services where waiting times are much longer.
- Across England there is increasing demand for neurodevelopmental assessments. The current routine wait for full neurodevelopmental assessments is 3 years 1 month in Islington.
- Several groups were identified as being at higher risk of developing mental health problems in Islington. They include: children with special education needs or disabilities, children looked after, low income families, children with neurodiversity, unaccompanied Asylum Seekers, Young Carers, Young Black men, young people in contact with Youth Justice, LGBTQI+ communities and young women.
- Young people report several key barriers to accessing support including low awareness of the support offer in Islington, concerns that accessing support is difficult and worrying about the real-life consequences of accessing support. Young people also report trying to deal with their own mental health worries first or talking to friends rather than teachers or family members.

Key findings - Adults

- Individuals mental health is influenced by factors affecting them across their lives, by their own actions and by the environment in which they live, work, and play. These factors can be categorised as risk factors that may adversely affect mental health.
- Deprivation is a key contributor to poor mental health and according to 2019 data, Islington is the 53rd most deprived Local Authority in England and the 5th most deprived local authority in London. Islington also has high levels of drug and alcohol use, high housing costs and high levels of homelessness.
- Protective factors promote good mental health. In the 2023 Islington resident survey, just under nine in ten Islington residents report having a 'good' amount of social contact with people they like. Over three quarters of Islington residents report that people from different backgrounds get on well together.
- Several groups were identified as being at higher risk of developing mental health problems in Islington. They include: individuals with substance use needs, Carers, Vulnerable migrants, Gypsy, Roma and Traveler communities, people with learning disabilities, certain ethnic groups, LGBTQI+ individuals, people with comorbid physical and mental health issues, people who are unemployed or with low income and people experiencing homelessness.
- Prevalence data on mental health problems at borough level is limited. We are reliant on rates of diagnosed depression and severe mental illness. Evidence suggests that underdiagnosis of depression is a significant issue so this should be considered when interpreting findings.
- Islington has the second highest rates of diagnosed depression and severe mental illness in London. People from a Black ethnic group (2.8%) are significantly more likely to be diagnosed with a serious mental health illness than all other ethnic groups.
- In the three years 2021-23 there were 51 registered deaths by suicide in Islington (10.7 per 100,000). An average of 17 deaths per year. In Islington, suicide rates are highest among males. Age-standardized rates of suicide in Islington are highest in those aged over 45, a rate of 15 per 100,00 compared to a rate of 6 per 100,000 in those aged 25-44 in the period 2018-2022.

Key findings – Adults (continued)

- Young adults ages 18-25 and females are much more likely to access NHS talking therapies compared to the general population. Bangladeshi, Chinese, Black African and White British ethnic groups are underrepresented in talking therapy services.
- Rates of Under 75 mortality rate from causes considered preventable are high in Islington compared to London and Islington. This is also true for people with SMI, in 2020-22, the rate of premature mortality in adults with severe mental illness (SMI) was 164 per 100,000. This is significantly higher than London (110 per 100,000).
- The **excess mortality rate** is a measure of inequality which compares the difference between premature mortality rate of people with a SMI to the premature mortality rate of the general population. Between 2021-2023, in Islington, people with SMI were approximately 4 times as likely to die early compared to the general population. This is significantly better than England where people with SMI are almost 5 times as likely to die early.
- Views from residents indicate that low awareness of services and perceptions of long waiting lists act as barriers to accessing support. They report that culturally sensitivity, flexibility in how services are accessed and reducing mental health stigma would act as facilitators to accessing support.
- Stakeholders identified several groups where improved support is needed in Islington:
 - LGBTQIA+
 - Those with neurodivergence. Especially people diagnosed/suspected ADHD and Autism
 - migrants and refugees
 - young men
 - children and young people
 - those of non-white ethnicity
 - those whose first language is not English.
 - Older adults

Section 1 - Background

1.1 Mental Health Terminology

Everyone has mental health, just as we all have physical health. Our mental health is what we experience every day, and like physical health it ebbs and flows. Our mental health affects how we think, feel and act in our daily lives.

“Mental health is defined as a state of well-being 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” - World Health Organisation (WHO)

Defining mental health problems

A mental health problem is a health condition that affects emotions, thinking and behaviour; defined by a specific set of signs and symptoms that cause significant and persistent emotional distress.

There are many types of mental health problems but can include depression and anxiety (common mental condition) or schizophrenia and bipolar disorder (severe mental illness).

A note on terminology

The language around mental health can be confusing. It is important that the language used is as inclusive as possible to avoid stigmatisation.

Terms such as “mental health illness” and “mental health condition” are commonly accepted but insights collected by Mind and the Royal College of Psychiatrists from experts by experience indicate that the most inclusive terminology is **mental health problems**.

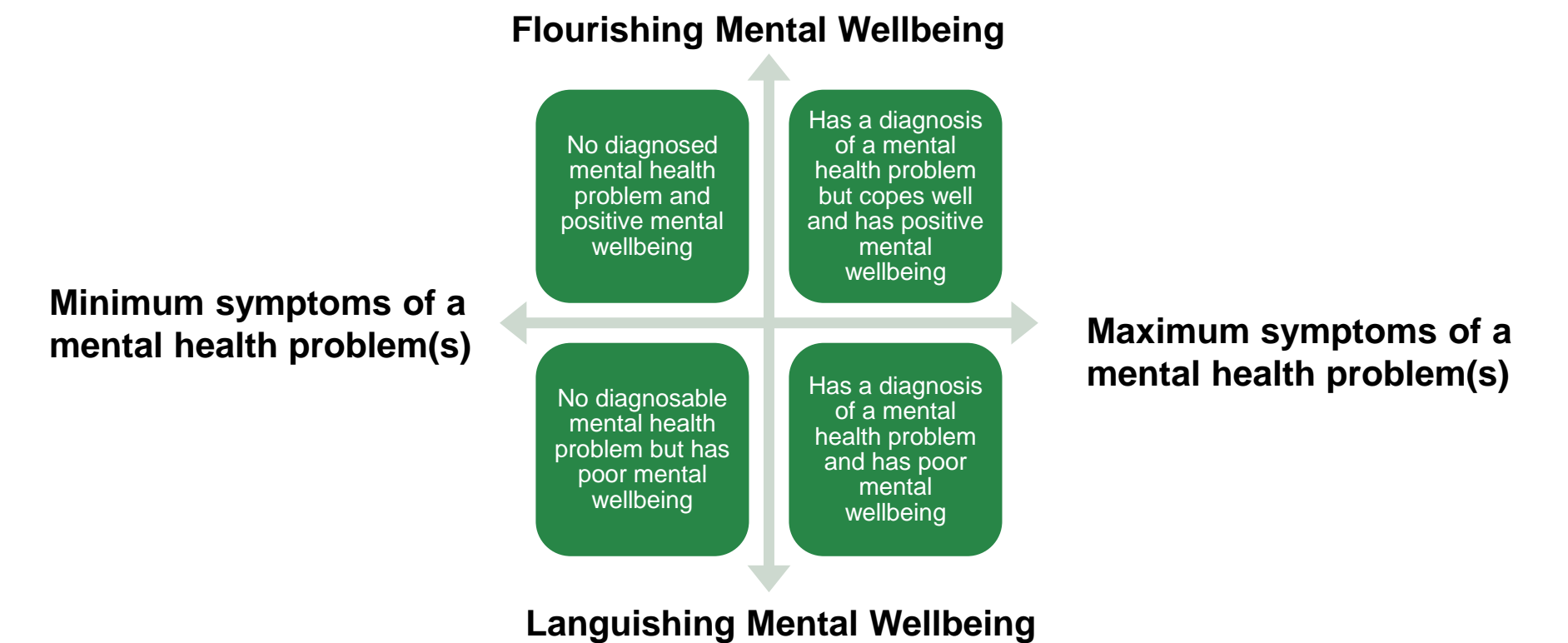
In light of this, throughout this report we will use the term “mental health problems” and “severe mental illness” in specific circumstances.



1.11 Mental Wellbeing

Wellbeing is a subjective measure, whose core attributes include feeling good and functioning well, both individually and socially. Generally, those with abundant wellbeing have fewer mental health problems, while people with low wellbeing are more likely to have mental health problems. However, this is not always the case at an individual level; many people living with mental health conditions lead productive and fulfilling lives, while those deemed to have good mental health may have poor wellbeing.

The [Mental Health Continuum](#) provides a useful model for understanding mental health problems and wellbeing and the interplay between them as distinct but connected concepts.



1.2 Mental Health Stigma (59)

What is stigma and what is the impact?

Mental health stigma refers to negative attitudes, pre-judgements, prejudices and behaviour that can make it harder for individuals with mental health problems to live a normal life. The impact of mental health stigma can be catastrophic as it leads people to fear discrimination from their peers or their community, which can delay or prevent them from talking to friends or family, and from accessing services. Mental health-related stigma can also make it harder for people with a mental problem to find work, be in a long term relationship, live in decent housing and be social excluded from mainstream society.

Public attitudes

A 2023 national survey on attitudes to mental illness explored the state of stigma amongst people aged 16 and over in England. The survey explored three pillars of stigma: knowledge, attitudes and behaviours. The survey findings presented a mixed picture with some negative declines in some measures but improvements in other areas.

Decline in measures:

Behaviour

When asked if they'd be **willing to live with someone with mental health problems only 55% said they would, down from 66% in 2019**. And when asked whether they'd be willing to live nearby to someone with mental health problems 75% said they would, down from 81% in 2019.

Knowledge

When asked if people with mental health problems could **fully recover 59% of people agreed, down from 67% in 2019**. And when asked if they knew what **advice to give a friend to get professional help with a mental health problem 60% agreed, down from 66% in 2019**.

Attitudes

When asked whether the best therapy for many people with mental illness is to be part of a normal community 72% agreed, down from 79% in 2019. At the same time, **only 11% of respondents agreed that there were sufficient services for people with mental illness (down from 16% in 2019)**.



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1.21 Mental Health Stigma

Improvements in measures:

Acceptance of depression and schizophrenia

Since 2007 people are now more likely to say they would be willing to make friends with someone with depression or schizophrenia, have them as a colleague, accept them into their family and have them provide childcare. The largest shifts show that **80% of people would now accept someone with depression marrying into their family, up from 53% in 2007**. For **schizophrenia, those figures have moved from 37% in 2007 to 72% in 2023**.

The survey shows there has been some negative shifts in behavior, knowledge and attitudes measures. It is thought that these changes are likely linked to the impact of the Covid-19 pandemic and the cost-of-living crisis which has caused widespread economic anxiety which might have resulted in social attitudes hardening towards people with a mental health problem. The national 'Time to Change' campaign also came to an end in 2021 so whilst awareness may have improved throughout the programme, a reduction in targeted activities tackling stigma might also be having an impact. **There are also positive findings which include increased public acceptance of people with depression, schizophrenia.**

What are we doing to improve mental health awareness and reduce stigma?

- Public Health commissioned Mental health and Suicide prevention training for Voluntary Sector and Faith Organisations in Islington.
- A plethora of work takes places in schools to build whole system approaches to mental health including the implementation of the Islington Mental Health and Resilience Framework (iMAHRs)
- Minds Matter Islington is a specific mental health promotion service for young people which aims to improve awareness and understanding of mental health, increase early identification and access to mental health services and to tackle the associated stigma and discrimination.
- Working in partnership with local organisations to deliver health talks and share key messaging around mental health and wellbeing.

1.3 Influences on our mental health

Our mental health and wellbeing is determined by a combination of individual, social, community and environmental based factors. These factors can be categorised as risk factors that may adversely affect mental health and protective factors that build and promote good mental health. Whilst some of these factors can be fixed, others can be influenced to promote better mental health and wellbeing or reduce the risk of developing a mental health problem. Examples of risk and protective factors are included below.



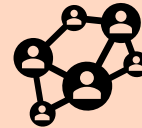
Individual

- Secure attachment
- Self esteem & confidence
- Speech, language and communication
- Physical illness, alcohol and substance use
- Exposure to traumatic events



Family and relationships

- Quality of relationships
- Poor experience of being in care
- Family physical or mental health
- Loss and bereavement
- Family stability



Community

- Isolation
- Community cohesion
- Crime or fear of crime
- Poor quality environment or neighborhood



Environment

- Poor access to basic facilities (housing, jobs, open space)
- Poor access to health services
- Injustice and discrimination
- Poverty
- Climate change



1.4 National policy context

Over the last decade the profile of mental health has increased significantly. This has become even more apparent following the Covid-19 pandemic and cost of living crisis.

An [independent report](#) published in November 2024 conducted by Lord Darzi of the NHS found that nationally, we have seen an increased prevalence of mental health problems in England and rising demand on services with associated long waiting times. There was a recommendation that funding and resources need to be shifted to the community and the NHS needs to embrace multidisciplinary models of care that bring together primary, community and mental health services. The review also found that there are inequalities in access to mental health services and mental health outcomes. In particular, it highlighted the impacts of poverty and homelessness on mental health, as well as the disproportionate use of the Mental Health Act to detain Black or Black British people.

The [NHS Long Term Plan \(2019\)](#) set out ambitions to:

- getting care at the right time.
- an integrated mental and physical health approach.
- promoting good mental health and preventing poor mental health.
- improving access to jobs, quality relationships and community
- tackling inequalities, as mental health problems disproportionately affect those living in poverty, are unemployed and who already face discrimination

In September 2023, the Government published [a five-year cross sector strategy](#) for suicide prevention in England with the ambition to reduce the suicide rate over the next 5 years, improve support for people who have self-harmed and people bereaved by suicide.

1.5 Local strategic context

Policy	Description
<u>Islington Together 2030 Plan</u>	The Islington Together 2030 Plan sets out the vision for services working together with our diverse communities to create a more equal future for our borough by 2030. Promoting good mental health is a cross-cutting theme.
<u>Annual Public Health Report 2023/24: Young People's Health and Wellbeing</u>	The 2023/24 Annual Public Health report focused on young people's health and wellbeing. There is a chapter on mental health.
<u>Islington's Strategy for Children and Young People with Special Educational Needs and Disabilities 2022-27, Islington Council</u>	The strategy sets out a plan to continue to improve outcomes for children and young people with SEND and their families in Islington.
<u>Bright Start Strategy 2023-28</u>	This is Islington's Strategy for Maternity and Early Years from conception to age 5, including the start for life 0-2 offer. Within the strategy there is a focus on supporting early relationships to support mental health and wellbeing.
<u>Draft Joint Health and Wellbeing Strategy 2025-2030</u>	The Joint Health and Wellbeing Strategy seeks to improve health, wellbeing and independence of people in Islington. Overall goals are to: improve life expectancy, improve healthy life expectancy and reduce the inequalities life expectancy and healthy life expectancy between groups and communities. This will be achieved by taking a life course approach.
<u>Camden and Islington Suicide Prevention Strategy and Action Plan 2022-27</u>	The Strategy and Action plan sets out three key messages 1) Suicide is preventable, 2) It's safe to talk about suicide , 3) Suicide prevention is everyone's business.
North Central London ICS Longer Lives	A strategic plan aiming to improve care for the physical health needs of those with severe mental illness (SMI) is set to benefit residents across North Central London (NCL).
<u>North Central London Population Health and Integrated Care Strategy</u>	The strategy sets out North Central London's (NCL) approach to improving the physical and mental health of the population in the five boroughs of NCL, including Islington, working in partnership with other organisations and sectors.

Section 2: Children and Young people

2.1 What influences children's mental health?

Mental health is influenced by multiple risk and protective factors. Exposure to risk factors during developmentally sensitive periods like early childhood are particularly harmful and increases the probability of developing mental health problems later in life. Protective factors such as secure attachment, supportive and sensitive parenting, high self-esteem, resilience, good housing, high-quality education, access to open spaces and being physically active can strengthen and promote good mental health. Poverty and deprivation, neglect and abuse, poor physical health, social isolation and exposure to crime and violence can all negatively impact children and young people's health.

Poverty and deprivation_{1,2}

There is limited data available to help us understand how poverty has changed in the borough overtime.

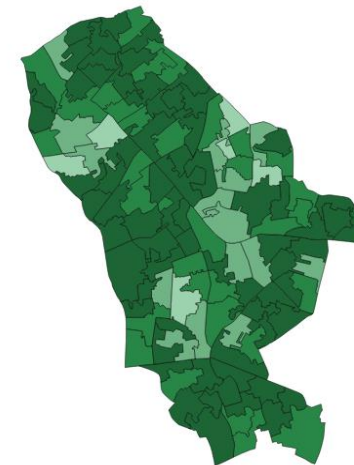
The map shows the variation in Income Deprivation Affecting Children Index (IDACI) by Lower Layer Super Output Areas (LSOAs). It measures the children aged 0-15 living in income deprived families. The darkest colours show the most deprived areas. In 2019, Islington ranked as the most deprived in London. We know that significant events have occurred since 2019. Provisionally the next index is scheduled for release in late 2025.

In 2022/23, 18% of children under 16 years of age in Islington were living in families that were in relative poverty (before housing costs). This was higher than the London average (16%). The ward with the largest percentage of children living in relative poverty before housing costs was Caledonian ward.

However, once accounting for housing costs, the proportion of children living in relative poverty in Islington increased to 37%. This was higher than the London average.

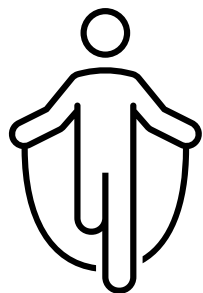
Income Deprivation Affecting Children Index, 2019

Quintiles ● 1 ● 2 ● 3 ● 4



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Physical activity (55)



Physical activity is good for mental wellbeing. Being active releases chemicals in the brain which make us feel good, it boosts self-esteem, helps concentration and improves sleeping.

The most recent Active Lives Survey which surveys 5-16 year olds about their activity levels found that:

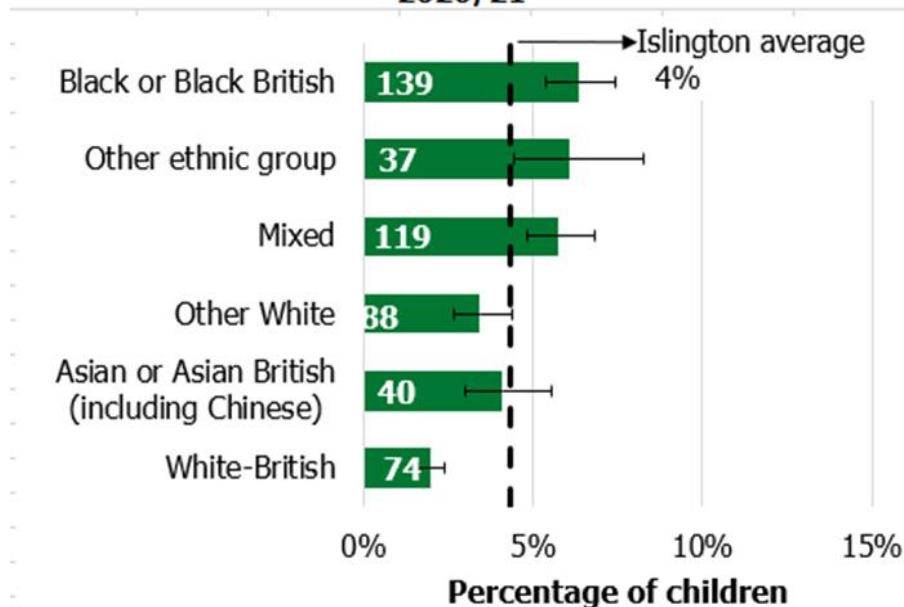
- The active rate (average of 60 minutes or more physical activity a day) in Islington has increased by 15.8% from 39% in 2022/23 to 54.8% in 2023/24.
- The less active rate (less than 30 minutes per day) has dropped by 20.4% from 40.2% to 19.8% for children and young people aged 5-16 years.

According to the survey Islington is now one of the most active and least inactive boroughs in London. It should be noted that the sample size was small (n=209)



Long term conditions – under 5s (5)

Number and percentage of children aged under 5 identified as having severe long-term health condition or disability, by ethnicity, children aged under 5s, Islington resident population, 2020/21



In 2020/21, 4% of children aged under 5 in Islington had severe long-term health condition or disability (about 530 out of 12,220). The proportion was significantly higher among children under 5 from Black or Black British and Mixed ethnic groups (6% respectively), and lower among children under 5 from White or White British (2%) compared to the Islington average.



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Self-esteem and resilience (3)

Social isolation (3)

The Health-Related Behaviour Questionnaire (HRBQ) is a survey administered to primary and secondary school children in Islington. The latest available data is from 2021 which coincides with the pandemic which has likely impacted the findings. The sample size was 1,417 pupils that year.



The proportion of primary school pupils with high levels of resilience has **significantly fallen from 38% in 2017 to 32% in 2021**

The proportion of primary school pupils with high levels of self-esteem has **significantly fallen from 35% in 2017 to 28% in 2021.**



The proportion of primary school pupils who were quite or very happy with their life at the moment has **significantly fallen from 75% in 2017 to 64% in 2021.**



Approximately 19% of primary students in year 5 and 6 reported experiencing feelings of loneliness, while around 13% of secondary students in year 8 and 10 expressed the same sentiment.



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2.2 What influences young people's mental health -16+

About a third of all people who experience mental health conditions in their lives will have had, or started, their first experience by the age of 14, half by the age of 18 and by the age of 25 this rises to around two-thirds. Addressing exposure to risk factors and promoting protective factors in childhood are therefore very important.

Education (7)

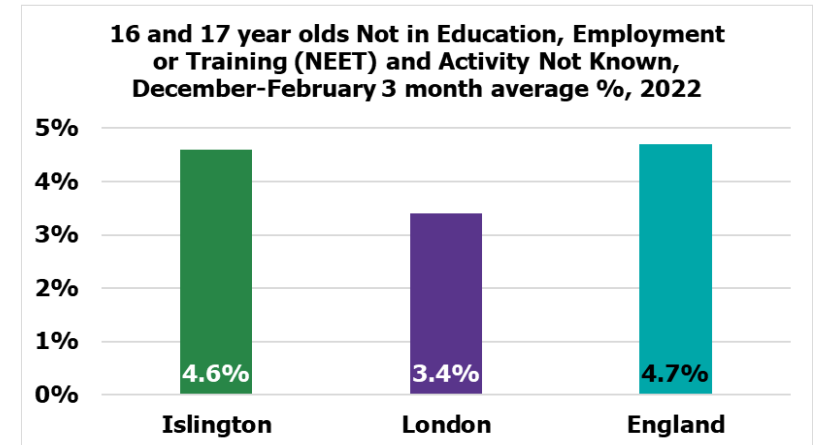
Education is an important determinant of later health and wellbeing. A higher level of education attainment can lead to higher qualifications and in later life, more secure jobs and housing that in turn can lead to better health.

Attainment 8 is a measure of a student's academic performance in key stage 4 which they usually finish when they are 16-year-olds.

In 2022 pupils in Islington achieved a higher Attainment 8 Score than national, although their performance was below the Inner London score. Their score of 49.9 was 4.1 points higher than their pre-pandemic score in 2019.



Employment (7)



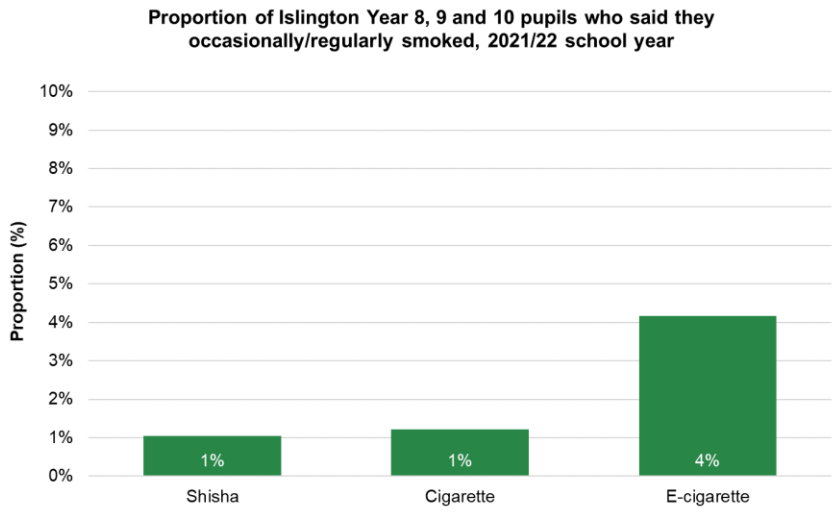
In December 2022 – February 2024, 4.6% of Islington 16 and 17 year olds were not in education, employment or training (NEET) or whose activity was not known. This was higher than in London (3.4%) and similar to England (4.7%).

Health-Related behaviour questionnaire findings (3)

The Health-Related Behaviour Questionnaire is a survey administered to primary and secondary school children in Islington. The sample size was 1,417 pupils. The latest available data is from 2021 which coincides with the pandemic which has likely impacted the findings. Slides 13-14 present key health related behaviours which influence young people’s mental health.

Smoking

One in twenty five secondary school pupils said they occasionally or regularly smoked E-cigarettes, which was more than tobacco cigarettes and Shisha.



Year 10 never smoked at all



The number of pupils who have never tried smoking is increasing.

Alcohol



14% of pupils reported that that they had an alcoholic beverage in the last 7 days.

At a school level, this ranged from 7% to 33%.

Drugs

20% (33% in 2017) of Year 10 pupils said that they have been offered cannabis, while 7% (14% in 2017) said that they have used it.

Drugs	% 2021		% 2017	
	Offered	Used	Offered	Used
Cannabis	20	7	23	14
Solvents used as drugs	4	0	8	5
Poppers	3	0	4	1
Cocaine	3	0	6	2
Ecstasy	3	0	6	2
Nitrous oxide (not asked in 2017)	10	4	-	-

Perceptions of Safety

In 2021, 35% of both Islington primary and secondary pupils responded that they do not feel at all safe when they go out after dark.

97% of primary and 94% of secondary school pupils said they feel 'quite' or 'very safe' at school.

Bullying



1 in 10 secondary school pupils reported that hurtful comments were posted about them on a social media site and 12% reported that someone used or changed picture to humiliate them online.



A **significantly higher** proportion of pupils who identified as **Black/African/Caribbean/Black British** reported that they thought they had been picked on or bullied because of their skin colour or race when compared to the Islington average.

Use of weapons

In 2021, 16% of Islington secondary pupils (20% Year 10 boys) said that someone **attacked** or tried to attack them in the last 12 months. This is an increase from 14% in 2017. 3% said that a weapon was used or threatened.

14% of secondary pupils said they are 'fairly sure' or 'certain' they **know someone who carries a weapon**, down from 26% in 2017.



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Online safety (59)

Research carried out by Islington Public Health into online Online Youth safety in 2023/2024 found that young people and adults prioritized different online harms.

Young people worry more about the impact of daily online activities such as bullying, inability to switch off and negative impacts on mental health.

Young people were acutely aware that being online can negatively impact mental health for a variety of reasons, from social comparison to explicit self-harm content. However, they also linked going online with escapism and an inability to manage their mental health offline.

Adults tended to worry more about less-frequent worst-case scenarios, extreme content, and the inability of young people to assess the impact of online activities in the offline world.

"Online can be an escape from the real world and the real world can be an escape from online." - Young Person [Years 8-10]

*"If someone abuses you that can affect your health. Can give you depression or something."
- Real Talk Debate*

*A young girl spoke about going online because of her anxiety, feeling lost and confused about content she saw online, having strong negative feelings, wanting to hurt yourself, then going to a hospital for burns, because she didn't have who to talk to about her feelings.
- Facilitator notes from workshop with Years 5-6*



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2.3 Vulnerable children and young people

This section highlights groups of children and young people who are more vulnerable to mental health problems due to adversity. The table shows examples of risk factors for each group which contribute to poor mental health as well as evidence demonstrating elevated mental health needs. This is primarily based on national evidence and local evidence where possible.

Group	Risk Factors for poor mental health	Impact
Special educational needs or disabilities	<ul style="list-style-type: none"> Physical ill health Taking multiple types of medication Experience of deprivation, poverty, abuse Lack of social support and reduced coping skills Stigma and discrimination 	<ul style="list-style-type: none"> For 2025, 321 children or 14.8% of the total Islington Children with an Education, Health and Care Plan (EHCP) have social, emotional and mental health (SEMH) as their primary area of need.(65) Compared to 2016 the average annual increase was 17% per year, although for the most recent year this rate of increase has slowed to 10%. (65)
Children Looked After	<ul style="list-style-type: none"> Neglect and abuse Poor attachment Overcrowded housing Parental mental health, criminality, mental health, substance use Low socio-economic status 	<p>The Islington CLA Health Needs Assessment found that (9):</p> <ul style="list-style-type: none"> National evidence shows elevated rates of mental health disorders, including anxiety, depression, and Attention Deficit Hyperactivity Disorder (ADHD). High exposure to trauma leading to Post Traumatic Stress Disorder (PTSD) and other stress-related disorders. Anxiety, self-harm, and emotional difficulties tend to be most pronounced in times of transition. e.g. new placements, moving schools, or leaving care. Self-harm is not uncommon and there is concern it may even be used as a poor coping mechanism.
Low income families	<ul style="list-style-type: none"> Poor housing conditions & nutrition Trauma, stressful life events, Domestic abuse Parental mental disorder or drug & alcohol use Lack of positive parent led experience 	<ul style="list-style-type: none"> A national survey found that children aged 5-10 years with a parent receiving benefits were more likely to have a mental health disorder (16.9%). (15)

Vulnerable children and young people - continued

Group	Risk Factors for poor mental health	Impact
Children with neurodiversity	<ul style="list-style-type: none"> • Lack of support and understanding • Masking and burnout • Other health conditions • Bullying 	<ul style="list-style-type: none"> • The number of autistic young people with a diagnosable anxiety disorder is approximately double when compared to the general population. For depressive disorders, autistic young people have a fourfold increase in lifetime risk. (10) • 1 in 50 (2.1%) children with a diagnosis of ADHD also have a mood disorder, such as depression, while more than one in four (27.4%) have an anxiety disorder. Emotional dysregulation is also common. (11)
Unaccompanied Asylum Seekers	<ul style="list-style-type: none"> • Poverty • Poor physical health • Family breakdown and separation • Victims of violence, abuse and trauma • Bereavement • Unstable living conditions • Poor access to healthcare 	<p>The Islington CLA Health Needs Assessment found that (9):</p> <ul style="list-style-type: none"> • National evidence shows high rates of mental health disorders including PTSD, depression, and anxiety due to traumatic experiences. • Many UASC have experienced significant trauma, leading to high rates of PTSD and other trauma-related disorders.
Young carers	<ul style="list-style-type: none"> • Poor physical health • High stress levels • Poor sleep • Loneliness • Lack of awareness from professionals 	<ul style="list-style-type: none"> • National evidence shows CYP who cared for a parent with a mental problem may be at higher risk of a range of emotional, behavioural, and mental health needs. Aggregated data suggested that a child had a 30–50% chance of developing a serious mental illness if they had two parents with mental problems. (12)

Table adapted from [Richmond Mental Health Needs Assessment 2023](#).

Vulnerable children and young people - continued

Group	Risk Factors for poor mental health	Impact
Young black men	<ul style="list-style-type: none"> Poverty, poor housing & unsafe neighbourhoods Poor access to education and employment Racism and discrimination 	<ul style="list-style-type: none"> Young Black men are more likely to experience severe mental illness and be sectioned under the Mental Health Act compared to their White peers. (13)
Youth Justice	<ul style="list-style-type: none"> Homelessness Inconsistent or erratic parenting Risk taking behaviours History of abuse Interactions with criminal justice system 	<p>National evidence shows (14):</p> <ul style="list-style-type: none"> The rate of suicide in boys aged 15–17 who have been sentenced and remanded in custody in England and Wales may be as much as 18 times higher than the rate of suicide in boys aged 15–17 in the general population. 18% of 13–18 year olds in custody have depression, 10% have anxiety, 9% have post-traumatic stress disorder and 5% have psychotic symptoms.
LGBTQI+	<ul style="list-style-type: none"> Negative experiences of healthcare Discrimination and bullying in school/community/family Victimisation and violence Loneliness and isolation Gender dysphoria Higher levels of drug and alcohol use 	<ul style="list-style-type: none"> A national survey found that 34.9% of non-heterosexual young people (14-19 years) had a mental health disorder. (15)
Young women	<p>Evidence is underdeveloped but risk factors are thought to include:</p> <ul style="list-style-type: none"> Intimate partner violence Physical and sexual abuse Gender discrimination and misogyny Social media consumption Physiological differences including hormonal Influence 	<ul style="list-style-type: none"> In 2023, an estimated 1,180 females (32%) aged 17-19 were estimated to have a probable mental health disorder in Islington. This was higher than males of the same age where 550 males (15%) aged 17-19 were estimated to have a probable mental health disorder. (19).

2.4 Parental mental health (16, 66)

An estimated one in six adults in England aged 16-64 have a Common Mental Disorder, e.g. anxiety or depression. Studies report that 68% of women and 57% of men with mental health problems are parents. The perinatal period is a time when there are significant risks of mental health problems. In 2019, 652 (24.7%) women in Islington were estimated to have pre-existing or newly diagnosed mental health problems in the perinatal period. This is significantly lower compared to England (25.8%)

In 2021/22, there were 691 contacts to Islington Children's Social Care due to parental mental health concerns. Parental mental health concerns were the second most common factor found in children's social care assessments, occurring in 37% of assessments, and the third most common reason for early help referrals.

Between 2020/21 and 2023/24, there were a total of 1500 perinatal referrals to Islington iCope - NHS Talking Therapies. Prior to the 1st January 2024 referrals could be made for parents where the mother is pregnant, or the parent had a child under 1. The perinatal age has now increased to under 2 so the service expects an increase in referrals. For 2023/24 there were 421 perinatal referrals.

Specialist Perinatal Mental Health service (58)

The North London Partners (NLP) Specialist Perinatal Mental Health Service (SPMHS) provides specialist care for women with moderate to severe mental health issues who are planning a pregnancy, pregnant or who gave birth within the last 13 months. In 2023/24, the Specialist Perinatal Mental Health Service (SPMHS) completed 806 new patient assessments (out of 1513 referrals received) of North Central London residents. The referrals received in NCL during 2023/24 increased gradually (from 156 in the first quarter to 257 in the fourth quarter). Most women living in Camden and Islington using the service were from a White British and Irish ethnic group (28%), followed by Black or Black British (9%), Other ethnic group (30% respectively), Mixed (5%), and Asian or Asian British (8%). 20% of women had no ethnicity recorded.

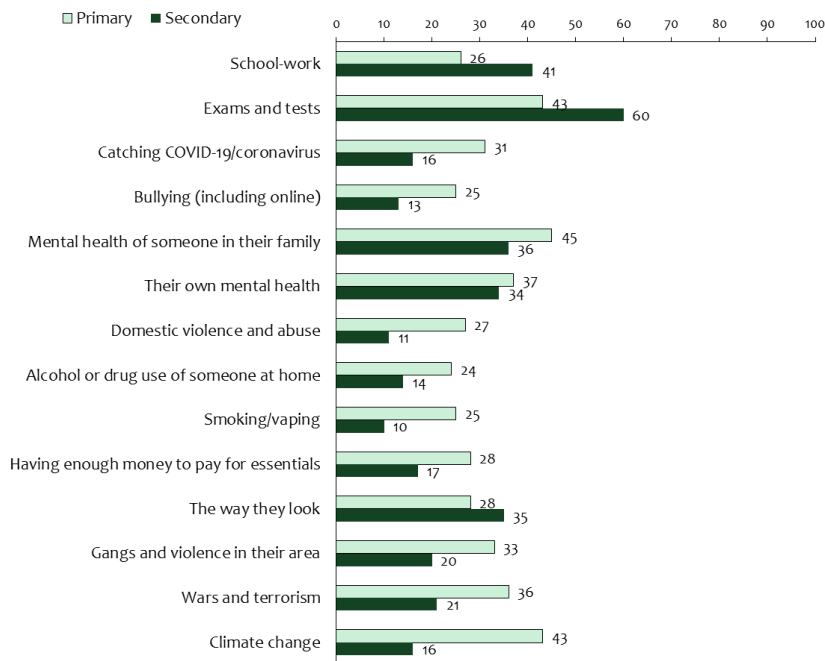
In April 2022 NHS England increased its target for SPMHS to see 10% of the local birth rate. In North Central London, the percentage of women accessing SPMHS as a proportion of births was 7.5% in 2023/24, lower than the NHS England target (10%). 500 women were from Camden & Islington. It is expected that by the end of 2024/25 the service will be very close to reaching the NHS target. In December 2024, they were reaching 9.1% of the birthing population across NCL.

2.5 Mental health needs

Over the past decade there has been a growing recognition of the mental health and emotional wellbeing needs of children and young people. A 2023 survey of children and young people's mental health found that 20% of children aged 8 to 16 had a probable mental disorder in 2023, up from 12% in 2017. Among those aged 17 to 19, 10% had a probable mental disorder in 2017, rising to 23% in 2023. The Covid-19 pandemic has likely increased need. (48)

Worries and reasons for seeking help (3)

Percentage of Islington Primary and Secondary school children reporting they worry "quite a lot" or "a lot about, 2021/22 school year



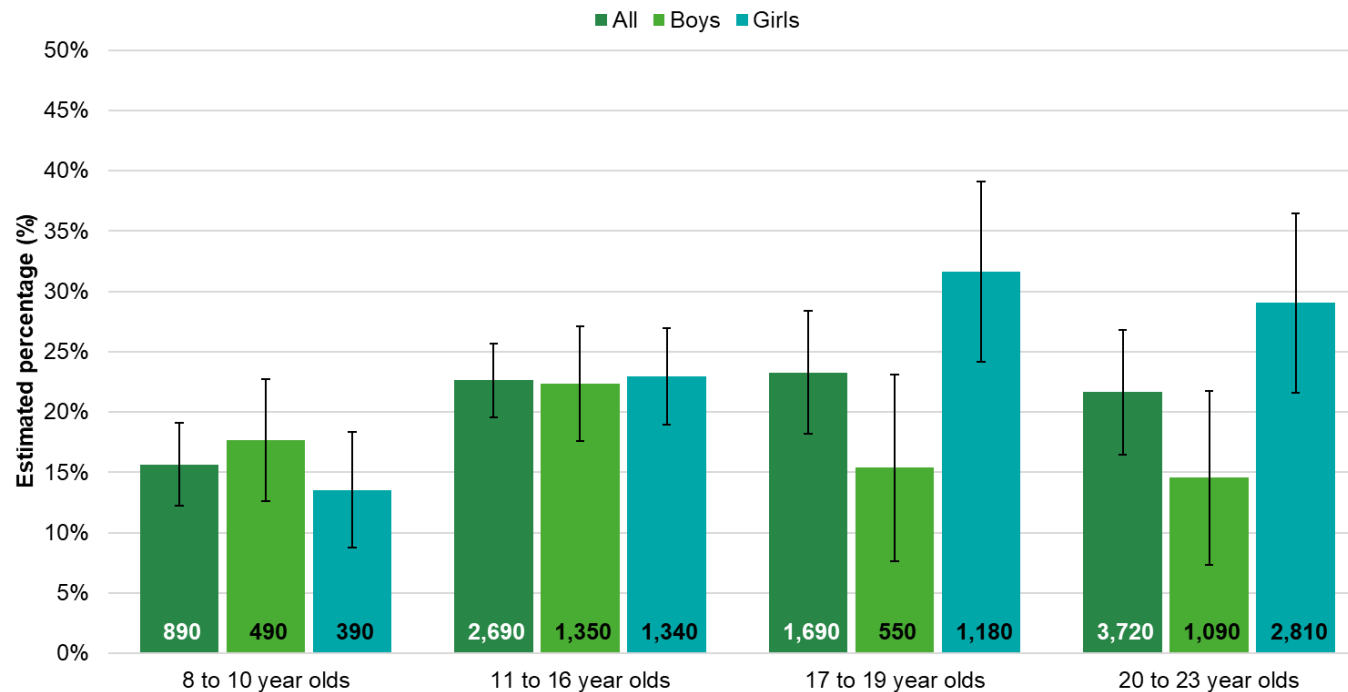
90% of primary and 85% of secondary pupils in Islington responded that they worry about at least one of the issues listed 'quite a lot' or 'a lot'; 33% said they worry about more than 5 of them. In most cases, primary pupils report more worrying than secondary pupils do.

In 2021, there was an increase in pupils not sharing concerns, with 44% of primary school pupils keeping worries to themselves compared to 28% in 2017.

This is also reflected in secondary, where 65% of pupils said the same compared to 46% in 2017.

Estimated prevalence of mental health problems in children or young people (19)

Estimated percentage of children or young people (aged 8-23) with a probable mental problem in Islington, by age and sex, 2023, GLA population estimates



It is estimated that 8,990 8-23 year olds in Islington had a probable mental health disorder in 2023.

The overall estimated prevalence of a probable mental health problems amongst children and young people increases with age especially for girls.

For girls 14% of CYP have a probable mental health problem at age 8-10 years. By the ages of 20-23 there is a significant increase to 29%.

For boys, the highest estimated prevalence occurs at age 11-16 (22%).

Note: estimated numbers are based on the prevalence of 2023 England Mental Health of Children and Young People Survey. Some estimates may not sum due to rounding. 6 to 16 years old results are based on interviews with their parents.

Source: Mental Health of Children and Young People in England, 2023; GLA 2022-based Demographic Projections

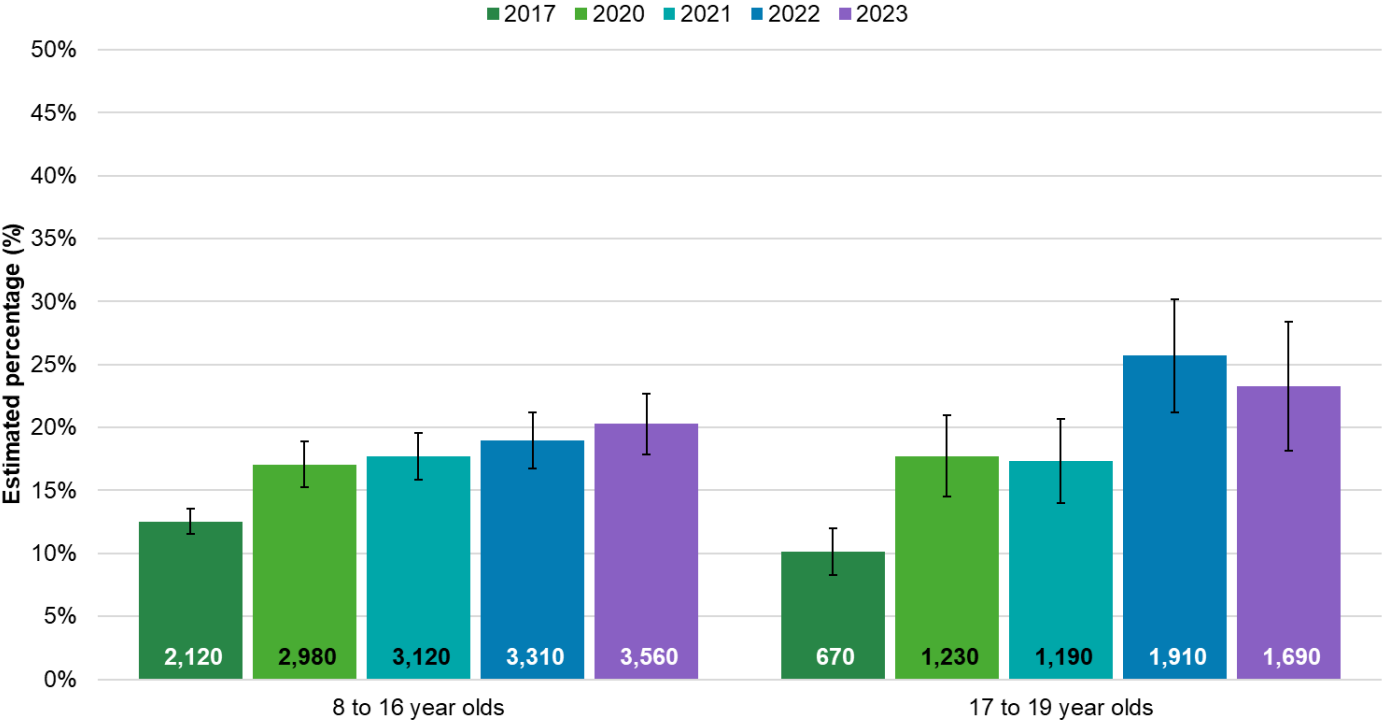


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Estimate prevalence of mental health disorders – trend (19)

Estimated percentage of children or young people (aged 8-19) with a probable mental problem in Islington, by age, 21017, 2020-2023, GLA population estimates



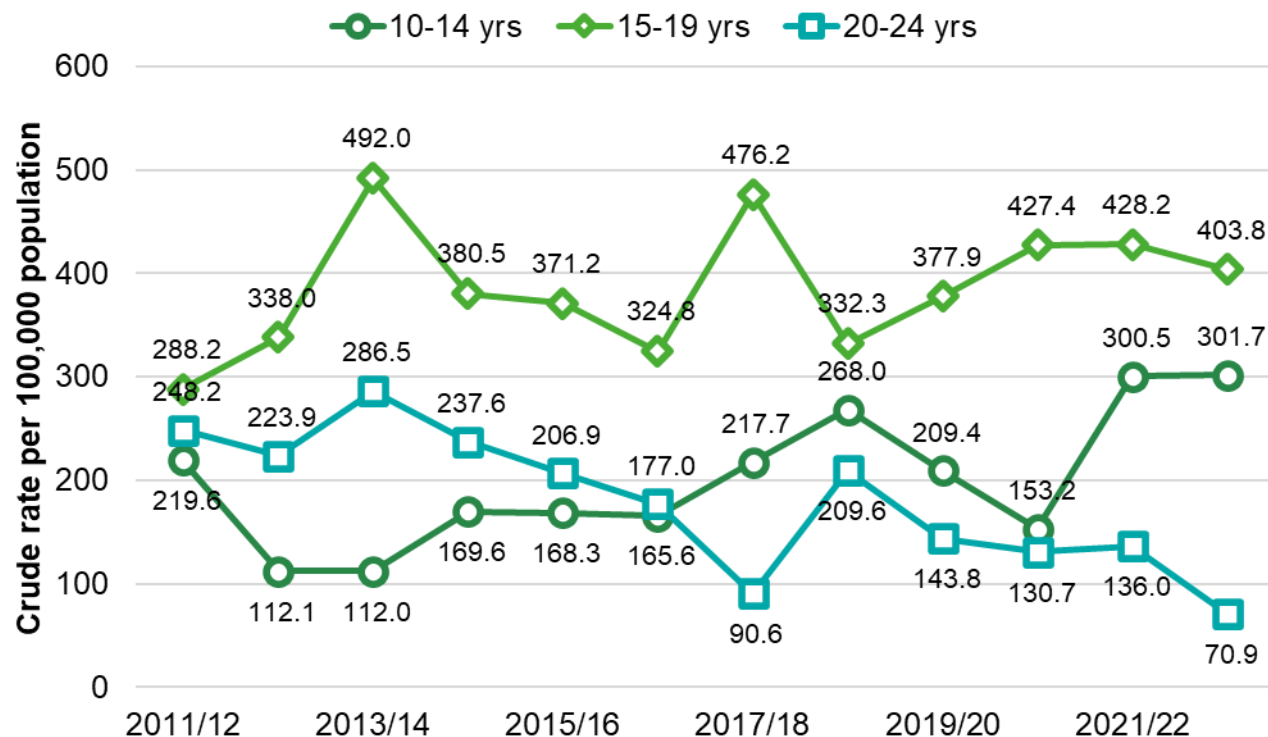
The estimated prevalence of mental health disorders in 8 - 16 years old increased steadily from **13% in 2017** to **20% in 2023**.

The estimate prevalence in 17–19-year-olds rose sharply from 17% in 2021 to 26% in 2022, with a statistically higher prevalence in 2022 compared to 2021. The rate then fell slightly in 2023 to 23%.

Note: estimated numbers are based on the prevalence of 2023 England Mental Health of Children and Young People Survey. Some estimates may not sum due to rounding. 6 to 16 years old results are based on interviews with their parents.
Source: Mental Health of Children and Young People in England, 2023; GLA 2022-based Demographic Projections

Self-harm over time (22)

Crude rate of self-harm admissions in children and young people per 100,000 population in Islington, by age group, 2011/12 - 2022/23



Note: Data refer to episodes of admission and not persons. Any indicator based on hospital admissions may be influenced by local variation in referral and admission practices as well as variation in incidence or prevalence. Does not include attendance at A&E.

Source: NHS England Hospital Episode Statistics (HES), Office for National Statistics (ONS) mid-

In 2022/3 rates of hospital admissions for self-harm for children aged 10-24 are significantly higher compared to London (262 vs 160 per 100,000 population).

Rates of hospital admissions for self-harm are **highest amongst children ages 15-19**. Between 2011/12 and 2022/23 rates of self-harm admissions amongst 15–19-year-olds have risen from 288.2 per 100,000 to 403.8 per 100,000.

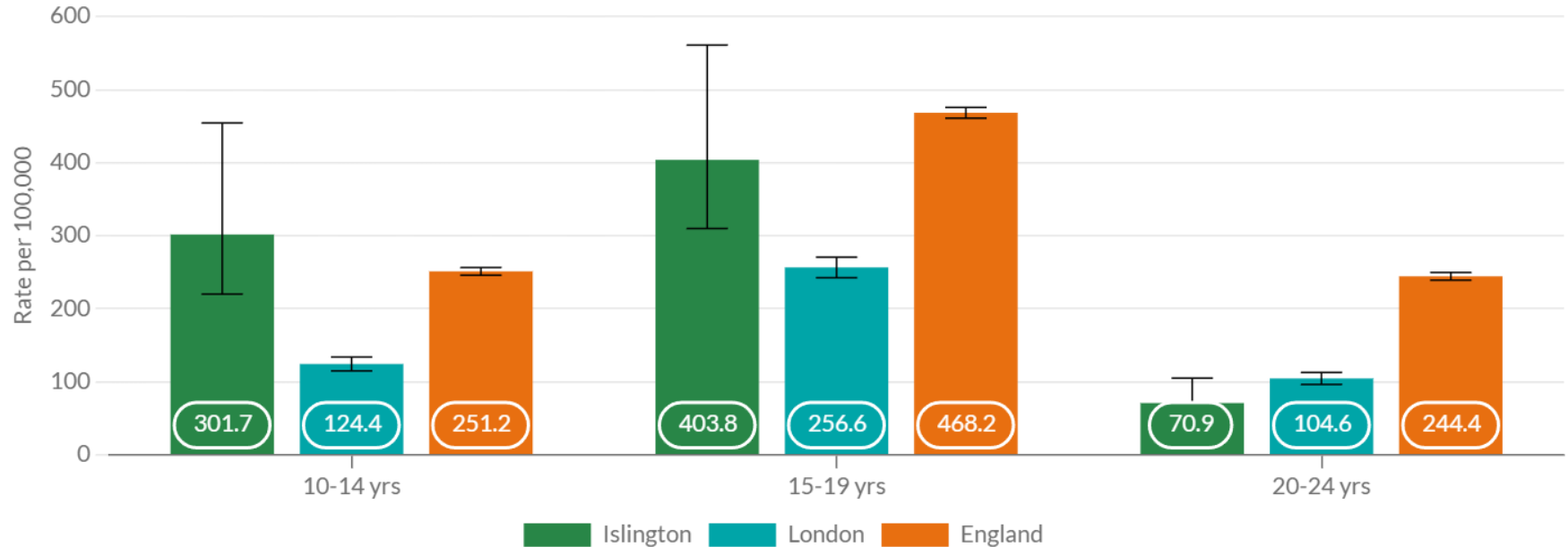
Between 2017/18 and 2022/3, young people ages 20-24 have had the lowest rate of hospital admissions for self-harm. Between 2021/22 they decrease from 136 to 70.9 per 100,000.



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Hospital admissions as a result of self-harm (2022/23)






The rate of hospital admissions as a result self harm was significantly higher for 10-14 year olds and 15-19 year olds in Islington relative to London but not significantly different compared to England.

For 20-24 year olds, the rate of hospital admissions for self-harm in Islington was significantly lower compared to England.

2.6 Preventing mental health problems and promote good mental health among children and young people? (23)

There is increasing recognition of a **public mental health** approach. This involves recognising the wider determinants of health and wellbeing and tackling inequalities, embedded in a life-course approach. Effective public mental health interventions can support a coordinated, efficient, equitable and sustainable reduction of the burden of mental health problems and the promotion of mental wellbeing of populations. Interventions can be categorised into:

1. **Primary prevention**– address risk factors to prevent mental health problems from arising and promote protective factors
2. **Secondary prevention** – early intervention for mental health problems and poor mental wellbeing to minimise impact
3. **Tertiary prevention** – self-management and prevention of relapse among people with a diagnosis

	 Birth	 Childhood	 Adolescence
Primary	<ul style="list-style-type: none"> Targeting poverty to reduce inequalities Improving education and childcare Reducing social stigma 		
	<ul style="list-style-type: none"> Pregnancy care Breastfeeding support Promotion of bonding Universal parenting programmes 	<ul style="list-style-type: none"> Childhood education programmes focused on social-emotional development 	<ul style="list-style-type: none"> Academic interventions Resilience-focused interventions Youth-mentoring programmes School-based mindfulness Prevention of substance use
		<ul style="list-style-type: none"> Nutrition and physical exercise School-based bullying and violence prevention 	
Secondary/ Tertiary	<ul style="list-style-type: none"> Targeting substance abuse during pregnancy Preventing, treating and mitigating parental mental disorder 	<ul style="list-style-type: none"> Early intervention to address child adversity Targeted parenting programmes 	<ul style="list-style-type: none"> Psychological interventions for those with subclinical symptoms Cognitive remediation and improving social skills in targeted groups

Source: Adapted from Royal College of Psychiatrists. *Summary of evidence on public mental health interventions*. 2022.

Nationally, aligning services to the THRIVE model for system change is seen as best practice for the prevention and promotion of mental health and wellbeing.

The THRIVE Framework which is being rolled out across North Central London, thinks about the mental health and wellbeing needs of children, young people and families through five need-based groupings.

The Framework is led by the needs of children, young people and families alongside professionals through shared decision-making rather than severity, diagnosis or health care pathways.

The THRIVE model is an important feature of developing future mental health and wellbeing services in Islington.

The Thrive Framework



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2.7 Mental health promotion and prevention

There is a comprehensive mental health promotion and prevention offer, ranging from support in schools to online digital platform to universal services which align well with the THRIVE model

Online and digital support

As more of our lives move online, young people are increasingly asking for digital support for their mental health.

- Kooth is a free, safe and anonymous online wellbeing service for young people in Islington between the ages of 11-25. Along with text-based counselling Kooth also includes helpful articles, forums, a mini activity hub, daily journaling and messaging.
- The NCL waiting room is a website that provides information and resources for young people, parents, carers and professionals who are looking for wellbeing support in North Central London (NCL).

Improving mental health awareness

Islington council have a commitment to improving mental health awareness by upskilling staff and voluntary sector organisations to be able to have supportive conversations about and mental health and suicide with residents. Both **Mental Health First Aid Training and Suicide prevention training** are commissioned by Public Health.

Minds Matter is a mental health promotion service which works with groups of young people, parents and other carers in informal and creative ways to increase understanding around mental health and provide tools for improving it.

Holistic and preventative services

There are a range of services in Islington for children and young People which tackle the wider determinants of mental health and wellbeing. Many have a particular focus on tackling adversity and deprivation and take a whole family approach:

- **Bright Start Islington** - Offers a wide variety of services for children under 5 and their families. Services include stay and play groups, childcare, child health clinics, health visiting, parenting programmes, benefits advice, healthy start vitamins, and breastfeeding support.
- **Bright Futures** - provides whole family support to families with school-aged children up to 19 years old or 25 with SEND.
- **Youth Hub provision** – There are a range of youth hubs and clubs across Islington providing young people access to activities from sports clubs to theatre workshops.

Perinatal mental health support

The Islington Health Visiting Team have led on a system-wide review of the multi-agency perinatal mental health pathway, resulting in a new antenatal and postnatal pathway available to all local practitioners including GPs. Mental Health promotion resources have also been developed to support new and expectant parents.



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Support in schools

Schools are a place of opportunity to increase young people's awareness and understanding of mental health, reduce the stigma around seeking support and build resilience.

Islington Mental Health and Resilience in Schools (iMHARs)

This universal approach works on building resilience, coping strategies and healthy relationships within schools as the best way to positively promote mental health and wellbeing for all pupils. Schools assess their starting point and work collaboratively with a Mental Health Improvement Advisor to develop a consistent school practice. Better school engagement opens doors to educational achievement, social and emotional development and social connectedness, all evidenced as protective factors towards long term mental health and wellbeing.

Trauma -informed approaches in schools (iTIPs)

This approach embeds trauma informed practice within universal educational settings. A bespoke, whole-setting approach supports relational attachment, emotional regulation and coping skills among children while staff become equipped to understand, self-regulate and respond to vulnerability. children become better understood, stress is reduced and education becomes a sensitive and caring environment. Transforming the learning environment in this way shows improvements in behaviour and attendance. It helps disrupt the pathway of disadvantage from early trauma by enabling access to the benefits of universal provision.

School wellbeing service (SWS)

SWS supports children, young people and their families experiencing mild to moderate mental health difficulties. The SWS works with all mainstream schools in Islington to help children and young people get early help to stop difficulties from getting worse. They also promote emotional wellbeing and resilience at school through group work and assemblies.

Personal, Social, Health and Economic (PSHE) Education

PSHE education is a programme delivered in schools which gives young people the knowledge, understanding and practical skills to live safe and healthy lives. There is a specific mental health component to the programme in Islington.



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Early diagnosis and support

More services have been provided in Islington to support early recognition and access to early support for concerns about social and emotional health. Young people's mental health services (previously largely delivered through CAMHS) underwent a major transformation in 2019 to a wider Social and Emotional Mental Health (SEMH) offer through a central point of access. It has improved access into a wide range of health, social and digital community-based services for children and young people in Islington. The SEMH team is a multi-agency, multidisciplinary team working in Islington and is made up of the following organisations.



Child and adolescent mental health services (CAMHS) support children and young people with a range of different problems including emotional and behavioural difficulties, severe psychiatric illnesses such as psychosis, self-harm and trauma. They offer a range of treatment options from medication prescribing to therapeutic support.



Barnardo's Islington Social Emotional Mental Health Service is delivered by a qualified Team of talking and creative Therapists based in the community in Islington. It provides short term individual therapy to the children and young people of Islington.



Islington Youth Counselling and Substance Misuse and Alcohol Service (YCSMAS) specialises in engaging young people who normally don't access or find it difficult to access mental health services.



The Brandon Centre offers up to 16 session of 1:1 weekly psychotherapy for young people aged 16-24.



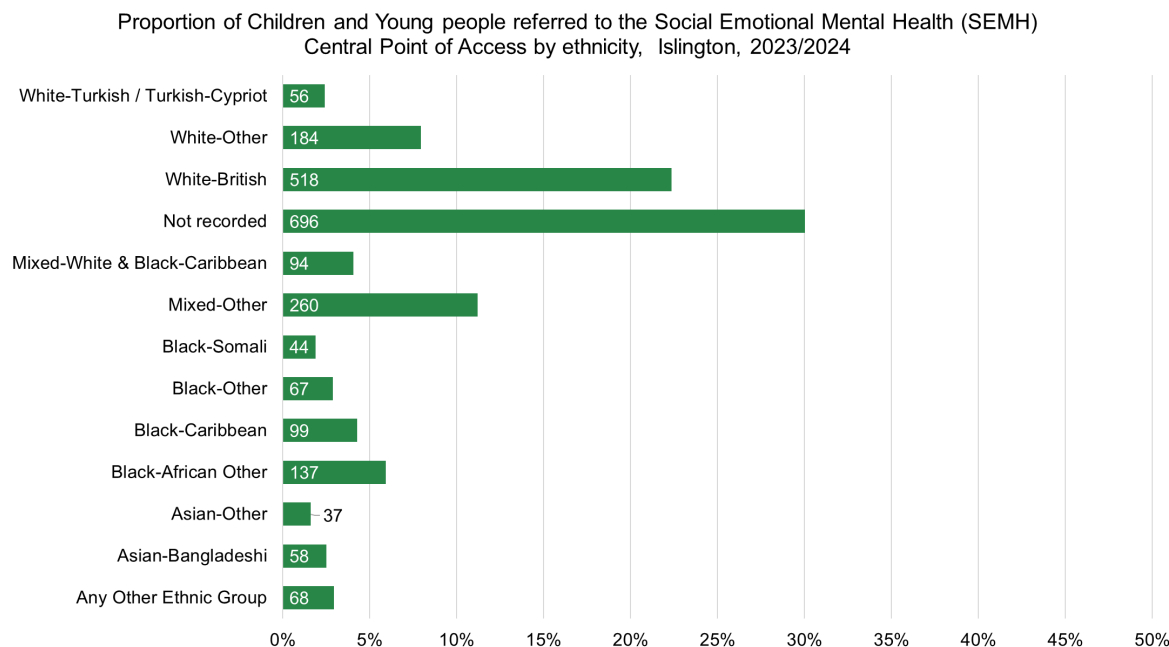
Isledon ARTs CIC manages a number of services which support wellbeing. This **includes the Emotional Wellbeing Team** which supports young people who need professional social and emotional support during challenging times in their lives. They also deliver a **social prescribing service** which works with young people aged 11 – 25 years.

Social Emotional Mental Health Pathway – SEMH (61)

In Islington, Social Emotional and Mental Health services can be accessed via [Central Point of Access \(CPA\)](#). The Children and Adolescent Mental Health Services (CAMHS) can also be accessed via the SEMH central point of access.

In 2023/24, 2138 referrals were received by the CPA which is similar to the year before (2385). The number of referrals was highest for 11-15 year olds aged group, making up 45% of the referrals in 2023/24.

Referrals to SEMH Central Point of Access by ethnicity



Source: Islington Council

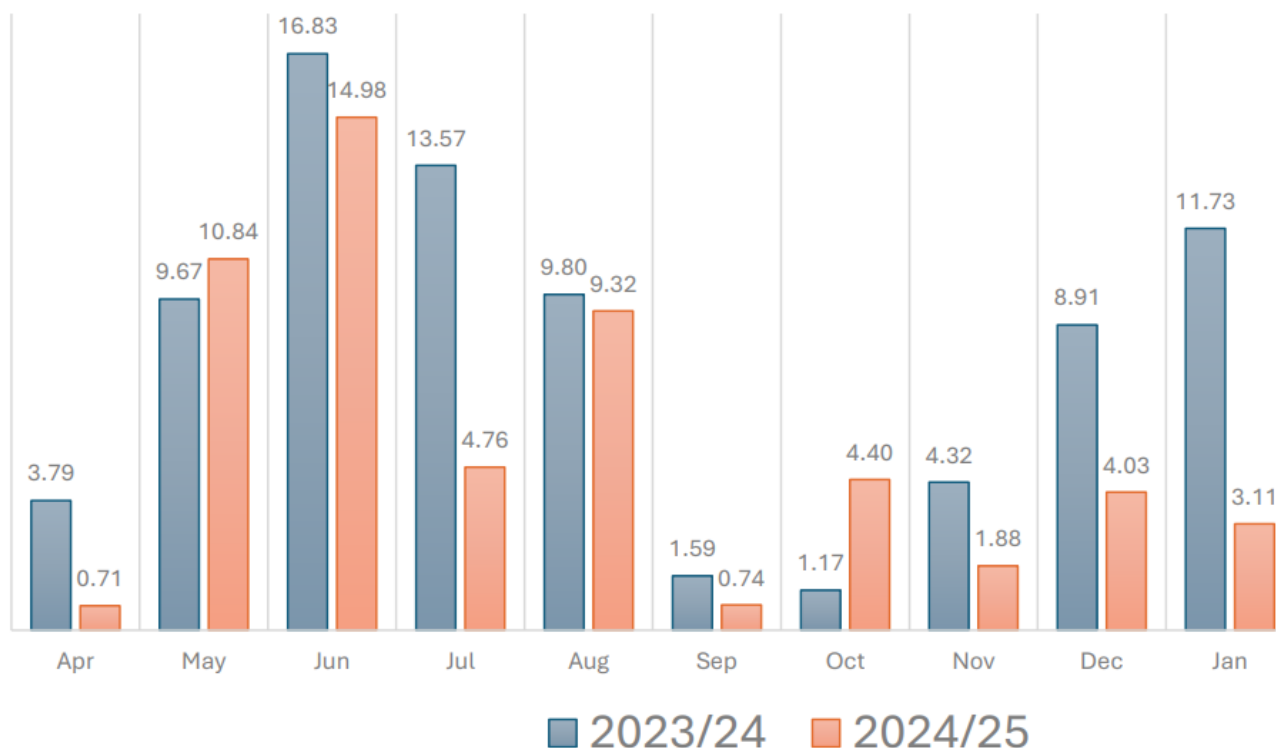
In terms of ethnicity, for 30% of referrals received no ethnicity was recorded.

The top 4 highest referrals were:

- White British (22%)
- Mixed Other (11%)
- White Other (8%)
- Black African (not including Somali) (6%)

Waiting times for SEMH Central Point of Access (62)

Average weeks waiting between referral and 1st contact for SEMH, April to June, 2023/24 vs 2024/5

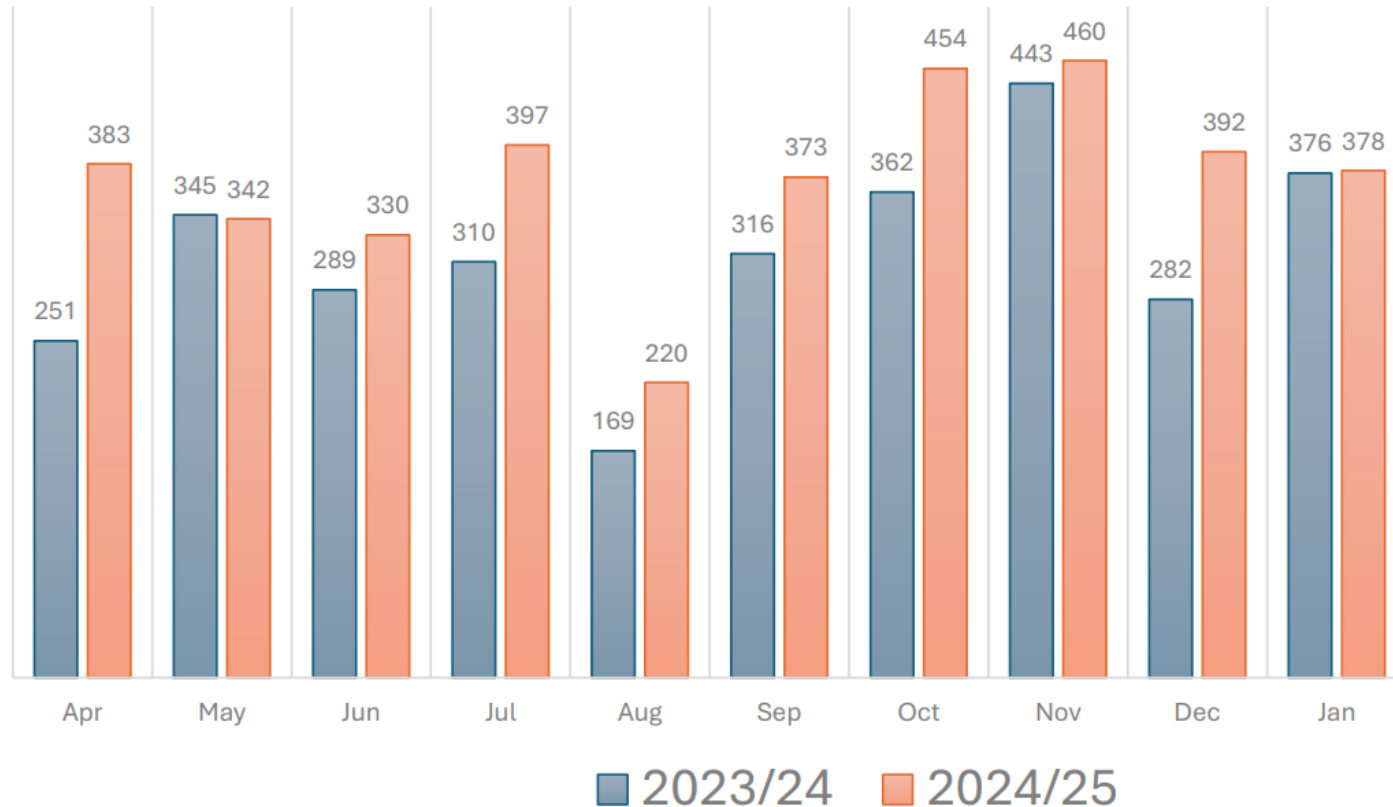


- Between April and January 2023/4 average weeks waited ranged from approximately 4 weeks to 17 weeks.
- In the same time period for 2024/5 average weeks waited was lower ranging from approximately under 1 week to 15 weeks

Source: Whittington Hospital

Referrals to Children and Adolescent Mental Health Services – CAMHS (62)

Monthly Child and Adolescent Mental Health Service Referrals: Islington, 2023/4 and 2024/5



The chart shows the overall number of monthly referrals to CAMHS.

Overall, there has been an **increase in referrals to CAMHS of 19%** between 2023/24 and 2024/25 when comparing April to January of each year.

Source: Whittington Hospital



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Referrals to specific CAMHS services (62)

Top 10 CAMHS services with the largest % increase in referrals between April-January 2023/2024 vs 2024/5

	Services	2023/24	2024/5	% increase in referrals
1	South Mental Health in Schools Team (School Wellbeing Service)	55	146	165%
2	North Mental Health in Schools Team (School Wellbeing Service)	59	119	102%
3	Parent & Baby Psychology Service	91	183	101%
4	South Hub CAMHS crisis team	119	209	76%
5	Incredible Years Parenting Groups	55	84	53%
6	CAMHS Therapy Team	293	431	47%
7	Children Wellbeing Practitioners	81	114	41%
8	Growing Together	198	254	28%
9	Children Looked After team	211	262	24%
10	CAMHS in Schools	149	170	14%

There has been an increase in the number of referrals across the majority of teams which make up CAMHS when comparing April to January 2023/2024 with the same period in 2024/25.

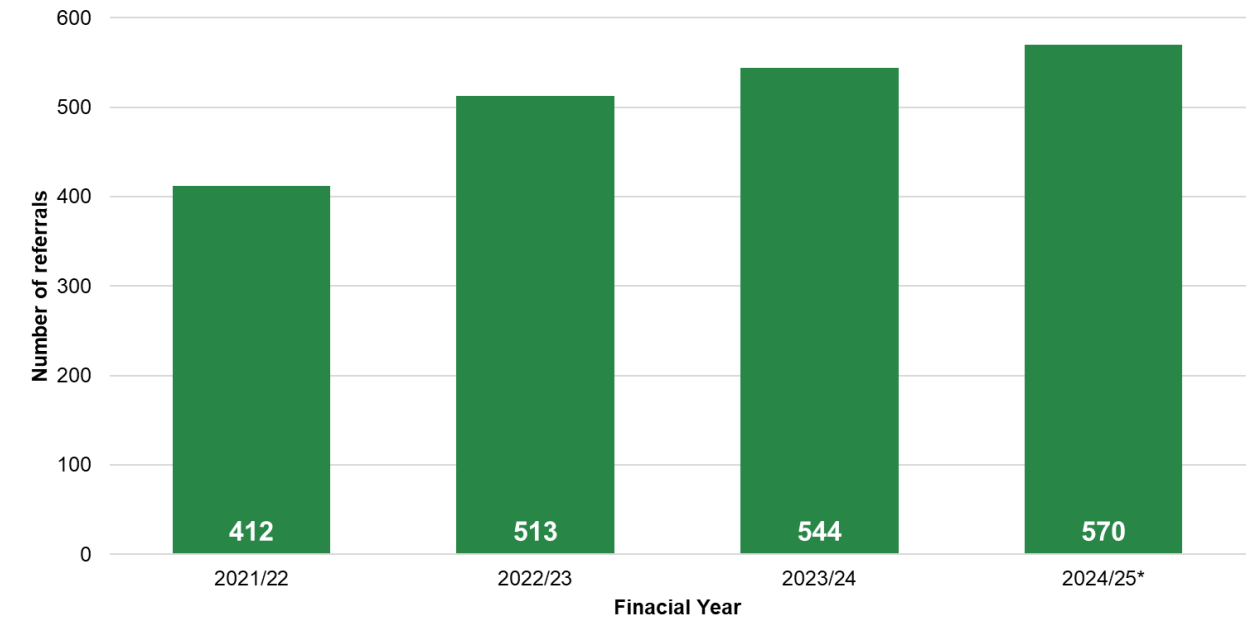
The table showcases 10 services with the biggest increase in referrals.

The increase in demand is partly due to need but in some cases it also due to a concerted effort to increase capacity.

For example, the Parent & Baby Psychology service has increased its capacity via ongoing work happening through the [Family Hubs](#) in Islington. There has been a particular focus to expand the service to Dads.

Referrals to the Neurodevelopmental pathway (62)

Neurodevelopmental Pathway - Total Referrals by financial year



Note: *For the year 2024/5, the total number of referrals is an estimate due to a backlog in referrals received by the SEMH central point of access. The referral dates are added in from when the referral was first received so the 24/25 figures is an under reporting due

Source: Whittington Hospital

The Islington CAMHS Neurodevelopmental Team (NDT) provides specialist assessments for Autism Spectrum Condition (ASC), Attention Deficit Hyperactivity Disorder (ADHD) with or without a Learning Disability (LD).

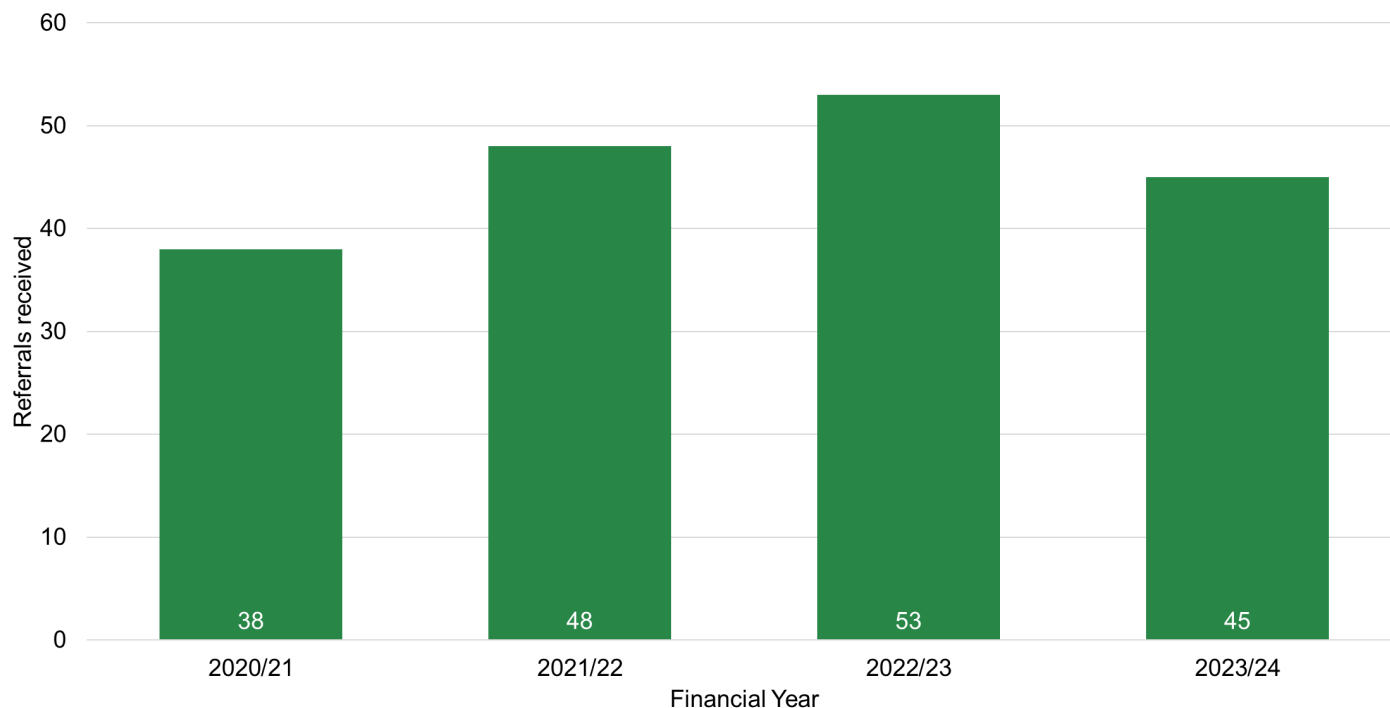
This service is for children and young people between 5-18 years of age. There can be overlaps between the different conditions and a child or young person may be diagnosed with more than one.

Between 2021/22 and 2024/5 there has been a 38% increase in the number of referrals to the neurodevelopmental pathway.

Evidence suggests that neurodiverse people are at greater risk of poor mental health

Specialist Eating Disorder Referrals (63)

Islington referrals to the North Central London Specialist Eating Disorder Service



The Royal Free Hospital (RFH) provides a specialist Eating Disorder services as part of the generic CAMHS service for North Central London.

Between 2020/21 and 2023/24 there was an increase from 38 to 45 referrals per year (18% increase) for the specialist eating disorder services for young people in Islington.

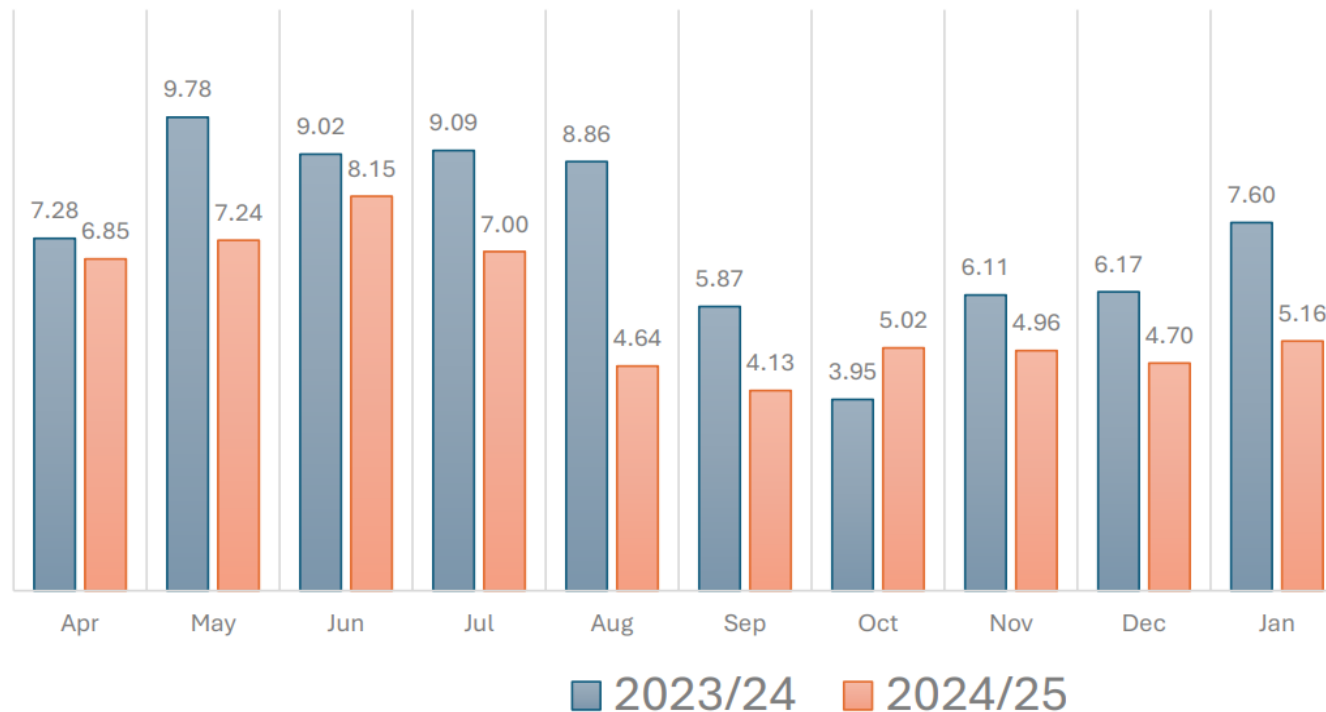
Source: CAMHS Eating Disorder Service Data, Royal Free Hospital



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Waiting times for CAMHS (62)

CAMHS Waiting time measure*: Average number of weeks waiting between referral and 1st contact, April to January - 2023/4 vs 2024/5



The chart shows the average number of weeks waiting between a referral to CAMHS generally and 1st contact with a CAMHS service.

Waiting times between referral and 1st contact were longest in both time periods in the summer months between May and August ranging between an average of 8 to 9 weeks.

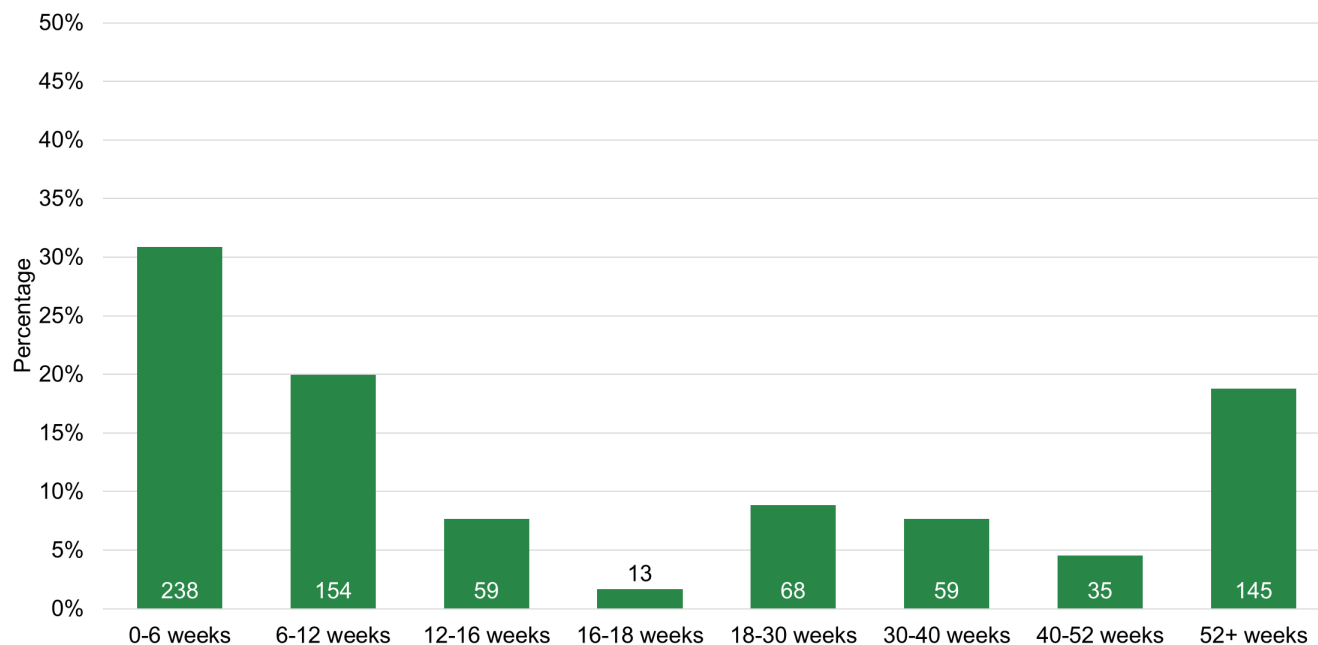
**Notes: Excludes waiting times for neurodevelopmental services*



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Waiting lists (62)

Patients waiting for contact with Children and Adolescent Mental Health Services (CAMHS) as of February 6th 2025



Source: Whittington Hospital

As of February 2025, 771 patients were still waiting for a contact with Children and Adolescent Mental Health Services (CAMHS).

Just under a third (31%) of patients have been waiting 0-6 weeks for a contact.

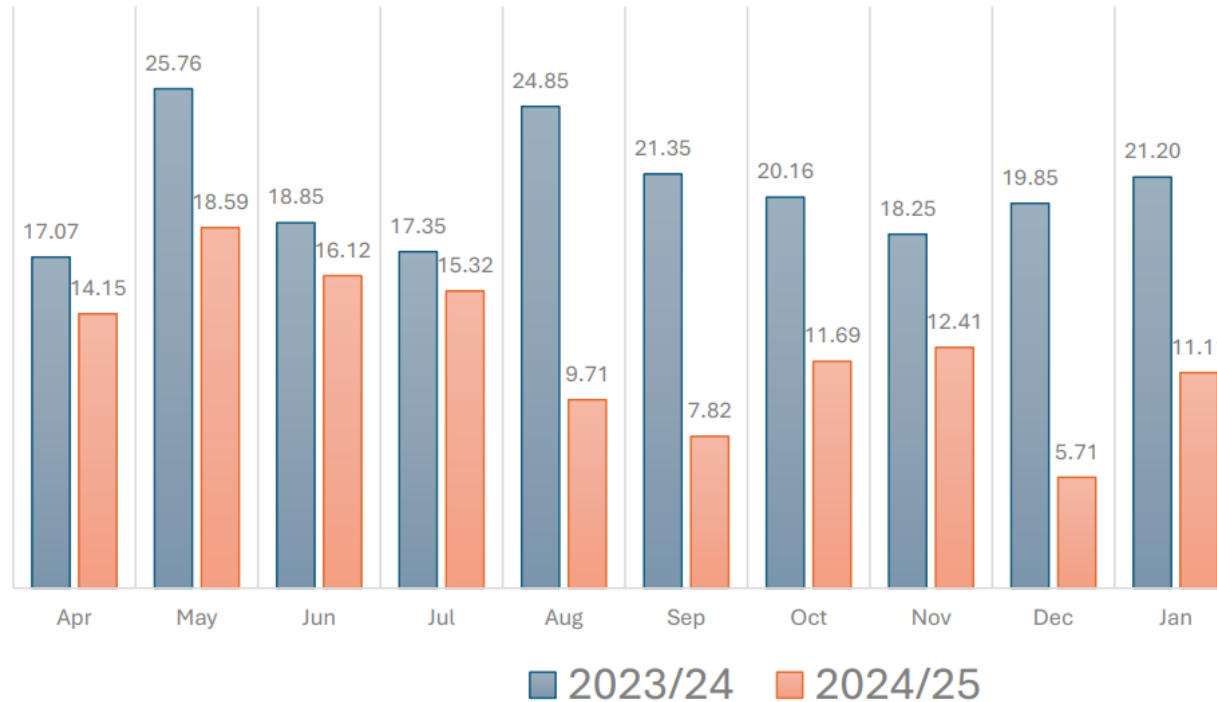
Just under a fifth (19%) of patients have been waiting for a year or more. Of those waiting a year or more, the vast majority (90%) were on the Neurodevelopmental pathway waiting list.



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Waiting times for CAMHS Therapies Team (62)

Average weeks waiting between referral and 1st contact for the CAMHS Therapies team, April to June, 2023/24 vs 2024/5



Source: Whittington Hospital

Islington CAMHS Therapies team is a core team service within in CAMHS which provides assessments, treatment and support for children and young people aged 5-18 experiencing a wide range of mental health problems, including emotional difficulties, severe psychiatric illness, self-harm and trauma.

There is variation in the average number of weeks between referral and first contact for the CAMHS Therapies Team CAMHS Therapies team.

Between April and January 2023/4 average weeks ranged from 17 weeks to 26 weeks.

In the same time period for 2024/5 average weeks waited was lower ranging from approximately 6 weeks to 19 weeks



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Waiting times for neurodevelopmental assessments

- The current routine wait for full neurodevelopmental assessments is 3 years 1 month in Islington.
- There is recognition that there is long wait times for neurodevelopmental assessments in Islington as a direct result of the complex needs of children and the number of referrals each month.
- The team undertaking assessments are multidisciplinary to ensure the needs of the child are fully understood in one assessment experience. There are systems in place to prioritise children and young People where there are higher levels of risk or concern.
- Whilst children and young people are waiting for assessment, families are offered access to a variety of interventions:
 - Webinars available to all families which focus on experiences of children and young people – sensory issues, anxiety, camouflaging, managing meltdowns, transitions, behaviour, and emotion.
 - A regular newsletter is also sent out to all families on the waiting list which outlines various offers of support and relevant information (local and national) for neurodevelopmental conditions.
 - The NCL waiting room website also provides a bank of resources and support.
 - If there is an identified mental health need families are also invited to consider interventions for low mood and anxiety through child wellbeing practitioner and the CAMHS therapy team.

Work underway to improve CAMHS waiting times

The North Central (NCL) Integrated Care Board is undertaking a multi-year programme of investment and service transformation in collaboration with partners across community and mental health services to improve access, experience and outcomes for children, young people and their families / carers. The development of these 'Core Offers' were designed as a benchmark to address inequalities in provision across NCL for community and mental services for adults and children (CYP). The focus of the work and the investment is to address the increasing demand, complexity and waiting times for these services.

The three focus areas for CYP across NCL are:

- Neurodiversity diagnosis (NDD) pathway for 0 to 18 year olds providing additional capacity and implementing a NCL pathway and model of care to standardise approach to assessments – aiming to reduce waiting times and improve experience for CYP and their families / carers. Includes provision of psychoeducational support for families / carers pre and post assessment
- Core community CAMHS - providing additional capacity – helping to reduce waiting times and meet main access targets
- NCL Waiting Room - supporting improvements to the digital platform (NCL Waiting Room) to support CYP, families / carers and other professionals – either seeking early support / signposting or providing some support whilst waiting for assessment / treatment

All elements are being implemented in all NCL boroughs including Islington

Targeted provision for vulnerable groups

Certain groups of children and young people are at higher risk of poor mental health and require targeted or early support to prevent individuals from developing mental health problems. Below is a selection of work happening in Islington.

Young black men

The young Black men and mental health programme is a Multifaceted programme designed to improve mental health wellbeing outcomes for young Black men, and to improve their life chances in Islington. The programme is comprised of four pillars:

1. **Early Intervention:** Becoming a Man (BAM) – group counselling and 1-1 mentoring in three secondary schools.
2. **Elevate Innovation Hub** – Community hub which delivers therapeutic solutions based on culturally competent practice. There is a Senior Psychologist and Lead Psychologist as well as trained Elevate Coaches who support young black men aged 16-25 at risk of poor health, serious youth violence and exclusion from school.
3. **The Barbers Round Chair Project:** Trains Islington Barbers to be community mental health ambassadors.
4. **A cultural competency and anti-racist practice** training programme for partners including GPs, social care, schools and police

Children Looked After

Islington CAMHS have a dedicated team for supporting CLA. They support the mental health and wellbeing of children and young people who are looked after, or care experienced in Islington. This includes young people who are in foster care or unaccompanied asylum-seeking young people.

National organisations exist specially for CLA who can provide advice and guidance. These include [Help at Hand](#) and [In my Opinion](#).

Targeted provision for vulnerable groups - continued

Young Carers

The Islington and Camden Young Carers service provides support for young people under 18 who have caring responsibilities. The service offers whole family support, alongside one-one support for young carers and works intensively with families for up to 6 months. Support for children and young people affected by Parental Mental health problems is also available.

LGBTQI+

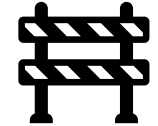
The Mosaic LGBT+ Young Person's Trust offers mentoring and counselling. They have a specific club for people aged 12-18 and young adults clubs for 18-35 year olds. They run events, and a 6-week course for young persons aged 13-19 for people who identify at LGBT+ and are neurodivergent with complex mental health needs.

Refugees and Asylum Seekers

The New Citizens' Gateway (NCG) Youth Wellbeing Project is a project supporting young refugees and asylum seekers in London. They run activities for socialisation including a weekly youth club, weekly football, ESOL online classes, a Girl's club and volunteering opportunities. They also offer counselling for young people aged 13-18. These are 12 free individual sessions, accessed online. They have bilingual counsellors in a variety of languages and can provide translators for other languages.

2.8 What do young people think? (24)

This section describes young people's views on key aspects of mental health and wellbeing. The key themes presented below are drawn from a focus group with Sixth Form students. The focus group was small so findings should be interpreted with caution.



Barriers to accessing support

- Awareness of wellbeing support offer in Islington is low
- Thresholds for accessing support viewed as high. For example, students would only access support if they were feeling very low.
- Students prefer to try to deal with their problems first or use the internet or talk to friends.
- Students don't want teachers and parents to know if they are struggling with their mental health and wellbeing so referral pathways which rely on a parental or school staff referral are a barrier.
- They are worried about the real-life consequences of accessing mental health support
- Length of time to access support perceived as too long.



Mode of support

- 1:1 support is preferred as it is more confidential. Students could see that group support might be helpful for finding answers together but 1:1 support is preferred.
- Drop-in sessions viewed positively especially within a school setting.



Perceptions of mental health and stigma

- Students reported that "Mental health" is not a word used in some languages
- Easier to seek help and have parents involved with practical problems – mental health issues feel more personal.

Young people would like to see....

- More support for mental health and social isolation for all ages.
- More specific mental health support in schools such as therapeutic interventions and counselling.

“Teach the school how to properly deal with mental health problems.” (LTI Engagement, Secondary school student)

Parents would like to see....

- More support for mental health and social isolation for all ages.

The Youth Council in Islington views Mental Health and wellbeing as a key issues.

They recognise that major events like the Covid-19 pandemic have had an adverse impact on the social, emotional and mental health of young people. Key issues include a lack of sleep due to anxiety and positive body image.

There top priorities are to:

- Ensure young people have a good understanding of how to look after their own mental health
- Ensure young people know when required, how to access SEMH services both online and in person at variety of places within the borough.



Section 3: Adults

3.1 What influences adults' mental health and wellbeing?

Our mental health is influenced by factors affecting us across our lives, by our own actions and by the environment in which we live, work, and play. These factors can be categorised as risk factors that may adversely affect mental health and protective factors that build and promote good mental health. Risk factors include factors deprivation, and crime levels and employment gaps all of which have been linked to poor mental health. Protective factors such as measures of wellbeing including self-reported anxiety and loneliness are also included. Individuals with higher wellbeing tend to have low rates of illness, recover quicker and generally have better physical and mental health.

Poverty and deprivation (1)

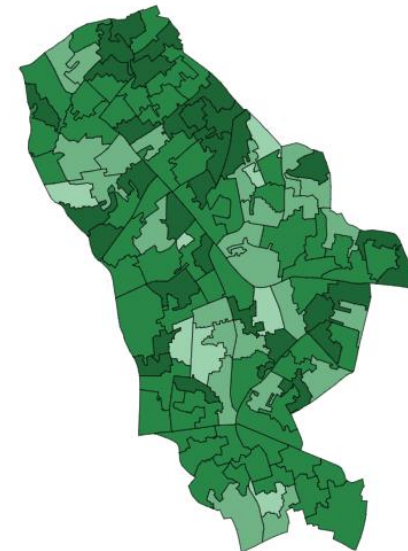
In 2019 Islington was ranked as the 53rd most deprived local authority in England and the 5th most deprived local authority in London.

The Income Deprivation Affecting Older People Index (IDAOPI), measures the proportion of those aged 60 or over who experience income deprivation. In 2019, Islington ranked 4th most deprived in London.

In 2022, 9% of households in Islington were living in fuel poverty. This was lower than the London average (10%). The largest percentage of households in fuel poverty live in Finsbury Park (12%).

Indices of multiple deprivation (IMD) (Where 1 is most deprived)

Quintiles ● 1 ● 2 ● 3 ● 4



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Wellbeing (26)



In 2022/23 on measures of wellbeing, Islington residents on the whole report positively :

- Life satisfaction – 76% (London, 76%)
- Worthwhile life – 78% (London, 81%)
- Happiness – 68% (London, 74%)
- High level of anxiety – 29% (London, 24%)

Safety (27)

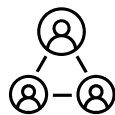


29,100 offences were reported in 2023/24 with theft being the most common, followed by violence against a person. This distribution has remained consistent over the past five years and aligns with trends observed across London.

Islington reports **lower hate crime rates** than London average. **3,400 reported incidents in 2023**, with racist and religious offenses being the most common, followed by homophobic crimes. **Finsbury Park** recorded the highest volume of hate crime.

In the 2023, the Islington resident survey found that when considering safety after dark, the proportion feeling safe within Islington (62%) is 11-percentage points below the latest national benchmark, with one in five feeling unsafe.

Loneliness and social isolation (28)



In 2023, 38% of Islington residents report sometimes or often feeling lonely.

In the 2023 Islington resident survey, just under nine in ten Islington residents report having a 'good' amount of social contact with people they like (86%), with only 3% feeling socially isolated.

Having as much social contact as desired decreases with age; those 75+ are significantly more likely than other ages to report feeling socially isolated (9%).

Community cohesion (28)



In the 2023, Islington resident survey 77% of residents agreed that their local area is a place where people from different backgrounds get on well together.

Disagreement is significantly higher among **males** (22% vs. 17%), those who identify as being of **Black** ethnicity (31%) and those who identify as being **Muslim** (34%).

Disagreement is also significantly more likely to be true of those **limited a lot by health problems or disabilities** (28%)



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Physical health (26, 27)



In 2024, approximately 31% of Islington's population has one long-term condition and 11% have two or more. Diabetes and hypertension are highly prevalence, contributing to early mortality.

74% of adults were physically active in 2022/23 in Islington. This was higher than the London average (64%).

Housing (30-32)



In 2022/3 13% of homes in Islington were classed as non-decent. This is similar to London.

In Islington fewer households live in temporary accommodation (TA) compared to London (11.3 versus 18 per 1,000) but there has been increasing in recent years.

In 2023/24 409 people were seen sleeping rough in Islington. The number of people seen rough sleeping in Islington increased by 21% when compared to 2022/23.

Employment (27)



As of March 2024, 75% of Islington residents aged 16-64 living in Islington were estimated to be employed. This is similar to the London average.

The rate of employment with people with health conditions or illnesses lasting more than 12 months has been approximately 50% between 2017 and 2024 with the exception of 2022 and 2023 where it was around 70%, higher than London.

Drugs and alcohol (47)



- It is estimated that in 2019/20, Islington had the highest prevalence of opiate and/or crack cocaine use in London.
- It is estimated that in 2018/19 (latest available data), Islington had the second highest prevalence of alcohol dependency in London, with a rate of 17.9 per 1,000 population.



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3.2 Vulnerable adults

This section highlights groups of adults who are more vulnerable to mental health problems due to adversity. The groups have been identified via a recent review carried out by the Royal College of Psychiatrists. This is primarily based on national evidence and local evidence where possible.

Group	Risk Factors	Evidence
Individuals dependent on alcohol and/ or drugs	<ul style="list-style-type: none"> • Drug and alcohol use can contribute to development of mental health problems and vice versa • Genetic predisposition • Adverse childhood experience 	<ul style="list-style-type: none"> • In Islington, in 2022/3 68% of adults entering alcohol treatment and 67% of adults entering drug treatment were identified as having a mental health need. (33)
Carers	<ul style="list-style-type: none"> • Poor physical health • High stress levels • Poor sleep • Loneliness • Lack of awareness from professionals 	<p>The Islington Adult Carer JSNA found that (34):</p> <ul style="list-style-type: none"> • As of March 2022, there were 3,657 carers aged 18 and over registered with the Islington Carer's Hub. A total of 679 carers were classified as complex cases. • 433 (64%) of carers registered at the Carer's Hub classed as a complex case also had a health condition. The most common health condition in these carers was a mental health condition (88 cases, (20%).
Vulnerable migrants	<ul style="list-style-type: none"> • Poverty • Poor physical health • Trauma • Family breakdown and separation • Bereavement • Victims of violence and abuse • Imprisonment • Unstable living conditions • Poor access to healthcare 	<ul style="list-style-type: none"> • Just under 75% of service users of the Finsbury Park Migrant Support Project 'Bridging Divides' are presenting with mental health issues. From October 2023 to end June 2024, total service users = 225 (of whom 168 people presenting with mental health issues). (35)

Vulnerable adults

Group	Risk Factors	Evidence
Gypsy, Roma and Traveller	<ul style="list-style-type: none"> • Poverty and social exclusion • Stigma and discrimination • Racism and racial discrimination • Low educational achievement • High rates of school exclusion • Poorer physical health • Poor access to services • Poor awareness of mental health • Distrust of support services. 	<ul style="list-style-type: none"> • Research identifies that the Gypsy, Roma and Traveller communities experience 2.5 times higher rates of poor mental health compared to samples of the general population. (36)
Learning disabilities	<ul style="list-style-type: none"> • Pain • Physical ill health • Taking multiple types of medication • Genetic syndromes • Experience of deprivation, poverty, abuse, and other negative life events earlier on in life • Lack of social support and reduced coping skills • Stigma and discrimination 	<ul style="list-style-type: none"> • Evidence suggests the rate of mental health problems in people with a learning disability is double that of the general population. (37) • The estimated prevalence of mental health disorders range from 15-52%, depending on the diagnostic criteria used. (37)
Certain ethnic minority groups	<ul style="list-style-type: none"> • Deprivation. • Poor educational outcomes • Structural Racism • Discrimination • Stigmatisation • Poor access to services. 	<p>The adult Psychiatric Morbidity Survey found that the prevalence of common mental health problems was (all adults):</p> <ul style="list-style-type: none"> • Black/ Black British 24.0% • Mixed/Multiple/Other 19.8% • Asian/Asian British 16.5% <p>Research shows that Black Caribbean, Black African and Black British adults are more likely to experience severe mental illness.</p>

Table adapted from [Richmond Mental Health Needs Assessment 2023](#).

Vulnerable adults - continued

Group	Risk Factors	Evidence
LGBTQI+	<ul style="list-style-type: none"> • Negative experience of healthcare • Discrimination and bullying in school • Victimisation and violence • Loneliness and isolation • Gender dysphoria • Higher levels of drug and alcohol use 	<ul style="list-style-type: none"> • A study from stonewall found that half of LGBTQI+ people had experienced depression and 3 in 5 had experienced anxiety. (39) • Long-term mental health disparities across sexual orientations in the UK between 2010 and 2021 found that psychological distress has increased among LGBTQI+ individuals. (40)
Co-morbid Physical and Mental Health issues	<ul style="list-style-type: none"> • Unhealthy diet: high in salt, sugar, or unhealthy fats • Tobacco use & harmful use of alcohol • Air pollution • Physical inactivity 	<ul style="list-style-type: none"> • Evidence suggests that at least 30% of all people with a long-term physical health condition also have a mental health problem. (41) • Of people with severe symptoms of mental health problems, 37.6% also have long-term physical conditions. This compares with 25.3% of people with no or few symptoms of a mental health problem (57).
Unemployed / low income	<ul style="list-style-type: none"> • Poverty, poor housing, debt • High crime rates • Lower educational attainment • Stigmatisation and Discrimination • Poor physical health & access to services 	<ul style="list-style-type: none"> • Unemployed people are more than five times as likely to have poor health than employees. (42) • In 2023, 2 million people aged 16–64 reported a work-limiting reported a primary work-limiting mental health condition in the UK. (43)
People experiencing homelessness	<ul style="list-style-type: none"> • Adverse childhood experiences • Victim of violence • Family conflict or relationship breakdown • Poor physical health • Learning difficulties • Domestic abuse • Drug and alcohol dependencies • Housing instability, poverty & debt 	<ul style="list-style-type: none"> • A recent study found that 67% of homeless individuals have a mental health disorder and 77% have experienced mental health problems at some point during their lives. (44) • In Islington in 2023/24, 409 people were seen sleeping rough. 47% had a mental health need recorded. (32)

3.3 Common mental health problems

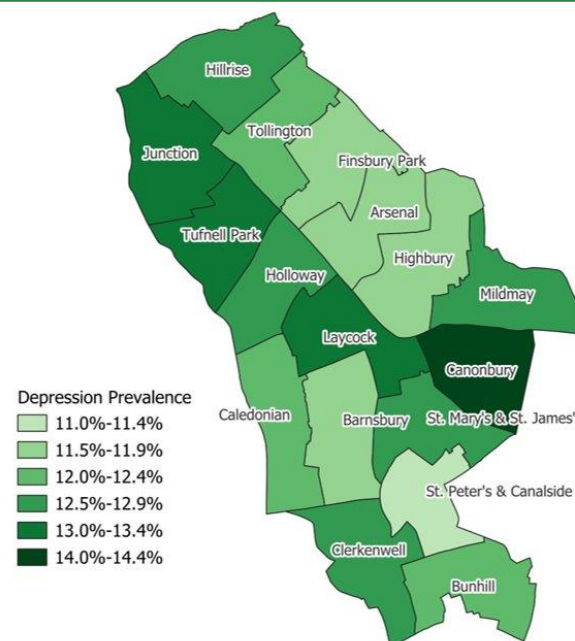
Understanding the prevalence of different mental health problems among adults in Islington helps us to understand need. 'Common mental health conditions include conditions such as anxiety and depression. Data estimating the prevalence of all common mental health conditions is limited and out of date. The best available data is on prevalence of diagnosed depression amongst residents registered with a GP in Islington. It is not a perfect measure because it only includes residents registered with a GP and those who have sought support for their mental health. Evidence suggest that underdiagnosis of depression is a significant issue so this should be considered when interpreting findings.

Depression by geography (45)

In 2024, 14% of adults in Islington had diagnosis of depression. This is the second highest rate in London.

The prevalence of depression ranges minimally between 11.3% (St Peter's and Canalside ward) and 14.3% (Canonbury ward) across the borough.

It should be noted that rates of diagnosed depression are higher in some of the least deprived wards, and this is likely due to health seeking behaviour.



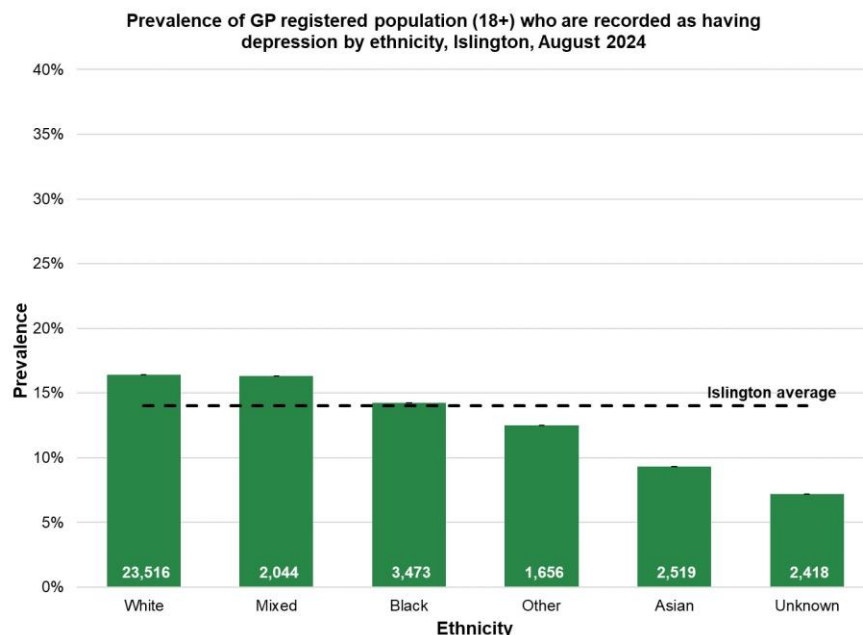
Source: HealthIntent Population Health Needs and Inequalities dashboard [Data accessed on 06/08/2024]



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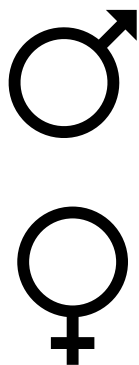
Ethnicity (45)



People from a White ethnic group or Mixed ethnic group have a higher prevalence of recorded diagnosed depression compared to the Islington average.

As noted in the introduction, this is not a true prevalence estimate. The lower prevalence of recorded depression in some ethnic groups may reflect under-diagnosis rather than actual prevalence.

Gender (45)



More women than men are diagnosed with depression in Islington (17.2% vs 10.8%, a difference of 6.4%).

Deprivation (45)



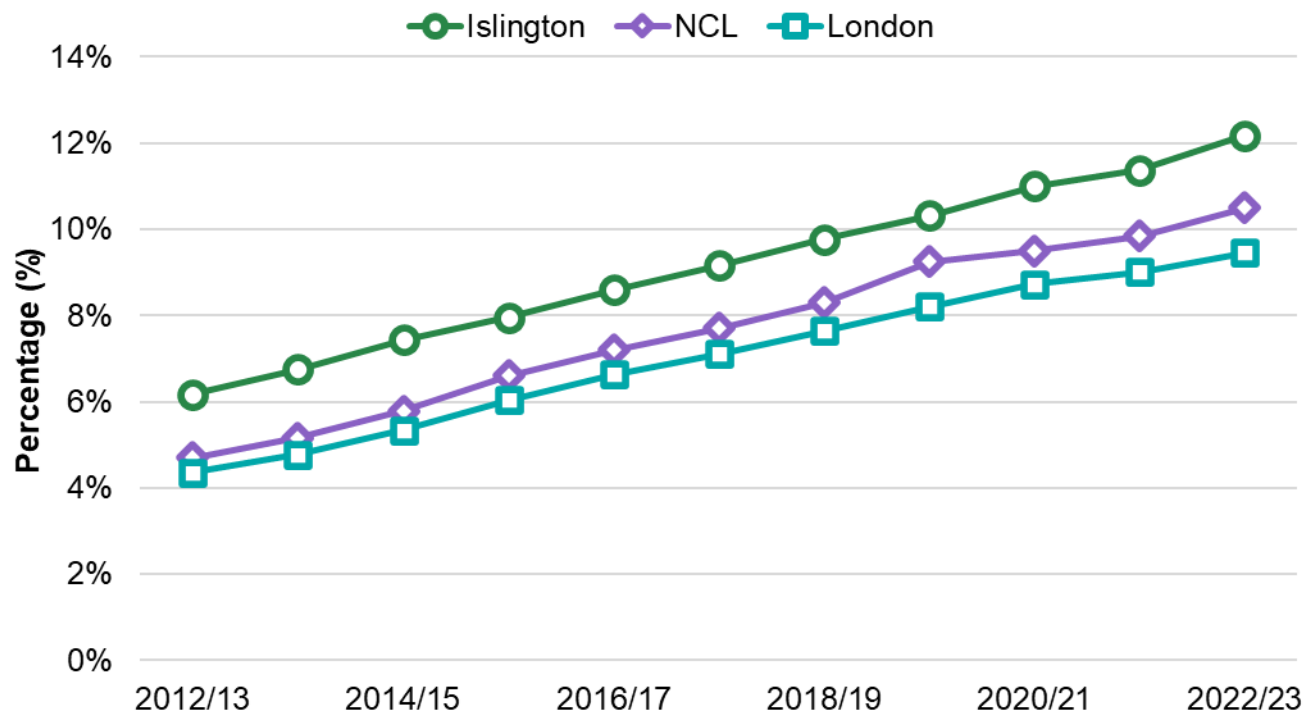
The percentage of people recorded as being diagnosed with depression is higher amongst people who are more deprived in Islington. 16.7% are recorded as having depression in the most deprived quintile compared to 11.4% in the least deprived quintile.



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Depression – trend (46)

Percentage of patients aged 18 and over with depression recorded on practice disease register, Islington, London and North Central London (NCL), 2012/13 - 2022/23



Note: Where local authority values are presented, these were calculated by assigning all patients of the GP to the local authority where the GP practice is located. PCN values are not necessarily a perfect match with the values published in QOF because these groups of practices are still changing quite frequently.

Source: Quality and Outcomes Framework (QOF).

- Over the last decade, Islington's recorded depression rates increased by 6 percentage points (from 6% in 2012/13 to 12% in 2022/23), while both NCL and London's rates rose by 5 percentage points.
- Over time, Islington's recorded depression prevalence remained statistically higher compared to the North Central London average, London, and each of the NCL boroughs, except for 2019/20, when it was statistically lower than Enfield (10% vs. 11%).
- **It is likely that rates of recorded depression have increased partly due to improved diagnosis.**



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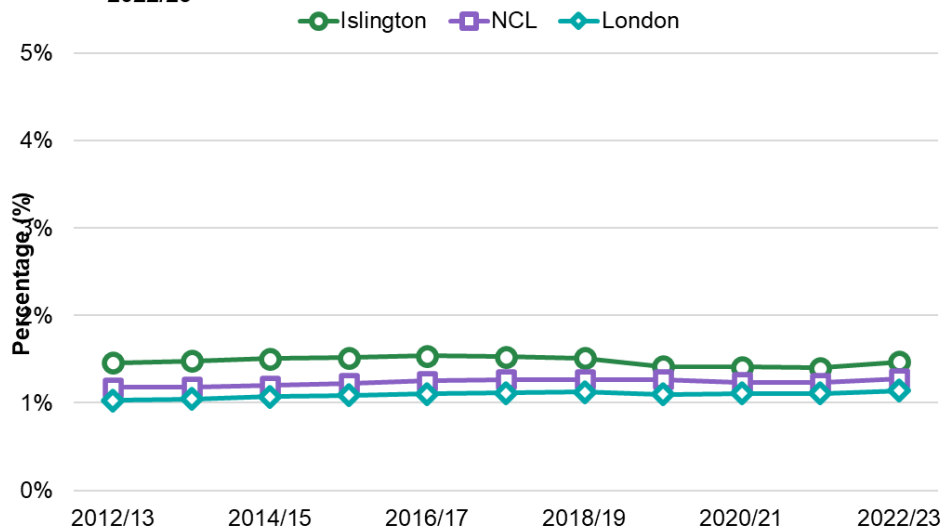
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3.4 Severe mental illness

Severe mental illness describes conditions such as schizophrenia, bipolar disorder and other psychoses. The term refers to people with psychological problems that are often debilitating and impact an individual's ability to engage in functional and occupational activities.

Severe mental illness – trend (46)

Percentage of patients with schizophrenia, bipolar affective disorder and other psychoses recorded on practice disease register, Islington, London and North Central London (NCL), 2012/13 - 2022/23



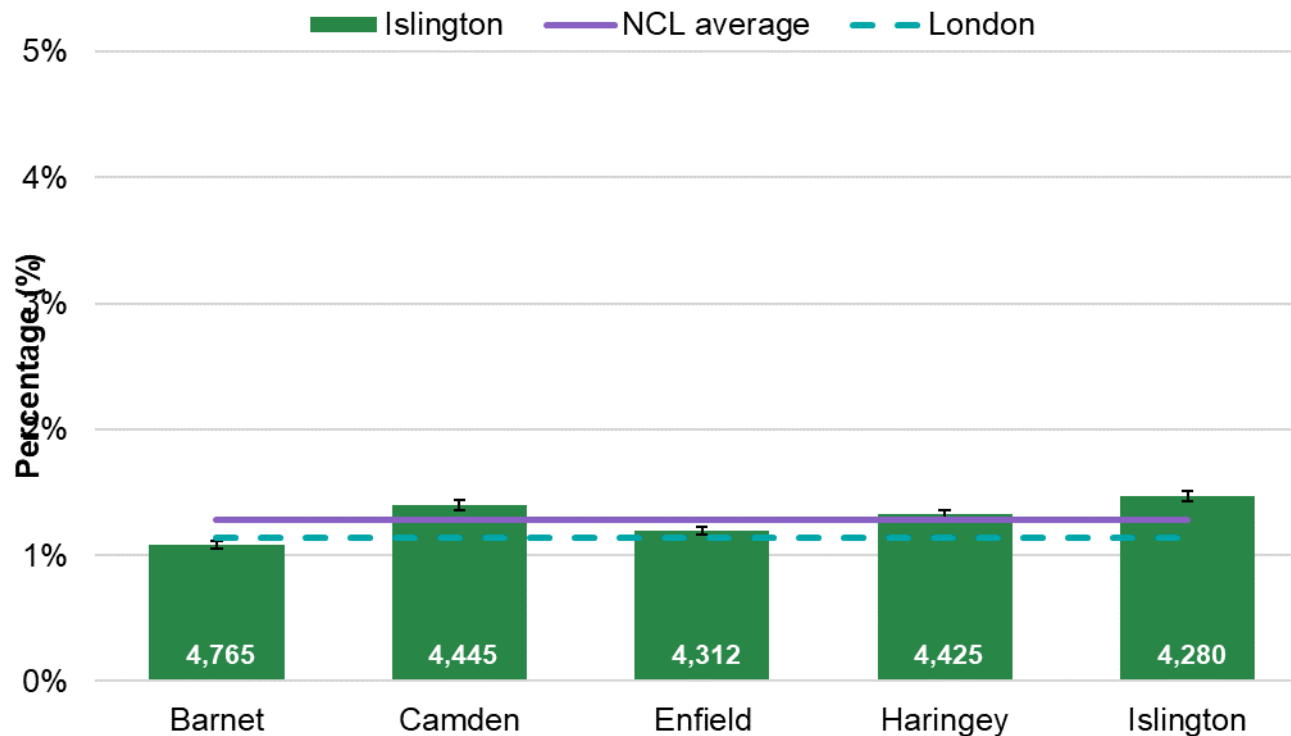
Note: Where local authority values are presented, these were calculated by assigning all patients of the GP to the local authority where the GP practice is located. PCN values are not necessarily a perfect match with the values published in QOF because these groups of practices are still changing quite frequently.

Source: Quality and Outcomes Framework (QOF).

- Over time, Islington has **consistently higher prevalence** of diagnosed severe mental illness **compared to both NCL and London**.
- For most years, Islington's prevalence hovered around 1.5%, **statistically higher** than the averages for both NCL (around 1.3%) and London (around 1.1%).

Severe Mental Illness – geography (46)

Percentage of patients with schizophrenia, bipolar affective disorder and other psychoses recorded on practice disease register, Islington, London and North Central London (NCL), 2022/23



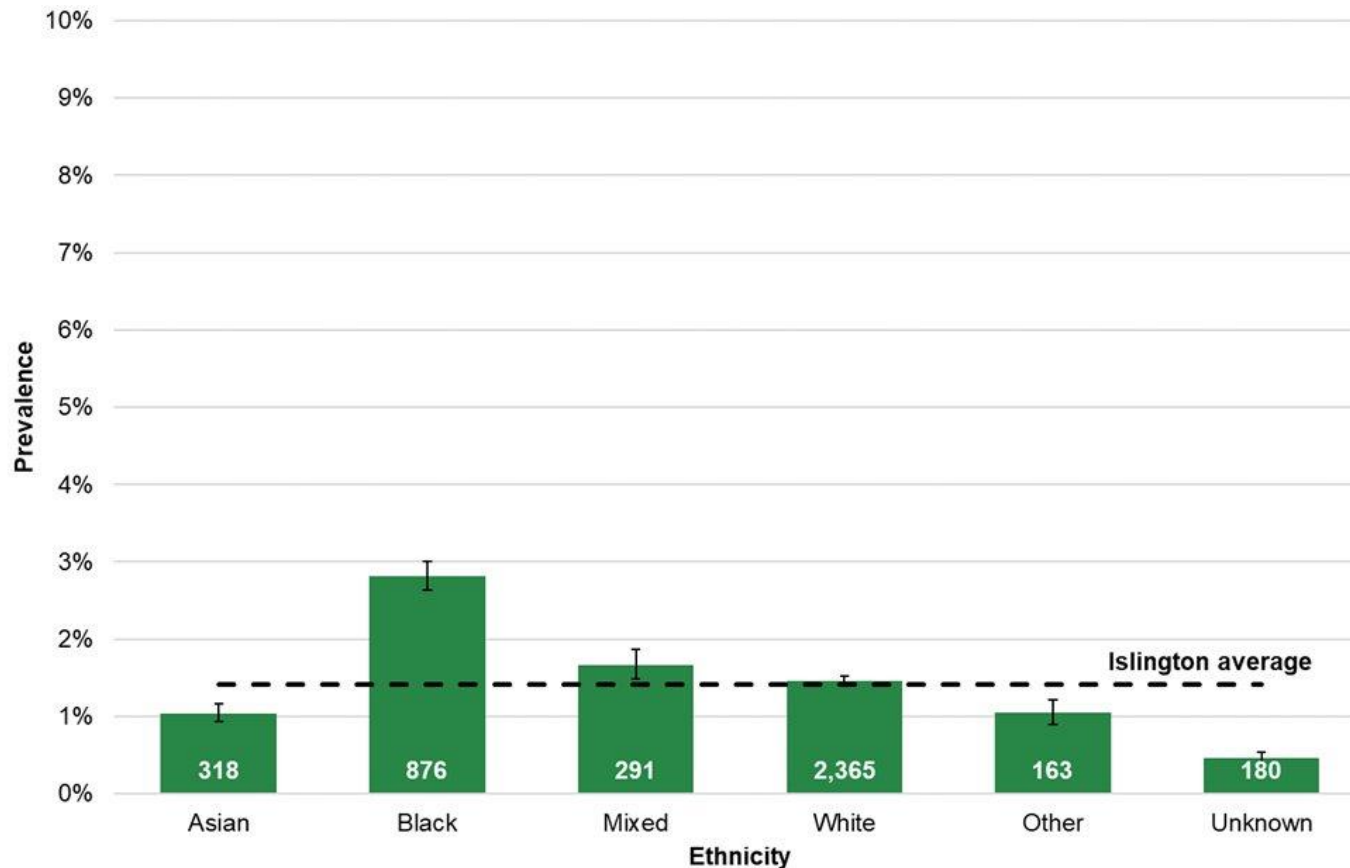
- In **2022/23**, Islington reported a prevalence of **1.5%**, which was significantly **higher than the NCL average (1.3%)** and **London's rate (1.1%)**.
- Islington has the second highest prevalence of diagnosed Severe Mental Illness in London.

Note: Where local authority values are presented, these were calculated by assigning all patients of the GP to the local authority where the GP practice is located. PCN values are not necessarily a perfect match with the values published in QOF because these groups of practices are still changing quite frequently.

Source: Quality and Outcomes Framework (QOF).

Severe Mental Illness – ethnicity (45)

Prevalence of GP registered population who are recorded as having a serious mental health illness by ethnicity, Islington, August 2024



People from a Black ethnic group (2.8%) are significantly more likely to be diagnosed with a serious mental health illness than all other groups.

Note: Data label refers to count.

Source: HealthIntent Population Health Needs and Inequalities dashboard [Data accessed on 06/08/2024]



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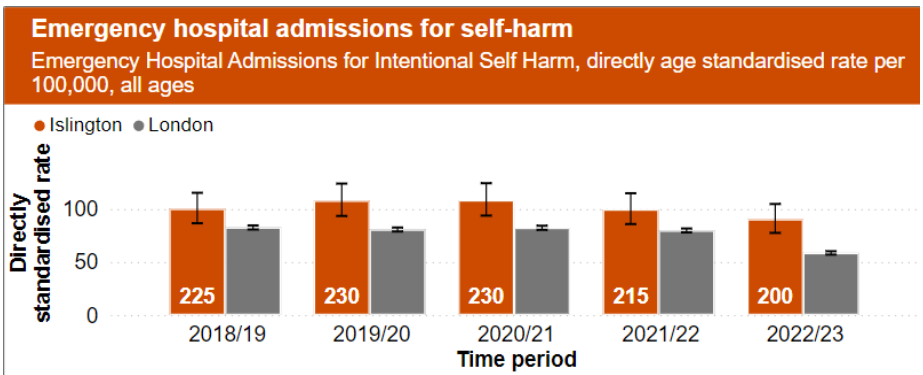
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3.5 Suicide and self-harm (50)

Suicide rates are highest in middle-age, and are a significant cause of death in young adults. Suicide is a major issue for society and a leading cause of years of life lost. Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals, and society can help to prevent suicides. The risk factors for suicide include age, gender, sexuality, long-term physical and mental health problems, poverty, debt, unemployment, social isolation, experience of abuse, trauma or discrimination, and bereavement by suicide. The strongest identified predictor is a previous episode of self-harm; mental ill-health and substance use also contributes towards many suicides.

Self-harm

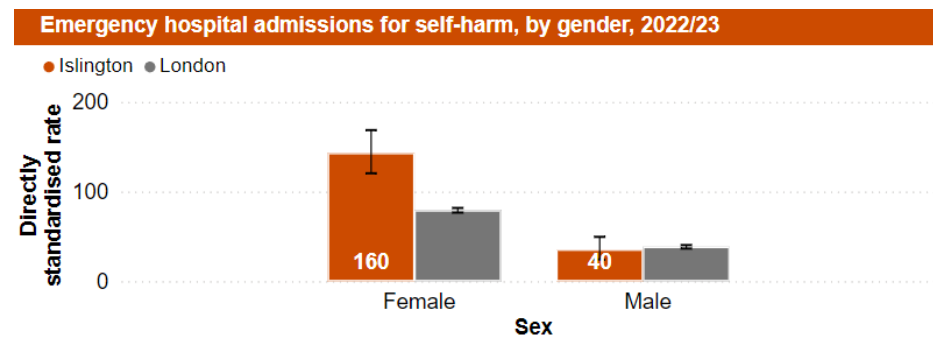
In 2022/23, the directly age standardised rate of emergency hospital admissions for self-harm in Islington was 90 per 100,000 population (all ages). This was significantly higher than the London average (59 per 100,000).



Note: Chart label refers to the number of people.
Source: Office for Health Improvement and Disparities; NHS England Hospital Episode Statistics (HES); Office for National Statistics (ONS)

Gender

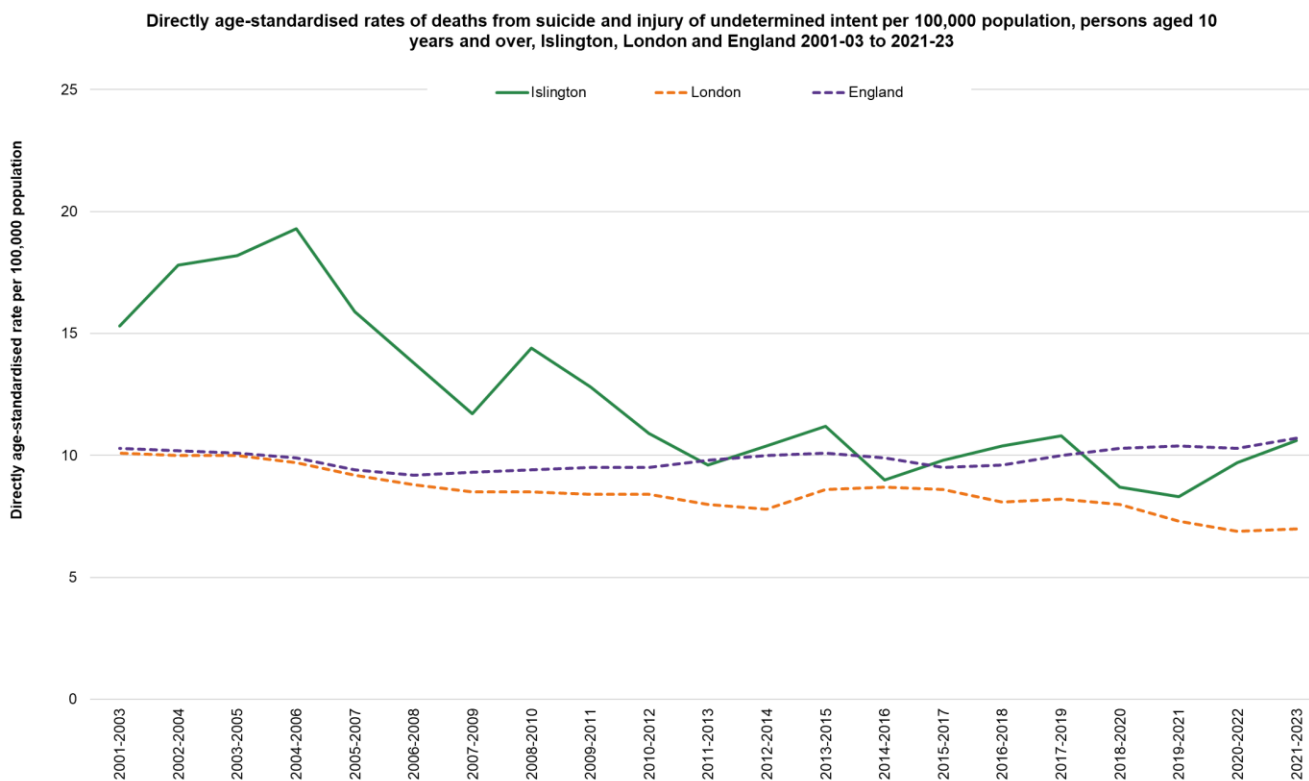
In 2022/23 the directly age standardised rate of emergency hospital admissions for self-harm in Islington was significantly higher amongst females compared with males (160 per 100,000 vs 40 per 100,000). Although self-harm is significantly more common in women than men, the rate of suicide in men is more than double that in women in Islington.



Note: Chart label refers to the number of people.
Source: Office for Health Improvement and Disparities; NHS England Hospital Episode Statistics (HES); Office for National Statistics (ONS)

Suicide (50)

Availability of up-to-date local data on suicides is limited. There is also a significant delay in national reporting due to the requirement to confirm a death as a suicide through the coronial process, followed by the annual reporting cycle. Data is presented as three-year average to account for this and to take into account small numbers.



Source: Office for National Statistics

In the three years 2021-23 there were 51 registered deaths by suicide in Islington (10.7 per 100,000). An average of 17 deaths per year.

In 2020-22, more males than females died from suicide. 33 males (16 per 100,000) and 15 females (5 per 100,000).

Age-standardized rates of suicide in Islington are highest in those aged over 45, a rate of 15 per 100,00 compared to a rate of 6 per 100,000 in those aged 25-44 in the period 2018-2022.



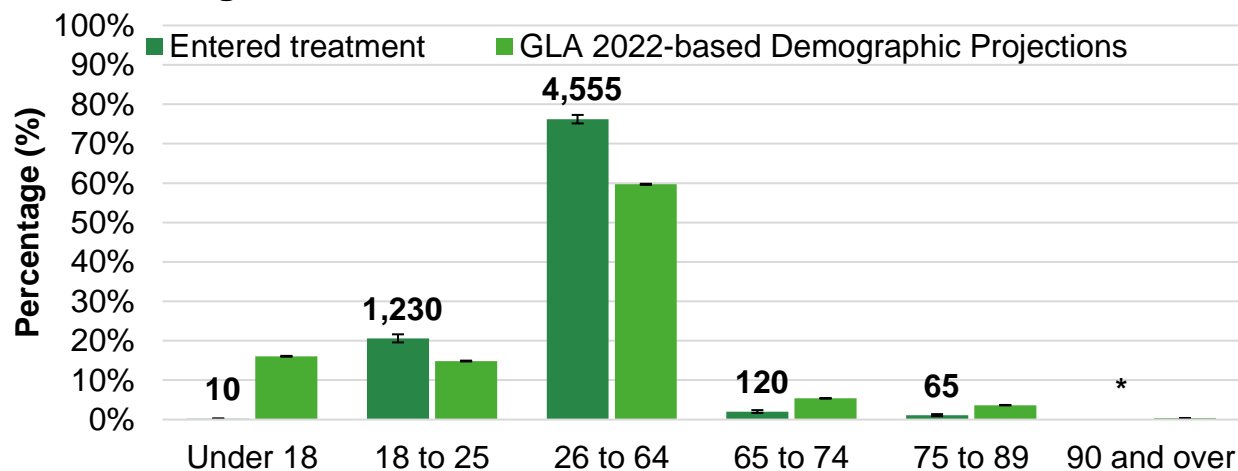
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3.6 Mental Health related care (64)

This section presents data on mental health related care with a specific focus on NHS Talking therapies provided by Islington iCope and secondary mental health services provided in the community.

NHS Talking therapies by age group

Percentage of people accessing NHS Talking Therapies compared to borough population, by age group, Islington IAPT, 2022/23



Note: Please note that figures reflect activity in the year. All sub-national counts have been rounded to the nearest 5 and figures based on a count of less than 5 referrals have been excluded from this analysis.

Source: NHS Talking Therapies, for anxiety and depression, Annual reports, 2022-23; GLA 2022-based demographic projections.

- The highest proportion of people entering treatment were ages 26-64 (76%).
- **Young adults aged 18 to 25 (21%) and working-age adults aged 26 to 64 (76%)** had a significantly higher proportion entering treatment compared to the general population (15% and 60%, respectively).
- The **under 18 age group** had a **significantly lower** percentage of people **entering treatment (0.2%)** compared to their representation in the general population (16%). This is likely due to Adult NHS Talking therapies in Islington only be available to be aged 17.5 years old upwards.

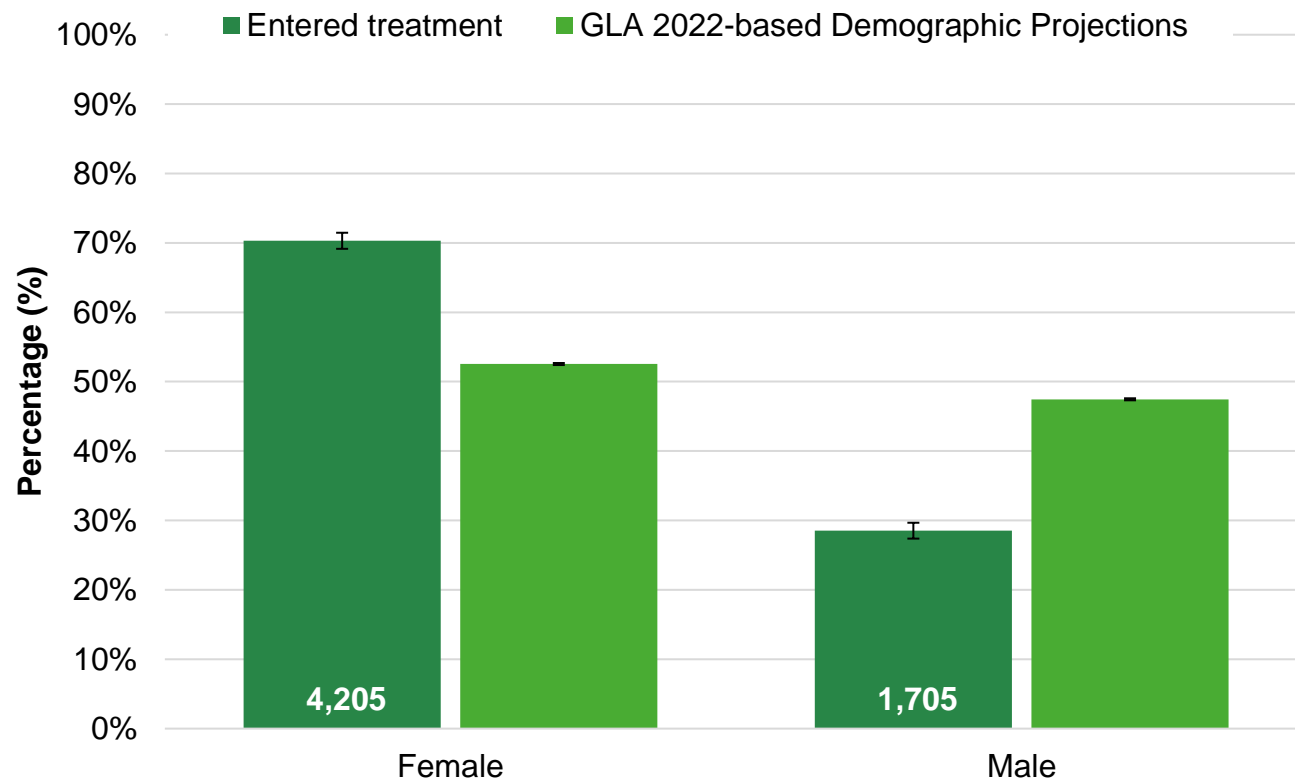


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Talking therapies by sex

Percentage of people accessing NHS Talking Therapies compared to borough population, by sex, Islington IAPT, 2022/23



Note: Please note that figures reflect activity in the year. All sub-national counts have been rounded to the nearest 5. 70 referrals (1.2%) were recorded as non-binary, unknown, or not stated, and have been excluded from this analysis.

Source: NHS Talking Therapies, for anxiety and depression, Annual reports, 2022-23; GLA 2022-based demographic projections.

- Females accounted for most people entering treatment, with **4,205 (70%)** compared to males.
- 29% of those entering treatment were male**, significantly lower compared to the general population (47%). **70% of those entering treatment were female**, significantly higher compared to the general population (53%).
- A small percentage of those entering treatment were classified as **Non-binary/Indeterminate (0.8%)** or **unknown/not stated gender (0.3%)**.

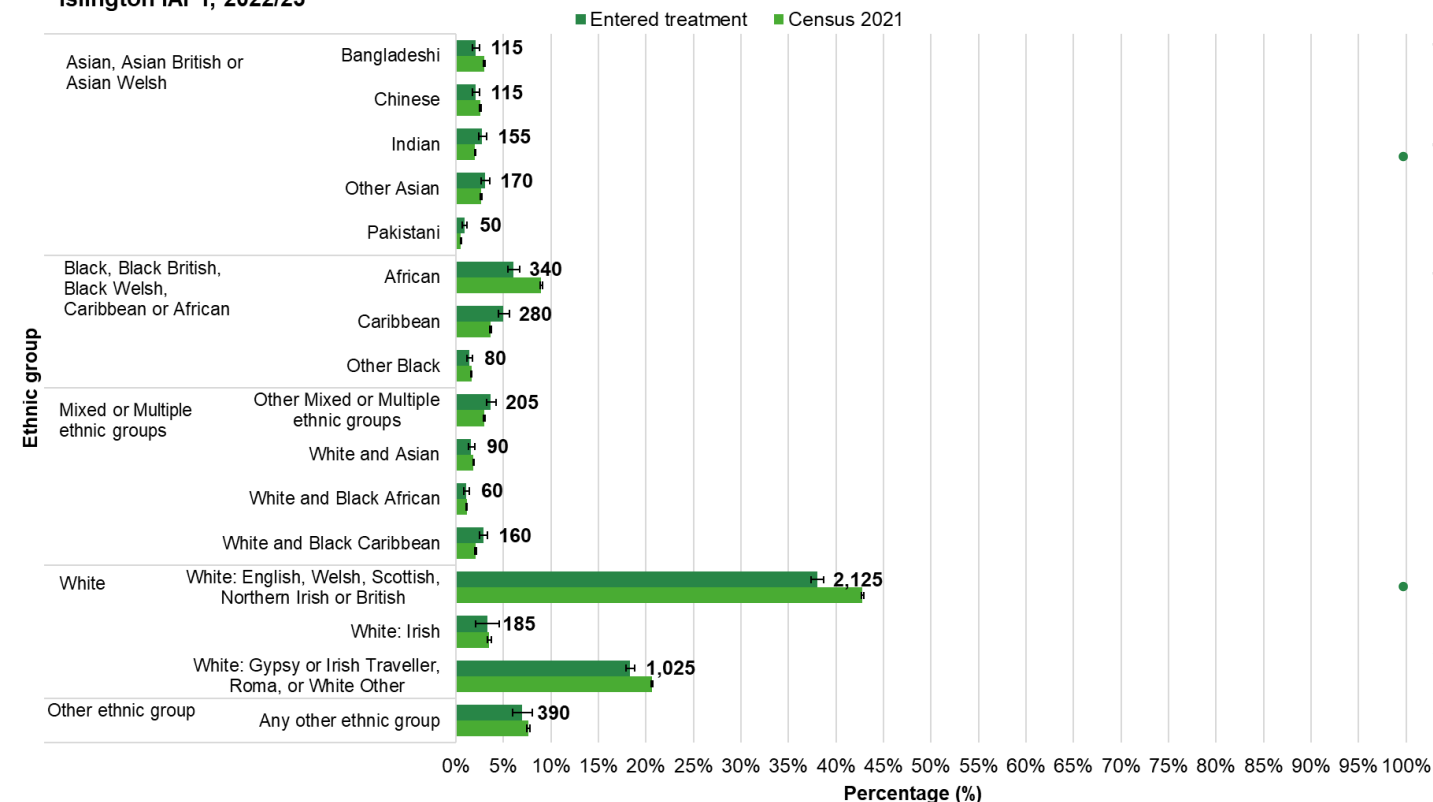


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Talking therapies by ethnicity

Percentage of people accessing NHS Talking Therapies compared to borough population, by ethnicity, Islington IAPT, 2022/23



Note: Please note that figures reflect activity in the year. All sub-national counts have been rounded to the nearest 5. 430 service users entering treatment (8%) were recorded as unknown or not stated and have been excluded from this analysis.

Source: NHS Talking Therapies, for anxiety and depression, Annual reports, 2022-23; GLA 2022-based demographic projections.

- The **White: English, Welsh, Scottish, Northern Irish, or British** group accounted for most people those entering treatment (38%).
- There was a **significantly lower percentage** of service users entering treatment from the **Bangladeshi (2%), Chinese (2%), African (6%), and White British** populations (56%) compared to the general population.
- **Indian (3%), Pakistani (1%), Caribbean (5%), White and Black Caribbean (3%), and Other Mixed** ethnic groups (4%) had a **significantly higher percentage** of service users entering treatment compared to the general population.

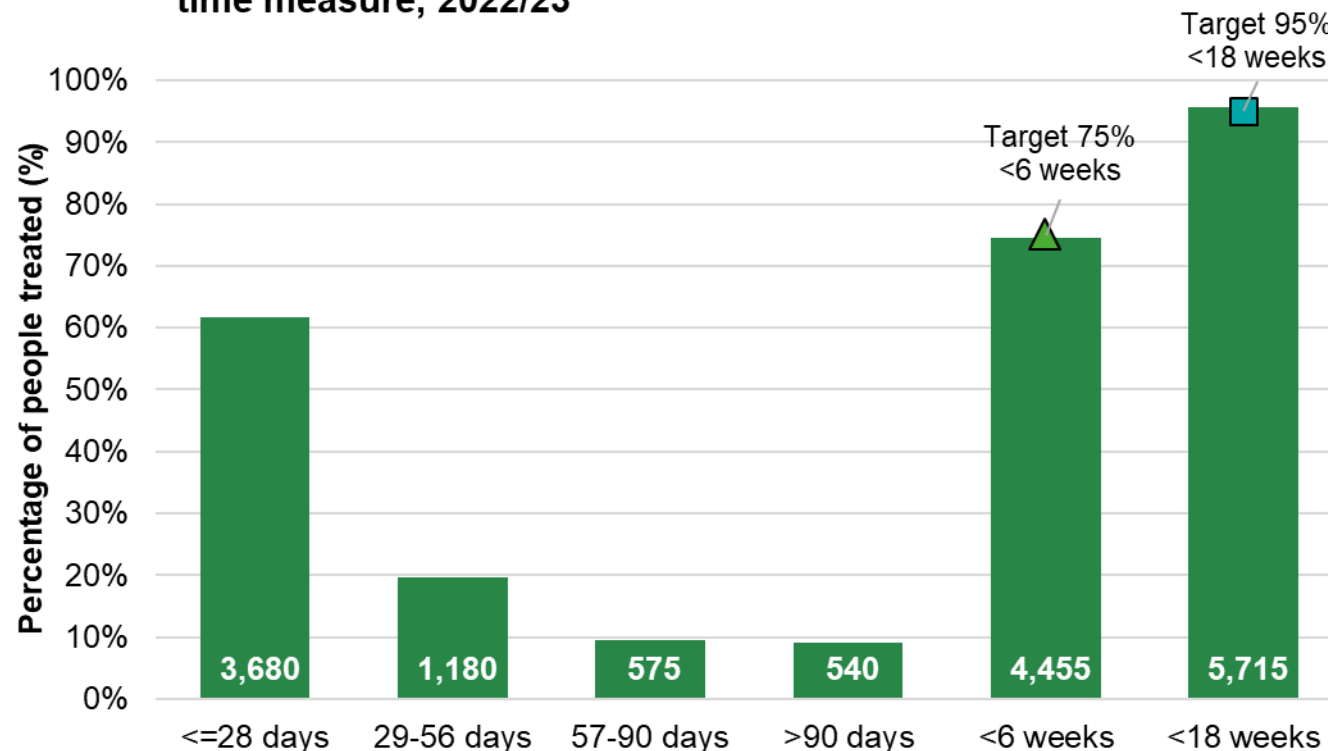


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Talking therapies waiting times

Percentage of people treated in Islington IAPT by waiting time measure, 2022/23



Note: Percentage based on total number who entered treatment within the year (n= 5,975). Please note that figures reflect activity in the year and are not based on the same group of referrals. Mean waiting time in days between the referral request received date and the date of first therapeutic appointment, where the referral had a first attended treatment appointment (accessing services) in the year. All sub-national counts have been rounded to the nearest 5. All NHS Talking Therapies services should be providing timely access to treatment for people with anxiety disorders and depression. 75% of patients should have a first appointment within six weeks of referral. 95% should have a first appointment within 18 weeks of referral.

Source: NHS Talking Therapies, for anxiety and depression, Annual reports, 2022-23.

- From the total number of people treated in 2022/23, **62%** (3,680) received treatment **within 28 days**, and **75%** (4,455) received treatment **within 6 weeks** (approximately 42 days), meeting the NHS target.
- The **mean waiting time** between receiving a referral request and attending the first treatment appointment was **37.8 days**.
- Furthermore, **96%** (5,715) received treatment **within 18 weeks**, meeting the NHS target of 95%.



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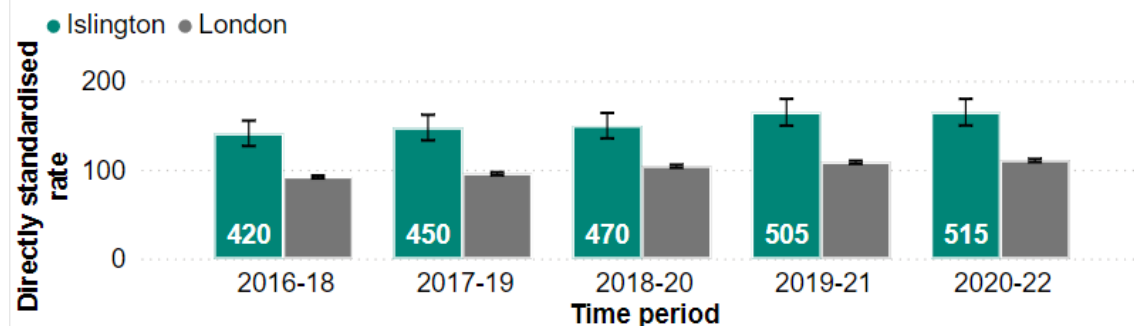
3.7 Mental health problems and associated impacts

Studies have shown that people with a mental health problem are more likely to have poor physical health and vice versa. People with a long-term mental health problem are also more likely to die prematurely (before the age of 75). High smoking rates among people with mental health problems are the single largest contributor to their 10 to 20-year reduced life expectancy. **People living in North Central London (NCL) who have a SMI die on average 14.9 years earlier than the general population if they are female and 18.4 years earlier if they are male.**

Premature mortality

Premature mortality in adults with severe mental illness

Directly age standardised rate of deaths of adults, aged 18-74, with SMI, per 100,000 population



- The chart shows the overall rate of premature deaths of adults with SMI aged 18-74. In 2020-22, the rate of premature mortality in adults with severe mental illness (SMI) was 164 per 100,000. This is significantly higher than London (110 per 100,000).
- It should be noted that overall rates of premature mortality in Islington for the general population is also higher than the London and England average.

The **excess mortality rate** is a measure of inequality which compares the difference between premature mortality rate of people with a SMI to the premature mortality rate of the general population.

Between 2021-2023, in Islington, people with SMI were approximately 4 times as likely to die early compared to the general population (316.9% excess risk). This is significantly better than England where people with SMI are almost 5 times as likely to die early (383.7% excess risk).



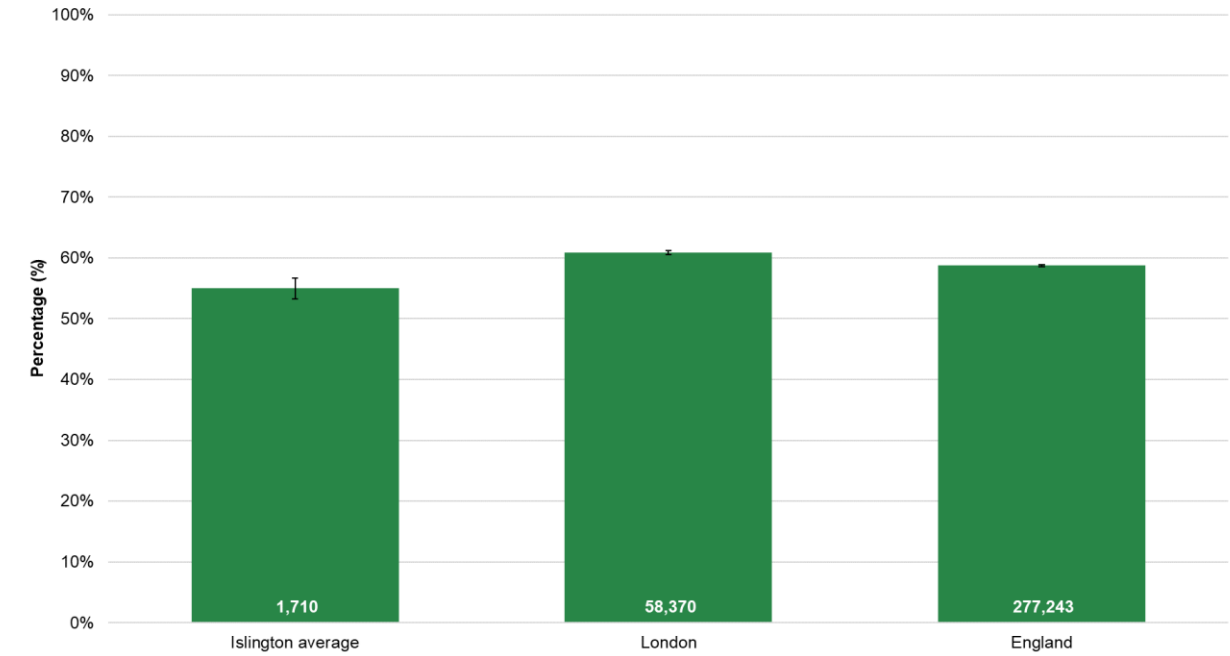
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Physical Health Checks SMI (51)

In Islington, 55% of people with severe mental illness (1,710 out of 3,110) received a full physical health check in Q1 2024/25. This is statistically lower than both the London (61%) and the England average (59%).

Percentage of people with severe mental illness who received a full physical health check, 2024-25 Quarter 1 (April-June), Islington, London and England.



Note: Number of people on the GP PHSMI register to receive the full physical health check (i.e., all 6 elements) in the 12 months to the end of the quarter.
Source: GPES, NHS England.

Smoking (52)



In 2024, approximately 42,000 (17%) of Islington's adult population are registered by their GP as being current smokers. More people smoke in Islington than the London average, but in both Islington and London the rate has been decreasing since 2013/14

In 2022/23, in Islington the smoking prevalence in adults (18 years and over) **living with a long-term mental health condition was 29%.**

3.8 What works to prevent mental health problems and promote good mental health? (23)

There is increasing recognition of a **public mental health** approach. This involves recognising the wider determinants of health and wellbeing and tackling inequalities, embedded in a life-course approach. Effective public mental health interventions can support a coordinated, efficient, equitable and sustainable reduction of the burden of mental health problems and the promotion of mental wellbeing of populations. Interventions can be categorised into:

1. **Primary prevention** – address risk factors to prevent mental health problems from arising and promote protective factors
2. **Secondary prevention** – early intervention for mental health problems and poor mental wellbeing to minimise impact
3. **Tertiary prevention** – self-management and prevention of relapse among people with a diagnosis

Intervention Area	Relevance	Intervention Example
Preventing uptake/ promoting cessation of drugs, smoking and alcohol	Mental health problems is associated with increased levels of health risk behaviour. Substance abuse can worsen symptoms for those with mental disorder.	Tobacco control programmes can reduce adult smoking rates
Promoting physical activity and prevention of obesity	Physical activity improves psychological and social outcomes and contributes to healthy aging and wellbeing. Mental health problems increases risk of non-communicable diseases.	Physical activity reduces symptoms among people with psychosis and improves quality of life
Prevention of specific mental health problems	One in six adults in England experience depression or anxiety disorders at any one time.	Signposting services are effective to reduce social isolation and loneliness in older people at risk of depression.
Promotion of social interaction	Social capital is associated with improved wellbeing and reduced mental health problems.	Volunteering improves life satisfaction and wellbeing among adults.
Work-placed based interventions	A significant portion of an adult's life is spent in the workplace.	Online mindfulness interventions reduce employee stress symptoms.

Source: Adapted from Royal College of Psychiatrists. *Summary of evidence on public mental health interventions*. 2022.



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3.9 Mental health promotion and primary prevention

A range of different services and interventions exist in Islington for adults which support good mental health and prevent people from becoming unwell. They address the key building blocks of mental health.



Education and awareness

- A range of **mental health awareness and suicide prevention** courses are run by Grassroots for free. Different courses are available for the voluntary, community and faith sector and council staff.
- Making every contact count is a programme for skilling-up frontline staff to use behaviour change approaches for supporting individuals to make a positive change to their mental and physical health.
- Thrive LDN, a city-wide movement to improve Londoner's mental health and wellbeing.



Employment, income and housing support

- Access Islington Hubs offer a combination of drop-in advice and support surgeries. They offer support and signposting to other local services for a range of issues including money, food, wellbeing, housing, family, community safety and work.



Community support

- A wide range of services are available from the community and voluntary sector in Islington which promote social connection/tackle loneliness, wellbeing activities, advocacy and advice. For example, Manor Gardens, Age UK, Islington Mind, Help on Your Door Step, Stuart Low Trust and many more. Community centres also play a key role.
- Many individuals will also access peer support from family and friends or through places of worship.



Environment & physical activity promotion

- In Islington there is a strategy called Parks for Health which recognises the importance of access to green space for health and wellbeing.
- Physical activity and movement is important for our Mental Health. Leisure centres are managed by GLL in Islington. There are low-cost opportunities to get more active in Islington. For example, Healthy Generation offers free or low-cost activities. A full list is available online.



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Early intervention and targeted support

Certain groups are at higher risk of poor mental health and require targeted support or for us to intervene early to prevent individuals from developing mental health problems. Below is a selection of work happening in Islington.

LGBTQI+

Outcome is Islington Mind's LGBTQI+ specialist service run by LGBTQI people with LGBTQI people. The service offers a safe place to socialise, take part in a range of wellbeing activities and access therapies to improve mental health.

People with autism

The Autism Hub in Islington and Camden is a user-led initiative by and for autistic adults. They offer peer support, autism-adjusted counselling, advice, information and advocacy, skills-based workshops and social events.

Women

The Maya Centre provides a free counselling service for women experiencing mental health issues which may stem from trauma including domestic violence, physical or sexual abuse in childhood, war and conflict.

Social prescribing

For people at risk of, or with early or mild to moderate mental health problems, where activities in the community can prevent or reduce the risk of mental health conditions further developing. Social prescribing link workers are part of the primary care team and it is provided by a range of organisations including Age UK, Help on Your Door Step, Islington GP Federation and Manor Gardens.

Early intervention and targeted support (continued)

Support after suicide service

Amparo provides support to anyone who has been affected by suicide. Postvention support to next of kin and others who may be bereaved or affected, reduces the risk of suicide in these groups.

Asylum Seekers and Refugees

In Islington, a GP outreach service is provided to residents living in contingency hotels. The service offers holistic initial GP assessment for mental and physical health and refer on for relevant investigations and services. Islington icope also offer a service for refugees including group workshops and therapy or support from the Traumatic Stress clinic.

A range of more general support services also exist for refugee and migrants including the Union Chapel, New Citizen's Gateway and Islington Council's resettlement team.

Drugs and alcohol

There are a range of different services in Islington which support with Drug and Alcohol needs. The main service for Adults is Better Lives which provided integrated Drug and Alcohol support.

Mental Health Support and Services for Adults

A range of different treatment and recovery services exist in Islington which provide holistic care to promote mental and physical health outcomes.

Primary care

- **iCope/Talking Therapies:** Treatment for common mental health disorders for people registered with an Islington GP.
- **General Practice:** GPs give support and treatment for mental health problems to individuals and their family members/carers
- **Perinatal mental health:** There is an established mental health pathway to support and screen expectant and new mums.
- **Free and low-cost therapies** are also delivered by [the Stress Project](#) and the [ACCEPT consortium](#) provides culturally and gender appropriate psychotherapy and counselling.

Specialist treatment and recovery

Assessment and specialist support for people with complex mental health needs involving secondary care services are delivered by the North London Mental Health Partnership. These include:

- **Community mental health services including [core community mental health teams](#).**
- **Psychosis services - recovery and rehabilitation; outreach**
- **Services for ageing and mental health**

A range of services also exist to support people with mental health conditions live more independent and fulfilling lives:

- Mental Health Recovery Pathway delivered by Islington Mind
- [Individual Placement Support Employment scheme](#) delivered by Hillside Club House

Crisis

- **Crisis Single Point of Access Service.** A team of trained mental health advisors and clinicians who provide help or advice in a crisis, 24 hours a day, 7 days a week, 365 days a year.
- **Mental Health Crisis Assessment Service (MHCAS).** A 24/7 mental health emergency department offering emergency mental health assessment to anyone presenting to them or directed to them from crisis services or local emergency departments.
- **Hestia** deliver's the new Islington Recovery Café which is a welcoming, safe space for people who are experiencing mental health crisis or feel like they are unable to cope
- A range of organisations across London offer help including the Samaritans, [James' Place](#) and the [Listening Place](#).

3.10 Resident voice – What do adults in Islington think?

This section summarises qualitative insights shared with the Public Health team from a range of different sources. The reports have been reviewed and distilled into key themes.

1. Mental Health and Wellbeing is key priority (25)

Between November 2021 and August 2022, Islington residents were invited to take part in an open survey (n=1,561) on their perceptions of inequalities in the borough as part of a large engagement project called “Let’s Talk Islington”.

43% of respondents rated initiatives to support mental health as a priority, with

- A significantly higher proportion of residents of black ethnicity (55%), people with a disability (53%) and in the most deprived areas (52%)
- A significantly lower proportion of residents of Asian ethnicity (30%), earning >£100K (31%) and without a disability (37%)

The Let’s Talk Islington engagement work also included more targeted engagement workshops where mental health was consistently raised as an issue in Islington and specifically the need for more mental health support.

2. Interconnections with other aspects of life (53)

In the Islington Annual resident survey 2023, good health, financial stability, and friendships & relationships are the factors Islington residents most commonly identify as important to live a good life:

Residents consistently highlighted that a combination of different factors influence their mental health and wellbeing. For example, Islington Council are currently undertaking a longitudinal study where they are interviewing the same 28 residents every 6 months until 2030 to better understand what influences our resident’s wellbeing over time. Initial findings show that a broad range of interconnected factors influence residents’ wellbeing including:

- Physical health challenges limit daily activities and negatively impact mental health
- Financial stability and housing
- Good quality work
- Health of family members
- Local environment & perceptions of crime

1. Low awareness of services and support available

Residents report a lack of awareness of the range of support available for mental health and wellbeing – this was a common finding across different forms of engagement and research with Islington residents. There needs to be better awareness so that people are receiving support at the right time. This is particularly important for people from a migrant or refugee background who are used to very different systems and processes.

Part of the issue is the way in which we communicate our service and support offer. For example, research carried out by Healthwatch found that some residents are not literate in their mother tongue, so simply translating written material about health needs and services isn't the answer for all communities (Bengali/ Sylheti speakers have lower literacy than Spanish/Portuguese speakers for example)

2. Long waiting lists

There is a perception among residents that there are long waiting lists for appropriate mental health support. Data on waiting times shows that it is a mixed picture for different services so communicating which services have capacity is important.

"It is very difficult to access high quality mental health support for free, especially for moderate to severe conditions ...NHS waitlists are endless)."

1. Culturally sensitive & trauma informed support

There is a need for culturally sensitive support. Islington is a diverse borough and services such as counselling and talking therapies need to consider different faiths and beliefs. Using interpreters when discussing complex issues around mental health, and the causes of poor mental health (such as domestic violence) has limitations, and sourcing counsellors in clients' own language is considered more effective.

2. Mechanisms of access

Residents often need support to take up the Mental health offer, self-referral whilst useful for some communities does not always work for residents who might need a helping hand and build trust before engaging with a service.

3. Normalising conversations about mental health

For many communities, there is stigma and a sense of shame when talking about mental health problems or asking for help. Normalising conversations around emotional wellbeing is important.

4. Building Trust

Building trust more generally with residents is important. Many residents especially migrant communities fear repercussions of accessing support. Providing support in trusted nonclinical settings for example is seen as helpful.

Section 4: Stakeholder engagement

4.1 What do stakeholders think?

This section presents findings from a stakeholder workshop convened in September 2024. It presents stakeholders' views on the key gaps in mental health provision in Islington, as well as suggestions for improvement. The themes described below were consistent across children, young people and adults.

Access to services

- Stakeholders were concerned about people not accessing support when they needed it, due to reasons such as waiting lists, culture, stigma, digital exclusion and lack of trust.
- There was concern for those who need support, but either do not meet a certain eligibility criteria, or are on a waiting list.
- One stakeholder, when speaking about those with neurodivergence, said *"To get support, you need a full diagnosis"*, so people are stuck on waiting lists for an Autism or ADHD assessment and not receiving any mental health support.
- A perception of long waiting lists were highlighted more generally, especially those waiting for access to CAMHS who are left with no support. Stakeholders reported needing an approach to support people to "wait well".
- Stakeholders were concerned about those who need help to access services in the first instance, "sometimes people are too unwell to access support".
- The provision of talking therapies was identified as a key gap, with stakeholders suggesting wider access to these therapies needs to be available.

Targeted support	Awareness and communication
<p>There were gaps in support identified for certain communities and those presenting with certain levels of need including:</p> <ul style="list-style-type: none"> • LGBTQIA+ • Those with neurodivergence. Especially people diagnosed/suspected ADHD and Autism • migrants and refugees • young men • children and young people • those of non-white ethnicity • those whose first language is not English. • Older adults 	<ul style="list-style-type: none"> • Lack of awareness and communication about service provision - both for residents and between services - was seen as a key gap. • Stakeholders suggested that although there is a lot of support on offer in Islington, residents sometimes find it difficult to navigate this, to know what they can access and the eligibility criteria for different services. • It was noted that most information may be digital, raising concern for those who cannot access information digitally, due to reasons such as language spoken, or digital literacy. • It was identified that there should also be better communication between services who can collaborate to support a persons' mental health and offer better wrap-around support, so that someone does not need to repeat their story to different services. • North London Foundation trust who provides community and secondary mental health services has recently undergone transformation. Stakeholders reported that this had not been communicated very well.
Pathways	
<ul style="list-style-type: none"> • Stakeholders felt there was a gap in crisis support, for those who do not meet the threshold for crisis services, but still need urgent support. • One stakeholder said there needs to be "more 'needs-based support, not based on diagnosis, but based on individual need". • A gap in support was also highlighted after people are discharged from a service, with stakeholders expressing concern that people are discharged without having continued support set up. 	

Stakeholders suggestions for improvement


Considering the gaps in mental health and wellbeing support identified by stakeholders, this section describes stakeholders' suggestions to better coordinate support.



Community power

- The role of the community in mental health was highlighted as something that could strengthen support in the borough.
- Rather than creating something completely new, stakeholders suggested to build on pre-existing relationships and trust within the community, for example, with faith leaders and existing services.
- The community was also seen as having an important role in increasing support at prevention level.

Resident voice

- 
- Stakeholders suggested having staff reflective of residents, could be a way to improve support. For example, recruiting staff with lived experience of mental illness, as well as staff being diverse, so that residents can relate to them.
 - Stakeholders suggested residents should be consulted and involved in decision-making about service provision.



Collaboration

- More collaboration between sectors and across organisations to provide more support at prevention and early intervention, was consistently cited as way to better coordinate support.
- One stakeholder suggested that data, insights and findings from engagement should be shared, to help improve services.
- Stakeholders felt there needs to be more joint efforts made across sectors and organisations, to effectively communicate support available in the borough, to reduce barriers for those unable to navigate the system alone.

Section 5: Appendices

5.1 Key gaps in data

1. Estimates of the prevalence of probable mental health problems in children and young people are taken from the national Mental Health of Children and Young People in England, 2023 survey and applied to local population estimates. The sample size of the survey is small (n=2,370) and lacks granularity in terms of key demographics such as socioeconomic background, ethnicity or sexuality.
2. Data estimating the prevalence of mental health problems amongst adults is limited and out of date. The best available data is on prevalence of diagnosed depression and severe mental illness amongst residents registered with a GP in Islington. It is not a perfect measure because it only includes residents registered with a GP and those who have sought support for their mental health.
3. Overall, across children and adults we lack a granularity of data which tells us which groups are most impacted by different types of mental health problems and who is and isn't accessing services.



5.2 Glossary

Term	Definition
Child and Adolescent Mental Health Services (CAMHS)	Child and Adolescent Mental Health Services (CAMHS) support children and young people with a range of different problems including emotional and behavioural difficulties, severe psychiatric illnesses such as psychosis, self-harm and trauma. They offer a range of treatment options from medication prescribing to therapeutic support.
Health Related Behaviour Questionnaire (HRBQ)	The Health-Related Behaviour Questionnaire is a survey administered to primary and secondary school children in Islington.
Specialist Perinatal Mental Health Services (SPMS)	The North Central London Specialist Perinatal Mental Health Services (SPMHS) provides specialist care for women with moderate to severe mental health issues who are planning a pregnancy, pregnant or who gave birth within the last 13 months.
Severe Mental Illness (SMI)	Severe mental illness (SMI) describes conditions such as schizophrenia, bipolar disorder and other psychoses. The term refers to people with psychological problems that are often debilitating and impact an individual's ability to engage in functional and occupational activities.
iCope (Islington Talking Therapies)	iCope Islington is a Psychological Therapy service that offers free, Confidential talking therapies for Common mental health problems.
North Central London (NCL)	North Central London describe five London boroughs – Barnet, Camden, Enfield, Haringey and Islington.

Term	Definition
Integrated Care Board (ICB)	The Integrated Care Board (ICB) is the NHS statutory organisation that plans, coordinates and commissions activity across the North Central London Integrated Care System.
Social Emotional and Mental Health pathway (SEMH)	Social Emotional and Mental Health pathway (SEMH) provides support to children, young people and their families / carers who may be experiencing social, emotional or mental health and wellbeing difficulties. It is accessed through a central point of access.
Mental Health Promotion	Mental Health Promotion builds skills and environments that are proven to protect and promote better mental health and wellbeing. It is based on the principle that everyone has mental health needs and deserves to be mentally healthy and live life to the full.
Primary prevention	Primary prevention involves addressing risk factors to prevent mental health problems from arising and promoting protective factors.
Secondary prevention	Focuses on people who share characteristics that place them at a higher risk of developing a mental health problem. Interventions can also provide support at the earliest possible stages when a problem occurs.
Tertiary prevention	Tertiary promotion involves self-management and prevention of relapse among people with a mental health problem

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5.4 Further information

About the report

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