

# Barking and Dagenham Adult Mental Health Needs Assessment 2026

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## Executive Summary

The Barking and Dagenham Adult Mental Health Needs Assessment was conducted between November 2024 and March 2026. The scope was to describe population mental health, outline the current support offer, and make recommendations to promote good mental health, prevent mental illness and improve support for mental health conditions in Barking and Dagenham.

Key findings are summarised below.

### *What do we know about our local population?*

There has been **rapid population growth** in Barking and Dagenham over the past 10 years, at a time where national data shows that mental health needs are increasing (APMS, 2025). By 2034, it is estimated that the population will grow by 20%, largely driven by migration due to development in the south of the borough (JSNA, 2025).

Mental health services and prevention strategies will need to meet the needs of our young, ethnically diverse population and to consider that the majority of our residents live in areas of high deprivation.

### *What do we know about mental wellbeing and prevalence of mental illness?*

Estimates of mental wellbeing using the ONS wellbeing score indicate that Barking and Dagenham residents have relatively high levels of wellbeing: the latest data from 2022-23 shows that the majority of people score highly for life satisfaction (82%), feel that the things they do in life are worthwhile (85%), and are happy (81%). Results for Barking and Dagenham have been similar to the London average over the past five years and are comparable to neighbouring boroughs.

However, Barking and Dagenham has a young and growing population and is facing a **substantial increase in the number of people with mental illness**. One in five people are estimated to have a common mental health condition (CMHC) – corresponding to approximately 37,000 adults in Barking and Dagenham. An **additional 5,299 adults in Barking and Dagenham** are estimated to experience common mental health conditions by 2035 based on population growth.

Given recent trends, actual rates of mental illness may also increase faster than this, particularly among young adults. Numbers of suicides remain lower than London and England Average.

Residents in more deprived areas are more likely to have a diagnosis of CMHC or serious mental illness (SMI). Data from community mental health services shows a higher rate of deprivation amongst people on the mental health services caseload compared to the total population.

Using national prevalence figures, we compared estimated cases of mental health conditions with registered prevalence.

- When broken down by ethnicity and gender, it is estimated that the highest number of adults with common mental health conditions in Barking and Dagenham are White British women, Asian/Asian British women and Black/Black British women. Young adults and Asian and Black adults are underrepresented in primary care data compared to estimated prevalence numbers.
- An estimated 1 in 4 women in the perinatal period have a perinatal mental health condition (estimated 777 women in Barking and Dagenham). National evidence indicates Black and Asian Women are more likely to complete suicide in the postpartum period and less likely to access support.

- An estimated 2,646 adults in Barking and Dagenham have an eating disorder, but only 250 patients are registered as having one.
- An estimated 4,735 adults have either bipolar or a psychotic disorder. There are 2,500 people on the serious mental illness register (0.9% of the registered GP population)
- An estimated 1,712 adults in Barking and Dagenham have attempted suicide in the past year (1% of adults). Debt and unemployment are key risk factors. There were 27 deaths by suicide in Barking and Dagenham from 2022 - 2024, a rate of 4.9 per 100,000 of the population – this is lower than UK and London rates, and a decrease after a few years of rising rates.
- An estimated 10,970 adults in Barking and Dagenham meet the criteria for post traumatic stress disorder (PTSD). Over a third of the population (34.8%) or an estimated 59,655 adults in Barking and Dagenham has experienced a traumatic event (an event of such severity that a person fears for their own or a loved one's life or safety' such as a major natural disaster, serious car accident, being raped or seeing someone seriously injured).

We also reviewed how mental health changes across the life course:

- National data shows substantial rises in the proportion of young adults with a mental illness over the past 10 years, including common mental health conditions (from 17.5% in 2007 to 25.8% in 2023/4) ([APMS, 2024](#))
- Young adults are more likely to report self-harm, disordered eating and screen positive for PTSD ([APMS, 2024](#)). They are also more likely to experience loneliness (10%) than older age groups (4 to 8%) ([DCMS, 2023](#)).
- Based on our estimates, working-age adults make up the majority of adults with common mental health conditions locally, as well as the those who have PTSD and have attempted suicide. In particular, the prevalence of people who have attempted suicide is highest in men between the ages 35 and 44. Adults aged 55+ were most likely to be diagnosed with depression and anxiety, based on local primary care data.
- The number of older adults living in Barking and Dagenham is predicted to rise by 39% by 2035, which is likely to increase demand for mental health support. There is a high rate of long-term health conditions among older adults in Barking and Dagenham ([JSNA, 2025](#))
- Poor mental health in older age is associated with individual suffering, as well as social isolation, greater use of health and social care services and poorer physical health outcomes ([CMO, 2023](#)).

#### *What do we know about risk and protective factors?*

The high level of deprivation in our local area and wider determinants of poor mental health such as poor quality housing and unemployment are likely to contribute to both **greater levels of mental illness and higher complexity of need, including comorbid physical and mental health conditions**, meaning even national estimates are conservative.

There is a bidirectional relationship between physical and mental health. The overlap between physical and mental health is a particularly important issue for Barking and Dagenham, given the high level of long-term physical health conditions among the local population, and poor healthy life expectancy compared to other

areas (JSNA, 2025). Premature mortality for those with SMI is worse than London and England Averages, particularly due to cardiovascular disease, and health-check take up remains below national targets.

There is a wide evidence base for preventative interventions which range across individual and community based support, staff training, campaigns and action on wider determinants of mental health. Expert consensus ([Mental Health Foundation, 2025](#)) highlighted the following key areas of action to prevent mental health problems and address mental health inequalities: financial situation, housing, employment, social connection and access to mental and physical health support. Analysis of dedicated spend for public mental health shows spend in Barking and Dagenham is lower than peer boroughs, London and England averages, although wider activity may contribute to public mental health outcomes.

#### *What do we know about the current support offer?*

A range of services exist for people with mental health services, but referral pathways can be complex.

National data shows that **under half of adults (44%) with a common mental health condition receives any treatment**, with 37% using medication and 17% receiving psychological therapy, and many going to family and community supports instead.

Data suggests increasing demand for community mental health services in recent years, and there is room for improvement on recovery rates for talking therapies services and support whilst waiting for community mental health services. There is underrepresentation of Asian populations in community mental health services.

The current model of mental health services will require sustained and expanded funding to meet rising demand in need, which is predicted to increase further over the next 10 years. Alongside this, investment in preventative approaches and embedding a psychosocial approach to health and wellbeing into new neighbourhood health models are key to reducing demand and ensuring that psychosocial issues do not contribute to worsening mental (and physical) health.

A lack of data on mental health workforce and service use limits the recommendations in this area. Some surveys that do exist, such as the Community Mental Health Survey, are not fully representative of the local population ([CQC, 2025](#)). These gaps are a key limitation of this report and should be addressed to ensure that local priorities and services meet the needs of the people that will use them.

#### *What have residents told us?*

Qualitative social research with residents carried out alongside this needs assessment explored residents' attitudes and experiences regarding mental health and support seeking. Findings were limited to the small sample of residents, and whilst this did cover a range of ages and ethnicities, men were underrepresented in the group. Findings highlighted the prevalence of stigma around mental illness across a wide range of the diverse communities in Barking and Dagenham, that people found it took courage to come forward and ask for help.

When people did come forward, there was often a feeling that thresholds for support were high, little was offered whilst on long waiting lists, and conversely people were afraid of losing support and being left with nothing. Residents felt they did not know what support other than medications and therapies were available to them, and examples were given suggesting that GPs did not often know how to link with wider support. Recommendations included facilitating and upskilling a wide range of the public and community sector workforce to act as 'trusted persons' who could listen compassionately and signpost as needed if someone

wanted to open up about a mental health problem ('no wrong door') and strengthening links between primary care and wider community support offers, as well as making this visible and accessible to residents.

The recommendations of this report have been structured around the five system priorities and four shared principles of the Residents and Communities Strategy. Recommendations in blue are aimed at mental health services, whilst those in black apply to the London Borough of Barking and Dagenham council and/or wider system partners.

#### *Enhanced local community support and connections*

- a) Embed systematic and opportunistic mental health detection, diagnosis and support offers into developing neighbourhood structures and care pathways, including exploration of co-location of support for psychosocial risk factors. Aim for a 'no wrong door approach'
- b) Create a readily accessible, publicly available directory of wider support for mental health (consider opening the JOY social prescribing database)
- c) Work with the VCFSE sector to explore how their role in supporting the mental health and wellbeing communities can be enhanced (addressing skills/training, information and advice available, support needs, routes to clinical support)
- d) Facilitate Public Health Grant/ Health inequalities and other relevant funding into evidence-based programmes that can support psychosocial determinants of mental health – including positive aspects of connection, belonging, bespoke approaches for groups at higher risk of mental health outcomes

#### *Access to activities and support at the right place and time*

- a) Review data on community mental health services for Barking and Dagenham residents against best practice guidelines, to identify any gaps or inequalities in service provision
- b) Review support pathways including waiting and step-down care and links with VCFSE and council provision; aligned with Mental Health and Wellness teams and neighbourhood health development
- c) Review data on urgent and emergency mental health services for Barking and Dagenham residents against best practice guidelines, to identify any gaps or inequalities in service provision
- d) Review the support offer for people in Barking and Dagenham with PTSD and those who have complex trauma, against national guidelines
- e) Explore the cohort of people referred to, but not accepted by, Early Intervention in Psychosis (EIP) services, in terms of their needs, presentation and access to support
- f) Working in partnership to develop a cohesive offer for adults with ADHD, taking into account data on mental health need and the skills required across the system
- g) Review learning from SMI health check catch up Pilot and integrate sustainably into usual practice for SMI health checks.
- h) Forward plan service/support design and funding for expected undiagnosed mental health conditions and projected growth in mental disorders
- i) Review the offer for those with joint mental health and substance misuse needs to see where added value and improvement could be made to maximise benefit to communities
- j) Review and consider enhancing the mental health identification (including suicide) and referral pathways for those with limiting physical health conditions

*Create an environment and opportunities that enable health and wellbeing*

- a) Facilitate Public Health Grant/ Health inequalities and other relevant funding into evidence-based programmes that can support psychosocial determinants of mental health – including positive aspects of connection, belonging
- b) Review the council debt management policy and information provided about council debts, and policy around tax arrears, with the aim to protect and support residents' mental health
- c) Upskill council staff to identify, support and refer residents with mental health problems or at risk of suicide: particularly those providing support for employment, debt, housing
- d) Review and embed opportunities to address the needs of residents in council housing/ temporary accommodation, and act on housing conditions to impact mental health. Integrate into the new council housing strategy.

*Promote healthier lifestyles and prevent ill-health and care needs*

- a) Introduce a Barking and Dagenham Suicide Prevention Plan, outlining prevention and approaches to reviewing and responding to deaths by suicide in Barking and Dagenham
- b) Consider developing further targeted suicide prevention work for people with long-term physical health conditions, problem debt and people in unemployment
- c) Embed population health management approaches at neighbourhood level, which categorise patient populations to shape targeted interventions and improve mental health outcomes
- d) Consider becoming a signatory to the National Prevention Concordat or adopting the Mentally Healthier Councils approach including developing a local Mental Health Action plan

*Fair and equitable opportunities for everyone to live well and achieve their potential*

- a) Review mental health support for populations at higher risk of mental ill-health, including people facing severe multiple disadvantage, autistic people, and people with co-occurring mental ill-health and substance use
- b) Facilitate ways in which people with lived experience of mental illness can participate in partnership and neighbourhood decision-making and co-design of service transformation
- c) Improve data collection and data sharing by mental health services to allow better identification of inequities in access and outcomes

# Barking and Dagenham Adult Mental Health Needs Assessment

Barking &  
Dagenham

The population of Barking and Dagenham is increasing and local strategies have called for a greater understanding of mental health needs. Nationally, there is increasing demand for mental health services and greater complexity of needs, pressures on mental health workforce and long waiting times to access support.



## The mental health of our population is shaped by multiple factors:



High levels  
of deprivation

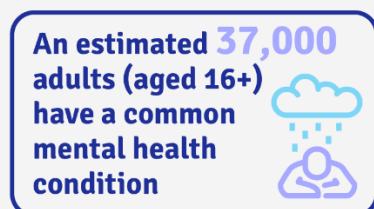


Many residents  
live in poverty



Inequalities  
in mental health

## Mental health need in Barking and Dagenham:



An estimated **37,000**  
adults (aged 16+)  
have a common  
mental health  
condition



**2,500** people  
on the serious  
mental illness  
register



An estimated **1,712**  
people have  
attempted  
suicide in the  
past year

## Mental health support:

**4,561** adults started  
treatment with Talking  
Therapies in 2024/25,  
of which 1 in 4 completed  
treatment.

Increasing numbers of adults  
are in contact with community  
mental health services, with  
over **23,000** adults on the  
caseload in 2024/25

Residents highlight  
the importance of  
connecting with others  
for their mental health

**Barriers** to accessing support  
include stigma, knowledge and  
awareness of services, waiting for  
support and a gap between  
community ask and offer

### What do residents tell us:

**Enablers** to accessing support  
include information and awareness  
about support, having multiple  
places to access help ('no wrong  
door'), and flexible ongoing support

## There is a bidirectional relationship between physical and mental health:



77% of people on the serious  
mental illness register have  
at least one other long-term  
health condition



22% of current smokers  
in Barking and Dagenham  
have a long-term mental  
health condition



56% of people on the serious mental  
illness register have received their  
annual physical health check,  
below the current NHS target of 70%

# Introduction

Our mental health impacts how we live our daily lives, how we feel, and our ability to do the things we need to and want to do, including looking after ourselves, looking after others and working (Mental Health Foundation, 2025). As well as being important metrics in their own right, mental health and wellbeing are also key building blocks of good physical health.

Mental health conditions are common and have a large impact on individuals, families, communities and society as a whole. **Over one in five adults has a common mental health condition** (APMS, 2025) and mental illness is the single largest cause of disability in the UK (NHSE, 2025). People who face societal disadvantage are most at risk. Mental illness has substantial social impacts, which became more evident during the COVID-19 pandemic, with the Centre for Mental Health estimating that the economic, social and healthcare costs of mental ill health in England is £300 billion each year (Centre for Mental Health, 2024).

**Mental health needs assessments** aim to improve understanding of population mental health needs in a local area. They systematically review evidence to identify gaps in existing services and guide the development and improvement of targeted interventions and service provision (Centre for Mental Health, 2024). This mental health needs assessment describes the mental health of the population in Barking and Dagenham. It provides an evidence base to support local planning and influence partnership action on mental health, to improve outcomes and reduce inequalities.

## Key findings

- Barking and Dagenham has a relatively young population, with high levels of ethnic diversity and deprivation across the borough. It is predicted that the population will grow significantly over the next 10 years.
- There is a challenging national context of increasing demand for mental health services, greater complexity of need, significant pressures on the mental health workforce and long waiting times to access mental health support (CQC, 2025).
- The last mental health needs assessment in Barking and Dagenham was carried out over 10 years ago, and since then both the size of the local population and the level of mental health needs in the population have substantially increased.
- Multiple local strategies have called for a greater understanding of mental health needs in our area.
- Engagement with residents highlights a range of barriers to accessing support, including stigma, not knowing where to access help, and long waiting times; as well as important enablers that can allow people access the support they need, when they need it.

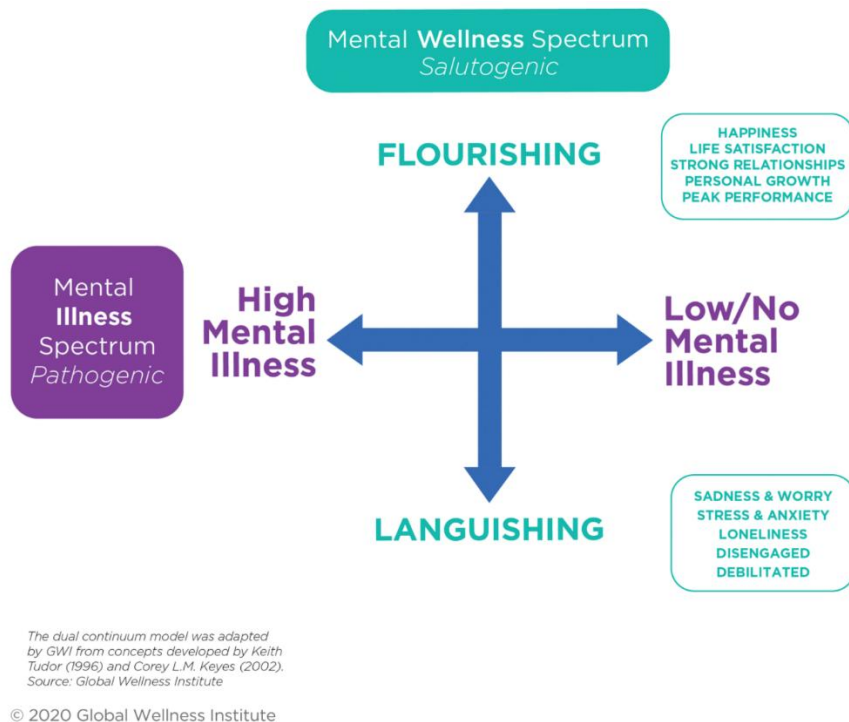
## Key definitions

**Mental wellbeing** can be defined as a combination of ‘feeling good’ and ‘functioning well’, the latter linked to a sense of purpose, personal growth and development, and living aligned with values (Mental Health Foundation, 2016). It is associated with increased life expectancy (Department of Health, 2013). Many Barking and Dagenham residents raise the importance of connecting with friends and family for their mental wellbeing (Healthwatch, 2024).

**Mental health** is defined as a state of well-being where an individual can realise their abilities, cope with the stresses of life, work productively and contribute to their community (WHO, 2025). Good mental health is an integral part of an individual's health and wellbeing, and it underpins how we make decisions, build relationships and shape the world we live in.

These two concepts co-exist: mental wellbeing is more than the absence of mental illness, and people who have a diagnosed mental health condition can still have a positive sense of wellbeing. When measured, there is moderate to large overlap between low levels of mental illness and high levels of mental wellbeing and vice versa (Lamers et al., 2011; Tennant et al., 2007). Those with poor mental wellbeing are more likely to develop mental illness. Those with diagnoses of mental illnesses can still achieve mental wellbeing; and if they do this can positively impact on illness trajectories and quality of life.

Figure 1: Dual continuum model of mental health and wellbeing. Source: [Global Wellness Institute](#)



**Common mental health conditions** include anxiety disorders, such as generalised anxiety disorder, panic disorder, phobias, obsessive compulsive disorder (OCD), and depression. They can cause emotional distress and interfere with daily function, although usually they do not affect insight or cognition (APMS, 2025). Despite usually being less disabling than major psychiatric disorders, their higher prevalence means that the cost of common mental health conditions to society is significant (APMS, 2025).

**Serious mental illnesses**, also known as severe mental illness or SMI, refers to long-term mental health conditions that often impair functional and occupational activities (PHE, 2018). This usually refers to bipolar disorder, psychosis and schizophrenia, but can also include other mental illnesses when the impact is severe, such as depression, anxiety disorders and eating disorders.

## Aims and scope

This mental health needs assessment aims to better **understand the mental health and wellbeing of Barking and Dagenham's adult population** (aged 18+). It will focus on population mental health among adults, including mental wellbeing, diagnosable mental health conditions, and suicide; the provision of mental health support; and the experiences of local people in Barking and Dagenham. It aims to:

- Synthesise relevant national and local policy on mental health
- Describe the experience of individuals in Barking and Dagenham of mental health and service use
- Estimate mental health need in Barking and Dagenham's population, updating the numbers in the 2025 JSNA with the latest population estimates

- Describe the [risk and protective factors for mental health and wellbeing](#), including [how wider determinants of health](#) contribute to mental health needs and [population groups](#) facing inequalities in mental health.
- Describe how [mental health services](#) are used by the local population.
- Describe the overlap between [mental and physical health](#)
- Propose [recommendations](#) for service and system improvement.

As mental health and wellbeing is the focus of this report, needs around dementia, autism, attention deficit hyperactivity disorder (ADHD) and substance use, are not covered in detail. A separate needs assessment focusing on the mental health and wellbeing of babies, children, and young people will be published later in 2026.

## Methodology

This needs assessment draws on a **range of local data around wellbeing, mental health need and service use**, to describe the local picture in Barking and Dagenham. Key data sources include:

- [Fingertips | Public health profiles](#)
- Adults Psychiatric Morbidity Survey 2023/4
- Barking and Dagenham Talking Therapies Data
- Analysis carried out by North East London ICB
- Community-based research with residents carried out by PraxisCollab

Where possible, borough-level data for Barking and Dagenham has been included, with comparisons to England, London and the peer boroughs of Hackney, Tower Hamlets and Waltham Forest (neighbouring North East London boroughs which are similar in socioeconomic profile according to the CIPFA nearest neighbours model). Statistical significance and confidence intervals are calculated to the 95% percentile.

## Qualitative methodology

Qualitative research was commissioned and carried out by [PraxisCollab](#) and the full report is published alongside this Needs Assessment. Key findings have been integrated into this report and have informed the overall recommendations.

The qualitative study was designed to engage residents from across Barking and Dagenham in conversations about attitudes and experiences of mental health, asking for, and receiving help. This was done through a series of workshops and 1:1 interviews carried out by PraxisCollab CIC in September/October 2025. The research explored residents' attitudes to mental health, their views and experiences about services and sources of support, cultural and religious perspectives, barriers, and gaps in services. The study aimed to involve residents from diverse communities and parts of the borough, providing a cross-section of views from people of all ages, ethnicities, and levels of experience with accessing mental health support.

With the help of local organisations, borough teams and health service colleagues, PraxisCollab heard from a total of 75 people, aged from their 20s to 80s, from a wide variety of backgrounds. PraxisCollab spoke mainly to women, and found it difficult to recruit men to the study. In total 14 men took part, approximately 19% of participants. Organisations worked with to secure workshops and interviews were (in alphabetical order):

- Change Grow Live St Luke's
- Dagenham Wellbeing Hub and Dagenham Christians Together
- Lifeline Projects

- London Borough of Barking and Dagenham (LBBD) Customer Contact team, customer community panel (a large and diverse group of residents drawn from across the borough)
- LBBD staff Public Health team and Commissioning team
- Mind Havering, Barking and Dagenham
- North East London Foundation Trust (NELFT) patient panel
- The Magic Stork CIC, a specialist, culturally sensitive mental health service for all migrants
- Women's Club at Leftley Sports Club and Community Hub

PraxisCollab ensured participants were fully informed about the project and gave consent for their participation. Participants were able to stop their participation at any time, and asked only to share what they felt comfortable with. They were also told how they could access support after the workshop if needed. The findings presented here are based on this small sample, and blend what we heard in workshops and interviews. All names are pseudonyms to provide anonymity to participants.

## Policy context

There is a challenging national context for mental health, including increasing demand and long waiting lists to access mental health services. National NHS strategies have led significant investment and expansion of mental health services over the past 10 years, whilst several local strategies have called for a better understanding of mental health needs in the local area, to improve population mental health.

## National policy

Whilst awareness and understanding of mental health and wellbeing has increased significantly over the last decade, there is currently a **challenging national context of increasing demand for mental health services**, increasing complexity of need, significant pressures on mental health workforce and long waiting times to access mental health support (CQC, 2025). These challenges have been exacerbated by the wider impacts of the COVID-19 pandemic, the cost-of-living crisis and issues with housing. Government and NHS policies have made significant commitments to reform services, improve mental health outcomes, reduce inequalities, and prevent deaths by suicide.

| National strategy                                                 | Aims                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NHS Long Term Plan (2019 – 2025)                                  | <ul style="list-style-type: none"> <li>• Aimed to deliver 'world-class' mental healthcare, with significant investment in mental health services, a focus on community-based care for people with several mental illness, improved support for perinatal mental health conditions.</li> </ul>                                                                                                                                    |
| Suicide prevention strategy for England (2023 – 2028)             | <ul style="list-style-type: none"> <li>• Aims to reduce the suicide rate, improve support for people who have self-harmed and improve support for people who have been bereaved by suicide</li> <li>• Priority areas include improving data and evidence, providing targeted support to priority groups, addressing risk factors at population level, promoting online safety, and providing effective crisis support</li> </ul> |
| 10 year Health Plan for England: fit for the future (2025 – 2035) | <ul style="list-style-type: none"> <li>• Proposes three 'big shifts' for the NHS: from hospital to community, from analogue to digital, and from sickness to prevention.</li> <li>• Specific aims for adult mental health include investment in dedicated mental health emergency departments, recruitment of additional mental health workers and a focus on early intervention and support.</li> </ul>                         |
| Mental Health Bill (2025)                                         | <ul style="list-style-type: none"> <li>• Modernises the Mental Health Act, to provide greater choice and autonomy to patients, and ensure that everyone is treated with dignity and respect.</li> </ul>                                                                                                                                                                                                                          |

|                                                                        |                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                        | <ul style="list-style-type: none"> <li>• This follows an independent review of the Mental Health Act 1983 carried out in 2018, and a white paper on reforms published in 2021</li> </ul>                                                                                                                               |
| <a href="#">The Renewed Women's Health Strategy for England (2026)</a> | <ul style="list-style-type: none"> <li>• Aims to address inequalities in health faced by women and girls</li> <li>• This includes action to improve mental health support, including perinatal mental health; and the introduction of menopause questions into routine health checks</li> </ul>                        |
| <a href="#">Men's health: a strategic vision for England (2026)</a>    | <ul style="list-style-type: none"> <li>• Aims to 'encourage men to take charge of their physical health and mental wellbeing'</li> <li>• This includes investment in community-based men's health programmes, preventing gambling-related harms, and supporting mental health and social connection for men</li> </ul> |

### North East London Integrated Care System

Integrated care systems (ICSs) bring together the NHS, councils and voluntary and community sector health and care organisations to improve the health and wellbeing of local communities. Barking and Dagenham is one of the seven boroughs covered by North East London ICS, which has agreed **mental health as one of four priority areas** (NEL, 2025). The [refreshed strategy for the ICB](#), published in January 2026, is structured around the three shifts in the 10 Year Health Plan: from hospital to community, sickness to prevention and analogue to digital. Specific aims around mental health include:

- Implementing neighbourhood working, building a 'team of teams' for people with multi-morbidity, children with complex needs and mental health
- Commissioning neighbourhood health centres to actively integrate delivery of primary care, secondary care, community health, mental health, local authority, and VCFSE provision

North East London Foundation Trust (NELFT) Suicide Prevention Strategy (2021-2024) aligned with the eight domains of the National Suicide Prevention Strategy.

### Neighbourhood health models

The Centre for Mental Health has called for mental health to be embedded in neighbourhood teams, to allow people to access mental health support in their local area ([Centre for Mental Health, 2025](#)). Barking and Dagenham Council and Place ICB Subcommittee are progressing work to deliver an **integrated neighbourhood health model** across four key neighbourhoods, with greater co-location and connectedness between services including the role of the voluntary, community, faith and social enterprise sector (VCFSE). Barking and Dagenham is also a pilot site for the **National Neighbourhood Health Implementation Pilot**, September 2025 to March 2026, which will focus on working-age adults with physical and mental health conditions.

### London Borough of Barking and Dagenham

There have been multiple council health reports and strategies in the past three years, which have built on each other to inform the Residents and Communities Strategy. Action on mental health is key to achieving these local priorities.

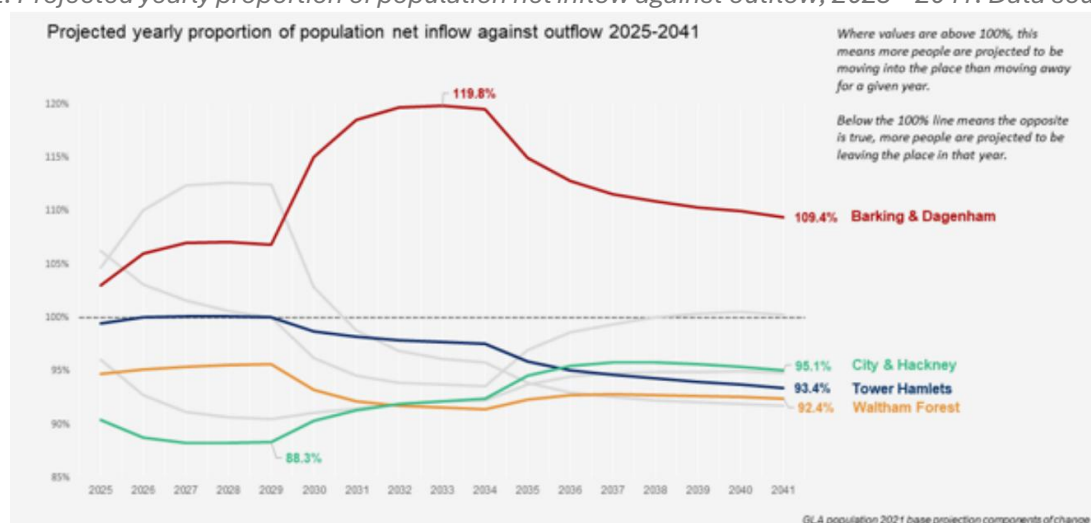


A Joint Suicide Prevention Strategy was in place across Barking, Havering and Redbridge until 2021, and a Barking and Dagenham Suicide Prevention Plan is currently under development. Mental health also comes through as a key theme in recent needs assessments, including the [Homelessness Health Needs Assessment](#) (2024) and [Carers Health Needs Assessment](#) (2026).

## Population demographics

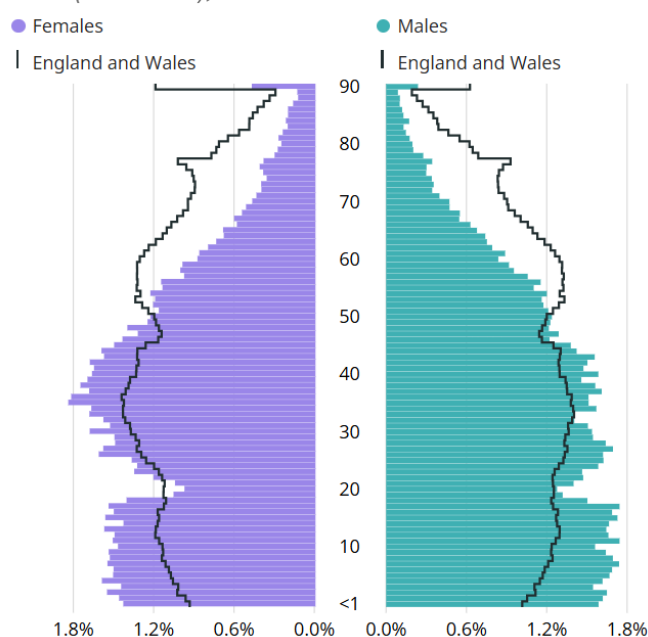
Understanding the local population in Barking and Dagenham is key to understanding the mental health needs. As highlighted in the [Director of Public Health Annual Report \(2022/23\)](#), Barking and Dagenham has a changing population compared to other areas in England. There has been **rapid population growth** in Barking and Dagenham over the past 10 years, at a time where national data shows that mental health needs are increasing (APMS, 2025). By 2034, it is estimated that the population will grow by 20%, largely driven by migration due to development in the south of the borough (JSNA, 2025).

Figure 2: Projected yearly proportion of population net inflow against outflow, 2025 – 2041. Data source: JSNA



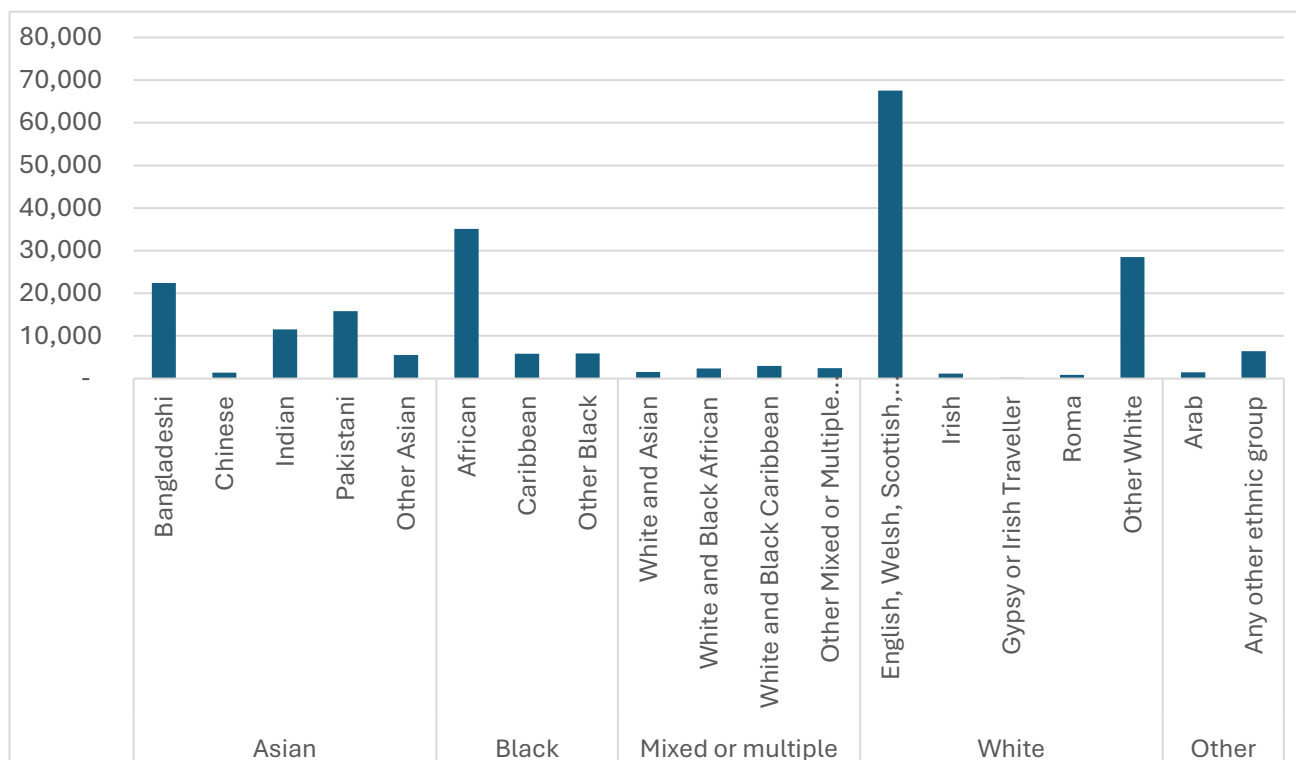
Barking and Dagenham has a notably **young population**, with over a quarter of residents below the age of 16 and a median age of 32.9 years. This is relevant as 50% of mental health conditions develop before the age of 14, and 75% before the age of 25 (Kessler et al., 2005).

Figure 3: Population age structure by single year of age and sex, Barking and Dagenham (coloured bars) compared to England and Wales (black line), 2024. Source: ONS mid-2024 estimates



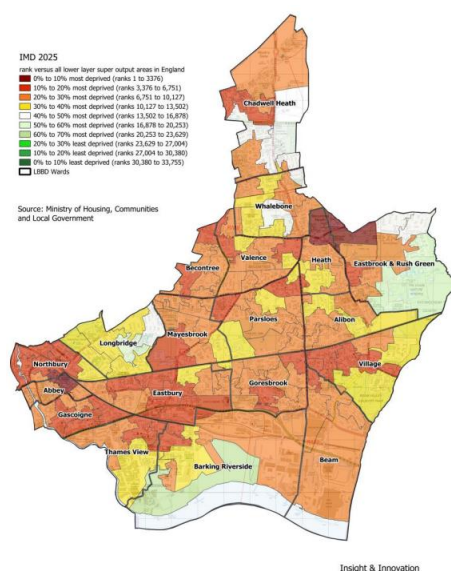
There is a high level of **ethnic diversity** in Barking and Dagenham, which has the highest proportion of Black African (16%) and fourth highest proportion of Asian Bangladeshi residents (10%) in England and Wales. Alongside this, 41% of residents were born outside of the UK and a high proportion have a main language that is not English. This highlights the need for mental health support to be culturally competent to and the importance of the Patient and Carer Race Equality Framework (PCREF), an anti-racism framework in mental healthcare.

Figure 4: Population by ethnic group, Barking and Dagenham, 2021. Data source: Census 2021



Barking and Dagenham has a **high level of deprivation**, with the latest data showing that it is more deprived by overall IMD than 97% of local authority districts in England (IMD, 2025). Similarly, there are high levels of unemployment in Barking and Dagenham, which has the third highest proportion of adults who had never worked (42%).

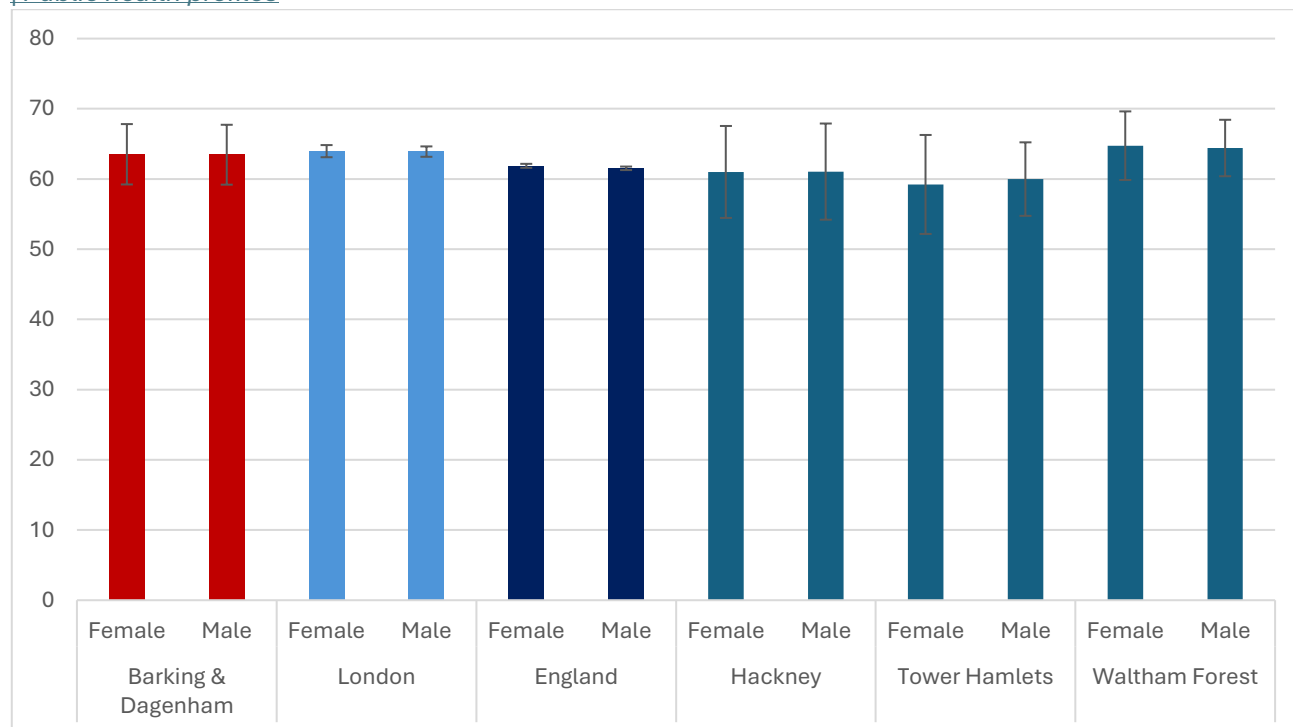
Figure 5: Deprivation by overall IMD ranking, Barking and Dagenham, 2025. Source: Barking and Dagenham Insights Team



Furthermore, there are high levels of health needs in Barking and Dagenham, which has the highest proportion of households in London with a disabled resident (30%). Furthermore, residents experience some of the highest premature mortality (deaths under age 75) rates in the country; half of which are estimated to be preventable with the right prevention and care (JSNA, 2025). However, this picture is mixed, as **healthy life**

**expectancy has increased in recent years.** On average, Barking and Dagenham children born from 2021 – 2023 can expect to live 63.5 years in good health, which is statistically similar to the England average and an increase since 2019 – 2021 ([Fingertips, 2025](#)).

Figure 6: Healthy life expectancy in years for males and females at birth (years), 2021 - 23. Source: [Fingertips | Public health profiles](#)



## Risk and protective factors

A person's mental health and wellbeing is **shaped by multiple social, economic and physical factors operating at different life stages** (WHO, 2024). These social determinants of health, 'conditions in which people are born, grow, live, work and age, and people's access to power, money and resources', include employment, education, social support and discrimination, and are key drivers of both mental ill-health and mental health inequalities (WHO, 2025). They impact mental health and wellbeing via interrelated psychosocial pathways related to our wider environment and social circumstances; communities; families; and individual choices and behaviours, as illustrated in the diagram below (PHE, 2017). A system approach to mental health should address modifiable factors throughout this pathway.

Figure 7: Psychosocial pathway showing how social factors impact mental health. Adapted from: [Psychosocial pathways and health outcomes: Informing action on health inequalities](#)



This section describes how **social determinants impact mental health**, in the context of Barking and Dagenham’s population. It also outlines population groups that are at higher risk of mental health conditions, due to a greater exposure and vulnerability to unfavourable social, economic, and environmental circumstances (PHE, 2019); and the evidence base for prevention of mental ill-health. Whilst this mental health needs assessment focuses on adults, it is also important to consider the **lifetime impact of social determinants**: early exposure to determinants of poor mental health, such as adverse childhood experiences, growing up in poverty or having lower levels of education, are associated with increased risk of mental illness in adulthood ([Kirkbride et al., 2024](#)).

#### Key findings

- In Barking and Dagenham, there is a high level of deprivation. Many residents live in poverty and are struggling to pay their bills, and 1.7% of households were owed a duty under the Homelessness Reduction Act in 2023/24. These factors are likely to contribute to high levels of mental health need and must be considered in the planning and delivery of mental health support.
- Some population groups are more likely to experience mental health conditions, be exposed to social determinants of poor mental health, and to face inequalities in their access, experience and outcomes from mental healthcare.
- There is a need both for support at a population level, to address psychosocial factors, as well as targeted action to address health inequalities. This can be achieved by strengthening a local public mental health approach and implementing evidence-based interventions to improve population mental health.

#### What do residents tell us about their experiences?

Whilst the research carried out by PraxisCollab did not ask directly about the factors that led people to seek mental health support, many residents shared about the life experiences and traumatic events that had led them to seek help. Multiple lived experiences intersect with mental ill health such as significant life changes, isolation and loneliness, deprivation, adversity and abuse in childhood and adulthood.

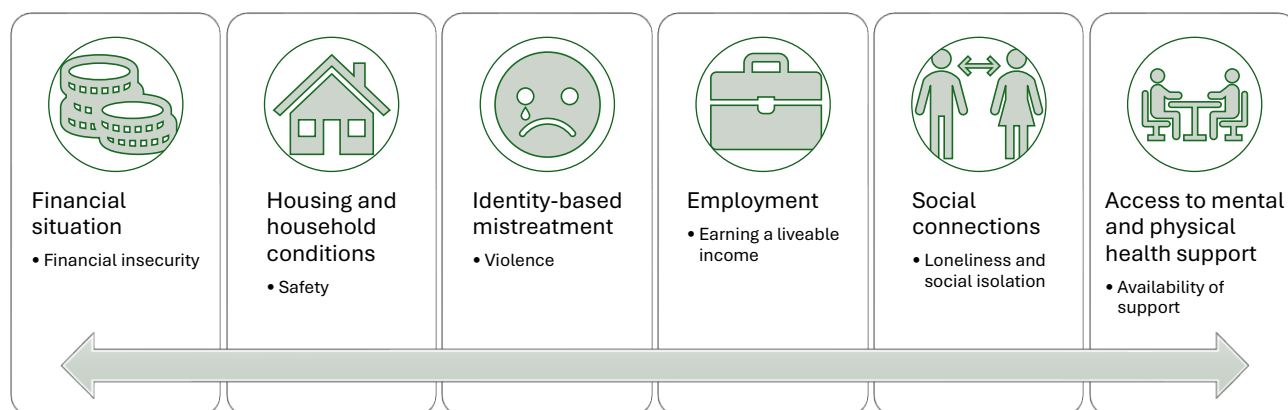
#### Wider determinants

Having a strong foundation for the ‘building blocks’ of life – an affordable and stable home, a well-paid and stable job, a sense of belonging in your local area – promotes both mental and physical health. Contrastingly, facing financial insecurity, deprivation, homelessness and unemployment, can all contribute to poorer health

outcomes. This occurs through a complex relationship, by which these factors have both direct and indirect impacts on health.

Recent research carried out by the Mental Health Foundation identified the following measures as the most impactful social determinants for driving population-level mental health inequalities.

Figure 8: Priority areas for tackling mental health inequalities in the UK and the most important factors for assessing the impact of the determinant. Adapted from: [Tackling mental health inequalities in the UK: expert consensus on priority areas](#)

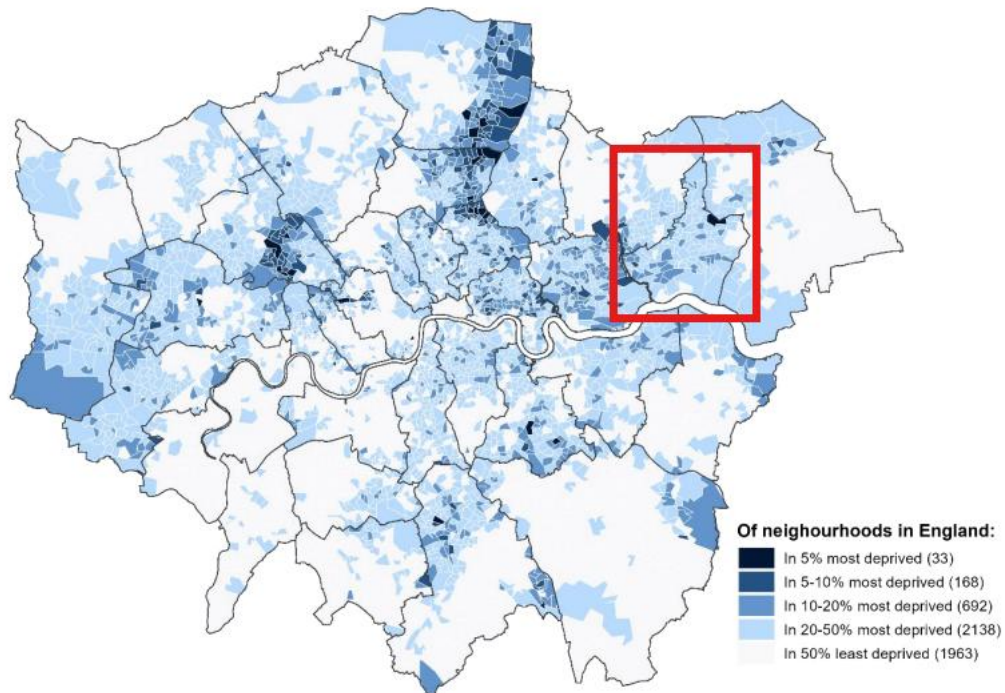


### Deprivation

Deprivation is a lack of money, resources and access to life opportunities or being in a position of relative disadvantage and is associated with poorer mental and physical health outcomes, including higher rates of common and serious mental illness ([APMS, 2025](#)). People who live in more deprived areas are **more likely to need mental healthcare but less likely to access support and to recover** following treatment (PHE, 2019).

There is a **high level of deprivation in Barking and Dagenham**, which is more deprived by overall indices of multiple deprivation (IMD) than 97% of local authority districts in England (IMD, 2025). As shown in the map below, almost all neighbourhoods in Barking and Dagenham have a high level of deprivation, in contrast to many other boroughs where there is a mix of more and less deprived areas. Northbury is the most deprived ward in Barking and Dagenham, followed by Gascoigne and Heath (Insights Team, 2025).

Figure 9: Multiple deprivation (IMD25) in London by neighbourhood, grouped by different levels of severity. Red box shows Barking and Dagenham. Source: [London Datastore 2025](#)



### Poverty and financial insecurity

Living in financial insecurity prevents people from being able to access the fundamental ‘building blocks’ of health, such as a having a warm home, good diet and spending time socialising ([The Health Foundation, 2025](#)). As such, this is a strong risk factor for mental illness.

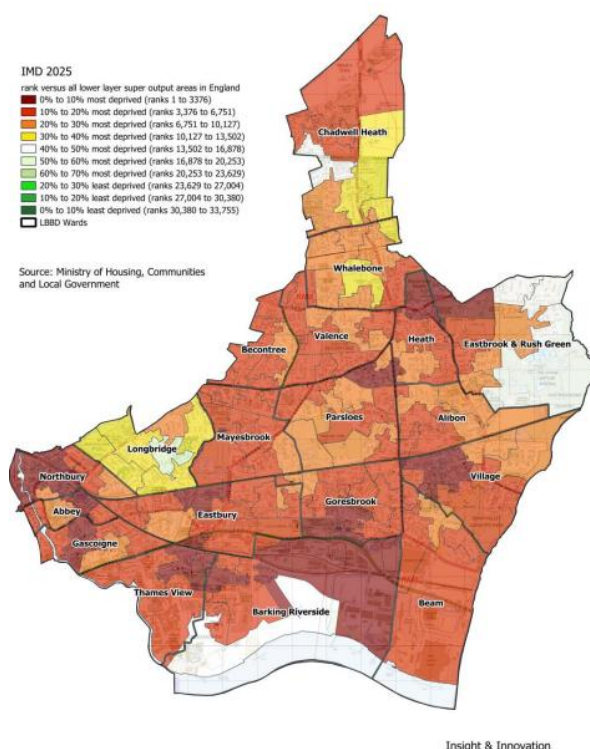
### Poverty

**Poverty** can be defined as when a person’s resources are not sufficient to meet their minimum needs, including being able to pay their bills or participate in society ([JRF, 2025](#)). This can be both a causal factor and a consequence of mental ill health. Across the UK, adults in the poorest fifth of the population are twice as likely to develop mental health conditions compared to those on an average income (PHE, 2019).

There are multiple ways of measuring poverty: when 10 common measures of poverty are combined, Barking and Dagenham had the **25<sup>th</sup> worst average rank in the country**, compared to 296 English local authorities, and the second worst in London (Insights and Innovation Team, 2025). Another definition of poverty is having a household income after housing costs that is less than 60% of the median household income. Under this definition, approximately a **third of all residents, and 42% of children in our borough, live in poverty** ([London Poverty Profile](#)).

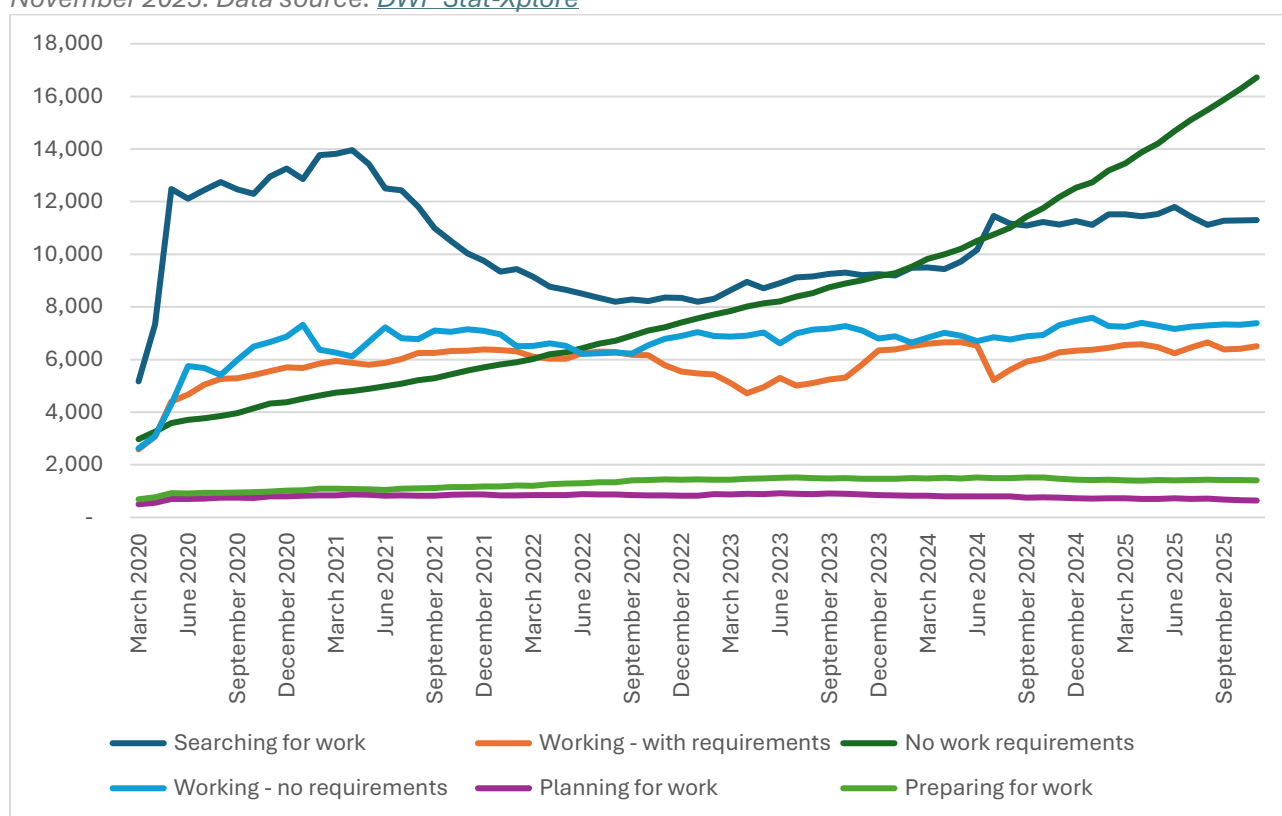
The IMD income deprivation measure combines data on different types of income support, including jobseekers’ allowance, employment and support allowance (ESA), pension credit, universal credit, housing benefit, tax credit and asylum seekers support. This shows that Barking and Dagenham ranks highest for income deprivation in England, in terms of average rank; with 13.0% of lower super output areas (LSOAs) being in the most deprived 10% nationally.

Figure 10: Income deprivation by overall IMD ranking, Barking and Dagenham, 2025. Source: Barking and Dagenham Insights Team



Another important measure of poverty is the proportion of people in low paid work. An estimated **24% of residents' jobs are paid below the London Living Wage**, the second highest in London ([London's Poverty Profile 2024](#)). Barking and Dagenham also has the **second highest rate of universal credit claimants in employment in London**, which also reflects low wages (Insights and Innovation Team, 2025). The number of people claiming universal credit whilst in work has increased since 2020, alongside the number of claimants with no work requirements. This reflects national trends as people have migrated to universal credit from employment and support allowance (ESA).

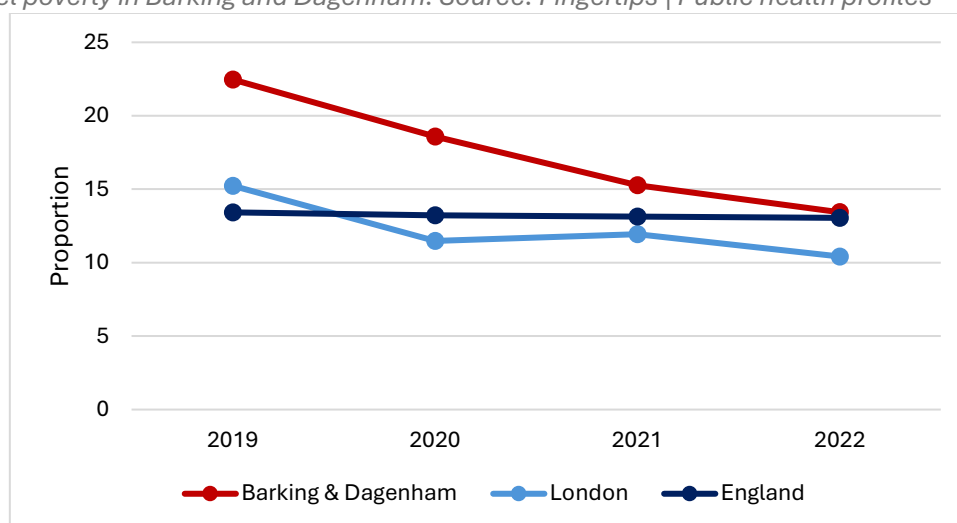
Figure 11: People on Universal Credit by conditionality regime, Barking and Dagenham, March 2020 to November 2025. Data source: [DWP Stat-Xplore](#)



### Fuel poverty

**Fuel poverty** is when households must spend a high proportion of their income to keep their homes heated (House of Commons Library, 2025) and is linked to poorer mental health and wellbeing (Khavandi, 2024). The latest data suggests that **one in eight of households in Barking and Dagenham were in fuel poverty** in 2023 (Domestic energy map, 2025). This has decreased in recent years and varies across wards.

Figure 12: Fuel poverty in Barking and Dagenham. Source: *Fingertips | Public health profiles*



## Debt

There is a close relationship between mental illness and **debt**: people with a mental health condition are 3.5 times more likely to be in problem debt (MMHPI, 2019); and 39% of people in problem debt have a common mental health condition (APMS, 2025). Serious mental illnesses are also more common among people in problem debt (APMS, 2025).

Almost **1 in 4 adults in Barking and Dagenham are over-indebted**: they have high levels of unsecured debt and/or arrears on key bills such as rent, Council tax or household bills, leading to a deterioration in living standards. Black Caribbean and Black African Londoners are at particular risk of being over-indebted (StepChange, 2025).

London Borough of Barking and Dagenham (LBBD) Homes & Money Hubs support residents who have debts and require support to help them manage their finances. These hubs can also refer people to mental health support, including from mental health services, adult social care, primary care and voluntary sector organisations. Between January and September 2024, this service supported 1,351 people, of which **23% (316 people) had mental health needs** (either a self-reported mental health condition or were accessing mental health services). Among this group, there were 980 presenting needs, an average of 3 per person, demonstrating that **complexity of need** was common. The most frequent needs were around rent arrears, physical ill health/disability, council tax arrears, and emergency food support.

*Table 1: 10 most common presenting needs of LBBD Homes and Money Hubs clients who had a mental health condition, 24th January 2024 – 19th September 2024. Data source: LBBD Homes & Money Hub*

| Presenting needs                     | Percentage |
|--------------------------------------|------------|
| Rent arrears                         | 49%        |
| Physical ill health/disability       | 47%        |
| Council Tax arrears                  | 43%        |
| Required emergency food support      | 41%        |
| Dependent children                   | 34%        |
| Utility arrears                      | 29%        |
| Carer                                | 17%        |
| Socially excluded                    | 16%        |
| Domestic abuse/relationship conflict | 12%        |
| Alcohol/substance misuse             | 9%         |

## Housing and homelessness

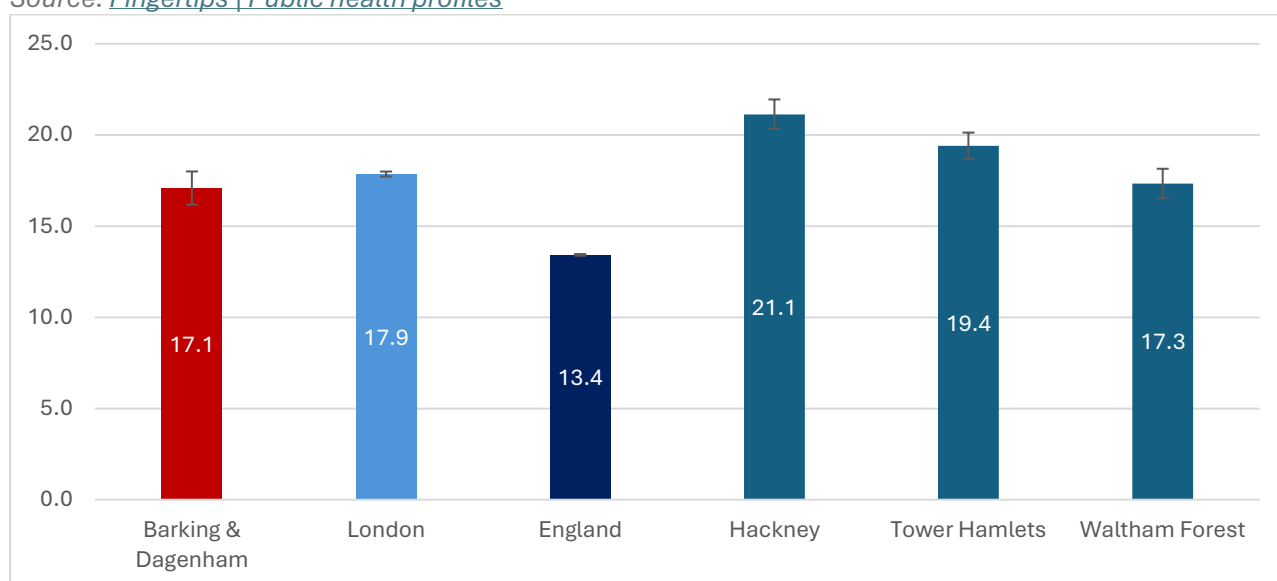
The link between housing and health is widely acknowledged. Stable, good quality housing can help prevent poor mental health and promote recovery, whilst **homelessness and poor-quality housing are risk factors for mental illness** (PHE, 2019). Unaffordable housing can prevent people from being afford essentials, and can contribute to higher rates of homelessness ([The Health Foundation, 2025](#)).

## Homelessness

Homelessness is a key driver of mental health need in Barking and Dagenham. Residents living in temporary accommodation report high levels of mental ill-health and almost three quarters of people sleeping rough in have been identified as having drug, alcohol and/or mental health needs (HHNA, 2024).

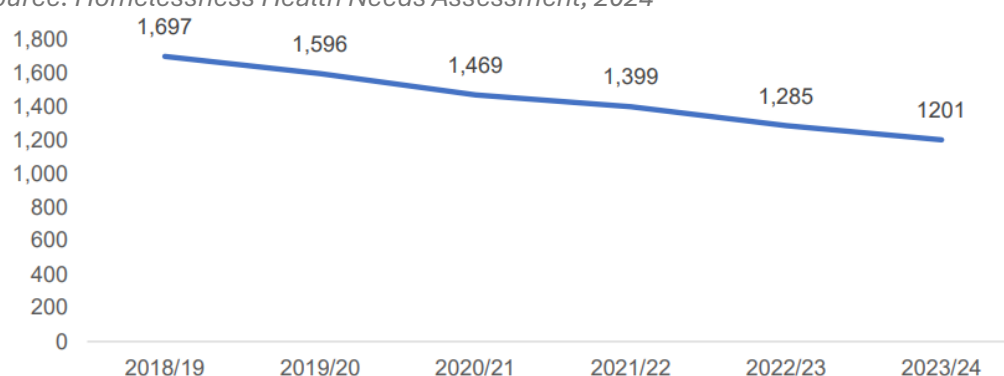
**1,371 households** (17.1 per 1,000 households) in Barking and Dagenham were owed a duty under the Homelessness Reduction Act in 2023/24, which means they were already homeless and required help to secure settled accommodation ([Fingertips, 2025](#)). The rate in Barking and Dagenham decreased from 2019/20 to 2023/24, and was statistically similar to that in London (17.9 per 1,000) and some peer boroughs.

Figure 13: Households owed a duty under the Homelessness Reduction Act, crude rate per 1,000, 2023/24. Source: [Fingertips | Public health profiles](#)



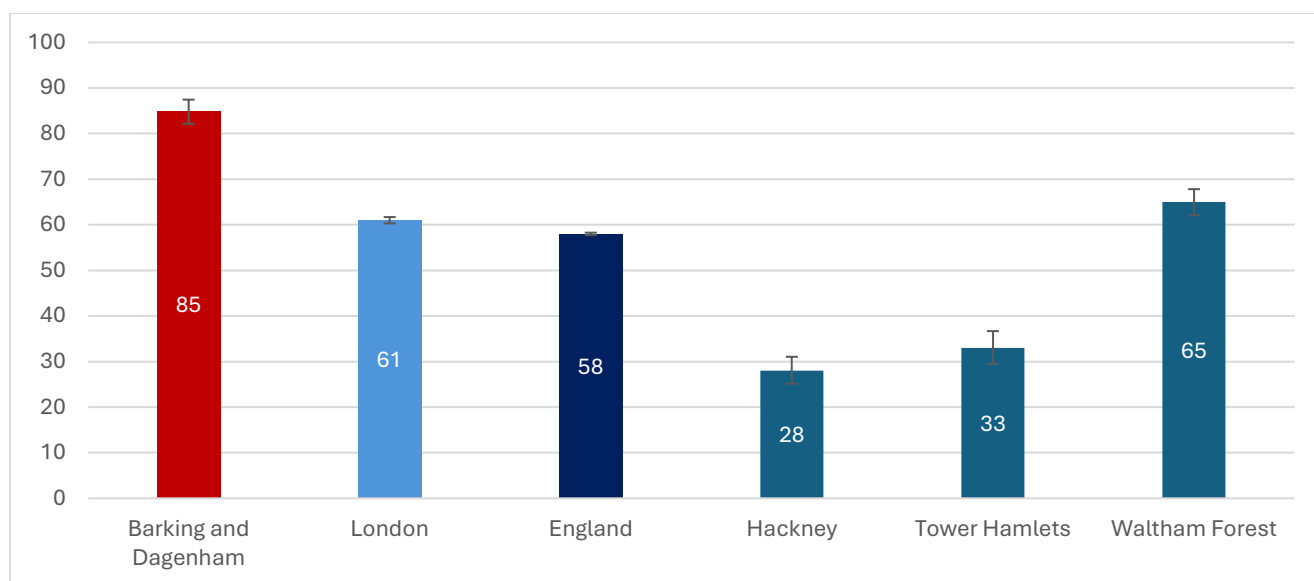
In 2023/24, there were **1,201 households in Barking and Dagenham in temporary accommodation**, a lower number compared to previous years.

Figure 14: Number of households in temporary accommodation in Barking and Dagenham, 2018/19 – 2023/24. Source: *Homelessness Health Needs Assessment, 2024*



In 2020/21, **85% of adults in contact with secondary mental health services lived in stable and appropriate housing**. This is the second highest in England, significantly higher than the national average (58%), London average (61%) and peer boroughs, a positive outcome for this group.

Figure 15: Proportion of adults in contact with secondary mental health services who live in stable and appropriate accommodation, 2020/21. Source: [Fingertips | Public health profiles](#)

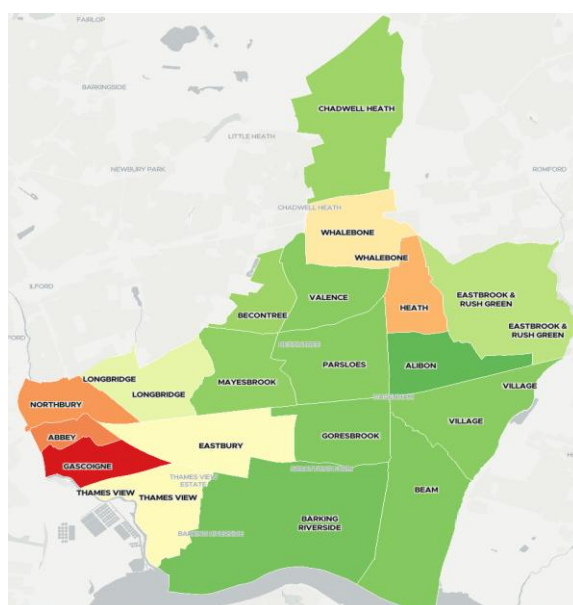


### Housing quality

**Non-decent homes** lack modern facilities, effective insulation or heating; or are in a state of disrepair. Living in a non-decent house can negatively impact health, both through the direct effects of injuries caused by hazards in the home, and indirectly, such as the mental and physical health impacts of living in a cold and damp environment ([The Health Foundation, 2024](#)).

In 2023/24, 8.5% of Local Authority housing stock in Barking and Dagenham was non-decent. This is a **lower percentage of non-decent social housing** than the national (9.1%) and London (8.9%) averages and most peer boroughs. However, significant variation can be seen within the borough. As shown below, in Gascoigne ward, one of the borough's most deprived wards, over half of the social housing stock is non-decent, suggesting a large inequality of provision for this ward's residents.

Figure 16: Percentage of non-decent Council house stock in Barking and Dagenham, 2023/24. Source: Borough Data Explorer



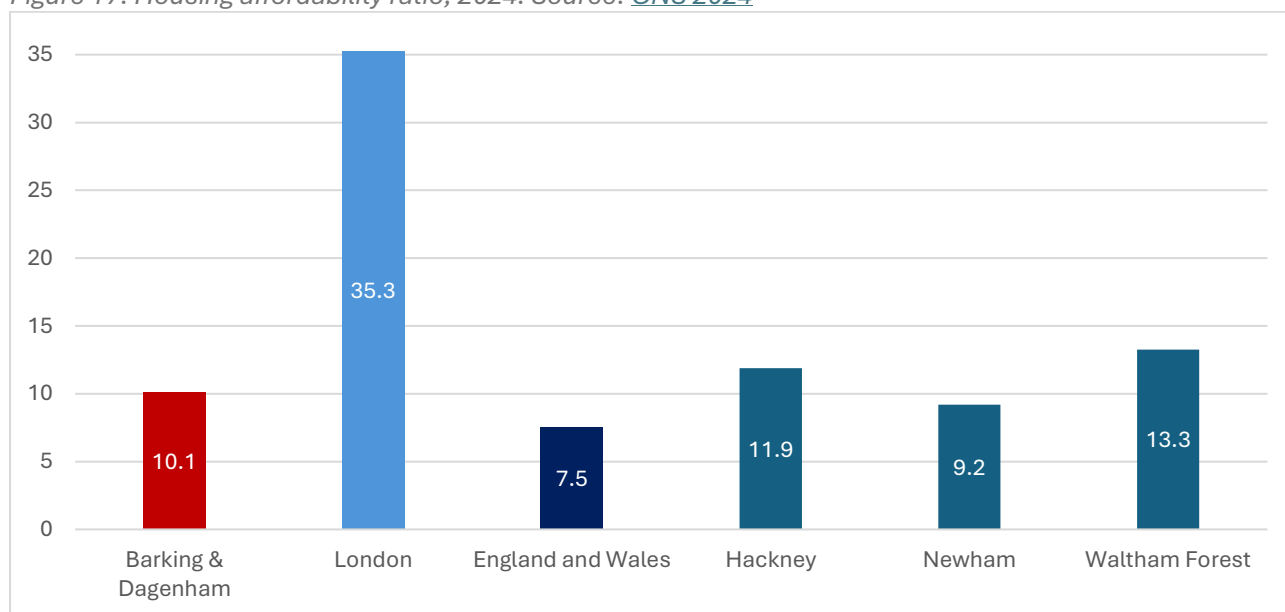
The latest data for London states that **6.7% of households were overcrowded in 2023/4** ([GLA, 2026](#)). When broken down by housing tenure, this is substantially higher for people living in socially rented (15.7%) and

privately rented (8.5%) households. This is important as living in an overcrowded house is associated with higher levels of psychological distress ([The Health Foundation, 2024](#)).

### Housing affordability

The median house price in Barking and Dagenham is £362,000, which is **10.1 times the median workplace earnings** (£35,777). This housing affordability ratio is substantially lower than the average across London (35.3) but is similar to peer boroughs.

Figure 17: Housing affordability ratio, 2024. Source: [ONS 2024](#)

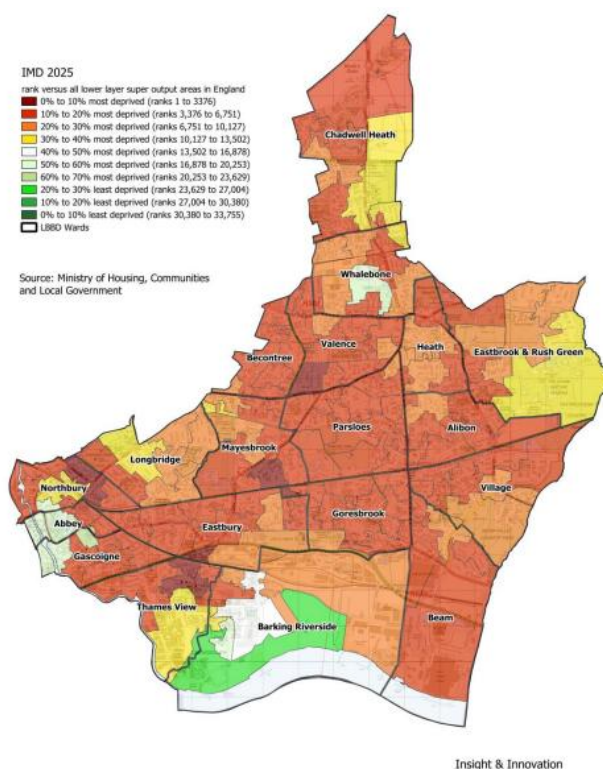


### Education

Education has a strong impact on mental health: it is closely linked to other social determinants of health, such as income and higher quality work, and is linked to health literacy. People with no qualifications are five times more likely to report being in 'poor' health, compared to those who have a degree ([The Health Foundation, 2025](#)).

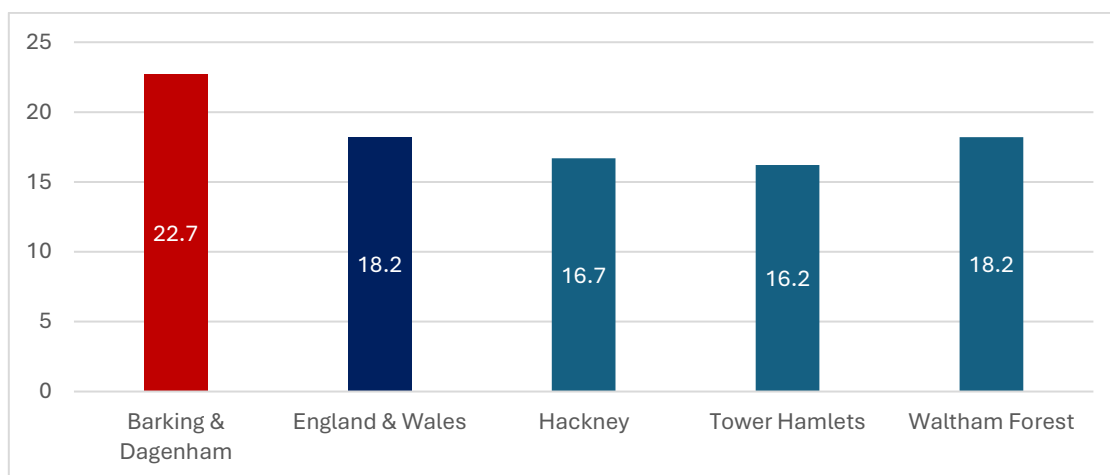
The IMD includes a domain on education, which can be broken down to look specifically at adult skills, which is based on the proportion of working-age adults with no/low qualifications, and English language proficiency. **Barking and Dagenham ranks in the top 10% most deprived local authorities in England based on adult skills** by IMD ranking.

Figure 18: Adult skills deprivation by overall IMD ranking, Barking and Dagenham, 2025. Source: Barking and Dagenham Insights Team



Over **one in five (22.7%)** adults in Barking and Dagenham has no qualifications, a higher rate than the England and Wales average (18.2%) and peer boroughs. 26% of the working-age population (aged 16-64) in Barking and Dagenham has a degree-level or above qualification, the lowest proportion across all London boroughs ([London Poverty Profile](#)).

Figure 19: Proportion of people with no formal qualifications, usual residents aged 16+. Data source: [Census 2021](#)

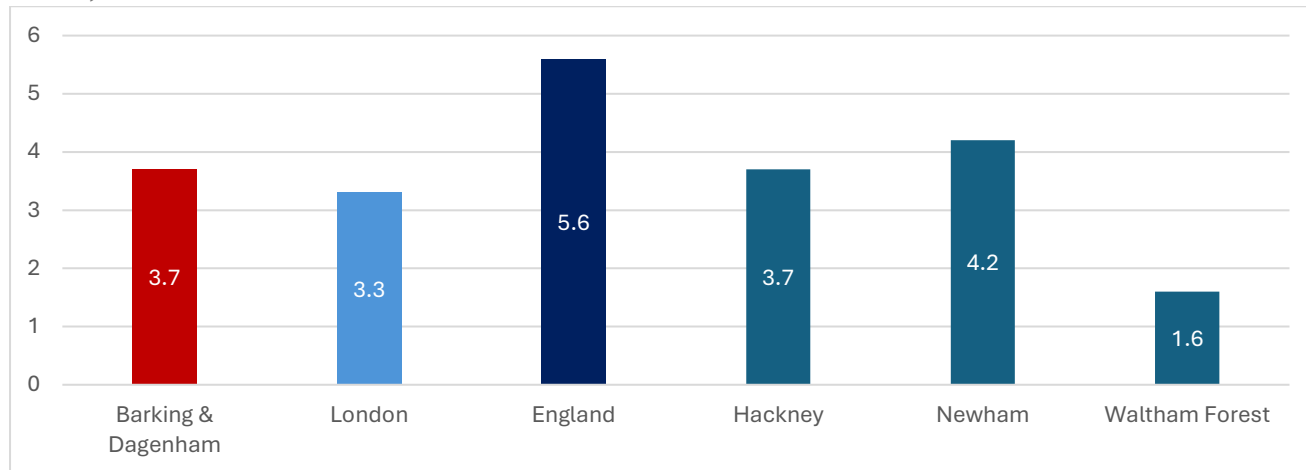


### Not in education, employment, or training (NEET)

Young people who are not in education, employment or training (NEET) can experience lifelong impacts on employment outcomes and are at an increased risk of depression and suicide ([PHE, 2019](#)). In 2025, **3.7% of 16- to 17-year-olds in Barking and Dagenham were not in education, employment or training (NEET)**, a lower rate than the national average (5.6%) but similar to the London average (3.3%) and most peer boroughs.

Among young people who were NEET in Barking and Dagenham, around a third (33.6%) were from a ‘vulnerable group’, including children in care, care leavers and those with a mental health flag, compared to 0.6% of their peers.

Figure 20: Proportion of 16- and 17-year-olds not in education, employment or training (NEET) or activity not known, 2025. Source: [National education statistics](#)



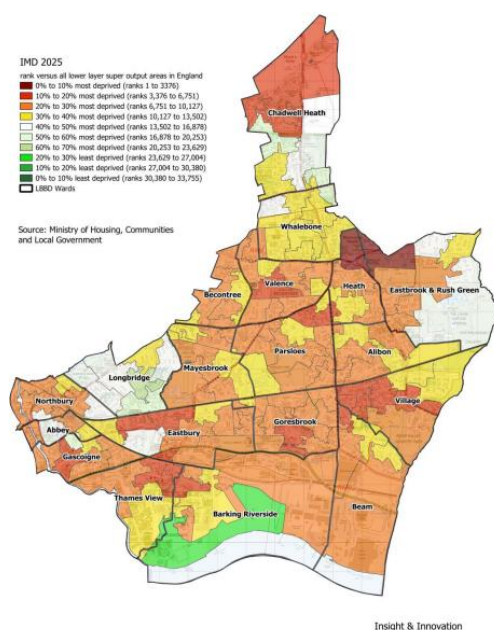
### Employment and working conditions

People who are unemployed are **between 4 and 10 times more likely to report anxiety and depression and to die by suicide** ([PHE, 2019](#)). Unemployment is also associated with increased risk of suicide, higher self-reported ill health and health behaviours such as alcohol use and smoking ([Li, 2023](#)). People with a mental health condition can also face barriers to accessing employment, and their health may limit the amount or type of work they can do: 60% of people with a long-term mental health condition report that it limits their ability to work ([The Health Foundation, 2024](#)).

### Employment deprivation

Barking and Dagenham is the top 10% most deprived local authorities in England based on average rank of **employment deprivation**, which is calculated from the number of people claiming a range of benefits.

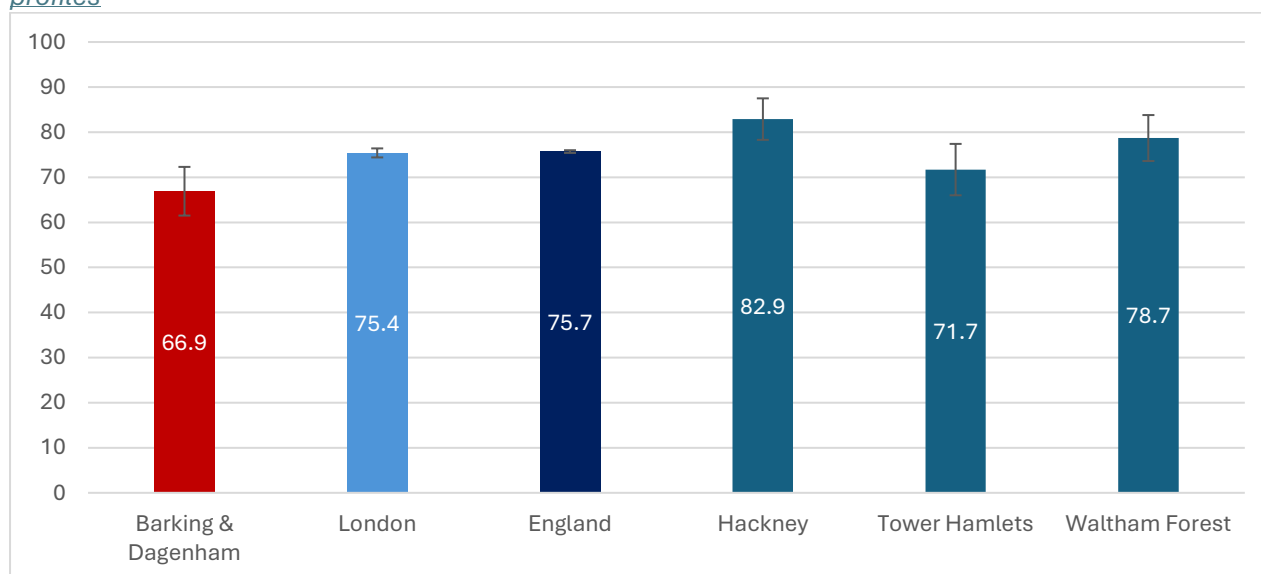
Figure 21: Employment deprivation by overall IMD ranking, Barking and Dagenham, 2025. Source: Barking and Dagenham Insights Team



## Employment rates

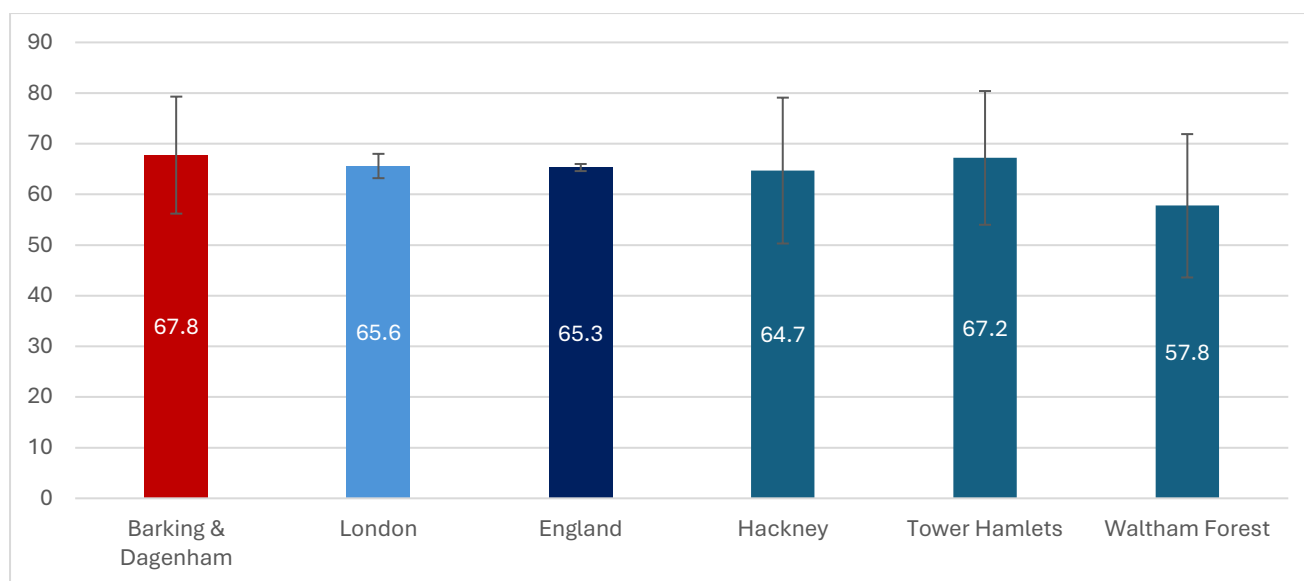
**Two in three (66.9%) of working-age Barking and Dagenham residents were in employment** in 2024/25, a lower level than the national (75.7%) and London (75.4%) averages and peer boroughs.

Figure 22: Percentage of residents aged 16 to 64 in employment, 2024/25. Source: [Fingertips | Public health profiles](#)



In the period 2022-23, **67.8% of the population with a long-term physical or mental health condition were in employment**, a similar rate to the general population. This was statistically similar to the national (65.3%) and London (65.6%) average.

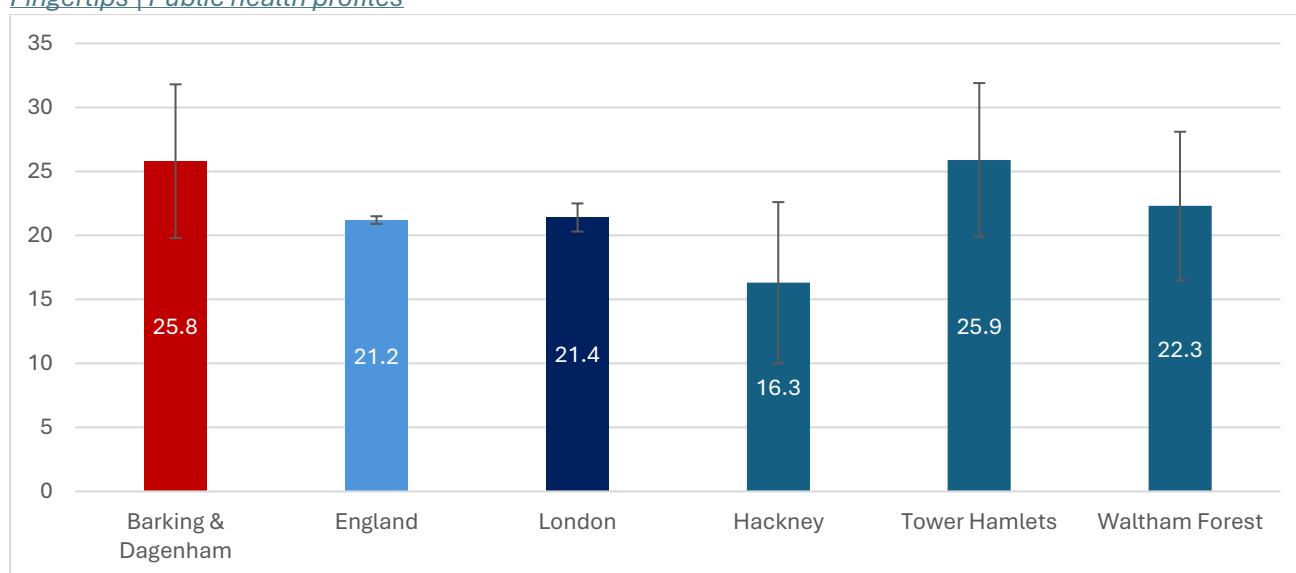
Figure 23: Percentage of population with long term conditions (physical and mental) in employment in Barking and Dagenham, 2020-21 to 2022-23. Source: [Fingertips | Public health profiles](#)



### Economic inactivity

Economic inactivity measures the proportion of working-age adults (aged 16 – 64) who are not classified as employed or unemployed. This includes people who are students, retired, looking after their family, and people who are unable to work due to temporary ill-health or disability ([Fingertips, 2025](#)). **37,100 (25.8%) working-age adults in Barking and Dagenham were economically inactive** in 2023/24, a statistically similar rate to the national average (21.2%). This increased from 2020 to 2022, but has since returned to pre-pandemic levels.

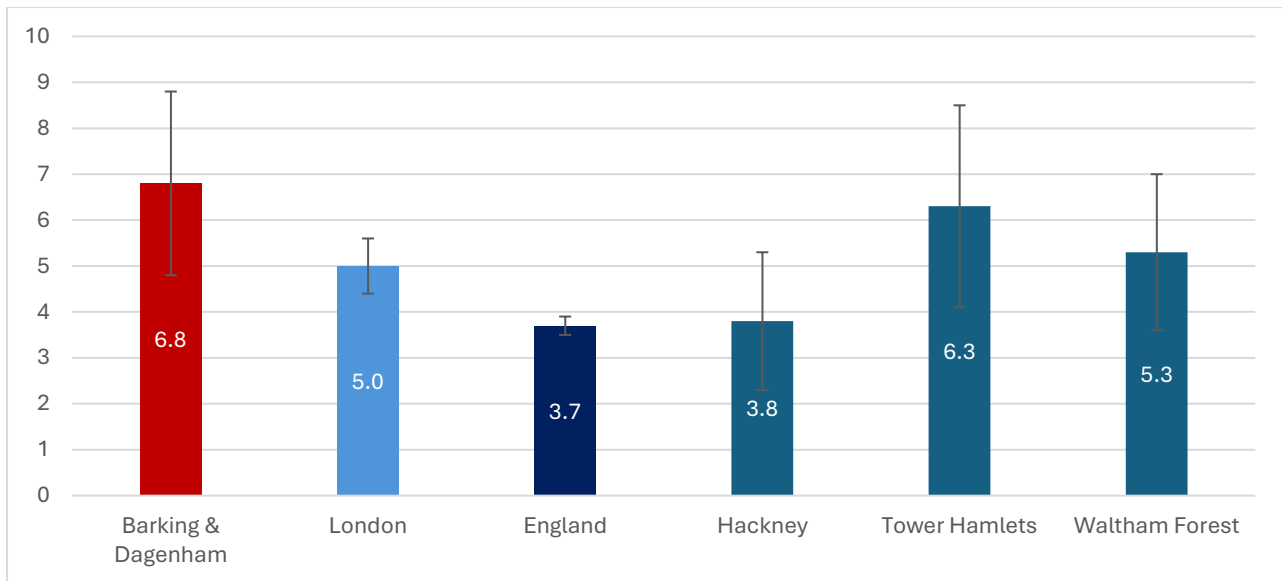
Figure 24: Percentage of residents aged 16 to 64 who are economically inactive in 2023-24. Source: [Fingertips | Public health profiles](#)



### Unemployment

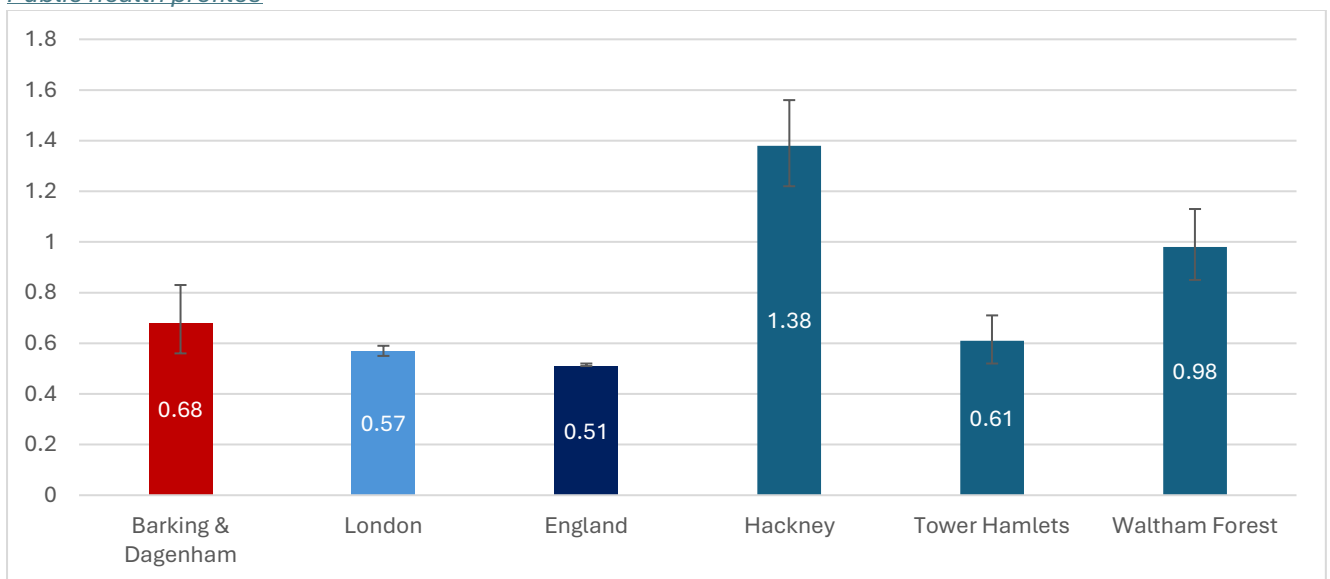
An estimated **7,500 adults (6.8%) in Barking and Dagenham were unemployed in 2023**, the fourth highest rate in England. This is a significantly higher rate than the national average (3.7%) and has increased since 2022, although is similar to rates in some peer boroughs.

Figure 25: Unemployment among adults (aged 16+) in Barking and Dagenham, 2023. Source: [Fingertips | Public health profiles](#)



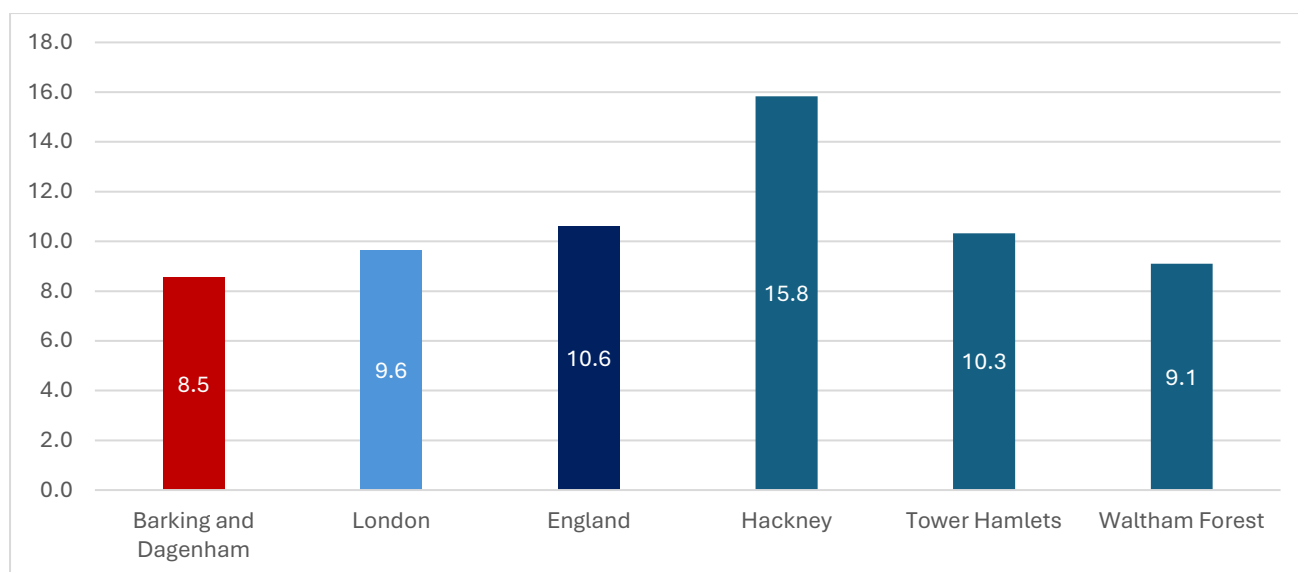
In 2024/25, there were 100 adults in long-term unemployment in Barking and Dagenham, measured by the proportion of working-age adults claiming out of work benefits for over 12 months, a rate of **0.68 per 1,000 population**. This is significantly higher than the national (0.51 per 1,000) and London (0.57 per 1,000) average.

Figure 26: Long-term claimants of out of work benefit, crude rate per 1,000, 2024/25. Source: [Fingertips | Public health profiles](#)



The rate of people claiming Employment and Support Allowance (ESA) due to a mental health condition is lower in Barking and Dagenham (8.5 per 1,000), compared to national (9.6 per 1,000) and London (10.6 per 1,000) rates, and peer boroughs.

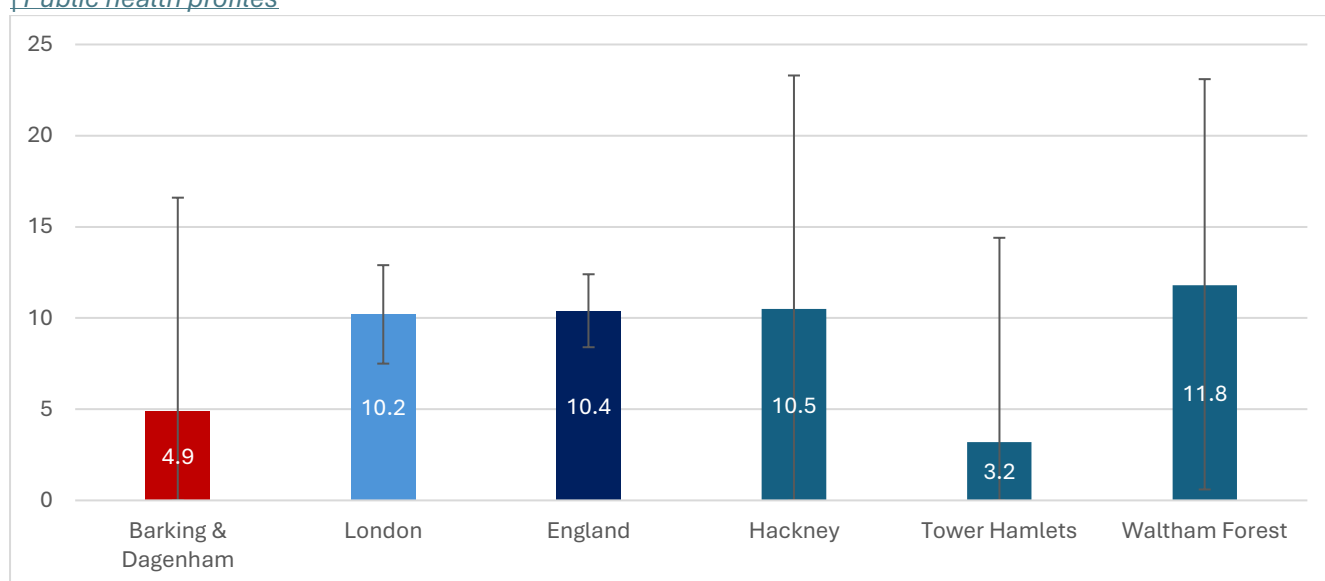
Figure 27: ESA Caseloads for Mental and Behavioural disorders per 1,000 residents, 2023/24 Q4. Source: Department of Work and Pensions Stat-Xplore



### Employment gap

The percentage point gap between the employment rate of adults with a physical or mental long-term health condition, compared to the overall employment rate, was **4.9% in Barking and Dagenham in 2022/23**. This is statistically similar to the national average (10.4%) and a substantial decrease from previous years.

Figure 28: Percentage point gap in employment rate between working-age adults (aged 16-64) with a physical or mental long-term health condition and the overall employment rate, 2022/23. Source: [Fingertips | Public health profiles](#)



### Crime, safety and violence

There is a complex relationship between crime and mental health:

- Being a victim of a violent crime can have a long-term impact on mental health, including stress, depression and difficulties sleeping ([Tan & Haining, 2016](#)).
- Living in areas with high levels of crime can have a detrimental impact on health, for example people may be less likely to socialise and access green spaces ([The Health Foundation, 2025](#))
- People with mental health problems are more likely to experience crime and assault compared to the general population ([PHE, 2019](#)).

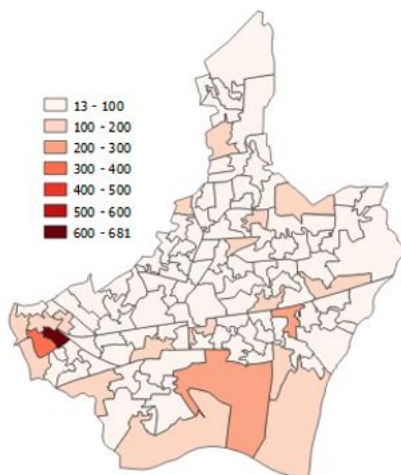
### Crime deprivation

Barking and Dagenham has the **fourth highest score crime deprivation score in London**. The rate of crimes is not evenly distributed across the borough: instead, crime rates are higher in the west and south, meaning they are more likely to impact some of the borough's more deprived areas.

Figure 29: Crime rate per 1,000 LSOA residents, Barking and Dagenham, January 2024 – September 2024.

Source: Insights and Innovation Team

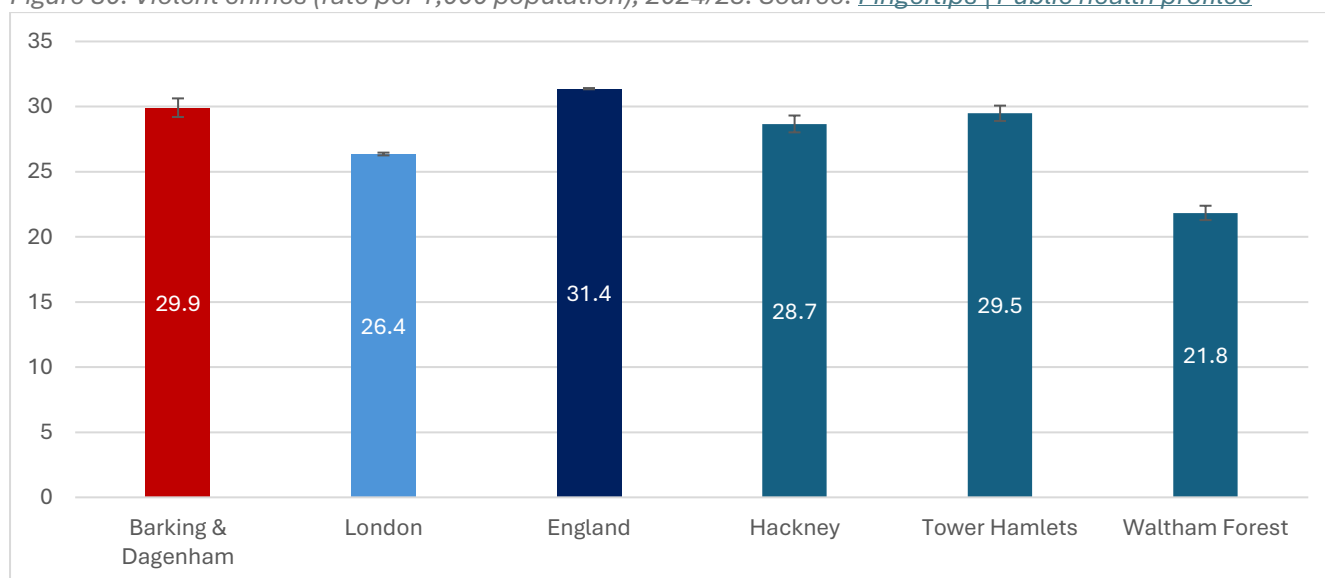
Crimes per 1,000 LSOA residents (Jan 2024 - Sep 2024)



### Violent crime

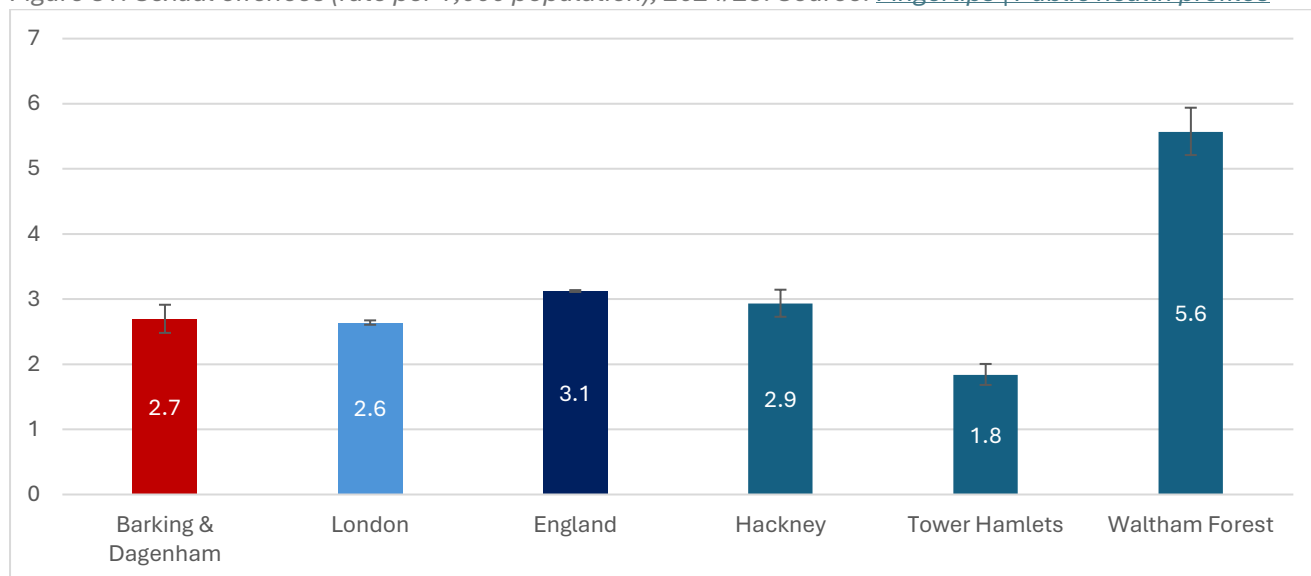
In 2023/25, there were **6,768 violent offences in Barking and Dagenham**, a rate of 29.9 per 1,000 population. This is within the middle quintile across England, but a significantly higher rate compared to the London average (26.4 per 1,000).

Figure 30: Violent crimes (rate per 1,000 population), 2024/25. Source: [Fingertips | Public health profiles](#)



In 2024/25, **609 sexual offences** were reported in Barking and Dagenham, a rate of 2.7 per 1,000 population, and the second lowest quintile in England. There has been no significant change in the rate of violent or sexual offences compared to the previous financial year.

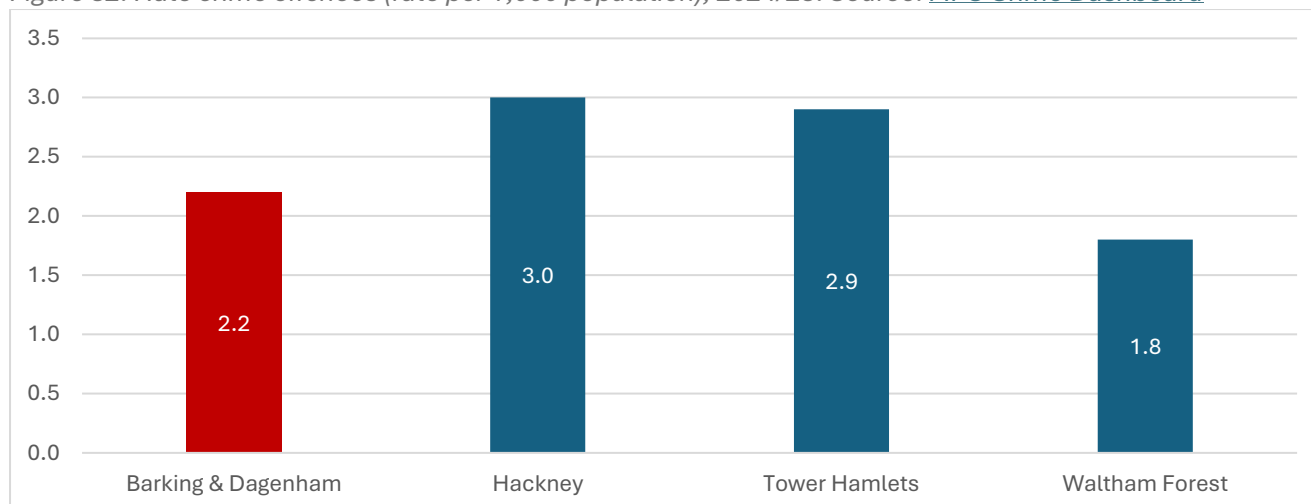
Figure 31: Sexual offences (rate per 1,000 population), 2024/25. Source: [Fingertips | Public health profiles](#)



### Hate crime

Hate crime is defined as ‘any criminal offence which is perceived, by the victim or any other person, to be motivated by hostility or prejudice towards someone based on a personal characteristic’ ([Home Office, 2025](#)). **470 hate crime offences** were recorded in Barking in 2024/25, an average of 39 per month. This is a rate of 2.2 offences per 1,000 of the population ([MPS, 2026](#)). The majority of these offences were classed being racially and/or religiously aggregated ([MPS, 2026](#)).

Figure 32: Hate crime offences (rate per 1,000 population), 2024/25. Source: [MPS Crime Dashboard](#)



### Liaison and Diversion services

Liaison and Diversion services identify people with mental health needs, substance use and other vulnerabilities when they first come into contact with the criminal justice system, to ‘support people through the early stages of criminal system pathway, refer them for appropriate health or social care or enable them to be diverted away from the criminal justice system into a more appropriate setting’ ([NHSE, 2026](#)).

### Who was referred to this service?

In 2025, 325 people were referred to adult Liaison and Diversion services in Barking of Dagenham, an average of 27 per month.

- The majority of this cohort were aged 17 – 50 (89%) and most were men (72%).
- Most offences related to violence against the person (29%), breached court orders (10%), sexual offences (7%) and theft (7%).
- Almost all referrals were made from police custody (98%)

#### *What were their needs?*

Two thirds (66%) of this group had an identified mental health need, most commonly schizophrenia or another delusional disorder (21%), a depressive illness (14%) or an unknown mental health need (10%).

Analysis from 2024 shows that the most common recorded interventions were ‘need already met’ (18%), ‘informed current care provider’ (17%) and ‘referral to secondary care service’ (8%), although there were high rates of missing data in this area (36%).

#### Neighbourhood and community

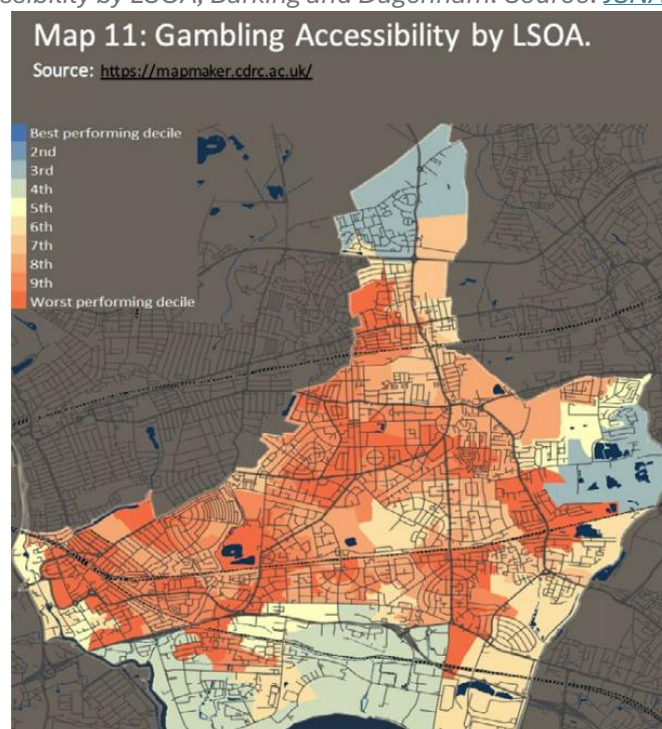
Our local neighbourhood shapes our health, **both directly and indirectly** ([The Health Foundation, 2025](#)).

#### Gambling

The UK has one of the largest gambling markets in the world ([OHID, 2023](#)). Many people experience harms relating to gambling, including in terms of finances, physical and mental health, and their relationships. Whilst estimates vary, it is thought that 0.5% of the adult population experiences problem gambling and 7% of people are negatively impacted by other people’s gambling ([OHID, 2023](#)).

As highlighted in the [Barking and Dagenham JSNA](#), local residents have a much higher exposure to physical gambling establishments compared to the national average, with the many local lower super output areas (LSOAs) ranking within top 20% worst performing deciles for ease of access.

Figure 33: Gambling accessibility by LSOA, Barking and Dagenham. Source: [JSNA 2025](#)

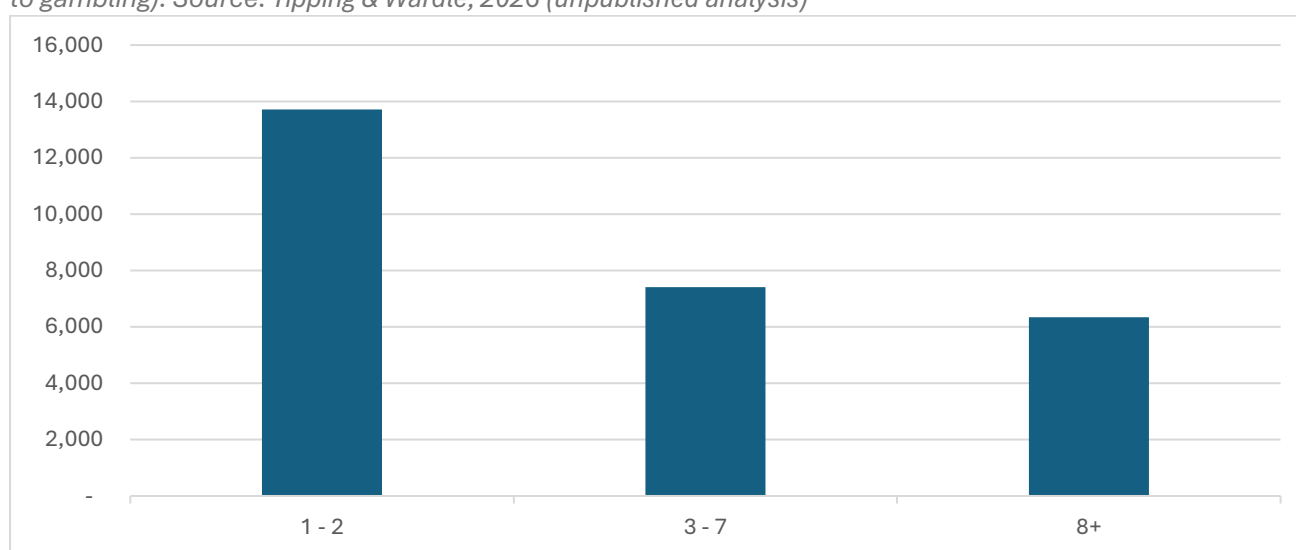


An estimated **41,208 adults in Barking and Dagenham have spent money on gambling in the past four weeks** (excluding lottery draws), 24.8% of the population (aged 18+) (Tipping & Wardle, 2026). Estimates based

on the Problem Gambling Severity Index (PGSI), a screening tool which measures the severity of gambling related harm, suggest that:

- 13,713 people in Barking and Dagenham demonstrate low risk gambling, identifying few or no negative consequences (scoring 1 – 2)
- 7,406 people demonstrate moderate risk gambling, with some negative consequences (scoring 3 – 7)
- 6,342 people demonstrate problem gambling, experiencing negative consequences and a possible loss of control (scoring 8+)

*Figure 34: Estimated number of adults (aged 18+) in Barking and Dagenham grouped by Problem Gambling Severity Index scores (1-2 indicate low level of problems, 3-7 moderate and 8+ negative consequences related to gambling). Source: Tipping & Wardle, 2026 (unpublished analysis)*



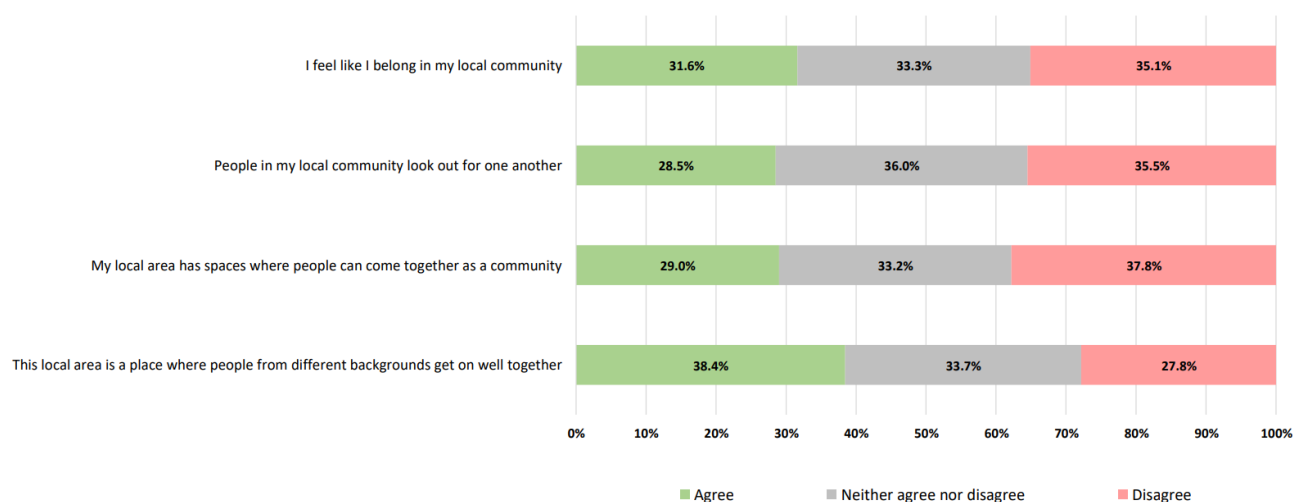
Barking and Dagenham has a higher rate of need for intensive gambling treatment than London, England and all peer boroughs ([JSNA, 2025](#)).

### Belonging

People who have positive relationships with their friends, family and local communities tend to have better mental and physical health, and to live longer ([The Health Foundation, 2025](#)). Londoners with mental health problems raise having a sense of community as a key priority ([Mind, 2024](#)).

The latest Barking and Dagenham resident survey, carried out in 2023, found a mixed picture in how connected the community was. 32% of people felt that they belonged in their local community, with a third neither agreeing or disagreeing, and 35% disagreeing ([LBBD Annual Residents Survey, 2023](#)). The most positive result was for people agreeing with the statement ‘this local area is a place where people from different backgrounds get on well together’, for which 38% of people agreed and 28% disagreed.

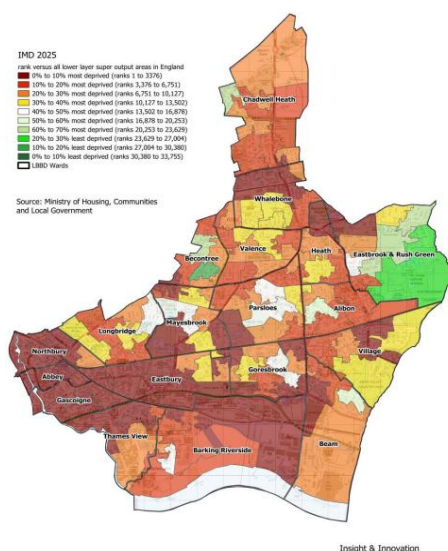
Figure 35: Responses to the question ‘To what extent do you agree or disagree with the following statements about community life?’. Source: LB Barking and Dagenham Annual Residents Survey 2023 Final Results



## Living environment

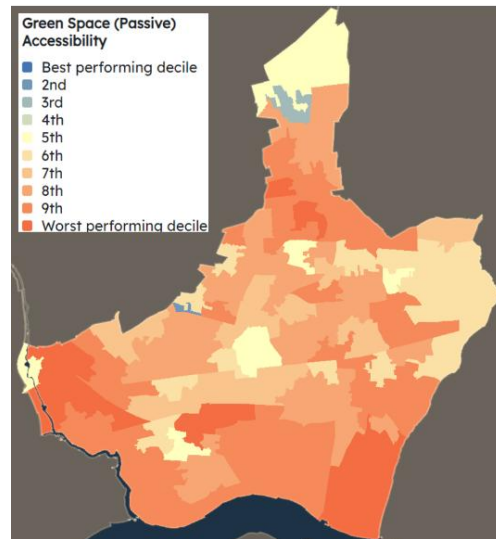
Exposure to higher levels of air pollution are associated with an increased risk of common and serious mental health conditions ([Bakoli et al., 2021](#)). This is measured by the **outdoor living environment deprivation** domain of the IMD, which looks at noise pollution, road traffic casualties involving pedestrians and cyclists and air quality measures. There is significant deprivation in this area across Barking and Dagenham, where 30% of LSOAs are within the most deprived 10% in England.

Figure 36: Outdoor living deprivation by overall IMD ranking, Barking and Dagenham, 2025. Source: Barking and Dagenham Insights Team



The green space domain of the Access to Health Assets and Hazards (AHAH) index measures ease of access to green spaces. This measure is mapped below, showing that access to green space is poor in Barking and Dagenham, with the majority of LSOAs ranking below the national average, and several falling within the worst-performing decile. LSOAs in the South and West of the borough have some of the worst access to green spaces. This is important as access to **green space can have positive impacts on physical and mental health**, including in more deprived areas ([The Health Foundation, 2025](#)).

Figure 37: Green space accessibility ranking by LSOA, Barking and Dagenham, 2024. Source: AHAH Index



## Population factors

Mental ill-health is not distributed equally across the population. Some groups are more likely to develop mental health conditions, and may also face poor access, experience and outcomes of mental healthcare. As such, it is important to understand and address **health inequalities**: the systematic, socially produced and unfair differences in health between groups ([Whitehead and Dahlgren, 1992](#)). Much of these inequalities relate to injustice in society, such as racism and misogyny. These groups can also overlap, for example people who are experiencing homelessness are more likely to have physical disabilities, and experience co-occurring substance use ([Homeless Link, 2025](#)). This needs assessment focuses on the following population groups:

| Group     | Local context                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Risk factors                                                                                                                                                                                                                                                                                                                                                                                                                                  | Evidence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Local support                                                                                                                                                                                                                                                                                                                                                                 |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ethnicity | Barking and Dagenham has the 10 <sup>th</sup> highest proportion of ethnic minority groups in the country. Of the adult population (aged 18+) of Barking and Dagenham in the 2021 Census, <b>100,485 (65%) of people identified as being from Asian, Black, Mixed or 'Other' ethnic groups</b> . 23,860 (16%) residents identified as Black/Black British African, 22,265 (14%) as 'White Other' and 14,455 as Asian/Asian British Bangladeshi (9%) (ONS, 2021) | Racism, migration stress, discrimination and complex trauma are risk factors that can affect mental health of racialised communities. These can be understood through the lens of structural racism (disadvantaged access to economic and social resources such as poverty), interpersonal racism (such as bullying) and institutional racism (processes that disadvantage people in institutions, such as school exclusions) (Nazroo, 2022). | <p>Research shows that people from ethnic minority groups in the UK have poorer access to, experiences with, and outcomes from mental healthcare services, compared to White British people (Bansal et al., 2022). Reviews have found evidence of barriers to seeking support for mental healthcare for many ethnic minority groups (<a href="#">Kapadia et al., 2022</a>).</p> <p>There is a mixed picture on the prevalence of mental illness, which is impacted by limited high-quality evidence in this area, with nuances, including intersectional, between ethnic groups not always captured. Current research suggests that there are higher rates of mental illness among people from Black and ethnic minority groups, including depression and serious mental illness. However, there is a complex picture, for example research suggests that there are higher rates of anxiety and depression among South Asian women, but lower rates of suicidal thoughts for South Asian men (<a href="#">Race Equality Foundation, 2019</a>).</p> | There is ongoing work in NELFT as part of the Patient and Carer Race Equality Framework (PCREF), an anti-racism framework for the NHS. This is currently focusing on improving: support for carers, the black male experience of health services, access to support for South Asian women, perinatal care and health equity for young people ( <a href="#">NELFT, 2026</a> ). |

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| People who cannot speak English  | In Barking and Dagenham, 9,296 people (4.4%) cannot speak English well and <b>1,309 people (0.6%) cannot speak English at all</b> (Census, 2021).                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                           | Lack of access to interpretation services can be a barrier across all aspects of the health service (Healthwatch, 2022).                                                                      | Interpretation Services                                                                                                                                                                                                                                                                                                                                                                            |
| Care experienced                 | There were <b>431 children in care</b> in Barking and Dagenham in 2025 (known as 'Looked After' children) (Department for Education, 2025). This is 65 per 10,000 children aged under 18 years, similar to the national rate (67 per 10,000). There is a lack of data about the numbers of young adults who are care leavers.                                                                                                                   | Care leavers are likely to have experienced early adversity and trauma, as well as determinants of poor mental health ( <a href="#">Philips et al., 2024</a> ).                                                                                                           | Young people who have left care are at higher risk of developing mental health conditions and can find it difficult to access mental health support ( <a href="#">Philips et al., 2024</a> ). | As part of the Councils <a href="#">Enhanced Local Offer to Care Leavers</a> , care leavers have access to a dedicated Emotional Health and Wellbeing Practitioner                                                                                                                                                                                                                                 |
| People experiencing homelessness | In 2023-24, <b>159 people were seen sleeping rough</b> in Barking and Dagenham, a 14% increase from what was observed in 2022-23. Of those assessed for support, 40% had mental health support needs (HHNA, 2024).<br><br>In 2023/24, there were at least <b>1,201 households in temporary accommodation</b> in Barking and Dagenham. This does not include the number of households placed in local temporary accommodation by other boroughs. | People who are homeless face intersecting health and social issues ( <a href="#">Liu &amp; Hwang, 2021</a> ). Health and wellbeing challenges for families in temporary accommodation were outlined in the 2025 <a href="#">Director of Public Health Annual Report</a> . | Almost three quarters (73%) of people sleeping rough in Barking and Dagenham in 2022/23 were identified as having drug, alcohol and/or mental health needs (HHNA, 2024).                      | There are a limited number of services specifically tailored to support people who are homeless, such drop-in support at The Source and the winter night shelter pilot Barking Baptist Church (HHNA, 2024).<br><br>Around half of general practices are Safer Surgeries accredited, which means they ensure that a lack of proof of address is not a barrier to patient registration (HHNA, 2024). |
| Asylum seekers and refugees      | The latest data shows that <b>1,232 people (0.53%) are seeking asylum</b> in Barking and Dagenham, of which ( <a href="#">OHID, 2025</a> ): <ul style="list-style-type: none"><li>73% are on the Homes for Ukraine Scheme</li><li>24% have supported asylum</li></ul>                                                                                                                                                                           | Asylum seekers and refugees are more likely to have poor mental health as a result of experiences of trauma and violence (pre-migration experiences), as well as post migration experiences such as                                                                       | National evidence suggests that asylum seekers are more likely to have mental health needs than the general population but less likely to receive support (Mental Health Foundation, 2025).   | Around half of general practices are Safer Surgeries accredited, which means they have committed to taking steps to tackle the barriers faced by many migrants in accessing healthcare (HHNA, 2024).                                                                                                                                                                                               |

|                                                    |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                     |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                    | <ul style="list-style-type: none"> <li>3% are on the Afghan Resettlement Programme</li> </ul>                                                                                                                                                                              | separation from family, poor housing, discrimination and racism (Mental Health Foundation, 2025).                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                            | Ultimate Counselling, a service aimed at providing wellbeing support for refugees and asylum seekers, received 1,214 referrals in Barking and Dagenham in the last year.                                                                            |
| People with no recourse to public funds (NRPF)     | An estimated 120,000 households in London are subject to NRPF, with 36,900 of these households facing poverty ( <a href="#">Trust for London, 2024</a> ). There is a <b>lack of data</b> for this group in Barking and Dagenham.                                           | People with NRPF cannot access many types of state support state benefits and services. Some people with NRPF can therefore experience poverty and unstable housing, which can have significantly negative impacts on health, although research in this area is limited ( <a href="#">Smith et al., 2021</a> ). | Qualitative research involving people with NRPF highlights experiences of distress, depression and anxiety ( <a href="#">Jolly et al., 2022</a> ).                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                     |
| Disabled people                                    | <b>13,726 people (9.0%) in Barking and Dagenham have a disability</b> that limits their day to day activity ‘a lot’ (Census, 2021).                                                                                                                                        | Stigma, discrimination and barriers to accessing healthcare can all impact the health of disabled people ( <a href="#">The Health Foundation, 2025</a> ).                                                                                                                                                       | People with a physical disability are more likely to experience a mental health problem and have lower well-being scores than those without (Mental Health Foundation, 2025). People with cancer, diabetes, asthma and high blood pressure are at greater risk of a range of mental health problems such as depression, anxiety and PTSD (Mental Health Foundation, 2025). | Barking and Dagenham Talking Therapies offer specialist support for adults with long-term health conditions ( <a href="#">NELFT, 2025</a> ).                                                                                                        |
| People in contact with the criminal justice system | In 2022, there were <b>522 first time offenders in Barking and Dagenham</b> . This equates to a rate of 285 per 100,000 and is higher than London’s (180 per 100,000) and England’s (166 per 100,000). The number and rate of first-time offenders have been on a downward | People in contact with the criminal justice system often have experiences of trauma, substance use, and homelessness (Narco, 2024).                                                                                                                                                                             | Mental health conditions are common across the criminal justice system: it is estimated that 50% of people in prison have a mental health condition (Narco, 2024).                                                                                                                                                                                                         | Voluntary sector organisations provide holistic support for people leaving prison, such as <a href="#">SWIM Enterprises</a> .<br><br>Liaison and Diversion service ensures contact made with mental health services as needed for those in criminal |

|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                       | trend since 2014, in line with England's trend (Fingertips, 2025).                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | justice system with identified mental health needs.                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Survivors / victims of domestic abuse | <p>National surveys suggest that <b>7.8% of adults (aged 16+) have experienced domestic abuse in the past year</b> (ONS, 2025).</p> <p>Police reported rates of domestic abuse offences in Barking and Dagenham are significantly higher than the London average and rates in peer boroughs, with an average of 282 incidents of domestic abuse in Barking and Dagenham each month between January 2019 to December 2023 (JSNA, 2025).</p> |                                                                                                                                                                                                                                                                                                                                                                                   | <p>A meta-analysis found that domestic is associated with depression, anxiety and post-traumatic stress disorder (Lagdon et al., 2014). National data from the 2014 APMS shows that 50% of people who had attempted suicide in the past year had experienced intimate partner violence in their lifetime, and 23% within the past year (McManus et al., 2022).</p> <p>43% of people supported by Refuge services in Barking and Dagenham had a mental health problem or physical disability, and mental health conditions are commonly mentioned as a barrier to accessing support (Domestic Abuse Commission Report, 2021).</p> | <p>Some reports highlight a gap in support for young people who have experienced domestic abuse in Barking and Dagenham (Domestic Abuse Commission Report, 2021). The TIGER and RESET programmes aim to address this gap.</p> <p>The Domestic Abuse Commission outcomes agreed by Cabinet include a Commitment to being a Trauma-Informed Council. Refuge services have links with local mental health services and charities such as Mind.</p>                              |
| Carers                                | In 2021, <b>14,200 (7%) Barking and Dagenham residents were providing unpaid care</b> (Census, 2021).                                                                                                                                                                                                                                                                                                                                      | <p>Carers in Barking and Dagenham report the following reasons for feelings of overwhelm and poor mental health (Carers Needs Assessment, 2026):</p> <ul style="list-style-type: none"> <li>• Not being able to take a break</li> <li>• Managing the variety of needs of the cared-for person</li> <li>• Being in receipt of benefits and struggling to make ends meet</li> </ul> | Carer's UK national survey found that over a third of carers (35%) said their mental health was bad or very bad, an increase from the previous year (27%) while over half (57%) of carers said they feel overwhelmed 'often' or 'always'. Previous research by Carers UK found that over a third of carers whose mental health was bad or very bad said they had thoughts related to self-harm or suicide (Carers UK, 2025)                                                                                                                                                                                                      | LBBDD and the ICB jointly commission the Carers Centre to deliver information, advice and support to carers. The service provides both face to face and remote support, including the <a href="#">Carers' Hub</a> . The service also provides peer support groups, training, and benefits support through income maximisation. A <a href="#">Carers Charter</a> is also in place in LBBDD describing the council's commitment to carers and has an accompanying action plan. |

|                            |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                            |                                                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>• Caring for long hours (35+ hours per week)</li> </ul>                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Autistic people            | An estimated <b>1,500 to 2,500 autistic adults</b> live in Barking and Dagenham (HWB, 2025)                                                                                                                                                                                                                 | Multiple factors may contribute to higher rates of mental illness among autistic people, including barriers to accessing effective mental healthcare and wider determinants of poor mental health (NHSE, 2025).                                                      | <p>Meta-analyses show that autistic people are more likely to develop mental health conditions, including both common and serious mental illness (Lai et. al, 2019); as well as a higher risk of suicide (Cassidy et al., 2022). Whilst an estimated 1% of the total population is autistic, 15% of people hospitalised after attempting suicide are autistic (<a href="#">Autistica, 2026</a>).</p> <p>Analysis of primary care suggests that the rate of serious mental illness among autistic people in Barking and Dagenham (3.0%) is approximately three times that in the general population (Pathfinder, 2026).</p> | There are no council funded support services for autistic adults.                                                                                                                                                                                                                                                                                                                                                        |
| Co-occurring substance use | An estimated <b>5,261 adults</b> in Barking and Dagenham (aged 18 – 64) have high risk alcohol consumption (JSNA, 2025). An estimated <b>5,061 adults</b> in Barking and Dagenham (aged 18–64) have drug dependence (JSNA, 2025). These figures are projected to rise substantially over the next 15 years. | People with co-occurring substance use and mental health needs often find it difficult to access support that meets their needs (DHSC, 2025). They often experience poorer outcomes, compared to people with either condition alone ( <a href="#">RCPSY, 2025</a> ). | <p>National data shows 74% of people starting drug and alcohol treatment have a mental health treatment need (DHSC, 2025). Research also suggests that 9% of people supported by community health teams have severe alcohol use (Weaver et al., 2003).</p> <p>In 2022/23, 70% of people entering alcohol treatment in Barking and Dagenham with a mental health treatment need were receiving treatment in Barking and Dagenham, significantly below the London and national average. 72% of people drug treatment with a mental health treatment needs were</p>                                                           | North East London NHS Foundation Trust (NELFT) community mental health teams alongside Change Grow Live, St Luke's Service deliver a Joint Mental Health and Substance Use Service Pathway. This includes joint assessment and care planning, with regular monthly meetings between the two services, aiming to treat both needs concurrently. At the time of writing the report, 5 people were under this care pathway. |

|                                                  |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                        |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                  |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                | receiving treatment, a similar rate to the national average (Fingertips, 2025)                                                                                                                                                                                                                                       |                                                                                                                                                        |
| LGBTQ+ people                                    | At least <b>2.3% of adults</b> (aged 16+) in Barking and Dagenham are LGB+ (ONS, 2021). An estimated <b>0.54% of the population is transgender</b> , 1.00% of people aged 16 to 24 (ONS, 2021).                                                                                                 | Discrimination, bullying, familial rejection and homelessness can contribute to higher rates of mental ill-health amongst LGBTQ+ people (LGBT Foundation, 2023).               | Research by Stonewall highlights that half of LGBTQI+ people had experienced depression, and 3 in 5 had experienced anxiety (Stonewall, 2018). This report found that 1 in 8 LGBTQI+ people aged 18 to 24 had attempted to end their life, and that almost half of trans people had thought about taking their life. | There are support groups in Barking and Dagenham and across London for LGBTQ+ people, such as Barking and Dagenham LGBT Network.                       |
| Learning disabled people                         | In 2024/25, <b>1,461 people (0.5%)</b> registered with a GP in Barking and Dagenham had a learning disability ( <a href="#">Fingertips, 2025</a> ).                                                                                                                                             | Risk factors include discrimination, genetic vulnerability, exposure to negative life events and limited access to support and coping skills ( <a href="#">Mencap, 2026</a> ). | Research suggests that the rate of mental illness among learning disabled people is around twice that in the general population, although figures vary ( <a href="#">Mencap, 2026</a> ).                                                                                                                             | The NELFT Community Learning Disability Team (CLFT) offers specialist healthcare to adults with a learning disability ( <a href="#">NELFT, 2026</a> ). |
| People experiencing severe multiple disadvantage | Overlapping experiences of substance use, mental ill-health, homelessness, domestic violence and/or offending can be described as severe multiple disadvantage. There is a <b>lack of local data</b> on the number of people experiencing severe multiple disadvantage in Barking and Dagenham. | Long-term experiences of abuse, trauma and exclusion often contribute to severe multiple disadvantage (Hard Edges, 2015).                                                      | Research carried out in England in 2015 estimated that 55% of people experiencing three types of severe multiple disadvantage had been diagnosed with a mental health condition (Hard Edges, 2015).                                                                                                                  | Barking and Dagenham lacks any support services specifically designed for this group.                                                                  |

## Prevention

Public mental health is a population-level approach to improving mental health and wellbeing, and reducing mental health inequalities ([Royal College of Psychiatrists, 2022](#)). There are a range of **evidence-based public mental health interventions** that act at different levels to promote mental wellbeing, prevent mental illness and reduce the negative impacts of mental ill-health, which can be described as in terms of primary, secondary and tertiary interventions, as described below. Each level of intervention should aim to proactively address inequalities in mental health.

Table 2: Types of public mental health interventions. Source: Adapted from [Arango et al., 2018](#) and [Faculty of Public Health 2016](#)

| Type                 | Aim                                                                                                        | Population group                                                         | Examples                                                            |
|----------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------|
| Primary prevention   | Reducing risk factors and/or increasing preventative factors, to prevent the development of mental illness | Entire population (universal interventions)                              | Workplace interventions                                             |
|                      |                                                                                                            | People exposed to inequalities or risk factors (selective interventions) | Mental health literacy training for frontline housing workers       |
|                      |                                                                                                            | People with early signs of poor mental health (indicated interventions)  | Early intervention for people at high clinical risk of psychosis    |
| Secondary prevention | Early identification and treatment of mental health conditions                                             | People who meet diagnostic criteria for early stages of illness          | Screening for postnatal depression                                  |
| Tertiary prevention  | Preventing relapse, promoting recovery and improving outcomes                                              | People with mental health condition/s                                    | Annual physical health check for people with serious mental illness |

## Evidence-base for prevention

The Centre for Mental Health has developed a [Framework for Mentally Healthier Councils](#), which proposes 10 key steps councils can take to promote public mental health.

A [review carried out by the Royal College of Psychiatrists in 2022](#) summarises evidence on public mental health interventions, with a focus on interventions during pregnancy, childhood and adolescence, given the strong benefits of intervening at earlier life stages. This report also covers the evidence around interventions that reduce inequalities, prevent premature mortality and prevent specific mental health conditions.

The [Mental Health Foundation](#) carried out a rapid review of cost-effective interventions to prevent the development of mental health conditions, drawing on systematic reviews as well as individual studies published between 2019 and 2021. This review identified a range of research highlighting the economic benefits of prevention, although the majority of these interventions were aimed at children and young people.

There is also evidence around addressing the wider determinants of health, which have been described as the ‘most modifiable’ targets to prevent mental illness ([Kirkbride et al., 2024](#)). Research calls for a focus on interventions which: address poverty, are linked to multiple areas of health, target critical life stages; and focus on addressing systemic structural inequalities ([Kirkbride et al., 2024](#)). Examples of evidence reviews in this area include:

- [Tackling social inequalities to reduce mental health problems: How everyone can flourish equally](#)
- [Health Equity in England: The Marmot Review 10 Years On](#) and [Build Back Fairer: The COVID-19 Marmot Review](#)

- [The Rising Cost of Living: A Review of Interventions to Reduce Impacts on Health Inequalities in London](#)

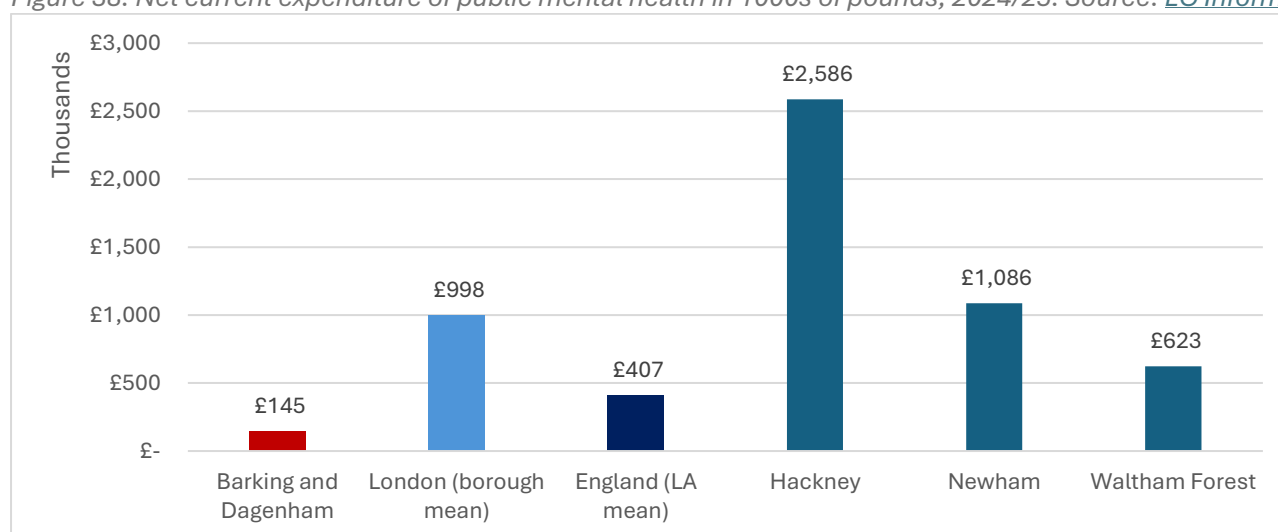
Another approach to improve the wider determinants of health is to maximise the assets and resources of **anchor institutions** in a local area ([NHSE, 2026](#)). These are large organisations, such as local authorities and NHS trusts, that are closely linked to the wellbeing of the populations they serve. NEL ICB is collaborating as an ‘NEL Anchor System’ across four key priority areas ([NEL ICB, 2026](#)):

- 1) Widening access to employment, training and a proving the best working experience
- 2) Procurement for social value
- 3) Maximising the value of our buildings and land
- 4) Supporting a greener and healthier future

### Investment in public mental health

There is a strong economic case for investing in public mental health interventions which promote early identification and intervention, and prevent mental illness ([Knapp et al., 2011](#)). However, **spending on public mental health in Barking and Dagenham is substantially below the national average**. In 2024/25, the net public mental health expenditure in Barking and Dagenham was £145,000, compared to a mean of £998,000 across all London boroughs and £407,000 across all English local authorities. This also fell substantially below the expenditure compared to peer boroughs. **It is important to note this data is based on specifically declared spend on public mental health and that wider spend can also contribute to improving mental health outcomes at population level.**

Figure 38: Net current expenditure of public mental health in 1000s of pounds, 2024/25. Source: [LG Inform](#)



Data from the previous five financial years shows that this is a consistent trend, with no net spend on public mental health in Barking and Dagenham in 2020/21 and 2023/24.

Table 3: Net current expenditure of public mental health, 2020/21 - 2024/25. Source: [LG Inform](#)

|                | Barking and Dagenham | London mean | England mean | Hackney    | Newham    | Waltham Forest |
|----------------|----------------------|-------------|--------------|------------|-----------|----------------|
| <b>2020/21</b> | £ 0                  | £ 592,000   | £ 221,000    | £1,900,000 | £ 806,000 | £ 10,000       |
| <b>2021/22</b> | £ 193,000            | £ 753,000   | £ 274,000    | £2,265,000 | £ 688,000 | £302,000       |
| <b>2022/23</b> | £ 11,000             | £ 761,000   | £ 308,000    | £1,868,000 | £ 736,000 | £405,000       |
| <b>2023/24</b> | £ 0                  | £ 799,000   | £ 378,000    | £2,044,000 | £ 527,000 | £780,000       |

|         |           |           |           |            |            |          |
|---------|-----------|-----------|-----------|------------|------------|----------|
| 2024/25 | £ 145,000 | £ 998,000 | £ 407,000 | £2,586,000 | £1,086,000 | £623,000 |
|---------|-----------|-----------|-----------|------------|------------|----------|

Nationally, the [Prevention Concordat for Better Mental Health](#) provides a focus for cross-sector action to deliver a tangible increase in the adoption of public mental health approaches, and includes NHS trusts, local authorities and VCFSE sector.

Wandsworth Council's Mental Health Action Plan, [Healthy Minds](#), takes a similar approach to addressing the wider determinants of mental health. It focuses on key 'building blocks' of health such as housing, education and employment.

## Mental health need

Mental health need is increasing in Barking and Dagenham. Alongside our growing population, national mental health surveys show that more people are meeting clinical criteria for mental health conditions.

### What do residents tell us about their experiences?

Many residents told PraxisCollab that the term mental health held a lot of **negative meaning** for them. While they did not necessarily personally agree with the negative association, they said mental health was commonly viewed in their families and communities as associated with illness or weakness.

Most participants (across the diverse range of communities in the borough) who were asked about their attitudes to mental health, both in workshops and interviews, talked about the prevailing **stigma** (meaning negative associations) and **taboo** (meaning something to be avoided or banned) connected with the subject that often makes mental ill-health hard to talk about. They described the way mental health difficulties were commonly regarded as weak or abnormal, to be feared and ashamed of. Participants highlighted a number of different dimensions here, principally ethnicity, community and culture; gender; and workplace responses. Some residents, particularly younger people, told us they felt a **shift underway about attitudes to mental health**, which encouraged conversation and enabled them to be more open about mental health difficulties

Throughout interviews and workshops, participants identified a number of different, intersecting cultures and communities to which they belonged. Whilst some had found discussing mental health to be easier than others, a recurrent fear - and often an experience - was being met with **judgement**. This inevitably had implications for whether people felt able to ask for help and whom they could approach.

Participants highlighted the importance of being understood and having someone you could trust to open up to for support, and culture and ethnicity was raised as a key factor within this. One participant compared two experiences of therapeutic support, reflecting the importance of cultural competence when she highlighted the difference in understanding. *'...the first time I thought, like it went well, but then doing it the second time last year I was like, 'Oh actually this time was a lot better than the first time'. ...there's that connection there but in a sense of race wise, I'd find I probably want a black therapist again if I ever need to go to therapy, just cause I feel like there's that difference of understanding.'*

A participant also described how supportive it felt to be able to talk to the same support worker for homelessness when they were referred for mental health problems, highlighting the felt value of addressing problems in a joined up way.

## Unmet needs

By comparing estimated levels of mental health need to the number of people presenting to people, we can identify potential unmet needs within Barking and Dagenham. This should be interpreted with caution as differences between estimated need and primary care records do not necessarily indicate unmet need and may occur for a range of reasons, including local differences in risk factors for mental illness (such as high levels of deprivation), people receiving mental health support outside of primary care (such as through education or their workplace), and different definitions of mental illness. Furthermore, the size of the local GP registered population is larger than borough population estimates, due to out of borough registrations.

As shown in the table below, there may be adults in Barking and Dagenham who have common mental health conditions, eating disorders, bipolar disorder and psychotic disorders who are not currently accessing support through the NHS mental health system. This may also be true for other conditions, such as PTSD, although we lack the data to draw comparisons in this area. Further work is needed to identify specific population groups that may be missing out on support.

*Table 4: Comparison between the estimated prevalence of mental health conditions in Barking and Dagenham with primary care data. Data sources: Adult Psychiatric Morbidity Survey, 2023/4, Mid-2023 population estimates*

|                                    | Estimated prevalence                                                                             | Local data          | Estimated Gap |
|------------------------------------|--------------------------------------------------------------------------------------------------|---------------------|---------------|
| Common mental health conditions    | 37,098                                                                                           | 34,047 <sup>1</sup> | 3,051         |
| Eating disorders                   | 2,646                                                                                            | 250                 | 2,396         |
| Have experienced traumatic event   | 59,655                                                                                           | -                   | -             |
| PTSD                               | 10,970                                                                                           | -                   | -             |
| Perinatal mental health conditions | 777                                                                                              | -                   | -             |
| Serious mental illness             | -                                                                                                | 2,500 <sup>2</sup>  | -             |
| Bipolar disorder                   | 3,796                                                                                            | 680                 | 3,116         |
| Psychotic disorders                | 939                                                                                              | 247                 | 692           |
| Personality disorders              | 3,839 (antisocial personality disorder traits)<br>4,016 (borderline personality disorder traits) | 2,028               | -             |

*1 = Refers to people on the primary care register for anxiety and/or depression. 2 = Refers to people on the SMI register.*

### *Key findings*

An estimated 37,000 adults (aged 16+) in Barking and Dagenham have a common mental health condition, and it is predicted that this will increase by 5,300 adults by 2035. There are also 2,500 people on the serious mental illness register (Fingertips, 2025). An estimated 1,712 adults in Barking and Dagenham have attempted suicide in the past year.

The prevalence of mental illness is not spread equally across the population. Women are more likely to experience common mental health conditions, PTSD and eating disorders than men ([APMS, 2024](#)); and analysis of local primary care data shows that depression, anxiety and serious mental illness are more prevalent in the most deprived areas of Barking and Dagenham. There are also higher levels of diagnosed anxiety and depression among White British residents, compared to other ethnic groups.

Many residents report that the term mental health holds a lot of negative meaning for them. While they didn't necessarily personally agree with the negative association, they said mental health was commonly viewed in their families and communities as associated with illness or weakness.

This chapter can be summarised by considering the mental health needs of different age groups:

#### **Young adults (age 16 – 24)**

- National data shows substantial rises in the proportion of young adults with a mental illness over the past 10 years, including common mental health conditions (from 17.5% in 2007 to 25.8% in 2023/4) ([APMS, 2024](#))
- Compared to other adult age groups, young adults are more likely to report self-harm, disordered eating and screen positive for PTSD ([APMS, 2024](#)). They are also more likely to experience loneliness (10%) than older age groups (4 to 8%) (DCMS, 2023).
- Analysis of local data suggests that young people with common mental health conditions may have their needs under-recognised in primary care, compared to other age groups.

#### **Working-age adults (25 – 64)**

- Based on our estimates, working-age adults make up the majority of adults with common mental health conditions locally, as well as the those who have PTSD and have attempted suicide.
- In particular, the prevalence of people who have attempted suicide is highest in men between the ages 35 and 44.
- Adults aged 55+ had the highest prevalence of depression and anxiety, based on local primary care data.
- Menopause is associated with higher risk of depression and anxiety ([Alblooshi et al., 2023](#)).

#### **Older adults (65+)**

- The number of older adults living in Barking and Dagenham is predicted to rise by 39% by 2035, which is likely to increase demand for mental health support.
- There is a high rate of long-term health conditions among older adults in Barking and Dagenham ([JSNA, 2025](#))
- Poor mental health in older age is associated with individual suffering, as well as social isolation, greater use of health and social care services and poorer physical health outcomes ([CMO, 2023](#)).

## **Mental wellbeing**

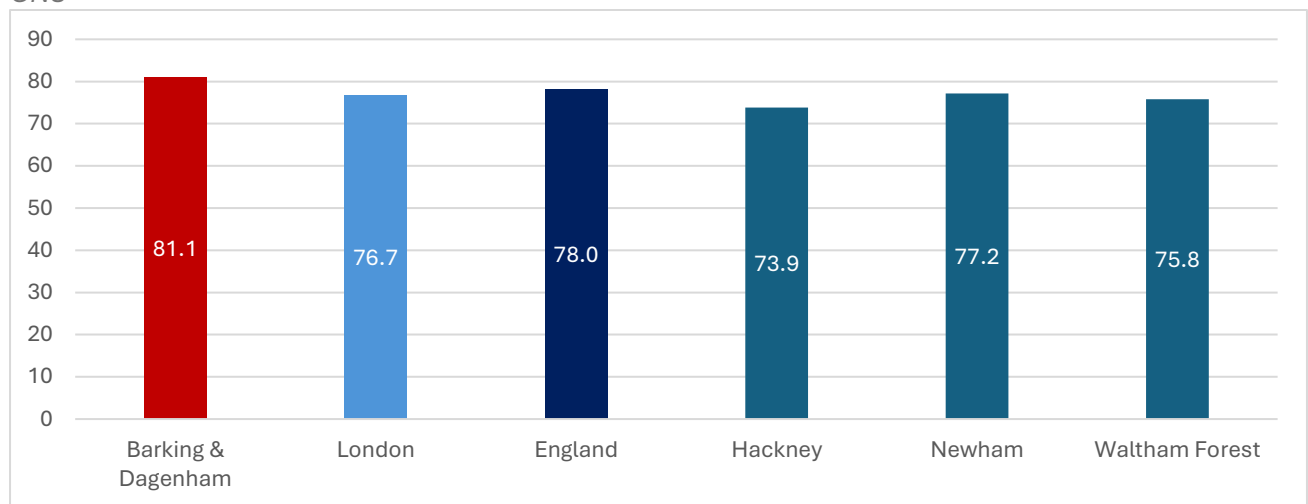
Mental wellbeing is a broad concept and can be measured in different ways. One approach is the Office for National Statistics' (ONS) Annual Population Survey (APS), which asks people to evaluate:

- 1) Overall, how satisfied are you with your life nowadays?
- 2) Overall, how happy did you feel yesterday?
- 3) Overall, how anxious did you feel yesterday?

#### 4) Overall, to what extent do you feel the things you do in your life are worthwhile?

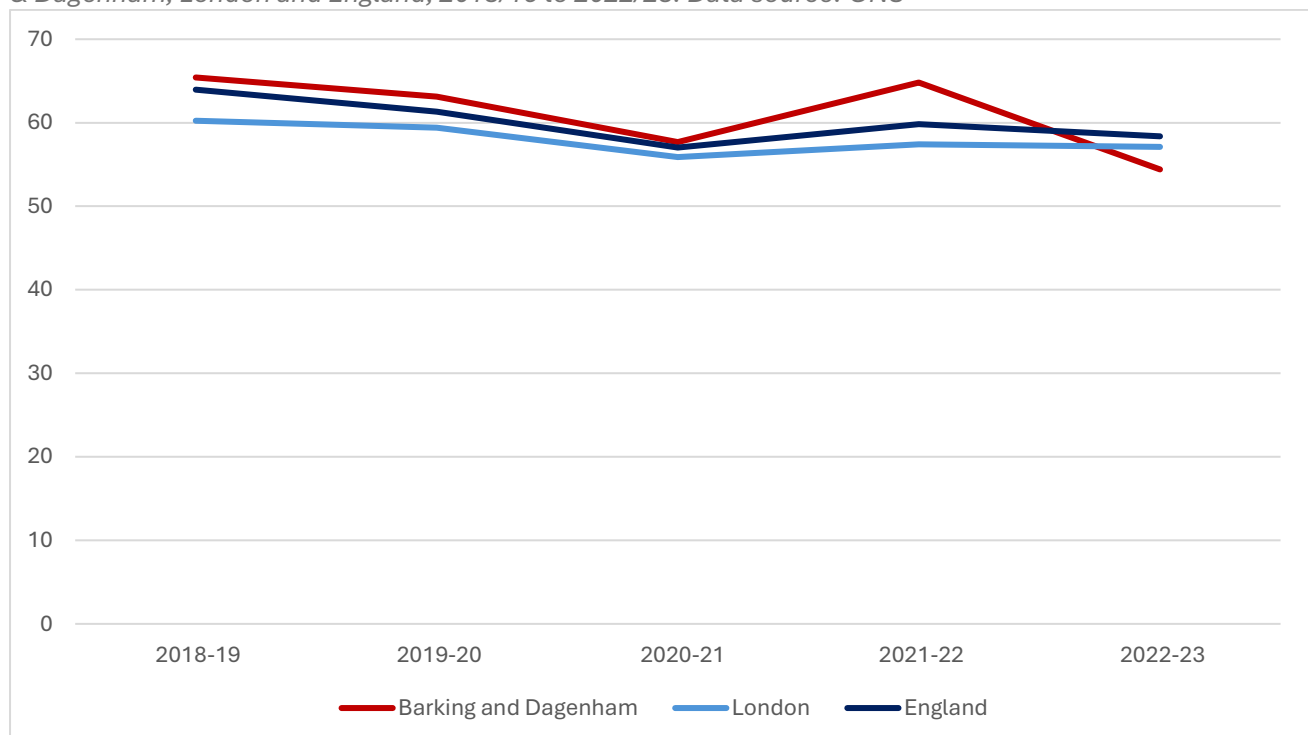
They show that Barking and Dagenham residents have relatively high levels of wellbeing: the majority of people score highly for life satisfaction (82%), feel that the things they do in life are worthwhile (85%), and are happy (81%). Results for Barking and Dagenham have been similar to the London average over the past five years and are comparable to peer boroughs.

Figure 39: Proportion of residents scoring their life satisfaction as 'very good' or good', 2022-23. Source: ONS



This survey also asks the question 'Overall, how anxious did you feel yesterday?'. The latest data shows a noticeable decrease in the proportion of people responding 'very low' or 'low' in Barking and Dagenham in 2022/23 compared to the previous financial year, with almost 10% more people having a high anxiety score. This may be due to a small sample size in the 2021/22 survey.

Figure 40: Proportion of people scoring 'very low' or 'low' in terms of how anxious they felt yesterday, Barking & Dagenham, London and England, 2018/19 to 2022/23. Data source: ONS



## Loneliness and social isolation

Research shows that lacking social connections can have a negative impact on mental health (The Health Foundation, 2025). **8.5% of people in Barking and Dagenham report that they often or always feel lonely** (The Health Foundation, 2025).

Adults who use adult social care are also more likely to experience loneliness, with the latest data from 2023/23 showing that just **46% of adult social care users have as much social contact as they would like** in Barking and Dagenham, a similar rate to the national average (45.6%) (Fingertips, 2025). National data shows that adults who are long-term unemployed or who have never worked, disabled adults and LGBTQ+ adults are also more likely to experience loneliness (DCMS, 2023).

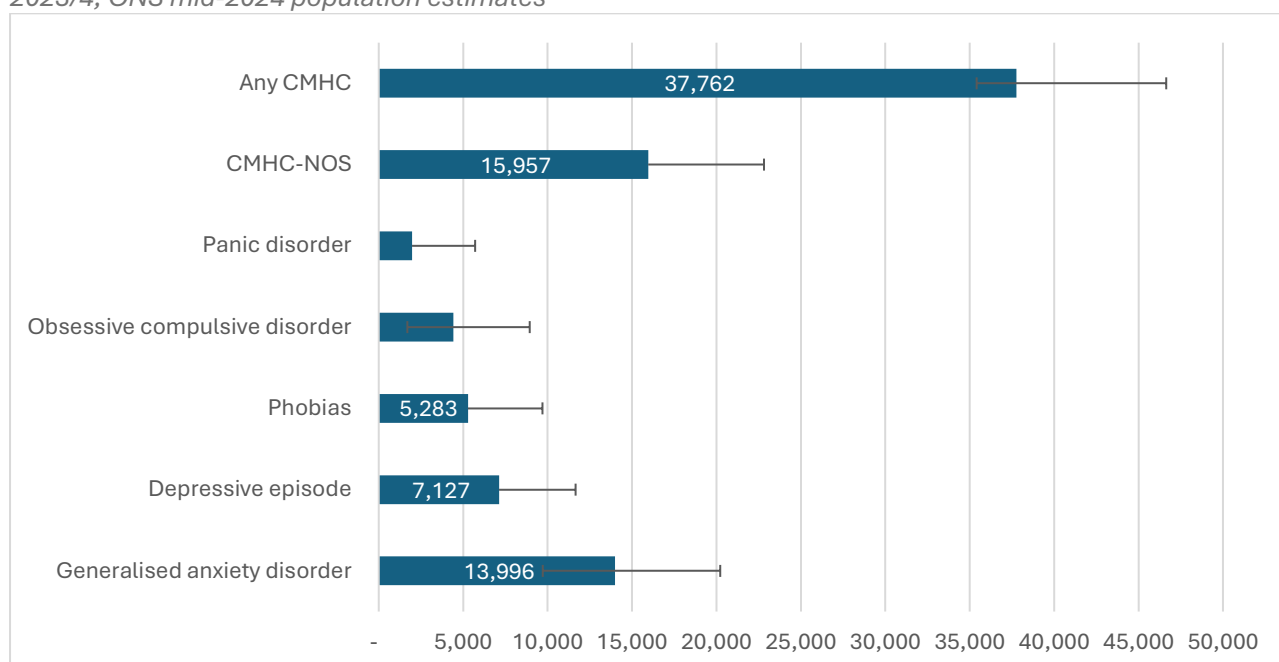
## Common mental health conditions

### Estimated need

The following estimates are based on the prevalence figures in the 2023/24 Adult Psychiatric Morbidity Survey, a national survey that screens people in England and Wales for a range of mental health conditions. These prevalence estimates have been applied to the mid-2024 population estimates for Barking and Dagenham, based on the age and gender of our population. This may underestimate true need, given the higher rate of risk factors for mental illness (e.g. high levels of deprivation) locally.

The latest national survey shows that **20% of adults (aged 16+) have a common mental health condition**. By applying this proportion to the size of the local population, an estimated 37,098 adults in Barking and Dagenham have a common mental health condition (95% CI: 30,266 – 46,639). The most common type of common mental health conditions are common mental health conditions not otherwise specified (CMHC-NOS), generalised anxiety disorder, and depressive episodes.

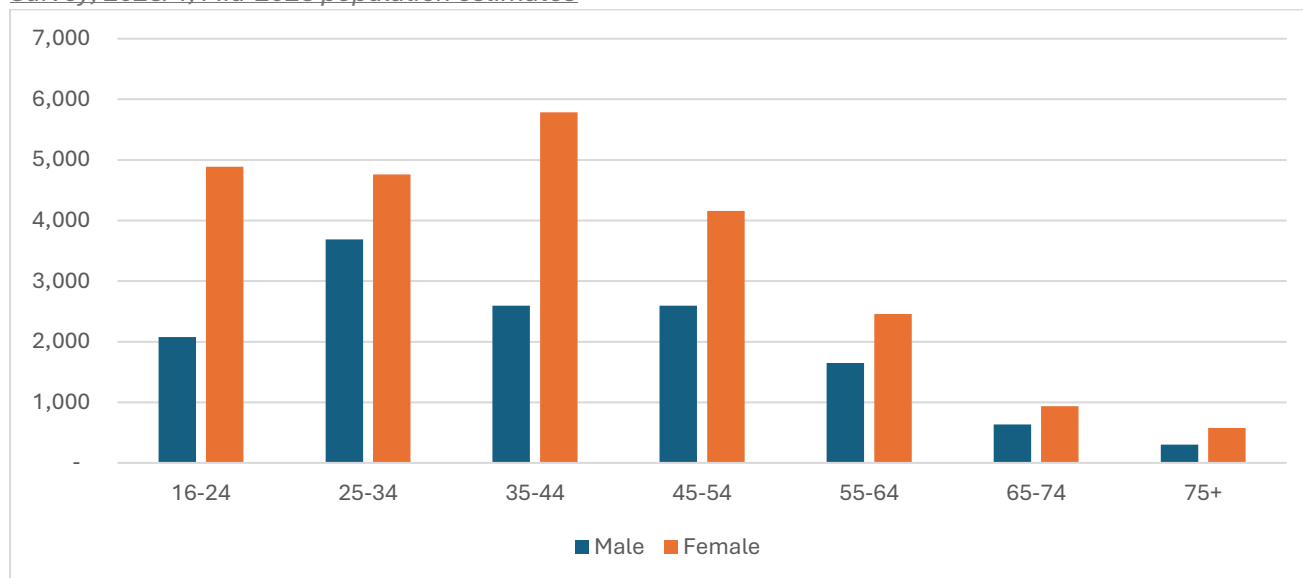
Figure 41 : Estimated number of people in Barking and Dagenham with a common mental health condition in the past week by type, using ONS mid-2024 population data. Source: Adult Psychiatric Morbidity Survey, 2023/4, ONS mid-2024 population estimates



## Age and gender

When broken down by age and gender, this highlights the higher rate of common mental health conditions among women than men, and greater levels of need among younger adults.

Figure 42: Estimated number of people in Barking and Dagenham with a common mental health condition in the past week by age and gender, using ONS mid-2023 population data. Source: [Adult Psychiatric Morbidity Survey, 2023/4, Mid-2023 population estimates](#)



## Ethnicity

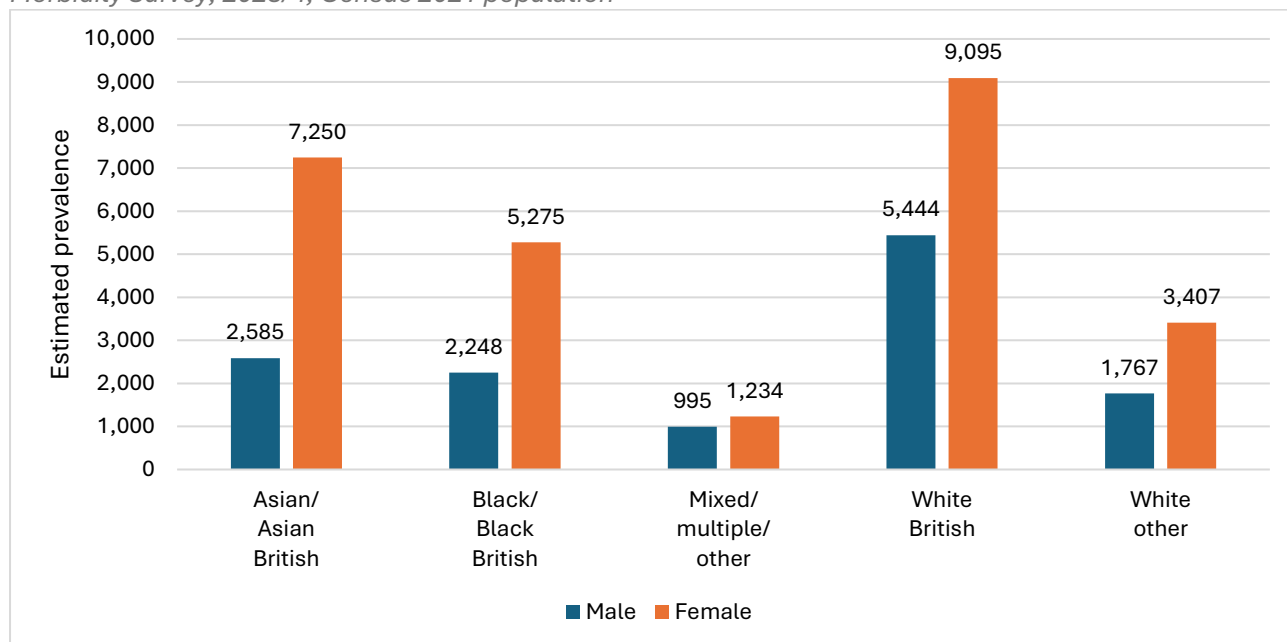
The **latest population ethnicity data is from the 2021 Census** and hence these figures do not align with the age/gender estimates above, which are based on mid-2024 population estimates. Applying age-standardised prevalence estimates to Census 2021 population data in Barking and Dagenham, an estimated 39,572 adults had a common mental health condition. Overall prevalence rates did not significantly vary by ethnic group, however the number of people surveyed from some ethnic groups was small, which meant that the confidence intervals around prevalence estimates were wide ([APMS, 2024](#)).

Table 5: Estimated number of people in Barking and Dagenham with a common mental disorder in the past week by ethnic group and type (age-standardised), using Census 2021 population data. Source: [Adult Psychiatric Morbidity Survey, 2023/4, Census 2021 population](#)

|                                                                   | Asian/<br>British | Asian<br>British | Black/Black<br>British | Mixed/<br>multiple/<br>other | White<br>British | White<br>other |
|-------------------------------------------------------------------|-------------------|------------------|------------------------|------------------------------|------------------|----------------|
| Generalised anxiety disorder (GAD)                                | 2,131             |                  | 2,728                  | 660                          | 5,696            | 2,013          |
| Depressive episode                                                | 1,804             |                  | 1,222                  | 369                          | 2,824            | 1,411          |
| Phobias                                                           | 844               |                  | 623                    | 120                          | 2,214            | 549            |
| Obsessive compulsive disorder (OCD)                               | 704               |                  | 563                    | 167                          | 1,833            | 475            |
| Panic disorder                                                    | 469               |                  | 564                    | 41                           | 796              | 152            |
| Common mental health condition not otherwise specified (CMHC-NOS) | 5,473             |                  | 3,492                  | 1,334                        | 5,963            | 1,952          |
| <b>Any common mental health condition</b>                         | <b>9,674</b>      |                  | <b>7,615</b>           | <b>2,212</b>                 | <b>14,795</b>    | <b>5,276</b>   |

When broken down by ethnicity and gender, it is estimated that the highest number of adults with common mental health conditions in Barking and Dagenham are White British women (9,095), Asian/Asian British women (7,250) and Black/Black British women (5,275).

Figure 43: Estimated number of people in Barking and Dagenham with any common mental disorder in the past week by ethnic group and gender, using Census 2021 population data. Source: Adult Psychiatric Morbidity Survey, 2023/4, Census 2021 population



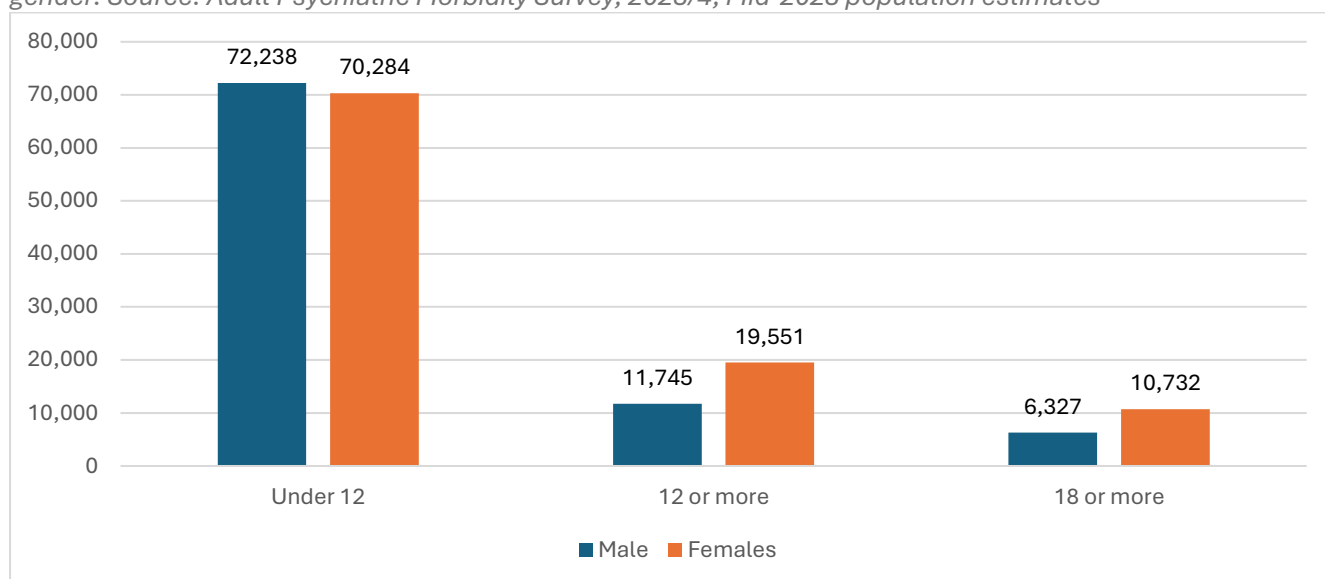
### Symptom severity

The APMS uses the Clinical Interview Schedule (CIS-R) to assess types of common mental health conditions (APMS, 2025). The 2023/34 survey found that, among adults (aged 16+) in England and Wales:

- 18.3% (95% CI: 17.0% - 19.6%) had a CIS-R score of 12+, which indicates a common mental health condition, with symptoms of a level likely to benefit from acknowledgement and possible intervention.
- 10.0% (95% CI: 9.1% - 11.0%) had a CIS-R score of 18+, which indicates severe or sustained symptoms which are likely to warrant healthcare interventions like medication or therapy.

An estimated **31,000 adults in Barking and Dagenham** have common mental health condition symptoms of a level likely to benefit from acknowledgement and possible intervention (a CIS-R score of 12+), and **17,059 adults have severe symptoms** (a CIS-R score 18+). Women were more likely than men to have severe symptoms.

Figure 44: Estimated number of adults by different severity of mental health symptoms (CIS-R score), by gender. Source: Adult Psychiatric Morbidity Survey, 2023/4, Mid-2023 population estimates



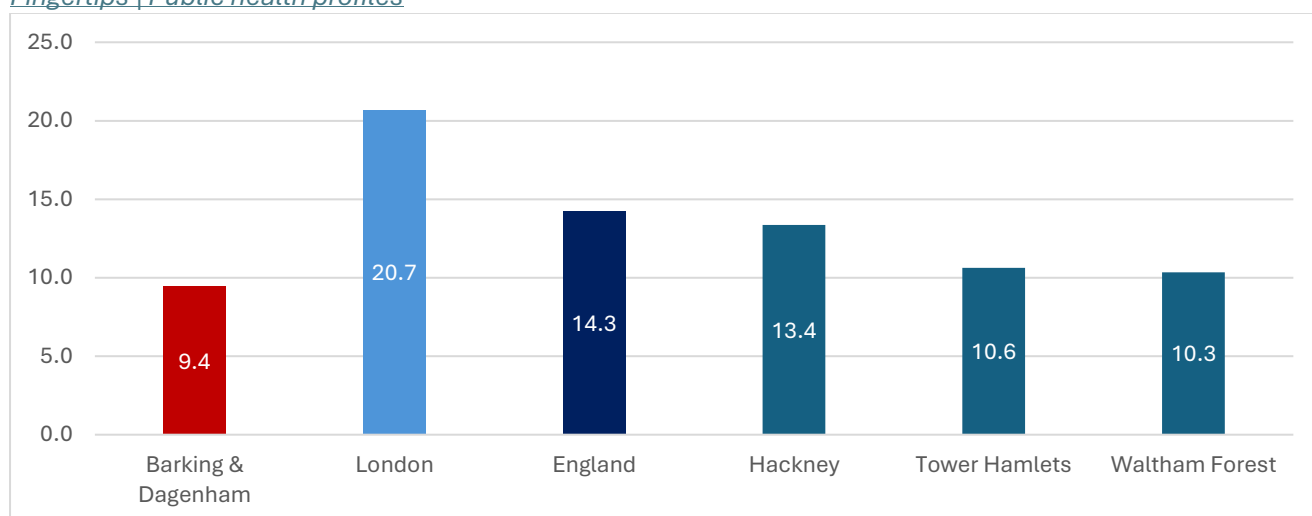
The estimated prevalence of adults scoring 12 or more on the CIS-R declined with age, and a similar pattern was observed for severe symptoms (a CIS-R score 18+).

## Primary care data

### Depression

In 2024/25, there were 19,582 adults (aged 18+) with depression on the primary care register in Barking and Dagenham, **9.4% of the registered population**. This was significantly lower than the national (14.3%) and London (20.7%) average, as well as peer boroughs; though similar to the estimated rate of adults with severe symptoms of common mental health conditions (with a CIS-R score 18+). The number of adults on the primary care register for depression increased by 15% from 17,036 in 2022/23 to 19,582 in 2024/25 and the rate of diagnoses has been increasing since 2012/13, in line with national and regional trends.

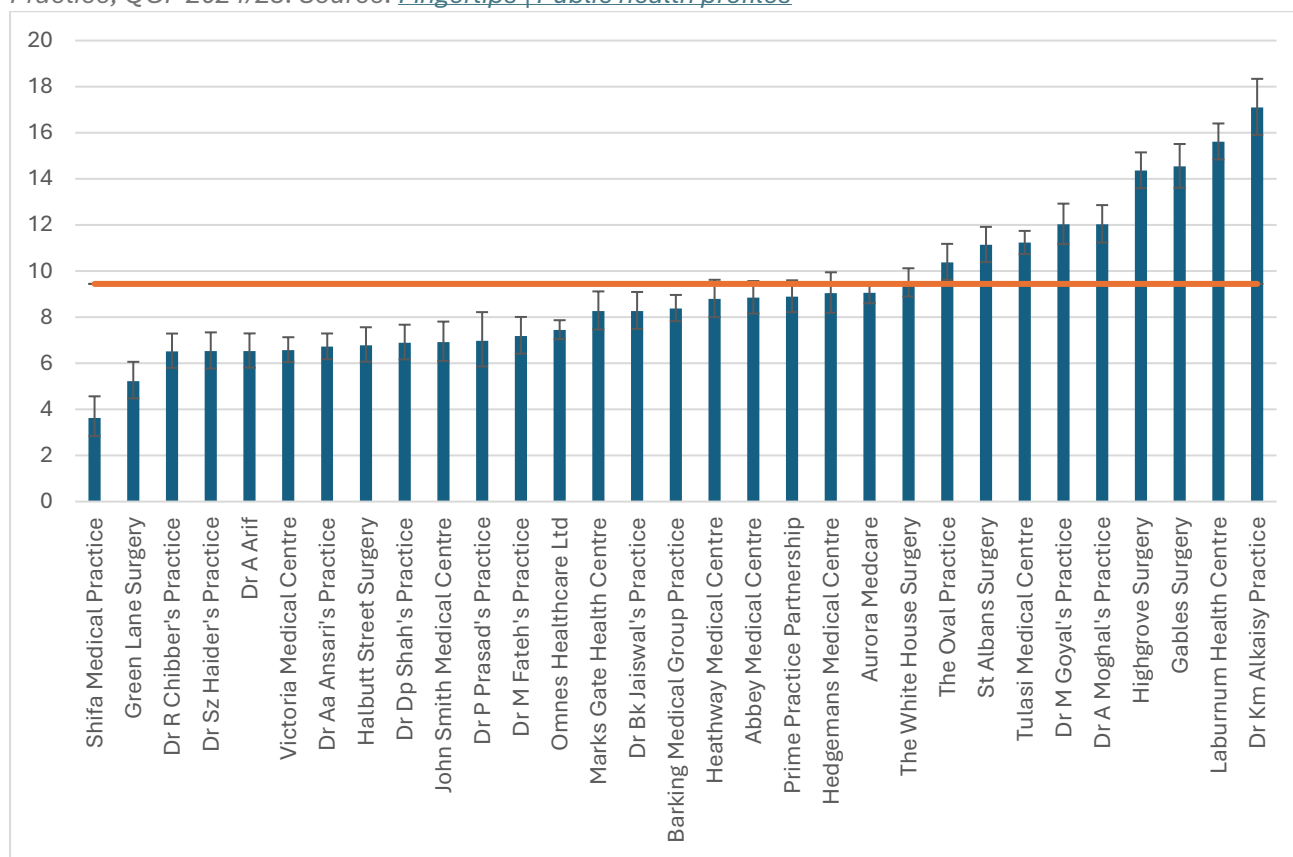
Figure 45: Percentage of adults on the primary care register for depression, 2024/25. Source: [Fingertips | Public health profiles](#)



The proportion of adults on the primary care register for depression varies substantially between general practices in the borough, from 3.6% to 17.1%. This could be due to a range of factors, including

underdiagnosis in areas where prevalence is very low, and underlying inequalities in areas where need is greater.

Figure 46: Percentage of adults on the primary care register for depression in Barking and Dagenham by GP Practice, QOF 2024/25. Source: [Fingertips | Public health profiles](#)



Data presented below is based on primary care datasets analysis carried out earlier in 2025 by NEL ICB Intelligence and Insights team and does not align fully with the Fingertips QOF data.

### Age and gender

In 2024/25, women were more likely to be on the general practice register for depression than men, with 12,613 (12.9%) women on the register for depression compared to 7,213 (7.2%) men in 2024/25.

Table 6: People with depression on the primary care register by gender, Barking and Dagenham, 2024/25.

Source: NEL ICB Intelligence and Insights team (Primary Care data)

| Gender       | Patients diagnosed with depression | Registered population | Diagnosed prevalence |
|--------------|------------------------------------|-----------------------|----------------------|
| Female       | 12,613                             | 97,774                | 12.9%                |
| Male         | 7,213                              | 100,013               | 7.2%                 |
| <b>Total</b> | <b>19,826</b>                      | <b>197,795</b>        | <b>10.0%</b>         |

People aged 50+ had the highest rate of inclusion on the primary care depression register. Whilst this contradicts national data on depression prevalence, which estimates that depression is most common among young adults, this may reflect differences in where people seek out mental health support. This age trend is present for both men and women, though for women it may co-occur with the menopause, which is associated with higher risk of depression and anxiety ([Alblooshi et al., 2023](#)).

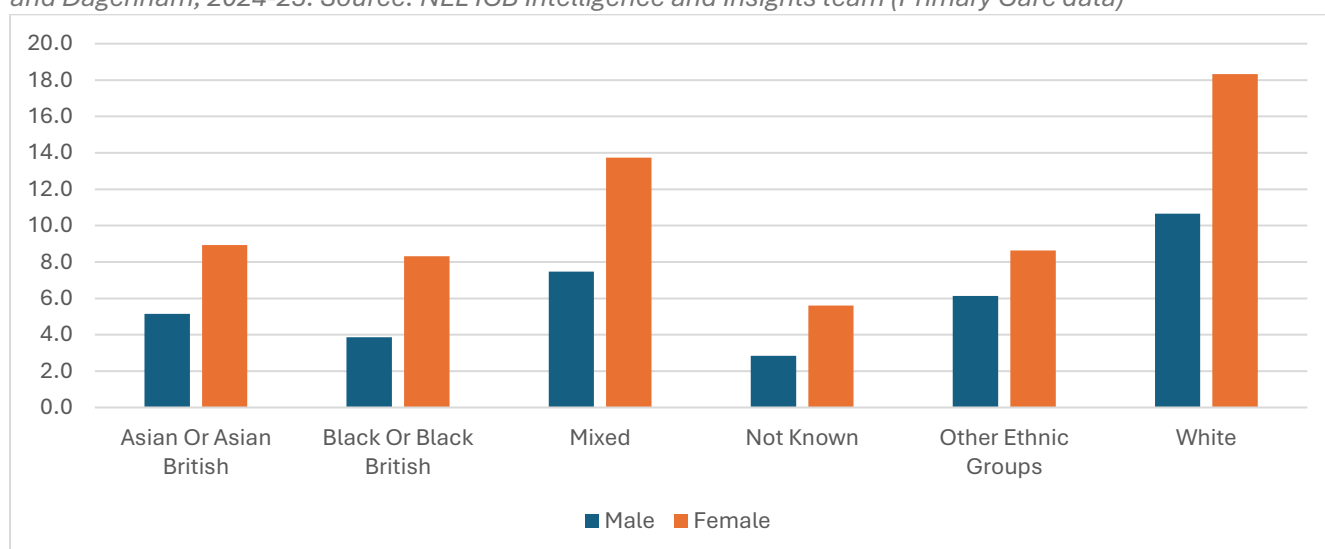
Table 7: People with depression on the primary care register by age group in Barking and Dagenham, 2024/25. Source: NEL ICB Intelligence and Insights team (Primary Care data)

| Age group | Patients diagnosed with depression | Registered population | Diagnosed prevalence |
|-----------|------------------------------------|-----------------------|----------------------|
| 16-24     | 1,221                              | 33,989                | 3.6%                 |
| 25-34     | 3,869                              | 44,246                | 8.7%                 |
| 35-44     | 4,725                              | 45,658                | 10.4%                |
| 45-54     | 3,991                              | 34,790                | 11.5%                |
| 55-64     | 3,419                              | 24,885                | 13.7%                |
| 65-74     | 1,730                              | 13,298                | 13.0%                |
| 75+       | 871                                | 9,057                 | 9.6%                 |

### Ethnicity

The primary care data suggests that prevalence of diagnosed depression is higher in adults of White ethnicity (14.5%) followed by those of Mixed ethnicity (10.8%). Across all ethnic groups, prevalence of depression is higher in females compared to males, as shown in the figure below.

Figure 47: Proportion of people with depression on the primary care register, by ethnicity and gender, Barking and Dagenham, 2024-25. Source: NEL ICB Intelligence and Insights team (Primary Care data)



Further analysis shows that:

- Among people from mixed ethnic groups, people of White and Black Caribbean ethnicity had the highest prevalence (15.9%) of diagnosed depression in 2024/25.
- Among people from Black or Black British ethnic groups, diagnosed depression prevalence was highest among people of Caribbean ethnicity (11.6%).
- Among people from Asian or Asian British ethnic groups, diagnosed prevalence was highest among people of Pakistani ethnicity (8.3%).

Table 8: Adults (aged 16 – 64) with depression on the primary care register by ethnicity in Barking and Dagenham, 2024-25. Source: NEL ICB Intelligence and Insights team (Primary Care data)

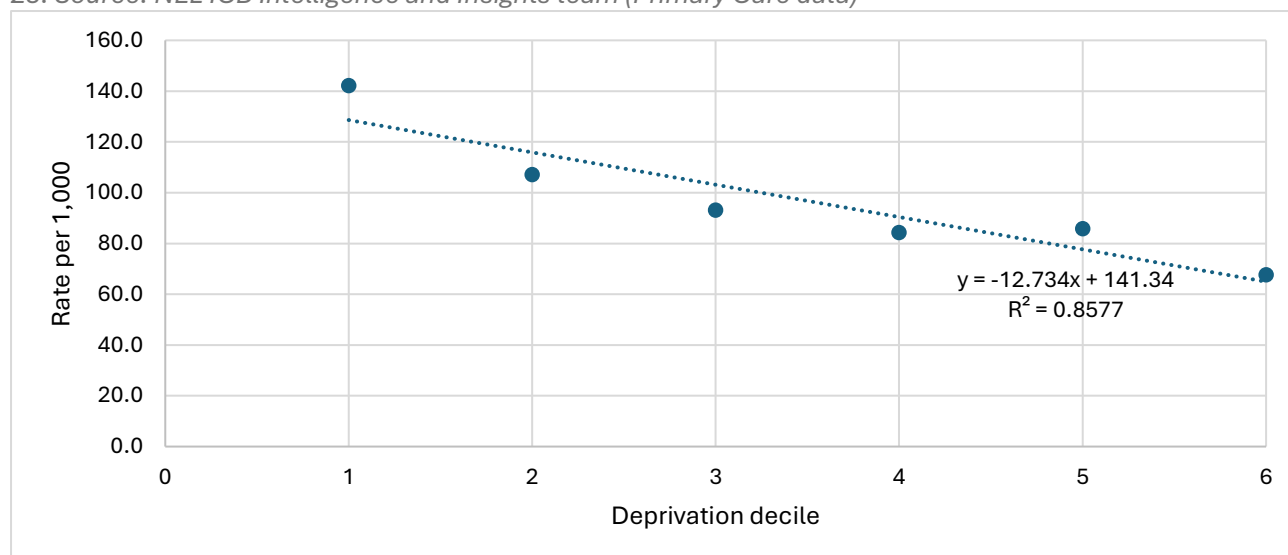
| Ethnicity     | Patients diagnosed with depression | Registered population | Diagnosed prevalence |
|---------------|------------------------------------|-----------------------|----------------------|
| White British | 7,940                              | 35,914                | 22%                  |
| White Irish   | 125                                | 608                   | 21%                  |

|                            |       |        |     |
|----------------------------|-------|--------|-----|
| White And Black Caribbean  | 179   | 1,196  | 15% |
| Caribbean                  | 412   | 3,549  | 12% |
| White And Asian            | 87    | 854    | 10% |
| Any Other Mixed Background | 189   | 1,966  | 10% |
| Not Stated                 | 136   | 1,562  | 9%  |
| Any Other Black Background | 292   | 3,702  | 8%  |
| Pakistani                  | 1,131 | 14,485 | 8%  |
| Bangladeshi                | 1,347 | 18,065 | 7%  |
| White And Black African    | 125   | 1,686  | 7%  |
| Any Other Asian Background | 494   | 7,254  | 7%  |
| Any Other Ethnic Group     | 511   | 7,693  | 7%  |
| Any Other White Background | 1,907 | 34,115 | 6%  |
| African                    | 1,590 | 31,684 | 5%  |
| Chinese                    | 45    | 953    | 5%  |
| Indian                     | 597   | 15,110 | 4%  |
| Not Known                  | 118   | 3,172  | 4%  |

### Deprivation

Likelihood of having depression is strongly correlated with area-level deprivation. Prevalence of depression was highest among those living in areas in the most deprived decile (14.2%) and lowest among those living in areas in the least deprived decile (6.8%).

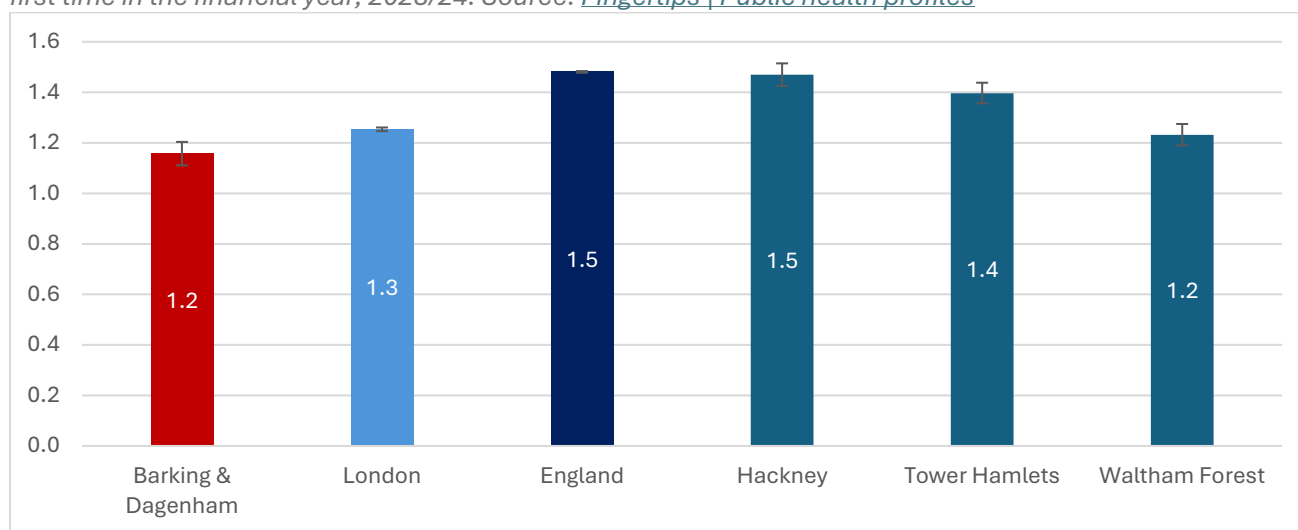
Figure 48: People with depression on the primary care register by deprivation in Barking and Dagenham, 2024-25. Source: NEL ICB Intelligence and Insights team (Primary Care data)



### New diagnoses of depression

In 2023/24, there were 2,356 new diagnoses of depression in the primary care register, **1.2% of the total registered population in Barking and Dagenham**. There has been no significant change in this rate over recent years. This rate is also significantly below the national rate (1.5%), which could be due to the relatively young population in Barking and Dagenham compared to other areas, with younger people being less likely to be on the general practice depression register.

Figure 49: Percentage of adult patients (aged 18+) with depression recorded on primary care registers for the first time in the financial year, 2023/24. Source: [Fingertips | Public health profiles](#)



## Anxiety

In the financial year 2024/25, there were 24,989 adults (aged 18+) with anxiety on the primary care register in Barking and Dagenham. This equates to **12.6% of the registered population**, and was a substantial increase compared to previous years (22,036 adults in 2022/23). The prevalence of anxiety was higher among women (16.5%) than men (7.2%).

Table 9: People with anxiety on the primary care register by gender in Barking and Dagenham, 2024-25. Source: NEL ICB Intelligence and Insights team (Primary Care data). Note that values from 0 to 4 are suppressed and other values are rounded to nearest 5

| Gender       | Patients diagnosed with anxiety | Registered population | Diagnosed prevalence |
|--------------|---------------------------------|-----------------------|----------------------|
| Female       | 16,175                          | 97,774                | 16.5%                |
| Male         | 8,815                           | 100,013               | 8.8%                 |
| Other        | *                               | 8                     | *                    |
| <b>Total</b> | <b>24,989</b>                   | <b>197,795</b>        | <b>12.6%</b>         |

Primary care data also suggests that the prevalence of anxiety increases in later life, with the highest prevalence among those over 50 years. This age trend is present for both men and women, though for women it may co-occur with the menopause, which is associated with higher risk of depression and anxiety ([Alblooshi et al., 2023](#)).

Table 10: People with anxiety on the primary care register by age group in Barking and Dagenham, 2024-25. Source: NEL ICB Intelligence and Insights team (Primary Care data)

| Age group | Patients diagnosed with anxiety | Registered population | Diagnosed prevalence |
|-----------|---------------------------------|-----------------------|----------------------|
| 16-24     | 1,908                           | 33,989                | 6%                   |
| 25-34     | 4,790                           | 44,246                | 11%                  |
| 35-44     | 5,719                           | 45,658                | 13%                  |
| 45-54     | 4,838                           | 34,790                | 14%                  |
| 55-64     | 4,146                           | 24,885                | 17%                  |
| 65-74     | 2,238                           | 13,298                | 17%                  |
| 75+       | 1,552                           | 9,057                 | 17%                  |

### Ethnicity

The primary care data suggests that diagnosed prevalence of anxiety is higher in adults of White ethnicity (18.0%) followed by those of Mixed ethnicity (12.9%), and that across all ethnic groups, prevalence of anxiety is higher in females compared to males. Further analysis shows that:

- Among people from mixed ethnic groups, people of White and Black Caribbean ethnicity had the highest prevalence (18.1%) of anxiety.
- Among people from Black or Black British ethnic groups, prevalence was high among people of Caribbean ethnicity (14.7%).
- Among people from Asian or Asian British ethnic groups, prevalence was high among people of Pakistani (10.7%) and Bangladeshi (10.4%) ethnicity.

Table 11: People with anxiety on the primary care register by ethnicity in Barking and Dagenham, 2024-25.

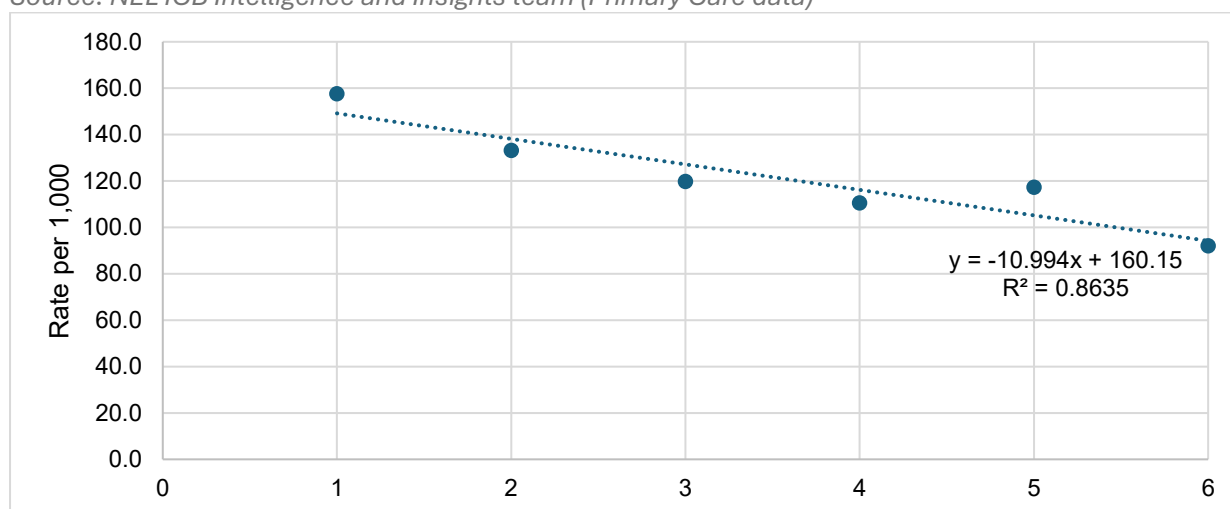
Source: NEL ICB Intelligence and Insights team (Primary Care data)

| Ethnicity                  | Patients diagnosed with anxiety | Registered population | Diagnosed prevalence |
|----------------------------|---------------------------------|-----------------------|----------------------|
| White British              | 9,240                           | 35,914                | 26%                  |
| White Irish                | 153                             | 608                   | 25%                  |
| White And Black Caribbean  | 207                             | 1,196                 | 17%                  |
| Caribbean                  | 525                             | 3,549                 | 15%                  |
| Any Other Mixed Background | 252                             | 1,966                 | 13%                  |
| White And Asian            | 103                             | 854                   | 12%                  |
| Any Other Black Background | 381                             | 3,702                 | 10%                  |
| Pakistani                  | 1,464                           | 14,485                | 10%                  |
| Bangladeshi                | 1,792                           | 18,065                | 10%                  |
| Not Stated                 | 149                             | 1,562                 | 10%                  |
| Any Other Ethnic Group     | 686                             | 7,693                 | 9%                   |
| White And Black African    | 146                             | 1,686                 | 9%                   |
| Any Other Asian Background | 622                             | 7,254                 | 9%                   |
| Any Other White Background | 2,557                           | 34,115                | 8%                   |
| African                    | 2,134                           | 31,684                | 7%                   |
| Indian                     | 806                             | 15,110                | 5%                   |
| Chinese                    | 49                              | 953                   | 5%                   |
| Not Known                  | 135                             | 3,172                 | 4%                   |

### Deprivation

Prevalence of anxiety was highest among those living in areas in the most deprived decile (15.8%) and lowest among those living in areas in the least deprived decile (9.2%).

Figure 50: People with anxiety on the primary care register by deprivation in Barking and Dagenham, 2024-25.  
Source: NEL ICB Intelligence and Insights team (Primary Care data)

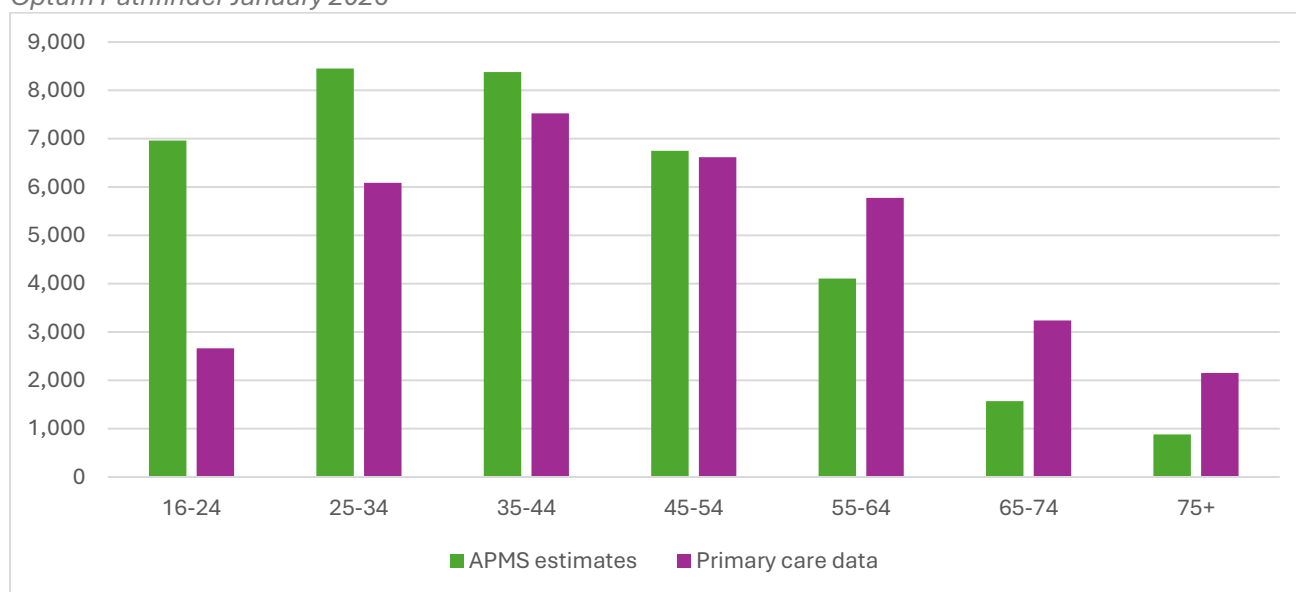


### Comparing expected and diagnosed need

The following graph compares estimates based on APMS to primary care data in Barking and Dagenham. Differences between estimated need and primary care records do not necessarily indicate unmet need and may occur for a range of reasons, including local differences in risk factors for mental illness (such as high levels of deprivation), people receiving mental health support outside of primary care (such as through education or their workplace), and different definitions of mental illness.

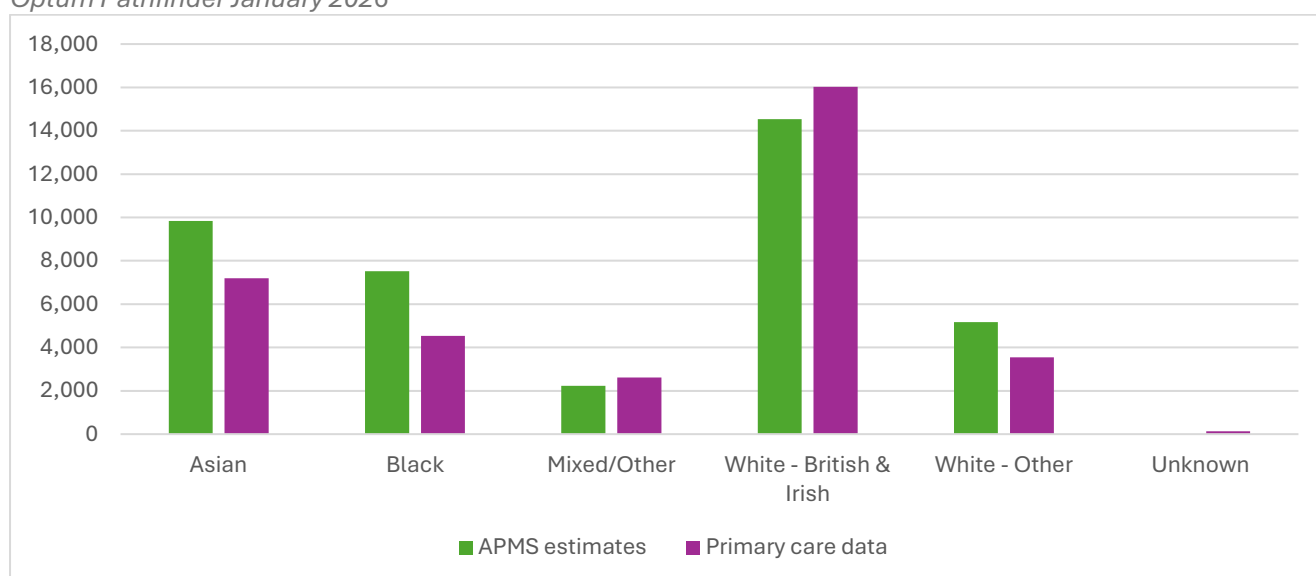
This analysis compares the prevalence of any common mental health condition (as defined by APMS) with the number of people on the primary care register for anxiety and/or depression, to allow for the high level of co-morbidity between these conditions. This analysis shows that **fewer young adults are being identified with depression and anxiety in primary care than we would expect** based on estimates, but a higher number of older adults than we would expect. This could reflect differences in where different age groups present to access mental health support, some of the barriers to accessing support reflected in the qualitative research, variation in local risk factors, the demographics of the population and potentially the underdiagnosis of young adults with common mental health conditions.

Figure 51: Estimated prevalence of common mental health conditions by age, compared to primary care prevalence, Barking and Dagenham. Sources: 2023/24 APMS and ONS mid-2024 population estimates, Optum Pathfinder January 2026



When broken down by ethnicity, a **smaller number of Asian and Black people with common mental health conditions are present in primary care data**, compared to the APMS estimates.

Figure 52: Estimated prevalence of common mental health conditions by ethnicity, compared to primary care prevalence, Barking and Dagenham. Sources: 2023/24 APMS and ONS mid-2024 population estimates, Optum Pathfinder January 2026



### Future need

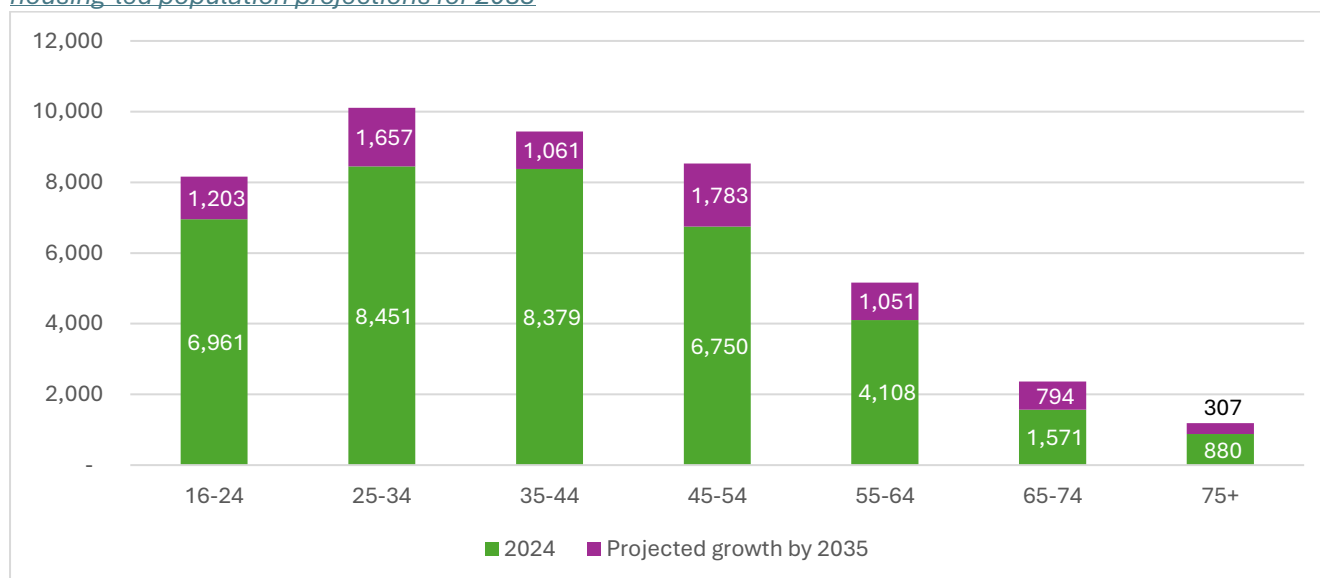
The **prevalence of common mental health conditions in England has increased substantially** over the past 20 years. From 1993 to 2023, the proportion of women experiencing common mental health conditions increased from 19.1% to 27.8%, and from 11.9% to 17.3% for men. This increase is particularly noticeable over the past 10 years and among young women (aged 16-24).

Figure 53: The percentage prevalence of common mental health conditions, by year and gender. Data source: Adult Psychiatric Morbidity Survey, 2023/4, ONS mid-2024 population estimates



On top of this, the population of Barking and Dagenham is increasing, with a projected 22% growth in the adult population by 2035, including a 39% rise in adults aged 65+. Applying the 2023/24 prevalence estimates from the APMS to population projections, we expect that an **additional 5,299 adults in Barking and Dagenham** will experience common mental health conditions by 2035. It is predicted that this growth in need will occur across all age groups.

Figure 54: Projected increase in common mental health conditions in Barking and Dagenham from 2024 to 2035. Data sources: Adult Psychiatric Morbidity Survey 2023/4, ONS mid-2024 population estimates, [GLA housing-led population projections for 2035](#)



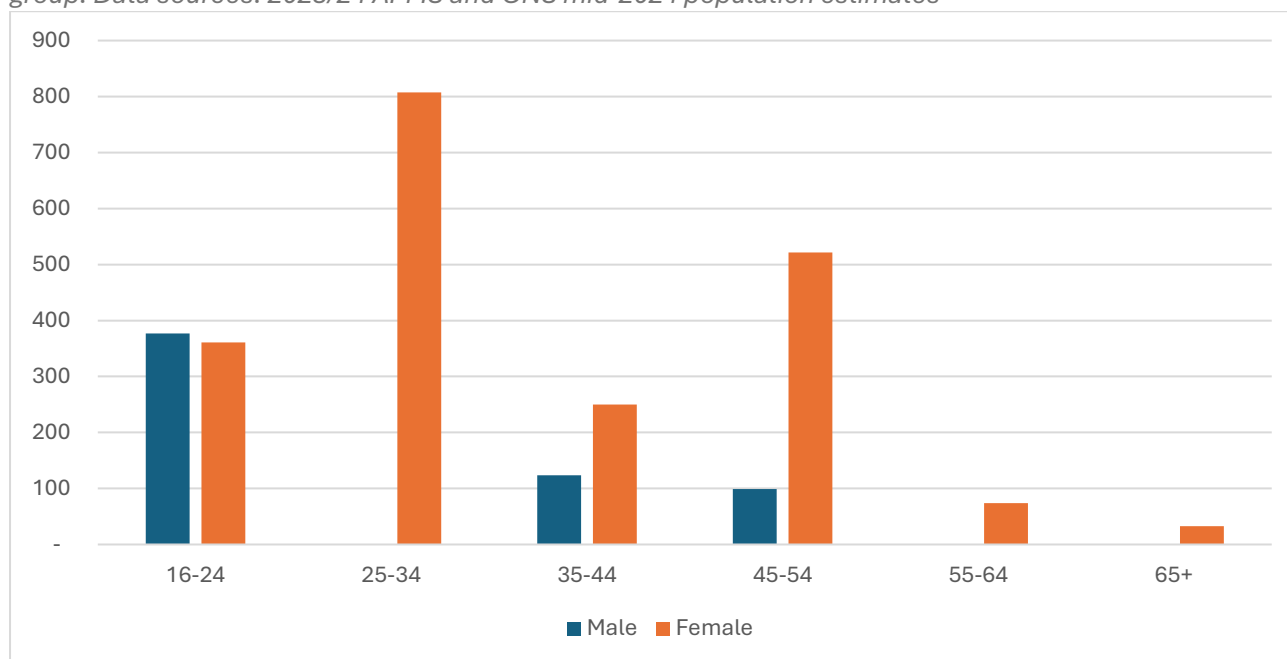
## Eating disorders

### Estimated need

The APMS found that eating disorder prevalence is estimated to be 1.3% among adults in England and Wales, based on positive clinical examination and SCOFF screen (as described by [Morgan et al. 2000](#)). When applied to the Barking and Dagenham population, an estimated **2,646 adults have an eating disorder in Barking and**

**Dagenham.** Prevalence is likely to be higher among younger adults and women, compared to older adults and men.

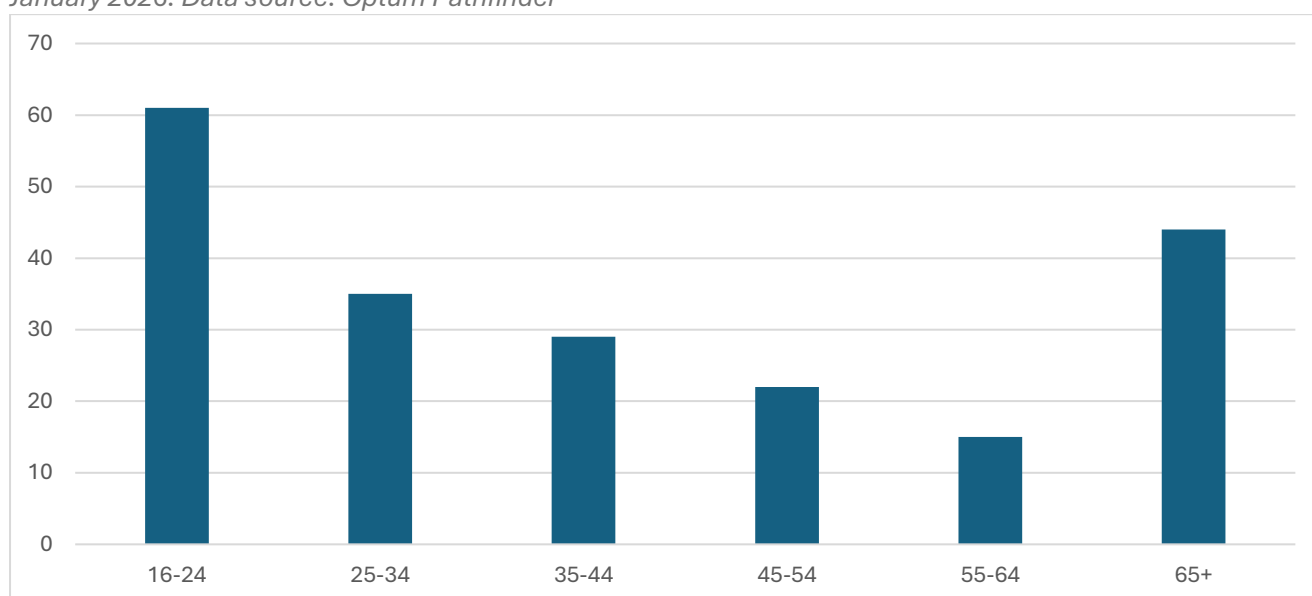
Figure 55: Estimated number of adults with an eating disorder in Barking and Dagenham by gender and age group. Data sources: 2023/24 APMS and ONS mid-2024 population estimates



### Primary care data

Based on primary care data, **208 adults (aged 16+)** in Barking and Dagenham have been diagnosed with an eating disorder in the past two years.

Figure 56: Recorded prevalence of eating disorders based on primary care data, Barking and Dagenham, January 2026. Data source: Optum Pathfinder



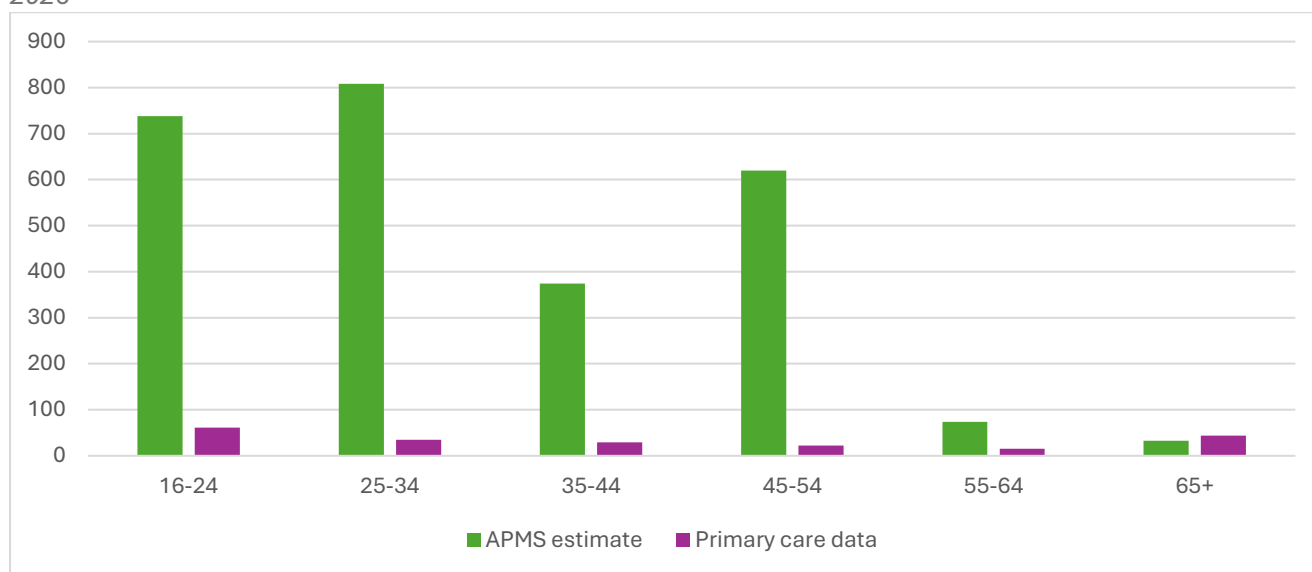
### Comparing expected and diagnosed need

The following graph compared estimates based on APMS to primary care data in Barking and Dagenham. Differences between estimated need and primary care records do not necessarily indicate unmet need and

may occur for a range of reasons, including local differences in risk factors for mental illness (such as high levels of deprivation), people receiving mental health support outside of primary care (such as through education or their workplace, or social support), and different definitions of mental illness.

When APMS estimates are compared to primary care data, there is a substantial gap in the number of people with a recently diagnosed eating disorder in primary care. This may reflect differences between eating disorder screening in the APMS and the full diagnosis process. Another contributing factor could be that many adults in Barking and Dagenham with eating disorders are currently undiagnosed, particularly among younger age groups.

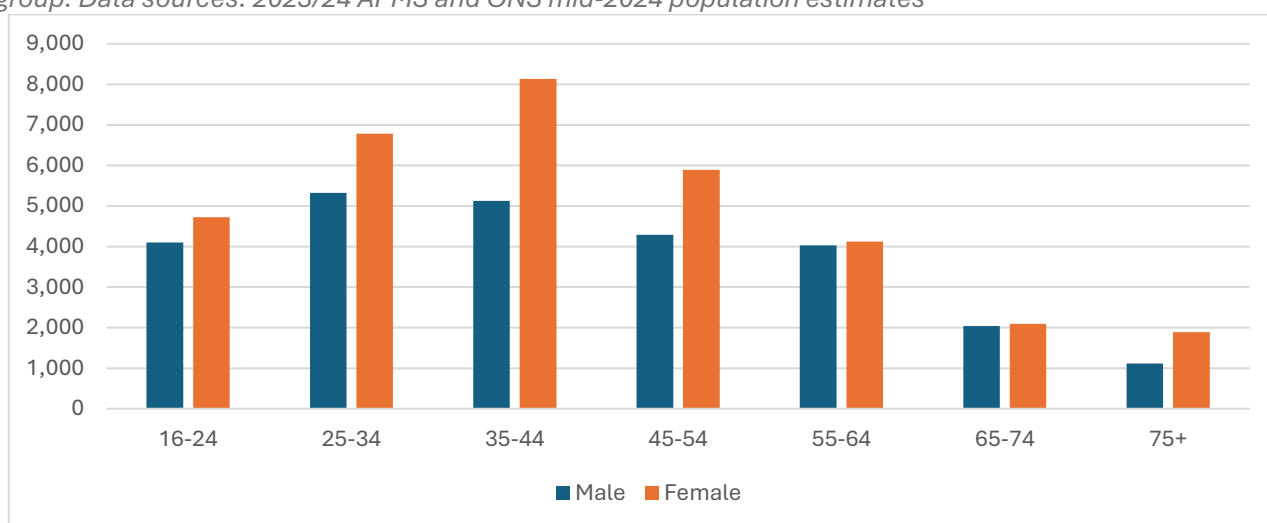
*Figure 57: Estimated prevalence of eating disorders, compared to primary care prevalence, Barking and Dagenham. Sources: 2023/24 APMS and ONS mid-2024 population estimates, Optum Pathfinder January 2026*



## PTSD and trauma

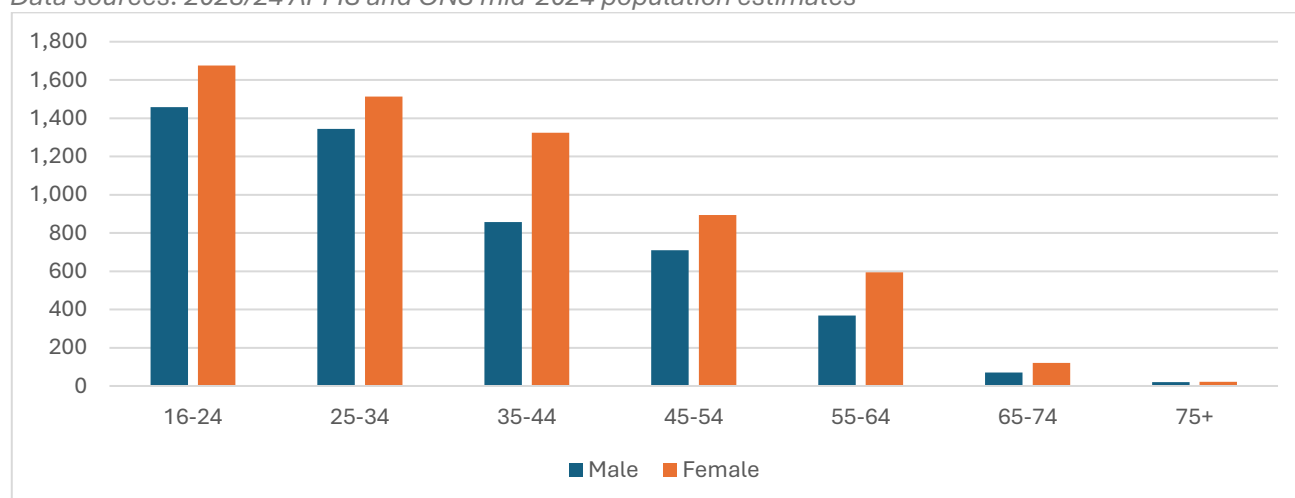
The APMS found that over a third of the population (34.8%) has experienced a traumatic event, which was defined in this survey as having experienced at least one ‘event of such severity that a person fears for their own or a loved one’s life or safety’ such as a major natural disaster, serious car accident, being raped or seeing someone seriously injured. An estimated **59,655 adults in Barking and Dagenham have experienced a traumatic event**, a higher number of whom were women than men.

Figure 58: Estimated prevalence of trauma among adults in Barking and Dagenham by gender and age group. Data sources: 2023/24 APMS and ONS mid-2024 population estimates



5.7% of the population screen positive for post-traumatic stress disorder (PTSD), which includes people who may have not screened positive for the above definition of a traumatic event. An estimated **10,970 adults in Barking and Dagenham meet the criteria for PTSD**, with higher numbers amongst young adults, and women compared to men.

Figure 59: Estimated prevalence of PTSD among adults in Barking and Dagenham by gender and age group. Data sources: 2023/24 APMS and ONS mid-2024 population estimates



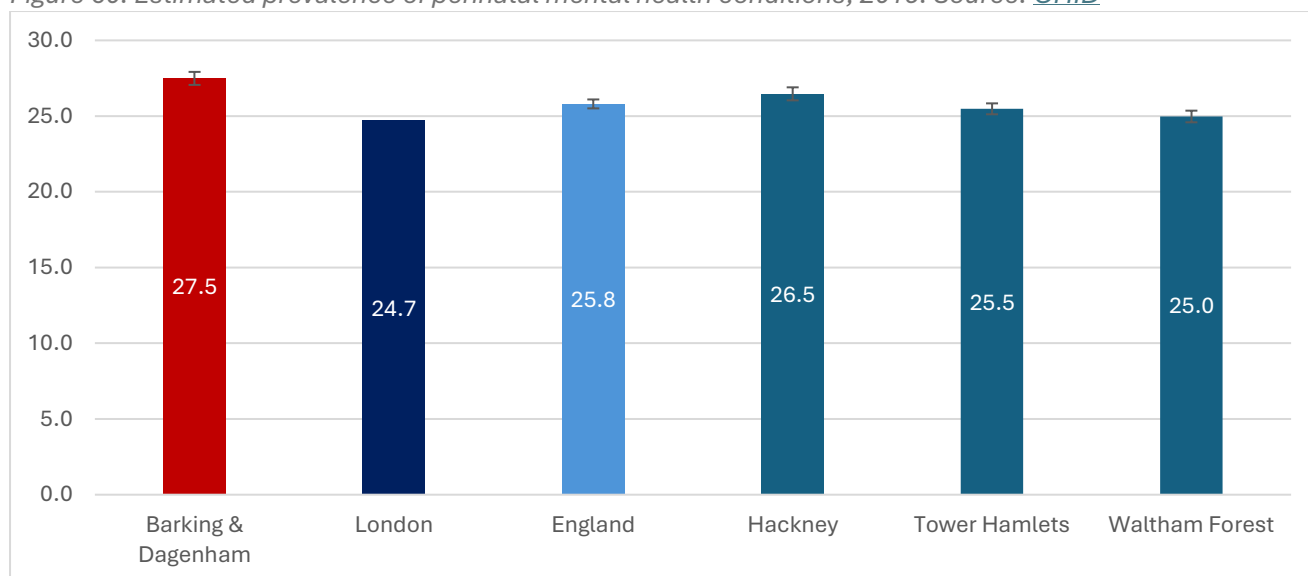
## Perinatal mental health conditions

Perinatal mental health conditions (mental health conditions that occur during pregnancy, or up to two years postpartum) are some of the most common maternal health complications. If untreated, these can have a significant long-term impact on parents, families and society as a whole, including perpetuating mental health inequalities ([Maternal Mental Health Alliance, 2022](#)).

The latest estimated prevalence of perinatal mental health conditions is from 2019, which states that **27.5% of women with a birth event in Barking and Dagenham had a perinatal mental health condition** (95% CI: 27.1 – 27.9) (OHID, 2025). This data includes women who are pregnant, have a young child (under the age of two), and women who experienced baby loss; and covers both common and severe mental health conditions, including eating disorders and personality disorders. This is significantly higher than the prevalence in

England (25.8%), reflecting national trends that perinatal mental health need is higher in more deprived areas and in areas with younger populations (OHID, 2025). True prevalence in Barking and Dagenham may be higher, as minority ethnic women may be underrepresented in the data used to calculate these estimates.

Figure 60: Estimated prevalence of perinatal mental health conditions, 2019. Source: [OHID](#)



In June 2025, 2,827 of women in Barking and Dagenham (aged 15 – 44) were recorded as being pregnant or within 3 months post-partum (NEL Population Health Explorer, 2026). Applying this to the prevalence figures above, an **estimated 777 (95% CI: 766 – 789) of these women had a perinatal mental health condition**. This is an underestimate of true need, as it does not include all women within the perinatal period (up to two years after birth).

This is a similar rate to the findings of the Women’s Reproductive Health Survey, which found that around **2 in 5** women in North East London reported experiencing mental health issues during pregnancy or postpartum, such as depression or psychosis ([NEL, 2021](#)). Mental health issues were more prevalent among Asian women (**60%**).

## Serious mental illness

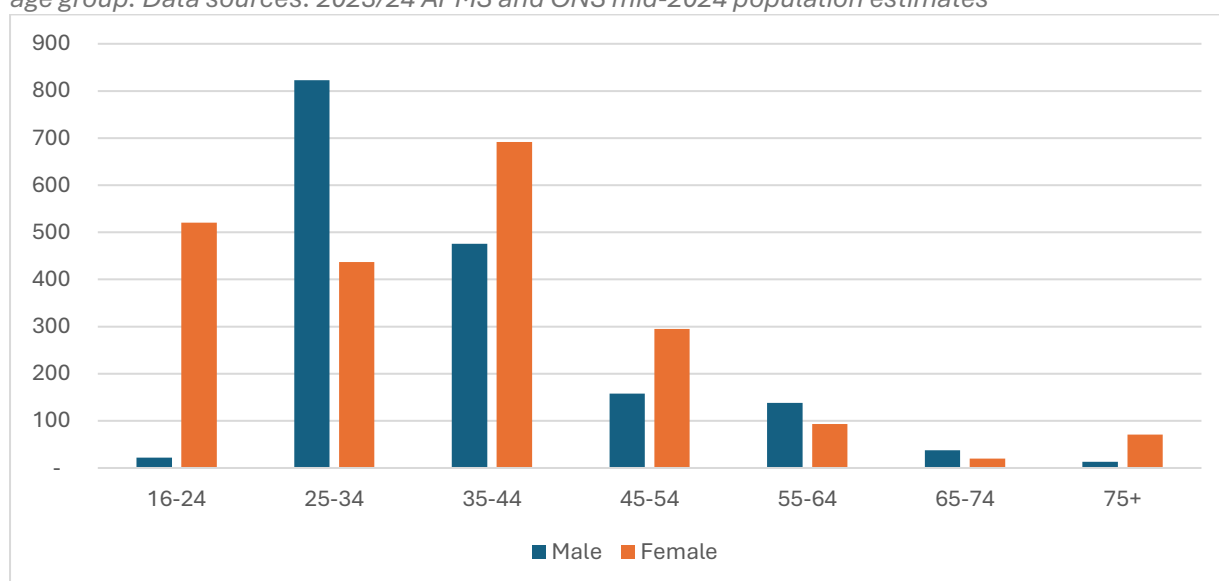
Serious mental illnesses (SMIs) are a group of mental disorders that cause psychological problems which are of a severe enough nature to severely impair a person’s ability to carry out usual life activities. They include schizophrenia and bipolar disorder.

### Estimated need

#### Bipolar disorder

Data from the APMS shows that 1.9% of adults screen positive for bipolar disorder. Applying this based on the age and sex of our local population, an **estimated 3,796 adults in Barking and Dagenham screen positive for bipolar disorder**. However, this is likely to be an underestimate as people facing socioeconomic adversity are significantly more likely to screen positive, including people who are unemployed (9.0%), in problem debt (6.4%) or economically inactive (4.9%).

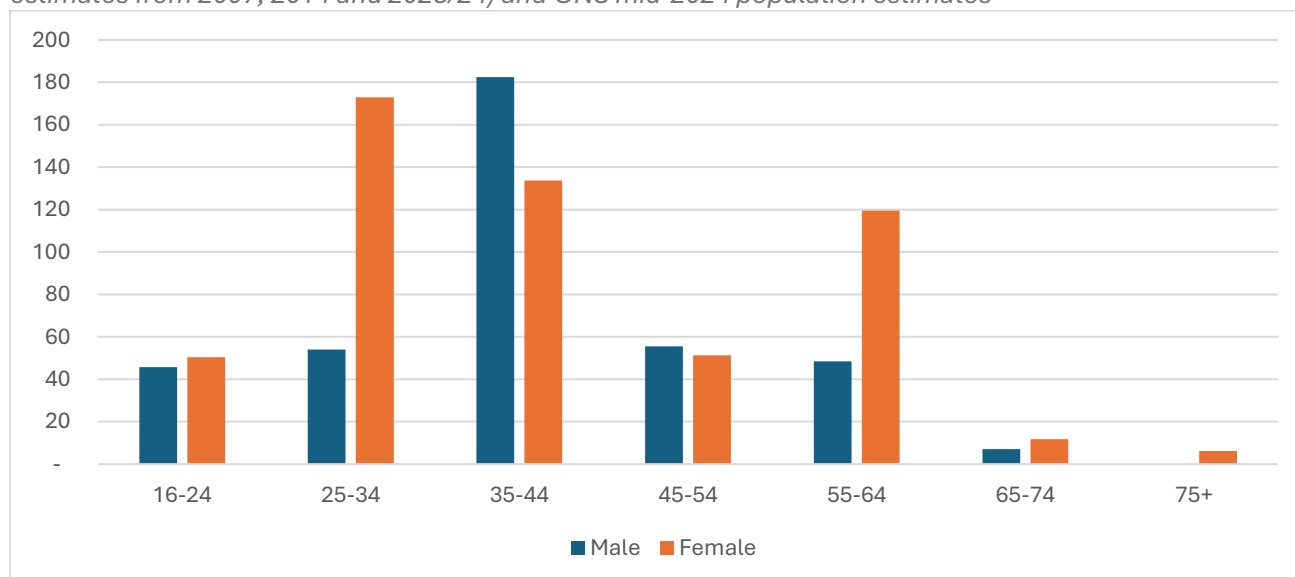
Figure 61: Estimated prevalence of bipolar disorder among adults in Barking and Dagenham by gender and age group. Data sources: 2023/24 APMS and ONS mid-2024 population estimates



### Psychotic disorder

Data from the APMS shows that 0.5% have experienced a psychotic disorder within the past. Applying this to our local population, an **estimated 939 adults in Barking and Dagenham have experienced a psychotic disorder within the past year**. There is a higher prevalence of psychotic disorder among adults living in the most deprived fifth of neighbourhoods (1.0%), compared to those in the least deprived neighbourhoods (around 0.0%), suggesting that this is likely underestimate true need.

Figure 62: Estimated number of adults who have experienced a psychotic disorder within the past year in Barking and Dagenham by gender and age group. Data sources: 2023/24 APMS (based on combined estimates from 2007, 2014 and 2023/24) and ONS mid-2024 population estimates



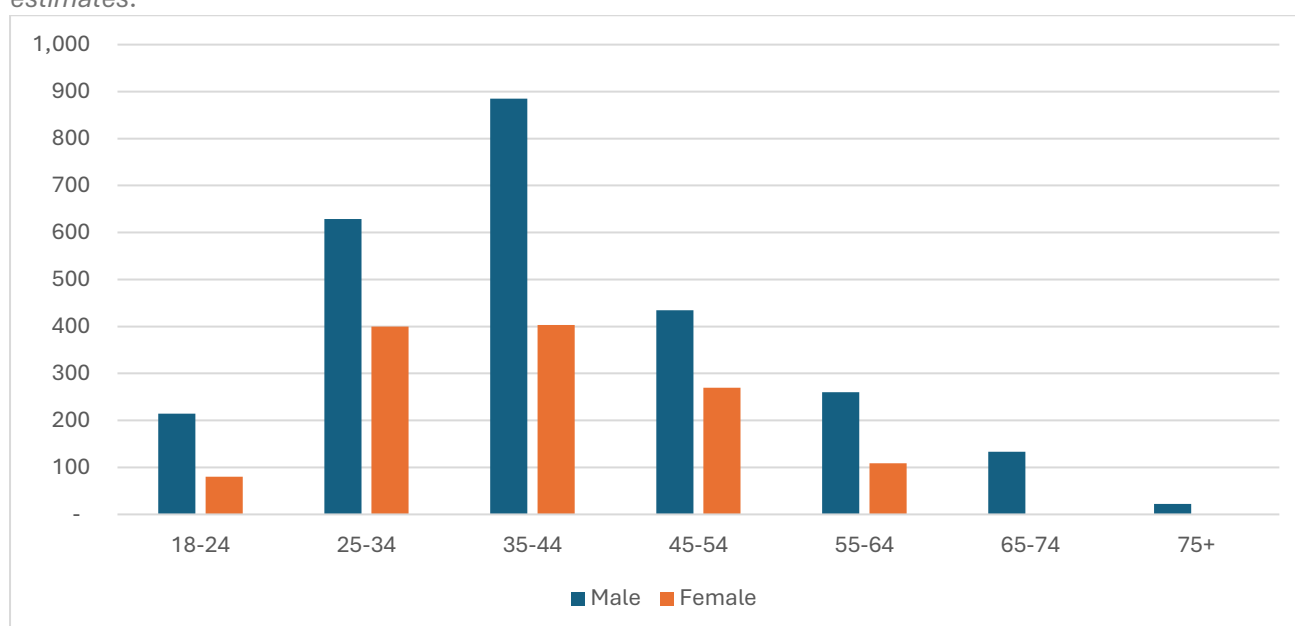
### Personality disorders

Personality disorders are described as ‘enduring patterns of thoughts, feelings, and behaviours that deviate from cultural expectations, are pervasive and inflexible, and lead to distress or impairment in functioning’ (APMS, 2024). The term and criteria for personality disorders are contested ([London Complex Emotional](#)

[Needs Programme, 2022](#)), however they have been included here because of the long-term health impacts faced by many people meeting the criteria for this diagnosis.

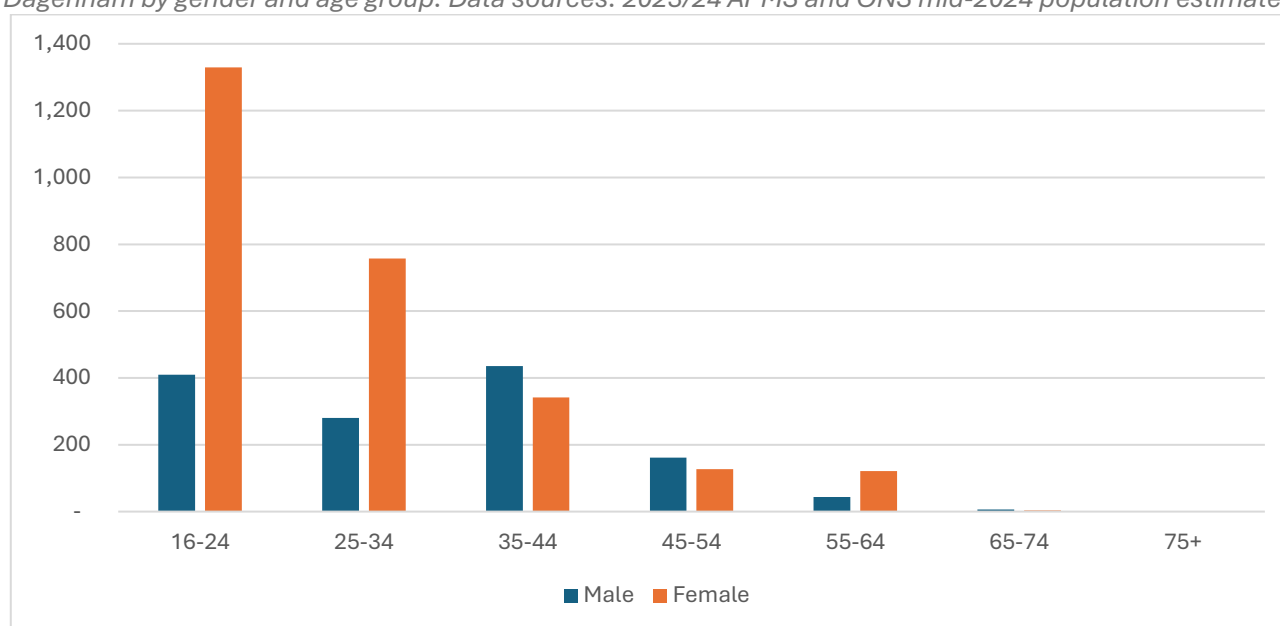
The criteria for antisocial personality disorders includes ‘impulsive, aggressive and irresponsible behaviour, and a disregard for the rights of others, emerging in childhood or early adolescence’ ([APMS, 2024](#)). Around 1 in 50 adults (aged 18+) screened positive for antisocial personality disorder traits (2.0%) in the APMS. Applying this to the local population, an estimated **3,839 adults in Barking and Dagenham would report antisocial personality disorder traits**. This may be an underestimate of true need, as research has found that the prevalence of personality disorders is higher in more deprived area ().

*Figure 63: Estimated number of adults (aged 18+) screening positive for antisocial personality disorder in Barking and Dagenham by gender and age group. Data sources: 2023/24 APMS and ONS mid-2024 population estimates.*



Borderline personality disorder is defined as ‘a pervasive pattern of instability in interpersonal relationships, self-image, and emotional regulation, coupled with marked impulsivity’ ([APMS, 2024](#)). Almost 1 in 50 adults screened positive for borderline personality disorder traits (1.9%) Applying this to the local population, an estimated **4,016 adults in Barking and Dagenham report borderline personality disorder traits**.

Figure 64: Estimated number of adults screening positive for borderline personality disorder in Barking and Dagenham by gender and age group. Data sources: 2023/24 APMS and ONS mid-2024 population estimates.



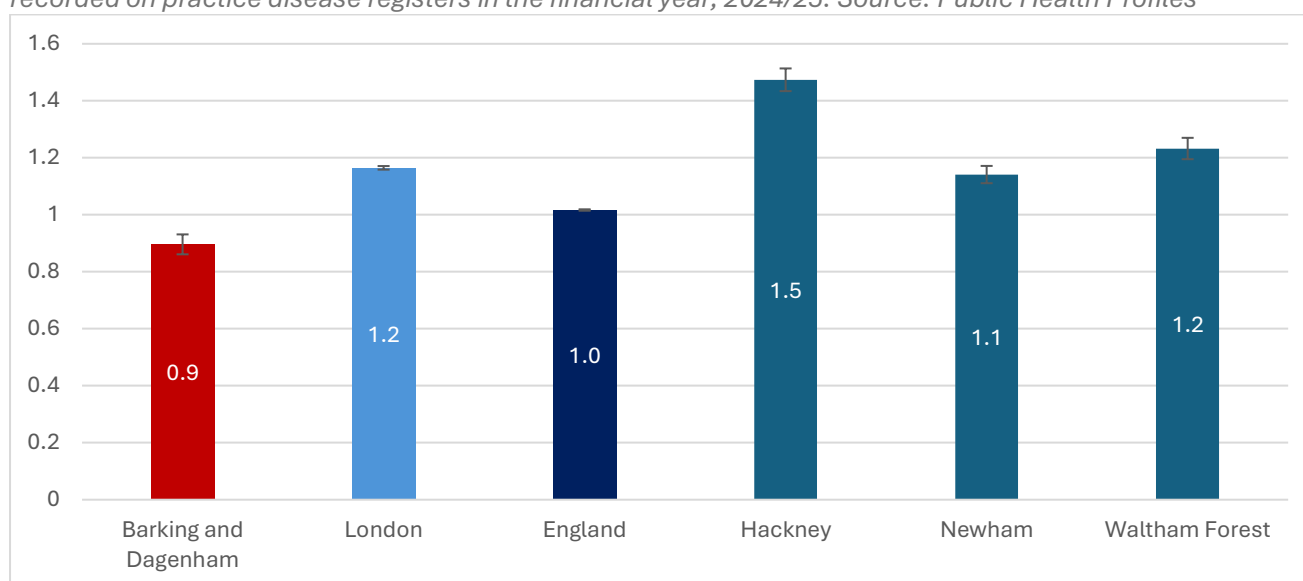
## Primary care data

### Serious mental illness register

The primary care serious mental illness (SMI) register comprises of all people with a recorded diagnosis of psychosis, schizophrenia, or bipolar (NHSE, 2025). This is aligned to NICE guidance on physical health checks; and does not mean that other mental illnesses are not ‘serious’ or that that these are the only mental health conditions that can have an impact of physical health.

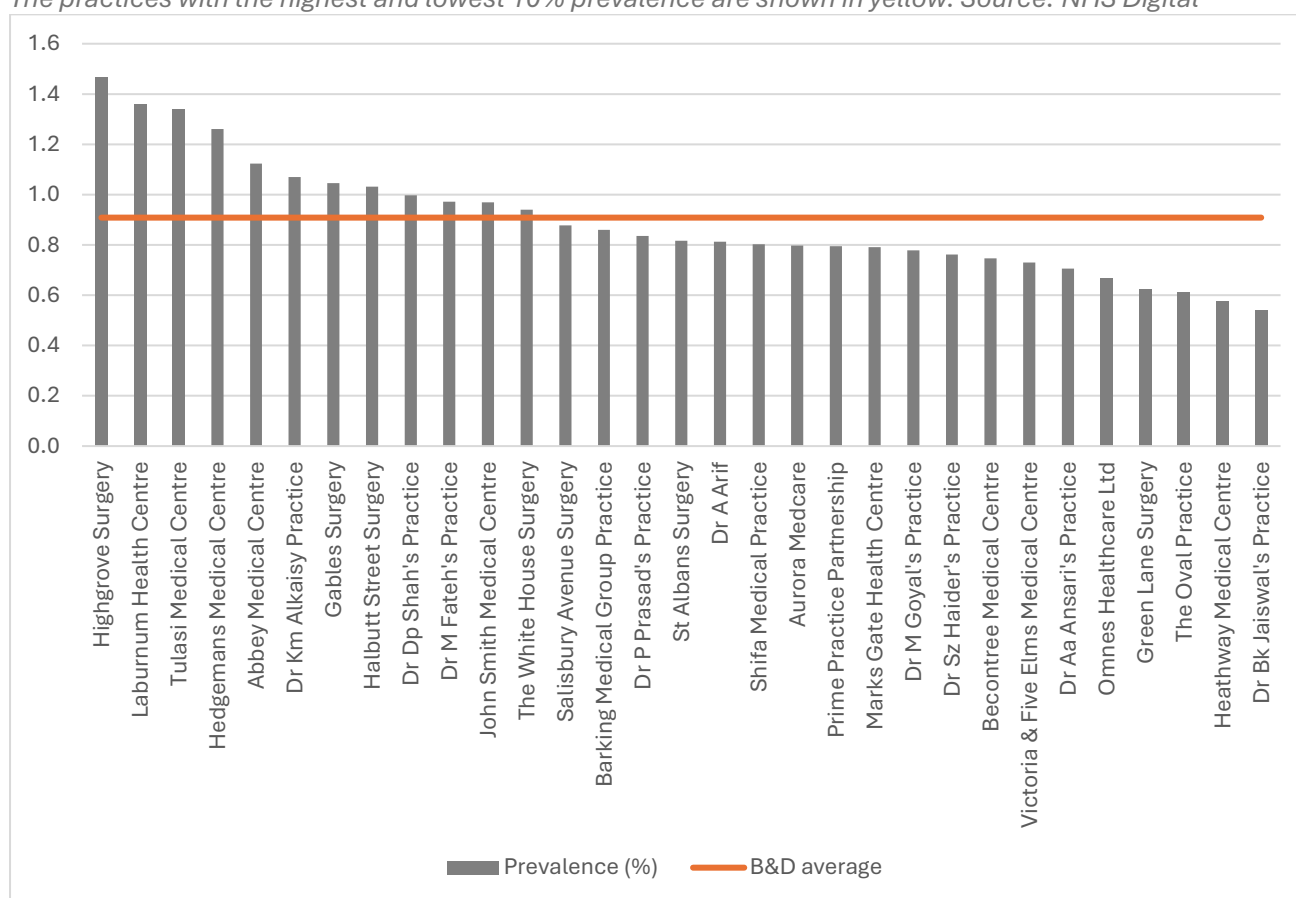
In 2024/25, there were **2,500 patients on the serious mental illness register in Barking and Dagenham, which is 0.9% of the total registered population** (Fingertips, 2025). This is a significantly lower prevalence rate than the London (1.2%) and peer boroughs. The prevalence of serious mental illness in Barking and Dagenham as also been consistently lower than the national average since at least 2021, which may reflect underdiagnosis.

Figure 65: Percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers in the financial year, 2024/25. Source: Public Health Profiles



There is a variation in the prevalence of serious mental illness between general practices in the borough. This could be due to a range of factors, including greater risk factors in some areas, and the underdiagnosis of mental health conditions.

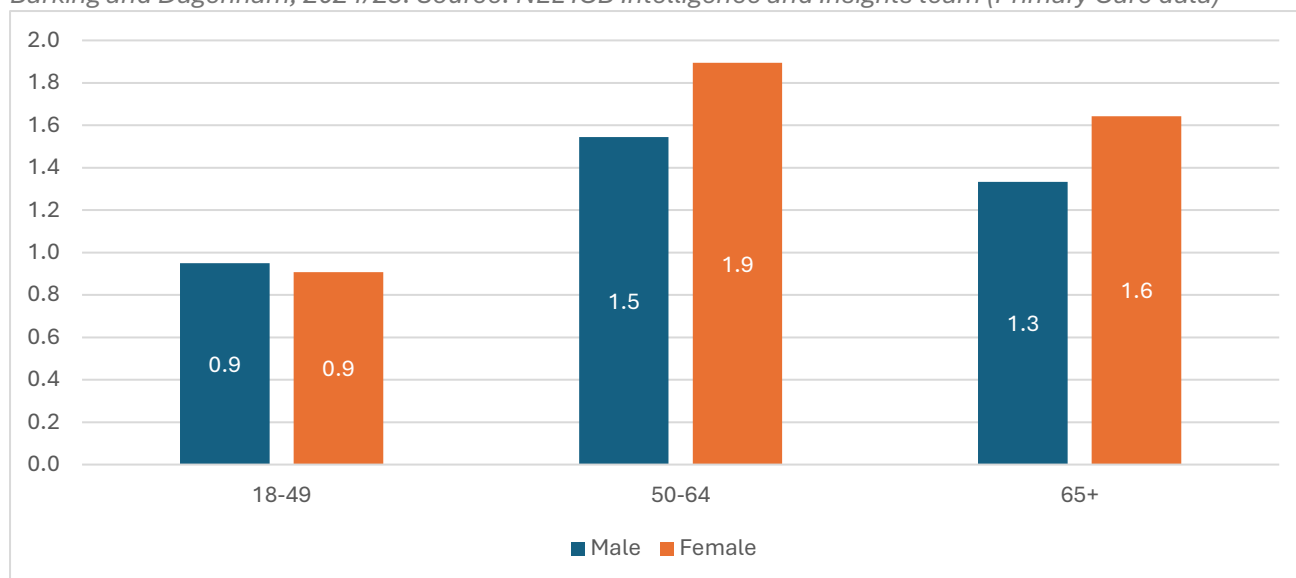
Figure 66: Prevalence (%) of serious mental illness in Barking and Dagenham by GP Practice, QOF 2024-25. The practices with the highest and lowest 10% prevalence are shown in yellow. Source: NHS Digital



### Age and gender

In 2024/25, prevalence of serious mental illness was higher in females than males, with 1,171 (1.2%) females on the register for serious mental illness compared to 1,116 (1.1%) males. The prevalence of serious mental illness was also higher among adults aged 50+, particularly those in the 50 – 64 age group (1.7%).

Figure 67: Adults (aged 18+) with serious mental illness on the primary care register, by age group and gender, Barking and Dagenham, 2024/25. Source: NEL ICB Intelligence and Insights team (Primary Care data)



### Ethnicity

Analysis of the primary care serious mental illness register in 2024/25 shows that prevalence of serious mental illness was highest in adults of Mixed ethnicity (1.7%) followed by those of Black or Black British ethnicity (1.4%). Prevalence of serious mental illness was higher in females compared to males in all ethnic groups, apart from people from 'Other' ethnic groups.

Further analysis shows that:

- Among people from 'mixed' ethnic groups, people of White and Black Caribbean ethnicity had the highest prevalence of serious mental illness (2.6%).
- Among people from Black or Black British ethnic groups, serious mental illness prevalence was highest among people of Caribbean ethnicity (2.1%).
- Among people from Asian or Asian British ethnic groups, prevalence was higher among people of Pakistani (0.8%) and Bangladeshi (0.9%) ethnicity

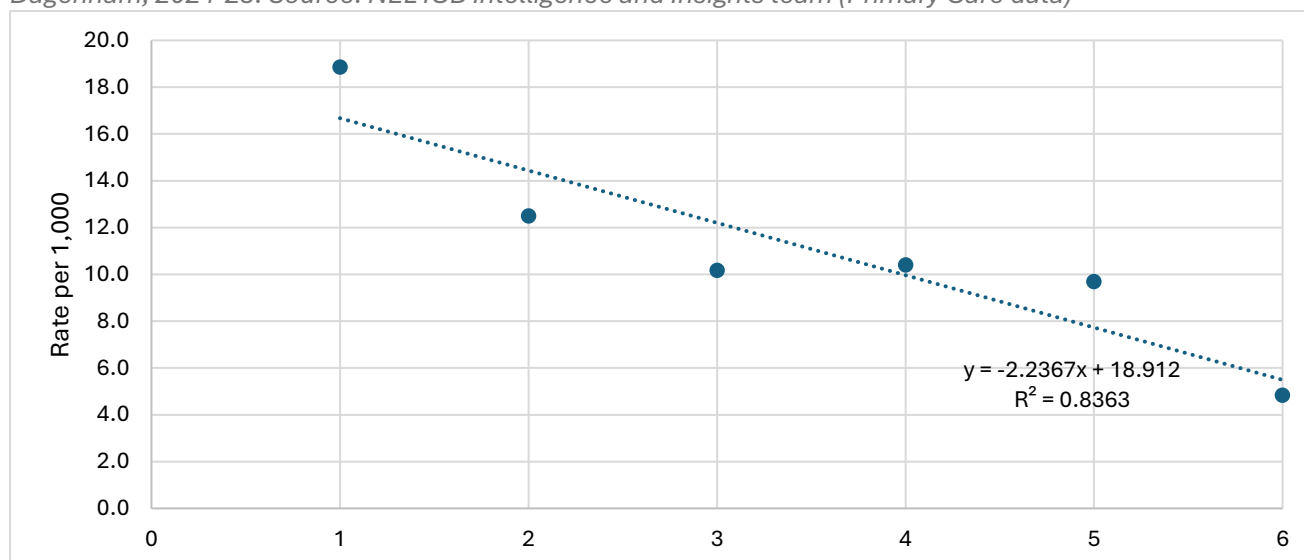
Table 12: Adults (aged 18 and above) with serious mental illness on the primary care register by ethnicity in Barking and Dagenham, 2024-25. Source: NEL ICB Intelligence and Insights team (Primary Care data)

| Ethnicity              | People on SMI register | Registered population | Diagnosed prevalence |
|------------------------|------------------------|-----------------------|----------------------|
| Asian or Asian British | 430                    | 56,152                | 0.8%                 |
| Black or Black British | 553                    | 39,962                | 1.4%                 |
| Mixed                  | 95                     | 5,571                 | 1.7%                 |
| Not Known              | 12                     | 3,223                 | 0.4%                 |
| Other Ethnic Groups    | 79                     | 10,481                | 0.8%                 |
| White                  | 1,118                  | 82,406                | 1.4%                 |
| <b>Total</b>           | <b>2,287</b>           | <b>197,795</b>        | <b>1.2%</b>          |

### Deprivation

Similarly to common mental health conditions, the prevalence of serious mental illness was highest among people living in areas in the most deprived areas (1.9%) and lowest among people living in the least deprived areas (0.5%).

Figure 68: People on the primary care serious mental illness register by deprivation decile in Barking and Dagenham, 2024-25. Source: NEL ICB Intelligence and Insights team (Primary Care data)



### Bipolar disorder

In the financial year 2024/25, there were 680 adults aged 18+ with bipolar disorder on the primary care register in Barking and Dagenham. This equates to 0.34% of the registered population. Primary care data suggests that in 2024/25:

- Females had a higher prevalence of bipolar disorder (0.44%) compared to males (0.25%).
- Prevalence of bipolar disorder increases in later life, with the highest prevalence among those over 50 years.
- Prevalence of bipolar disorder is higher in adults of White ethnicity (0.52%) followed by those of Mixed ethnicity (0.45%).
- Bipolar disorder was high among people of White and Black Caribbean (0.76%), Caribbean (0.51%) and 'Any Other Black Background' (0.52%).

### Psychotic disorder

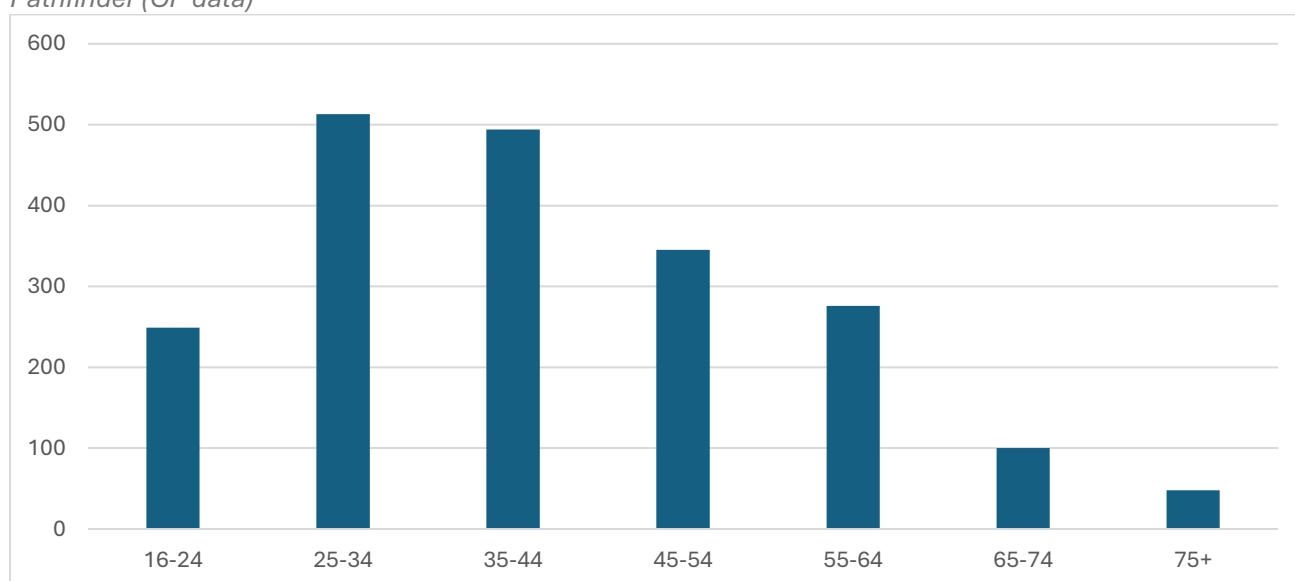
In 2024/25, there were **247 adults (aged 18+) with psychotic** disorder on the primary care register in Barking and Dagenham. This equates to 0.12% of the registered population. This number has increased by 22% since 2022/23. Primary care data suggests that in 2024/25:

- Males had a higher prevalence of psychotic disorder (0.14%) compared to females (0.10%).
- Younger people (18-34 year olds) had higher rates of psychotic disorder compared to older people.
- People of Any Other Black background (0.46%), and White and Asian background (0.36%) had higher rates of psychotic disorder compared to people of other ethnic groups.

### Personality disorder

In local primary care data, **2,028 adults in Barking and Dagenham have been diagnosed with a personality disorder**. This covers all historic data (i.e. people who have ever received a diagnosis) and was primarily made up of adults aged between 25 and 24.

Figure 69: Prevalence of personality disorder, Barking and Dagenham, January 2026. Source: Optum Pathfinder (GP data)



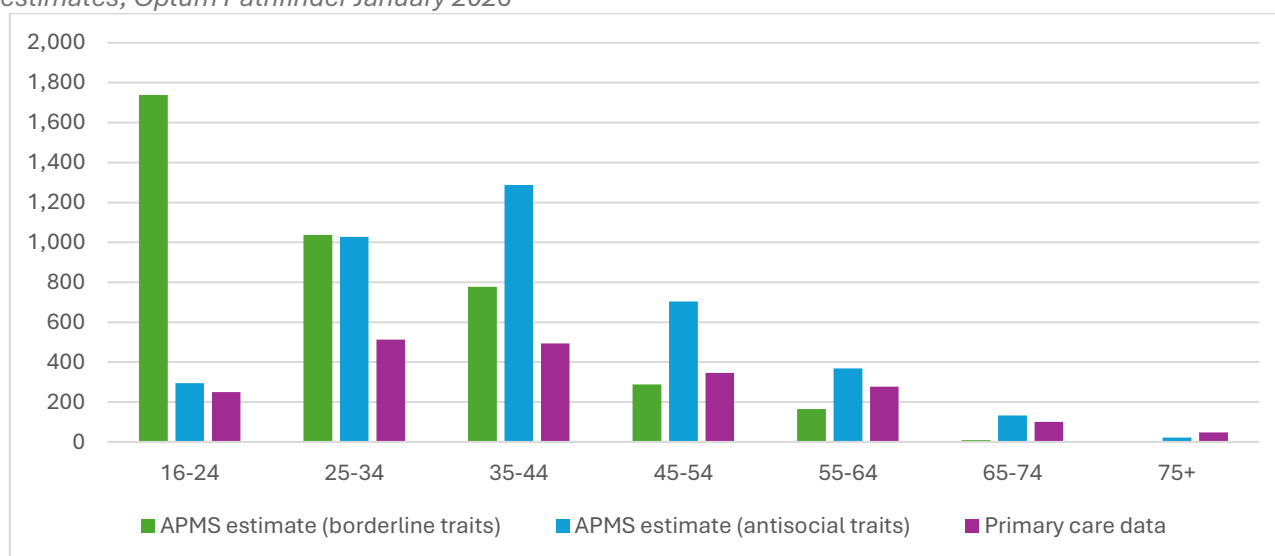
### Comparing expected and diagnosed need

The following graph compared estimates based on APMS to primary care data in Barking and Dagenham. Differences between estimated need and primary care records do not necessarily indicate unmet need and may occur for a range of reasons, including local differences in risk factors for mental illness (such as high levels of deprivation), people receiving mental health support outside of primary care (such as through education or their workplace), different definitions of mental illness.

### Personality disorder

When estimates based on the APMS are compared to primary care data, there are variations in the prevalence of personality disorder and personality disorder traits. However, it is challenging to directly compare data on personality disorder traits against people who have a diagnosis, as these are not like-for-like.

Figure 70: Estimated prevalence of borderline and antisocial personality disorder traits, compared to primary care prevalence, Barking and Dagenham. Sources: 2023/24 APMS and ONS mid-2024 population estimates, Optum Pathfinder January 2026



## Suicide and self-harm

### Estimated need

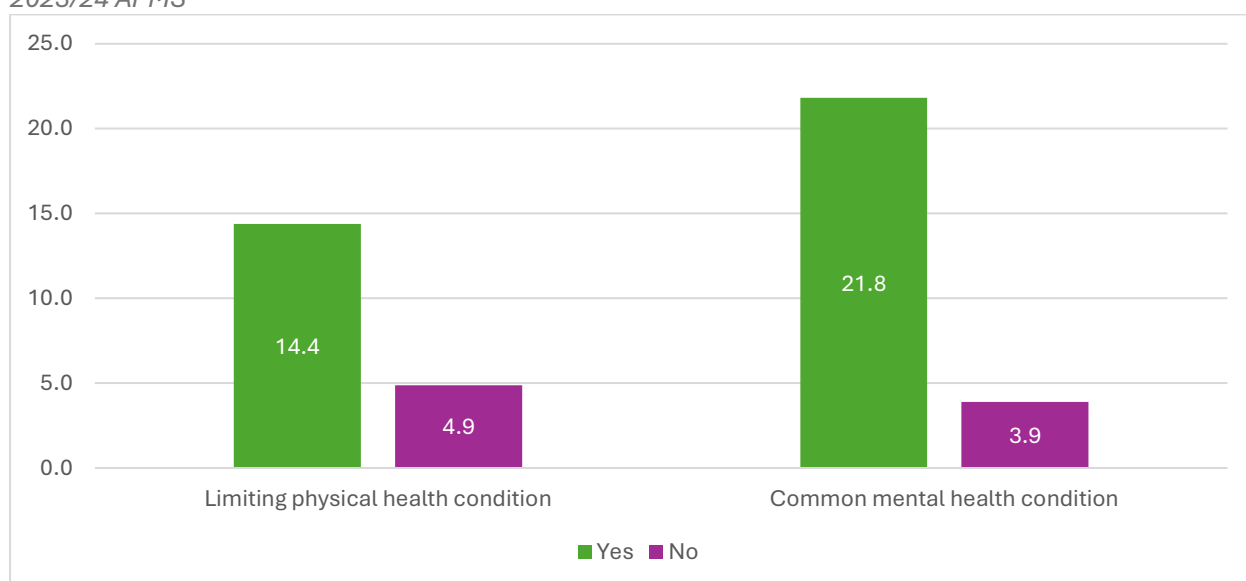
National surveys indicate that **one in 100 people has attempted suicide in the past year** ([APMS, 2024](#)). Applying national estimates to our local population, **an estimated 1,712 people in Barking and Dagenham have attempted suicide in the past year**. The prevalence of people who have attempted suicide is higher in men around the ages of 35 to 44, whilst for women is highest between the ages of 16 to 24.

Figure 71: Estimated number of suicide attempts among adults in Barking and Dagenham by gender and age group. Data sources: 2023/24 APMS and ONS mid-2024 population estimates



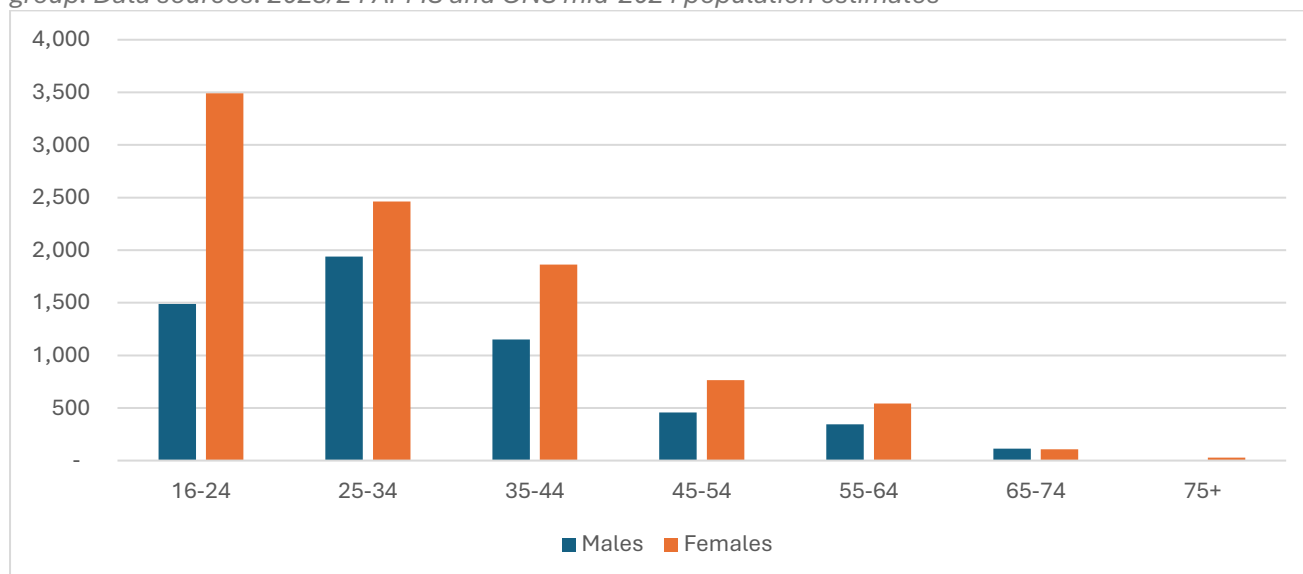
National data suggests that the prevalence of suicidal thoughts and suicide attempts has increased. The proportion of adults (aged 16 – 74) reporting suicidal thoughts in the past year increased from 3.8% in 2000 to 6.7% in 2023/4. The proportion having made a past year suicide attempt also appears to have risen, from 0.5% in 2000 to 1.0% (95% CI 0.7, 1.4) in 2023/4 ([APMS, 2024](#)). The prevalence of suicide attempts is significantly higher among people with a common mental health condition (21.8%) and people with a limiting physical health condition (14.4%), compared to those without. Other significant risk factors include being in problem debt (associated with a **3.2 greater risk** of attempting suicide, compared to those without) and being unemployed (associated with a **3.0 times greater risk** compared to those who are employed) ([APMS, 2024](#)).

Figure 72: Prevalence of suicide attempts among adults by comorbid health conditions. Data sources: 2023/24 APMS



Similarly, the prevalence of self-harm has increased over recent years (APMS, 2024). Lifetime self-harm was reported by 2.4% of 16- to 74-year-olds in 2000, 3.8% in 2007, rising to 6.4% in 2014 and 10.3% in 2023/4. When applied to local population figures, an **estimated 12,778 adults in Barking and Dagenham have ever self-harmed**.

Figure 73: Estimated number of adults who have self-harmed in Barking and Dagenham by gender and age group. Data sources: 2023/24 APMS and ONS mid-2024 population estimates



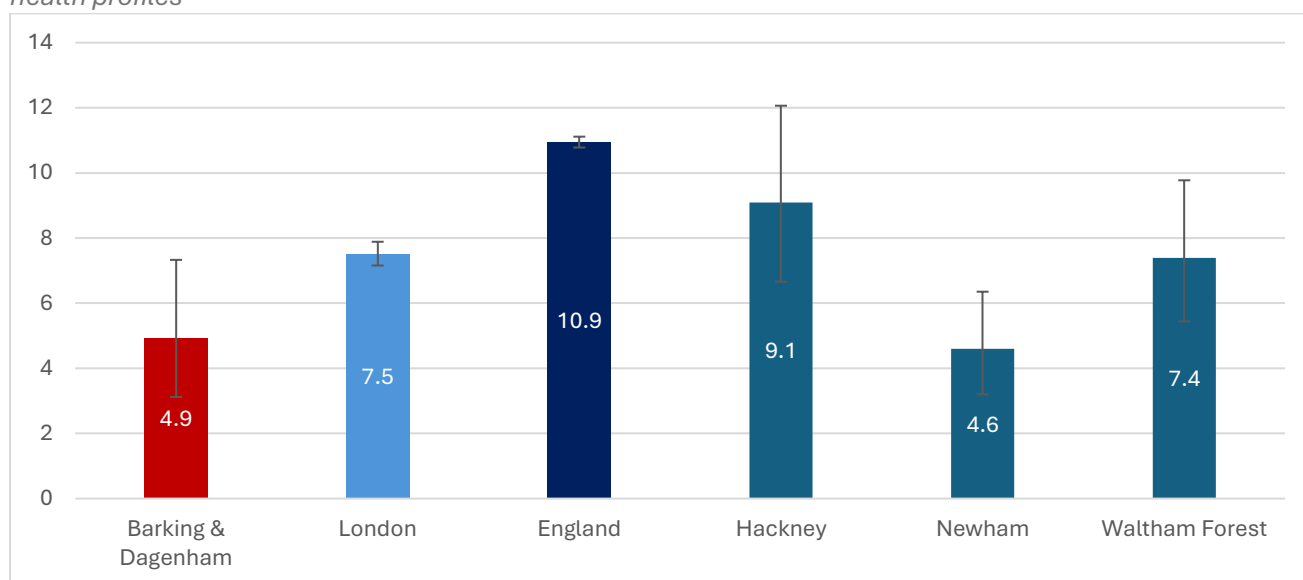
Women are more likely than men to have ever self-harmed. There are also demographic and socioeconomic inequalities in the prevalence of self-harm. Younger people, those of White British or 'Mixed, multiple or other' ethnicity, and those in problem debt or who were unemployed or economically inactive, were more likely to report lifetime suicidal thoughts, suicide attempts and self-harm.

### Local data

Local data on suicide attempts is limited, as it can be difficult to identify this in hospital records and not all people who attempt suicide present to hospital.

Deaths by suicide cannot be registered until an inquest is completed, which means there is a delay between when someone has died and when inclusion of this death in national statistics ([ONS, 2025](#)). The latest data on suicides is from 2022 to 2024, during which there was **27 deaths by suicide in Barking and Dagenham**, a rate of 4.9 per 100,000 of the population. This is significantly lower than the national suicide rate (10.9 per 100,000) and a decrease from the previous few years where there was a rising trend, although due to small numbers there is a wide variability in suicide rates year on year.

*Figure 74: Directly standardised suicide rate per 100,000 population, 2022 – 24. Source: Fingertips | Public health profiles*

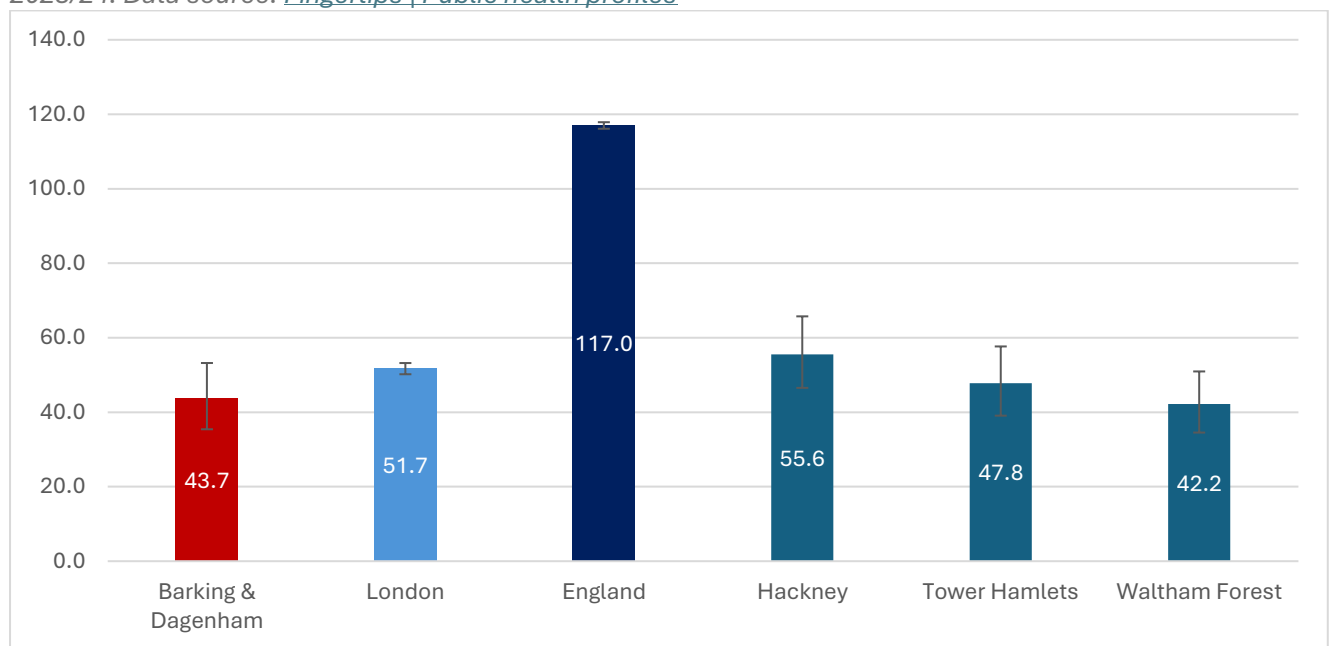


Local data analysis of suicides between 2017 and 2025 from the civil deaths registrations suggests an overrepresentation of people whose country of birth was Lithuania. 69% of completed suicides were males. The most common method of completed suicide was asphyxiation (54%).

The National Near Real Time Suspected Suicide Surveillance database flags suspected suicides to local systems. 15 suspected suicides were raised in 2025, an increase from previous years. Of note only four of them were definitely known to mental health services. National data suggests 3 in 4 people who die by suicide are not known to mental health services ([Nuffield Trust](#)), meaning suicide prevention must take a population approach.

Self-harm is defined as self-injury or poisoning, irrespective of intent; and is an expression of emotional distress. When looking at data it is often not possible to understand whether the act of self-harm had suicidal intent or not. Data is available on emergency admissions for self-harm. This only represents a small proportion of the total prevalence of self-harm. In 2023/24 there were 105 admissions (43.7 per 100,000). This is a lower rate compared to previous years, and comparable to neighbours.

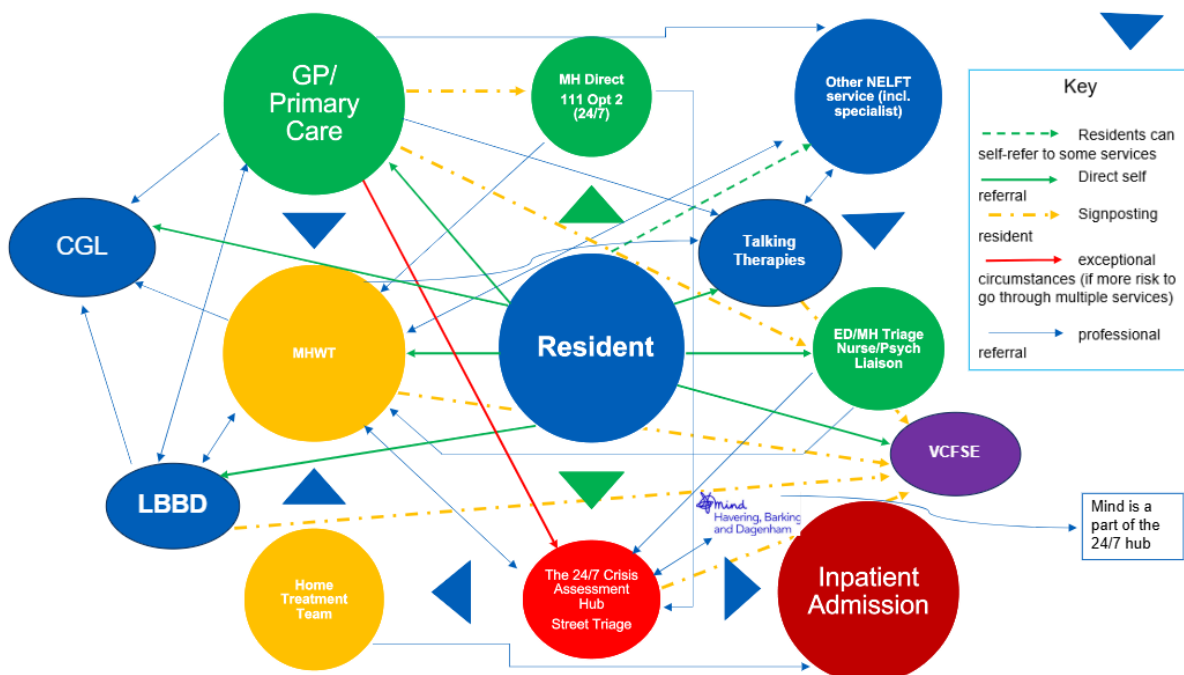
Figure 75: Emergency hospital admissions for intentional self-harm, directly standardised rate per 100,000, 2023/24. Data source: [Fingertips | Public health profiles](#)



## Mental health support

Mental health support may involve medication, psychological therapies and/or support to address psychosocial needs such as employment and housing issues. The diagram below shows the **main sources of formal mental health support in Barking and Dagenham**, highlighting that there are multiple pathways to access support. People may be simultaneously in contact with several services and move between them as their needs change.

Figure 76: Mental health pathways in Barking and Dagenham, 2005. Source: Barking and Dagenham Adult Mental Health Delivery Group



Key (clockwise from top left):

- [NELEFT](#): North East London Foundation Trust
- [MH Direct 111 Opt 2](#): People in mental health crisis can call 111, and press option two, to speak to a mental health professional. This service is available 24/7.
- *ED/MH Triage Nurse/Psych Liaison*: People in mental health crisis can go to emergency departments (ED), where they may be supported by a mental health triage nurse or liaison psychiatry services
- *VCFSE*: Voluntary, Community, Faith and Social Enterprise organisations
- [MHWT](#): Barking & Dagenham Mental Health & Wellness Teams provide specialist mental health services for adults (aged 18+) with serious mental health problems.
- *LBBD*: [London Borough of Barking and Dagenham](#)
- *CGL*: [Change Grow Live](#) provides support, advice and information to people in Barking and Dagenham who are worried about their relationship with alcohol or drugs.

### Key findings

Nationally, mental health services face significant challenges in terms of increasing demand, funding, system working, workforce recruitment and retention ([CQC, 2025](#)). Many people have worsening mental health because they cannot access mental healthcare when they need it and are they are dealing with difficulties in employment and housing. On top of this, increases in mental health funding have not matched the increase in need ([BMA, 2024](#)).

In Barking and Dagenham in 2024/25:

- **Primary care** was a key provider of mental health support, yet we have limited data about how many people accessed this support.
- Talking Therapies was a major source of support for common mental health conditions:
  - **4,561 adults started treatment with NELFT Talking Therapies**, of which 1 in 4 (1,118 adults) completed their treatment.
  - 43% of adults who completed treatment moved into reliable recovery, the lowest rate in NELFT and below the NHS target of 48%.
  - Women were more likely (68%) to have treatment through Talking Therapies than men (31%).
- Community mental health services:
  - There were **23,225 adults on the community mental health caseload**, among which younger adults were over-represented and Asian adults were underrepresented, compared to the general population.
  - Increasing numbers of children and adults are in contact with community mental health services, which may reflect increasing need and population rises
  - Support for patients waiting to access treatment in NEL mental health services ranks below the national average ([CQC, 2025](#))
- Urgent and emergency care:
  - **375 adults were admitted as an inpatient** with mental health, learning disabilities and autism services (NHS Digital, 2025). This is 4% of all adults in contact with NHS funded secondary mental health, learning disabilities and autism services (NHS Digital, 2025).
  - There remain significant inequalities in use of Mental Health Act, particularly in terms of ethnicity and deprivation.
- Voluntary and community sector organisations:
  - There are a **range of voluntary and community sector organisations** which provide mental health support in Barking and Dagenham.
  - This report includes limited data from these organisations.
- Social interventions:
  - NEL mental health service patients report wanting more support with other areas of their life (such as joining activities, finding or keeping work, financial advice) ([CQC, 2025](#))
  - **91 people were supported by residential social care** with mental health needs in Barking and Dagenham ([LG Inform, 2025](#)).

### What do residents tell us about their experiences?

Challenges when residents asked for help featured strongly in the qualitative research. Many residents talked about the **importance of trust and safety** when thinking about asking for help, or wanting to talk to someone about how they are feeling. They described the difficulty of finding the right person to talk with about their mental health concerns. This applied to both people within their immediate circle and to professionals or community organisations. Across all our workshops and interviews, many participants said that they felt **confused about where to go for help**, and whom to go to. In one community group of mainly older residents, many commented that they didn't know 'who to go to', or 'where to go' or were 'confused' to talk with about any mental health concerns they had.

**Being listened to** continued to feature prominently, when participants talked about who or what helped them with their mental health. Residents told us that **connecting and sharing with others**, and feeling validated and heard in a community group was very important. Being part of a regular support group (whether run by a charity, faith organisation or peer-led) was a place for releasing emotions, expressing thoughts that might otherwise be seen as taboo, for feeling ‘normal’ amongst peers and less alone in their troubles.

Residents told us that how support is offered is very important. Participants told us that whether it be a community group or talking therapy (speaking with a trained professional about thoughts, feelings and behaviours), they find it helpful when the support offered is **easy to access, has few or no barriers or requirements, and normalises mental health difficulties**. Having to spend a long time on the phone or there being a ‘lengthy procedure to get through’ were highlighted as problems. Residents were aware of **lengthy wait times** for some therapeutic services and found this discouraging.

Practical challenges to accessing services were mentioned frequently. Several participants had experienced **difficulties with using technology or in communicating when English wasn’t their first language**. These barriers were much harder to overcome when people felt unwell. Throughout conversations, participants repeatedly talked about how what helped them most was a sense of connection and support, provided straightforwardly and without the requirement to negotiate complex and lengthy systems.

Many interviewees talked about their confusion, or **lack of awareness**, of the mental health (and associated) support available to them in their local community. Geography also provided a challenge for some participants. Participants found it difficult accessing help and support as a result of moving London boroughs, and/or accessing support deemed ‘out of the borough’.

Participants highlighted challenges in knowing what to do whilst on long waiting lists for therapy, some experiencing that not much was offered. Other spoke of the high thresholds, needing to reach crisis before being offered support. There was a suggestion by one of the participants to provide a step-down option in terms of support, preventing people from falling off ‘the cliff’ of support.

These findings are summarised the diagram below, which reflects the challenges and enables on the pathway to accessing mental health support:

## What residents think about mental health & asking for help



## What helps residents with their mental health

### System enablers

It is also important to consider wider system factors that can act as enablers for the mental health system. Whilst we lack detailed local information in these areas, key issues are likely to include:

| Area                          | National data tells us that                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mental health workforce       | Despite some growth in the mental health workforce in recent years, this has not matched increasing demand for services. The CQC states that 'systemic issues with recruitment, retention and skills gaps continue to have an impact on patient experience and safety' ( <a href="#">CQC, 2025</a> ).                                                                                                                                         |
| Waiting lists                 | Many people face long waits to access support and find that their mental health deteriorates whilst waiting. For example, 71% of people waiting over 6 months for an NHS mental health appointment report that their mental health became worse ( <a href="#">CQC, 2025</a> ).                                                                                                                                                                |
| Coordination between services | Engagement carried out by the CQC highlights that a lack of collaboration between services is one of the greatest challenges faced by the mental health system ( <a href="#">CQC, 2025</a> ). Experts by experience report a lack of continuity of care and that they can face challenging transitions between services, particularly when moving from children's to adult mental health services ( <a href="#">House of Commons, 2025</a> ). |

### Unmet needs

National data shows that **under half of adults (44%) with a common mental health condition receives any treatment**, with 37% using medication and 17% receiving psychological therapy. Whilst access to treatment has increased over the past 20 years, some groups remain less likely to receive treatment, including

Asian/Asian British and Black/Black British people (APMS, 2025). This suggests there is likely to be a high level of unmet mental health need in Barking and Dagenham.

Specific gaps in Barking and Dagenham exist for adults with ADHD, as there is not currently a service for new adult patients to be assessed for ADHD or to receive treatment. This is highly relevant as undiagnosed ADHD is linked to poor mental health, including higher rates of depression ([French et al., 2023](#)). At present, there is also no continuation of shared care within GP practices across Barking & Dagenham and NEL, meaning residents diagnosed with ADHD do not receive follow up care in their local practice. This risk is being managed centrally by NEL ICB, and measures are in place to ensure residents can still access ADHD services when needed. Additionally, residents with suspected or confirmed ADHD and co-existing mental health concerns can access support through the Mental Health Wellness Team.

### Primary care

Primary care is **many people's first port of call** when dealing with poor mental health and the only part of the health service that provides life-long person-centred care, such as supporting people through pregnancy, bereavement and other big life events (RCGP, 2017). An estimated 90% of people with mental health conditions are supported entirely by primary care, including people with serious mental illness (RCGP, 2017). Primary care also provides onwards referrals to specialist mental health services and community resources.

- Some Barking and Dagenham residents report facing difficulties accessing primary care (Residents and Communities Strategy, 2024).
- There is ongoing work to improve mental healthcare in primary care across London (NHSE, 2025), as well as to improve access to experience of general practice in North East London ICB ([NEL ICB, 2026](#)).

### Social prescribing

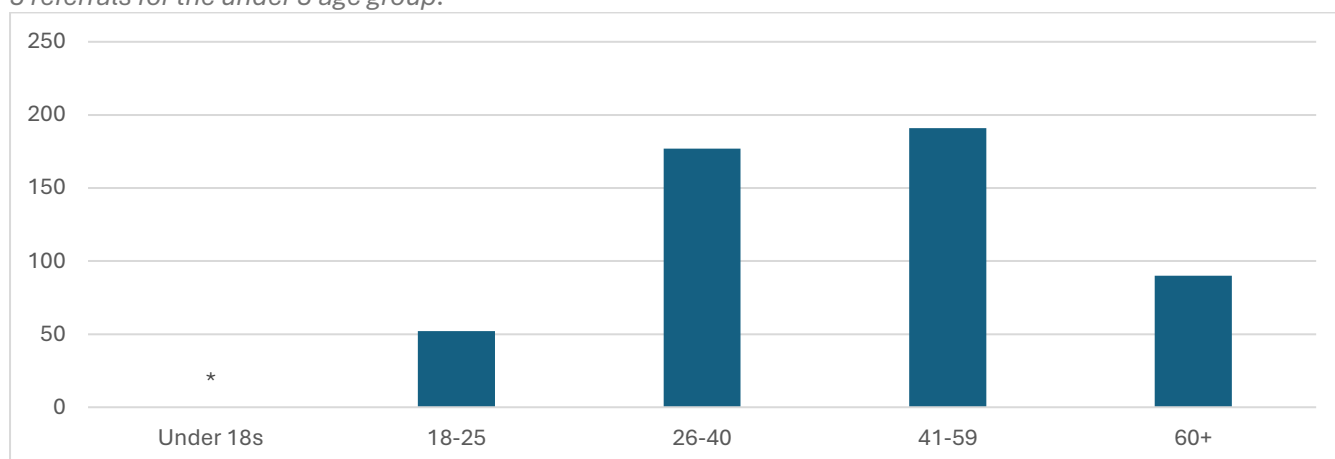
**Social prescribing link workers** employed by the council are based in neighbourhoods and connect people to non-medical services for mental health support, loneliness and social welfare (Healthwatch Barking and Dagenham, 2023). This service only accepts referrals for people with 'low level' mental health needs. Residents give positive feedback about this service, although some people lack awareness, suggesting a need for greater promotion (Healthwatch Barking and Dagenham, 2023)

In 2024/25, this service received 3,453 referrals, of which:

- 512 referrals (15%) were received for people with low level mental health needs
- 630 (18%) referrals experienced loneliness/social isolation
- 135 (4%) referrals had experienced recent bereavement
- 49 (1%) referrals had issues relating to substance misuse
- 873 (25%) referrals had housing issues

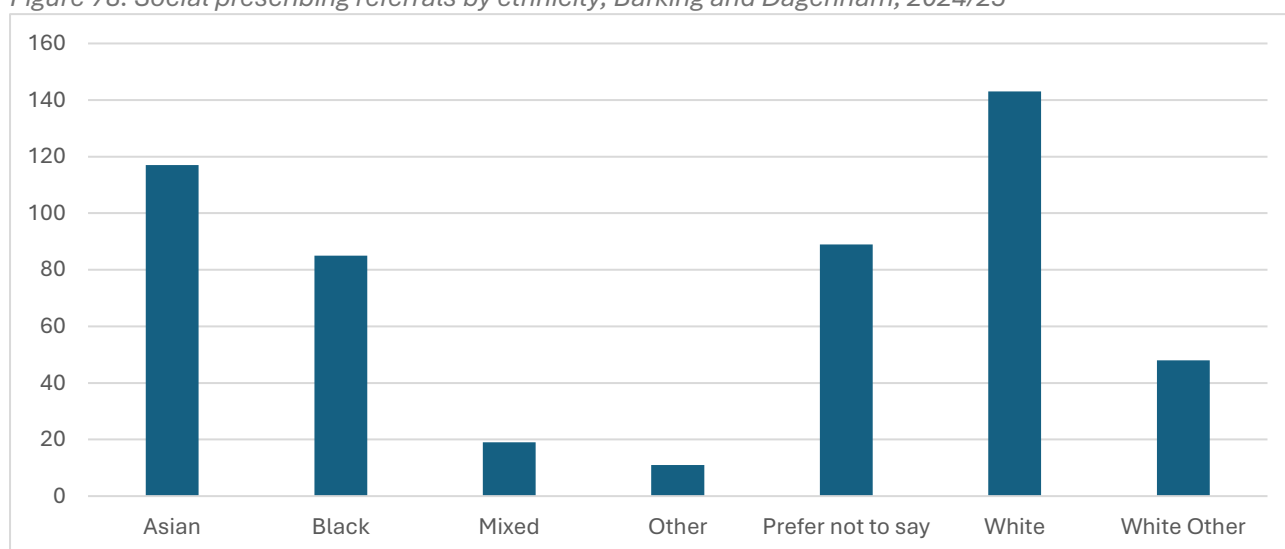
Out of the 512 people supported with mental health needs, 55% were women and 45% were men. Most people supported by this service were adults aged between 26 and 59 (72%), with a smaller proportion of young adults (10%) and older adults (18%).

Figure 77: Social prescribing referrals by age group, Barking and Dagenham, 2024/25. There were fewer than 5 referrals for the under 5 age group.



Most people accessing this service were from White British (28%), Asian (23%) or Black backgrounds (17%), though a substantial proportion preferred not to state their ethnicity (17%), which limits the conclusions from this analysis.

Figure 78: Social prescribing referrals by ethnicity, Barking and Dagenham, 2024/25



Referrals were made into this service from 66 organisations and teams, with the highest rates from Age UK (37%) and Talking Therapies (10%). Likewise, onward signposts were made to a wide range of organisations, including practical support such as Citizens Advice and housing services, sports groups, mental health services and community-based activities.

### What do residents tell us about their experiences?

Research with residents found that many most people used their GP as their **first point of contact** when seeking help and support in relation to their mental health. While **the majority of people spoke positively their GPs**, they also identified two areas for improvement. First, some participants talked with frustration about GPs seeming to over-rely on prescribing medication for mental health concerns, with this approach seen as the first, and sometimes only, solution offered. Secondly, numerous participants across research workshops said that their GP **hadn't been aware of the many charities and support groups in the borough** who could support them with mental health and emotional wellbeing. They expressed frustration with this,

and a sense of wasted time and missed opportunity, while also feeling very pleased when they had discovered these services and groups eventually.

## Talking Therapies

Talking Therapies offer **multiple types of therapies for people with stress, anxiety and depression**, including cognitive behavioural therapy (CBT), guided self-help, couples therapy and eye movement desensitisation and reprocessing (EMDR, a treatment for people who have traumatic memories). Talking Therapies also offers specialist support for adults with long-term health conditions such as chronic pain, musculoskeletal conditions and diabetes (NELFT, 2025).

Residents of Barking and Dagenham primarily use the Barking and Dagenham Talking Therapies services provided by North East London NHS Foundation Trust (NELFT), although some people access Talking Therapies in neighbouring areas. As shown in the table below, Talking Therapies in NEL ICB meet national standards for the number of people accessing services and waiting times to first treatment, but fall below the standards for improvement and recovery rates (NHS mental health dashboard, 2026).

Figure 79: Overview of Talking Therapies Metrics, NELFT, Q1 2025/6. Source: NHS mental health dashboard Q1 2025/26

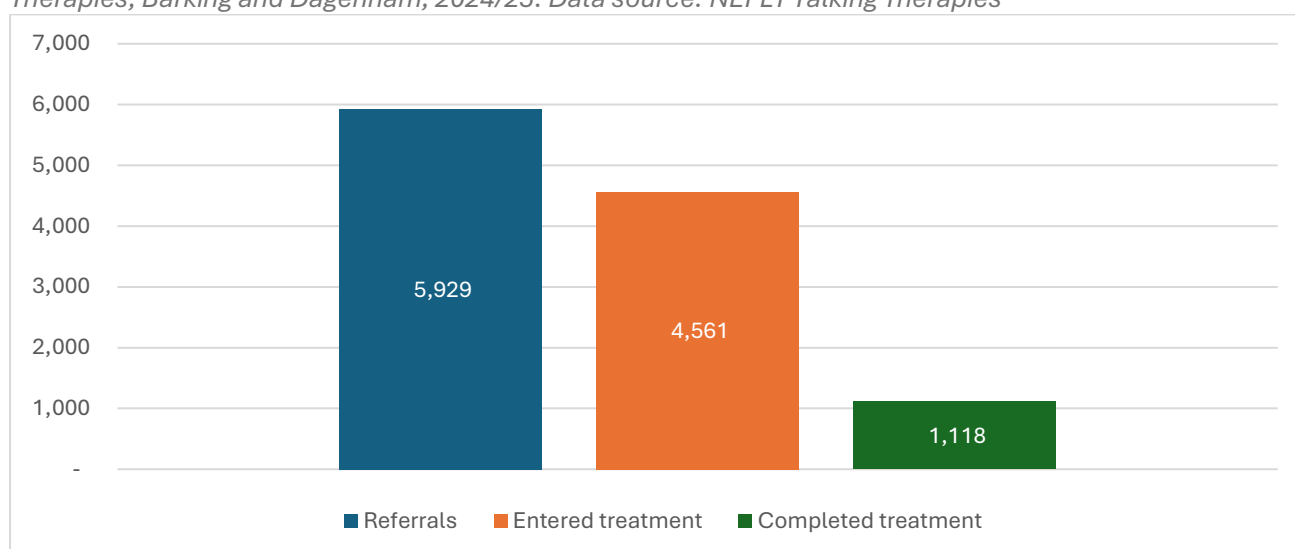
| Metric                                                                        | Value  | Standard met                                                                          | Trend                                                                                 |
|-------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Finished Courses of Treatment                                                 | 6,320  |    |    |
| % of all referrals that are for older people 65+                              | 4.4%   | N/A                                                                                   |   |
| Finished Courses of Treatment (over 65)                                       | 285    | N/A                                                                                   |  |
| Reliable Improvement                                                          | 65.0%  |  |  |
| Reliable Recovery                                                             | 44.0%  |  |  |
| Reliable Recovery for Black, Asian or Minority Ethnic groups                  | 43.0%  | N/A                                                                                   |  |
| % of people receiving first treatment appointment within 6 weeks of referral  | 95.0%  |  |  |
| % of people receiving first treatment appointment within 18 weeks of referral | 100.0% |  |  |
| % of in-treatment pathway waits over 90 days                                  | 31.0%  |  |  |

## Access

Note that IAPTUS migration was implemented in mid-March 2025 and has impacted performance against end of financial year targets.

In 2024/25, **5,929 adults were referred to NELFT Talking Therapies in Barking and Dagenham**, of which 77% (4,561) entered treatment. Of this group, 1 in 4 (1,118 adults) completed their treatment. This is a similar drop off rate to the NELFT average.

Figure 80: Number of people referred to, entering treatment and completing treatment from NELFT Talking Therapies, Barking and Dagenham, 2024/25. Data source: NELFT Talking Therapies

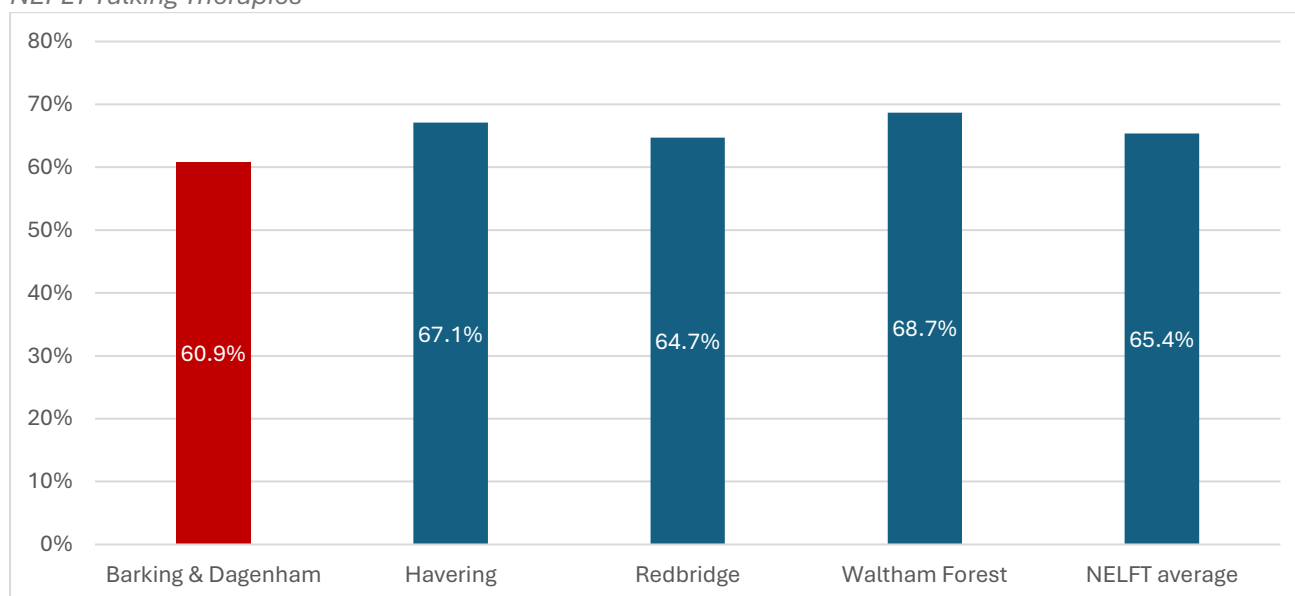


The majority of adults accessing Talking Therapies in Barking and Dagenham in 2024/25 were women (68%), with a very low proportion of records missing gender data (1%).

### Outcomes

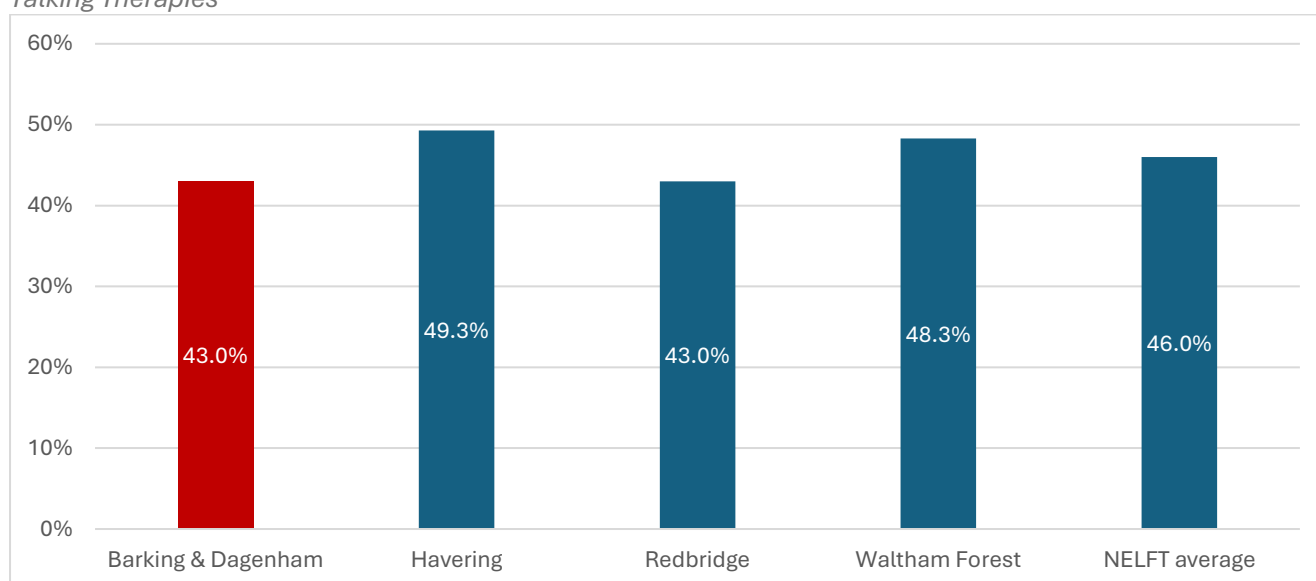
In 2024/25, the reliable improvement rate (the proportion of people who completed treatment, who showed a clinically significant improvement in symptoms) was 60.9% in Barking and Dagenham, the lowest across NELFT. This falls below the national NHS target of 67%.

Figure 81: Reliable improvement rates across NELFT Talking Therapies by borough, 2024/25. Data source: NELFT Talking Therapies



The reliable recovery rate (the proportion of people who completed Talking Therapies treatment, improved and moved into recovery) was 43.0%, among the lowest in NELFT and below the NHS target of 48%. Analysis carried out in 2023/24 found that **female patients had a higher rate of finishing treatment and reaching reliable recovery than male patients.**

Figure 82: Reliable recovery rates across NELFT Talking Therapies by borough, 2024/25. Data source: NELFT Talking Therapies



## Community mental health services

Community mental health services are ‘secondary care services designed for those with severe mental health conditions (inclusive of psychosis, eating disorders, and bipolar mood disorder), enabling people to access specialised care as close to their home as possible’ (Nuffield Trust, 2023).

There are a range of community mental health services in Barking and Dagenham. Where available, data for these services has been presented below. There are some notable gaps in data, including from eating disorder services, IMPART, Psychosis Care Pathway, CHPS, Peer Support, the Older Adult Mental Health Team and the Adult Autism Service.

Table 13: Overview of community mental health services available to residents in Barking and Dagenham, 2025. Source: [NELFT](#)

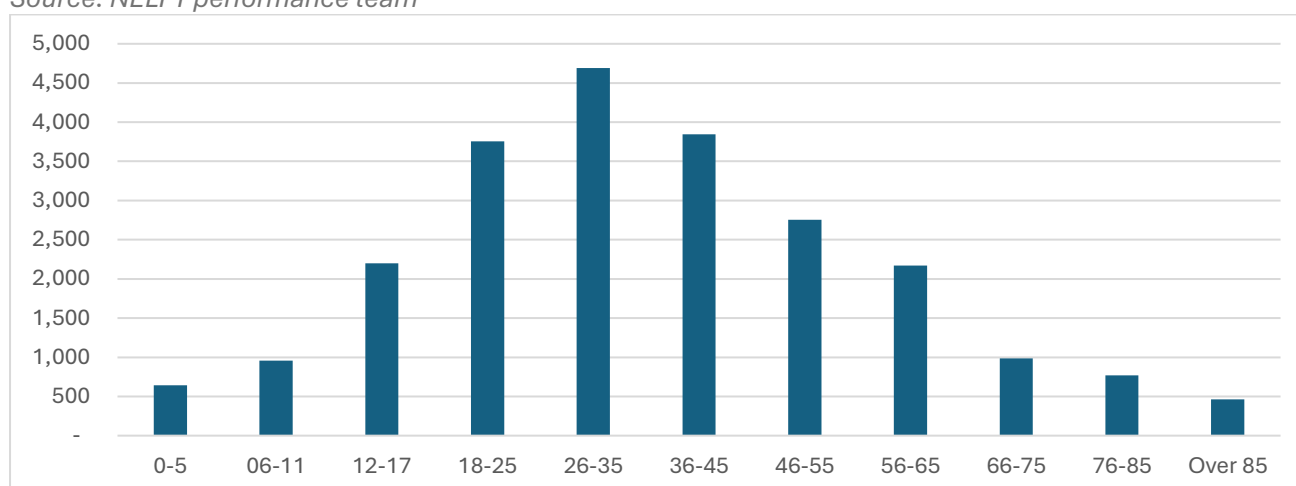
| Service                                                | Age group                            | Offer                                                                                                                                                                                                 |
|--------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mental Health and Wellbeing Teams (MHWT)               | Adults (aged 18+)                    | Barking and Dagenham North, East and West Mental Health & Wellness Teams provide specialist multi-disciplinary team support for adults living with serious mental health conditions.                  |
| Older Adult Mental Health Team                         | Older adults (aged 65+)              | A multidisciplinary team providing person-centred care for older people, with severe and long-term mental health problems such as depression, anxiety, bipolar disorder, schizophrenia, and dementia. |
| Peer Support Workers                                   | Adults (aged 18+)                    | People with lived experience of mental health conditions offer one-to-one support, group support, and telephone or online support.                                                                    |
| <a href="#">Individual Placement and Support (IPS)</a> | Adults (aged 18+)                    | Provides support for entering employment for adults who have a diagnosis of a serious mental illness, or are accessing secondary mental health services.                                              |
| Early Intervention in Psychosis (EIP) service          | Young people and adults (aged 14-65) | Offers intensive and assertive support for people who may be experiencing their first episode of psychosis.                                                                                           |
| The Barking & Dagenham Psychosis Care Pathway          | Adults                               | Provides psychological services to adults who have an established psychosis-related diagnosis, including cognitive behaviour therapy, family intervention for psychosis and art therapy.              |

|                                                        |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Clinical Health Psychology services (CHPS)             | Adults                                                             | Works in acute hospital and community settings, to offer assessments and evidence-based treatment of psychological difficulties directly related to physical health conditions. Some patients have both co-morbid physical health and mental health difficulties.                                                                                                                                                                                                         |
| Eating disorder service                                | Children, young people and adults (aged 8+)                        | Provides specialist outpatient treatment for children, young people and adults with an eating disorder.                                                                                                                                                                                                                                                                                                                                                                   |
| IMPART Personality Disorder Service                    | Adults                                                             | This psychological therapies service provides evidence-based treatments for individuals with a personality disorder, including dialectical behavioural therapy (DBT), cognitive behavioural therapy (CBT), and motivational interviewing based on the needs of the individual. IMPART also offers workshops and support for families and friends supporting the clients being seen by IMPART.                                                                             |
| Perinatal Parent Infant Mental Health Service (PPIMHS) | Parents and children (from pregnancy to age 3)                     | A specialist psychiatric and psychological service, that provides support for women with mental health problems during pregnancy and up to a year after birth; and support for parents and children up to the age of three, to address attachment difficulties.                                                                                                                                                                                                           |
| TULIP                                                  | Women and birthing people in the perinatal period                  | Provides psychological support for people who are experiencing low to moderate mental health conditions brought on by a loss or trauma in the perinatal period and those experiencing tokophobia (fear of labour) in pregnancy.                                                                                                                                                                                                                                           |
| <a href="#">Adult Autism Service</a>                   | Adults (aged 18+ with suspected or diagnosed autism)               | Provides autism assessment and diagnosis, including pre- and post-diagnosis support, as well as support to mental health professionals supporting autistic patients.                                                                                                                                                                                                                                                                                                      |
| Crisis Prevention Service                              | Adults experiencing mental health challenges or emotional distress | Open evenings and weekends. Designed to offer emotional support, not urgent medical attention (not a clinical service, run in a community hub), for those who might otherwise consider attending A&E due to their mental health needs. Support offered may include: A calm, safe environment to talk, one-to-one support from trained staff, signposting or referrals to other services, support in developing coping strategies. This is a new service launched in 2025. |

### Overview of community mental health services

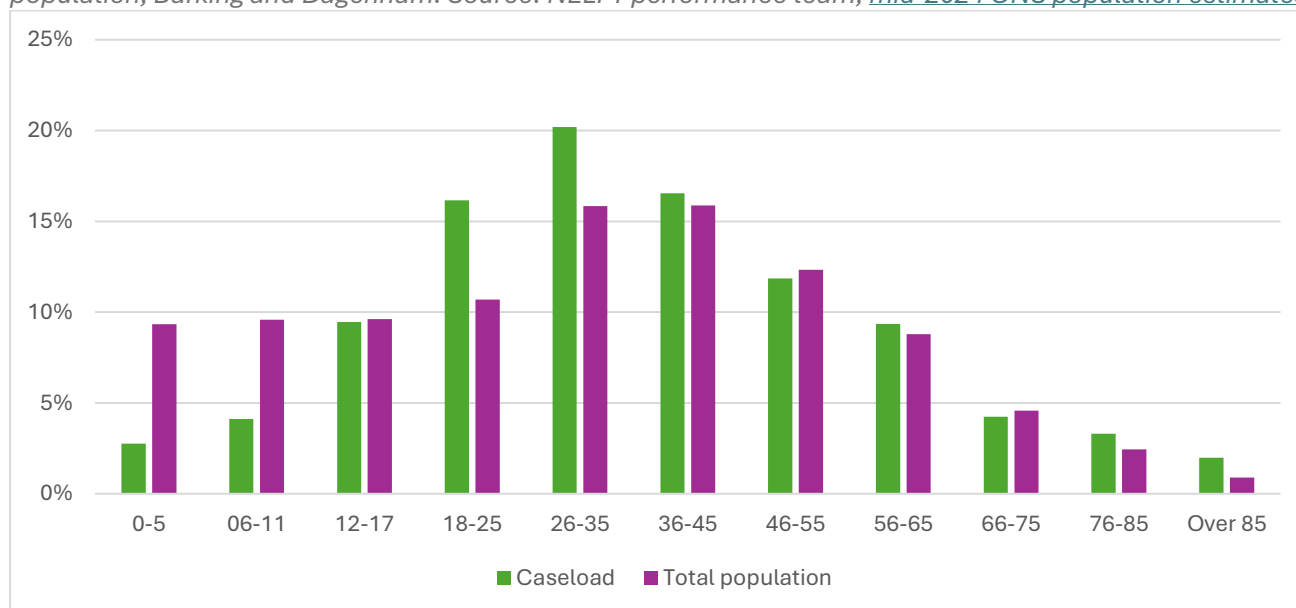
In 2024/25, there were **23,225 adults on the community mental health caseload in Barking and Dagenham**, of which 3,754 (16%) were young adults (aged 18-25), 17,213 (74%) were working age adults (aged 18-65), and 2,218 (10%) were older adults (aged 66+). The caseload numbers represent a snapshot of all residents open to the service on the last day of 2024/25, regardless of when they were last seen.

Figure 83: Age breakdown of community mental health services caseload, Barking and Dagenham, 2024/25.  
Source: NELFT performance team



When compared to the total population of Barking and Dagenham, there is a higher rate of younger adults aged 18 – 35 on the caseload of mental health services, and a lower rate among children under 11. This may reflect differences in types of support services for younger children (such as Early Help, which sits outside of mental health services) and variations in mental health needs across the life course. There is a close match between the proportion of people aged 35+ on the caseload and in the total population.

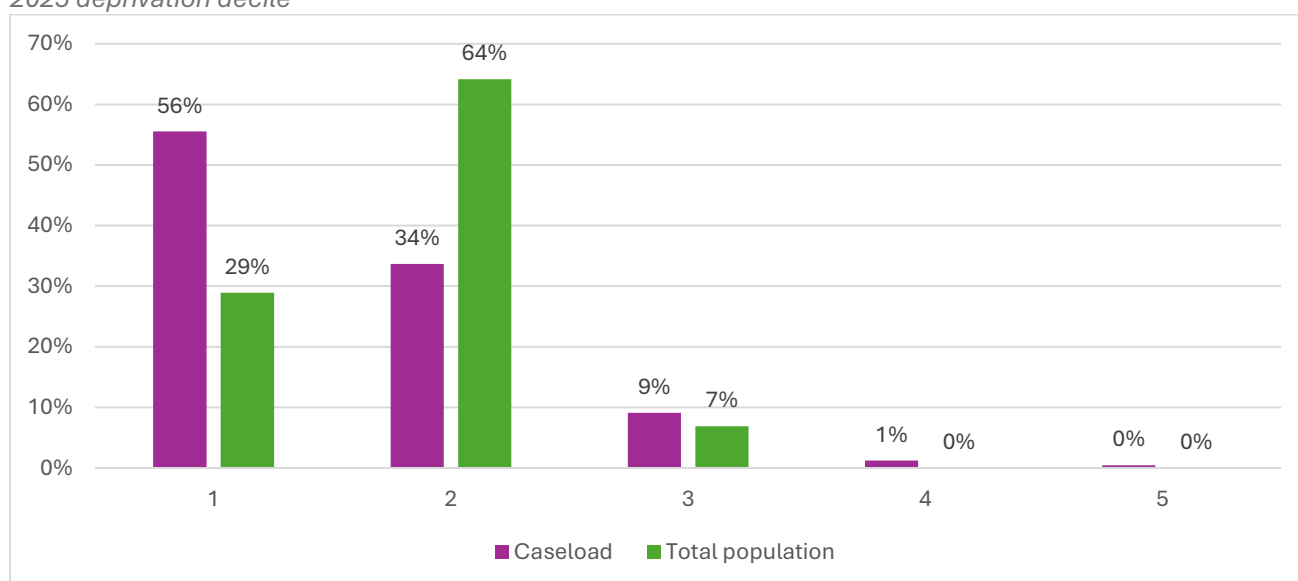
Figure 84: Community mental health services caseload in 2024/25 by age group, compared to the total population, Barking and Dagenham. Source: NELFT performance team, [mid-2024 ONS population estimates](#)



The majority (56%) of people on the caseload of mental health services in Barking and Dagenham live in the most deprived quintile. There is a **higher rate of deprivation amongst people on the mental health services caseload** compared to the total population, which may be reflective of higher levels of mental health need among people living the most deprived areas.

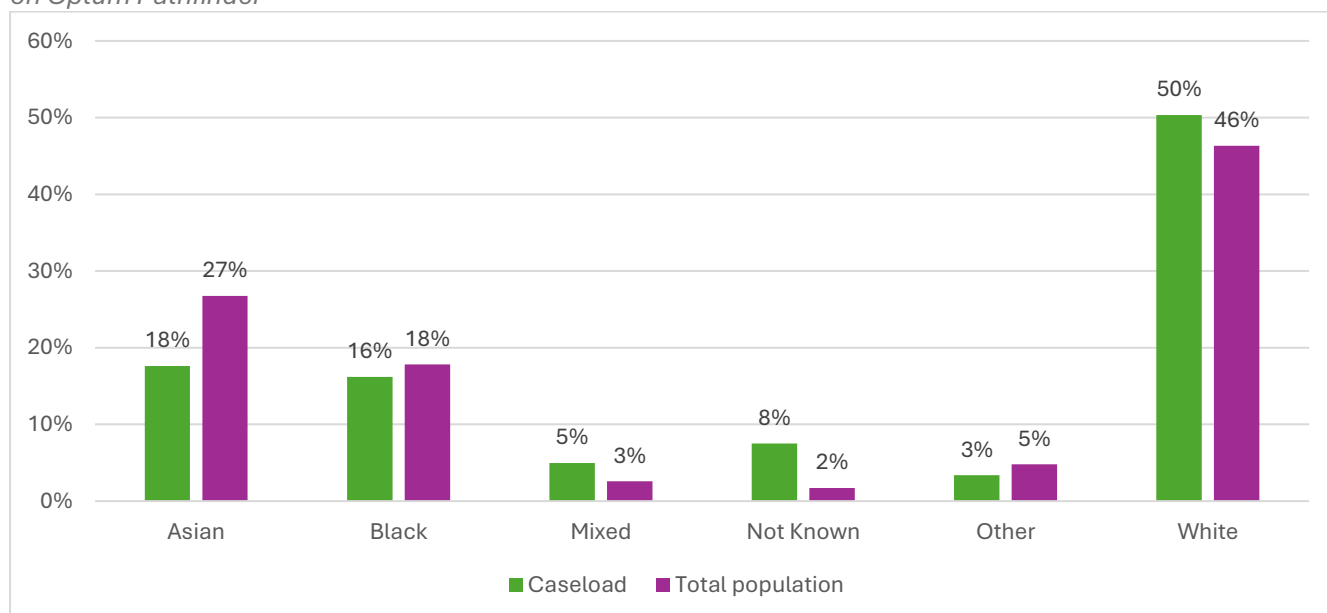
Figure 85: Community mental health services caseload in 2024/25 by deprivation quintile (1 = highest and 5 = lowest level of deprivation), compared to the deprivation quintile in the total population, Barking and

Dagenham. Source: NELFT performance team, population estimates based on Optum Pathfinder and IMD 2025 deprivation decile



When broken down by ethnicity, data suggests that there may be an underrepresentation of people from some ethnic backgrounds in mental health services. In particular, whilst Asian people make up 27% of the total population of Barking and Dagenham, only 18% of people with a recorded ethnicity in mental health services were Asian.

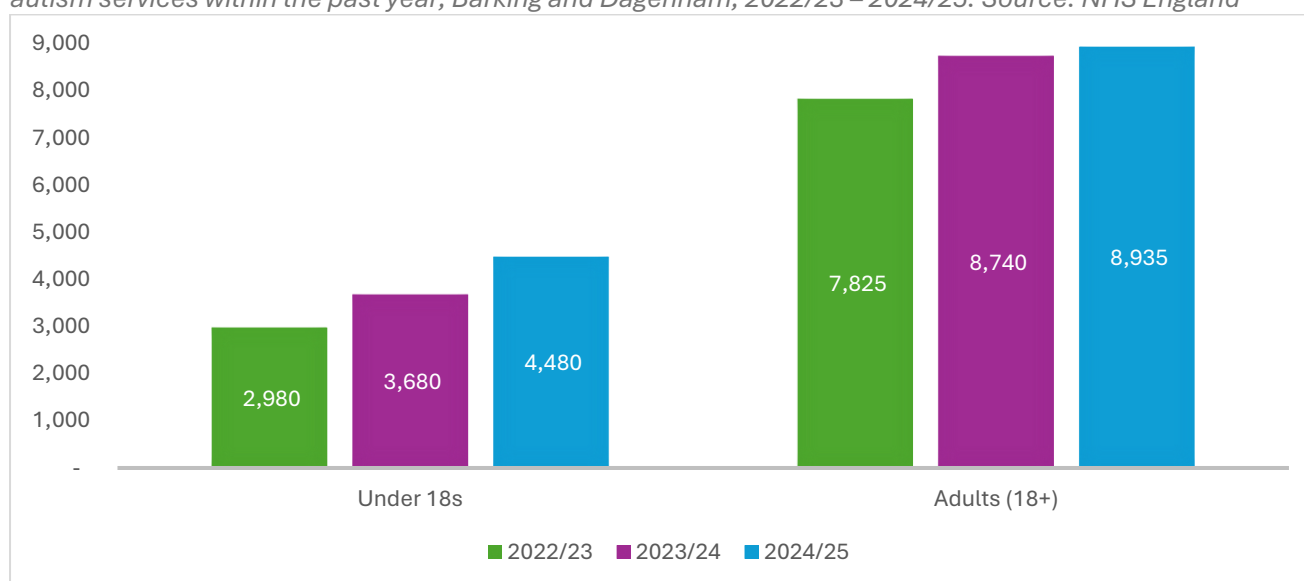
Figure 86: Community mental health services caseload in 2024/25 by ethnicity, compared to the ethnicity in the total population, Barking and Dagenham. Source: NELFT performance team, population estimates based on Optum Pathfinder



## Contacts

In 2024/25, **8,935 adults (aged 18+)** were in contact with NHS funded secondary mental health, learning disabilities and autism services in Barking and Dagenham ([NHS Digital, 2025](#)). The number of people in contact with these services is increasing across all age groups in Barking and Dagenham, particularly among children under the age of 18, with a 2% increase in the number of adults in contact with services from 2023/4 to 2024/5, compared to a 22% increase in the number for children.

Figure 87: Number of people in contact with NHS funded secondary mental health, learning disability and autism services within the past year, Barking and Dagenham, 2022/23 – 2024/25. Source: NHS England



### Patient feedback

The NHS Community Mental Health Survey allows patients to give feedback on community mental health services. Each question is scored from 0-10, where 0 is the worst and 10 is the best possible result. There were 152 respondents for North East London NHS Foundation Trust in 2024, 12% of all possible respondents. Scores to key questions include ([CQC, 2025](#)):

- 6.8 out of 10 for their overall experience of mental health services, similar to the national average
- 8.5 out of 10 in terms of being treated with respect, dignity and compassion by mental health services, somewhat better than the national average
- 6.3 out of 10 in terms of their involvement in their care, similar to the national average
- 4.4 out of 10 in terms of support whilst waiting to access treatment, worse than the national average
- 3.6 out of 10 in terms of support with other areas of life (such as joining activities, finding or keeping work, financial advice), similar to the national average
- 7.0 out of 10 in terms of knowing who to contact out of hours if they had a crisis, similar to the national average

### Mental Health and Wellness Teams

The Mental Health and Wellness Teams (MHWT) in Barking and Dagenham provide a multidisciplinary service for adults experiencing serious mental health difficulties. The teams deliver a range of community-based interventions guided by the Recovery Model, with the aim of promoting mental wellbeing, independence, and social inclusion. They are comprised of community mental health nurses, occupational therapists, psychiatrists, psychologists, and support workers, who work collaboratively to assess individual needs and develop tailored care and support plans.

Referrals are accepted from both internal sources within NELFT and external partners, including GPs, self-referrals, Adult Social Care, and other agencies. The teams aim to assess urgent referrals within 48 hours, and non-urgent referrals within 4 weeks.

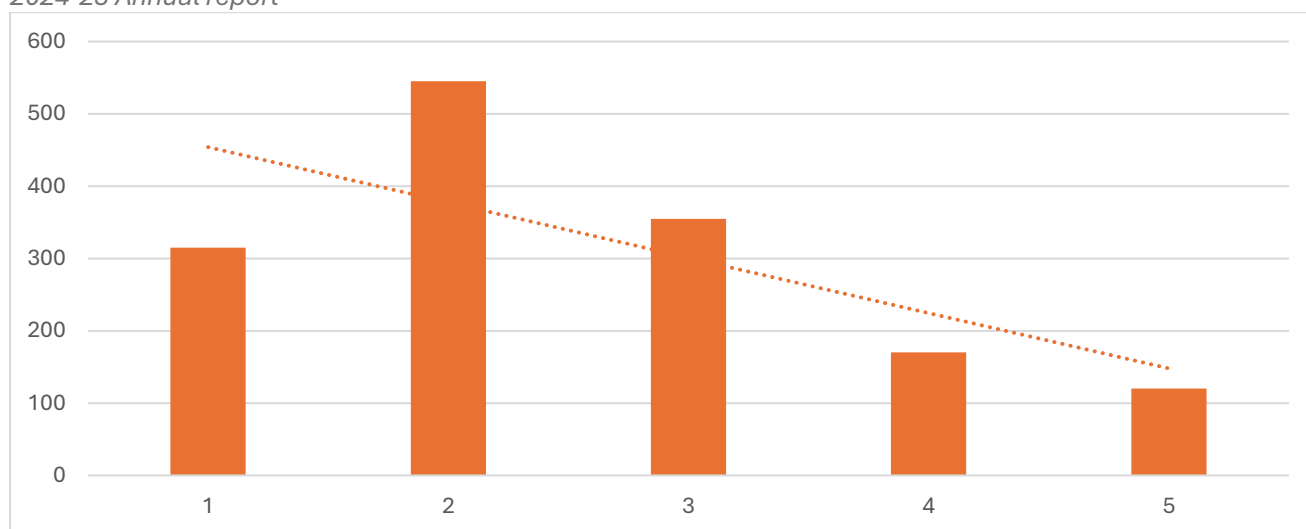
## Perinatal mental health services

Perinatal mental health services provide specialist support for parents in the perinatal period (covering pregnancy to two years after birth). This includes both:

- Maternal mental health services, which provide psychological support for people who are experiencing low to moderate mental health conditions brought on by a loss or trauma in the perinatal period and those experiencing tokophobia (fear of labour) in pregnancy. Locally, this service is known as [TULIP](#)
- Specialist perinatal mental health services, which provide specialist psychiatric and psychological service, that provides support for women with mental health problems during pregnancy and up to a year after birth; and support for parents and children up to the age of three, to address attachment difficulties. Locally, this is provided by the [Perinatal Parent Infant Mental Health Service \(PPIMHS\)](#)

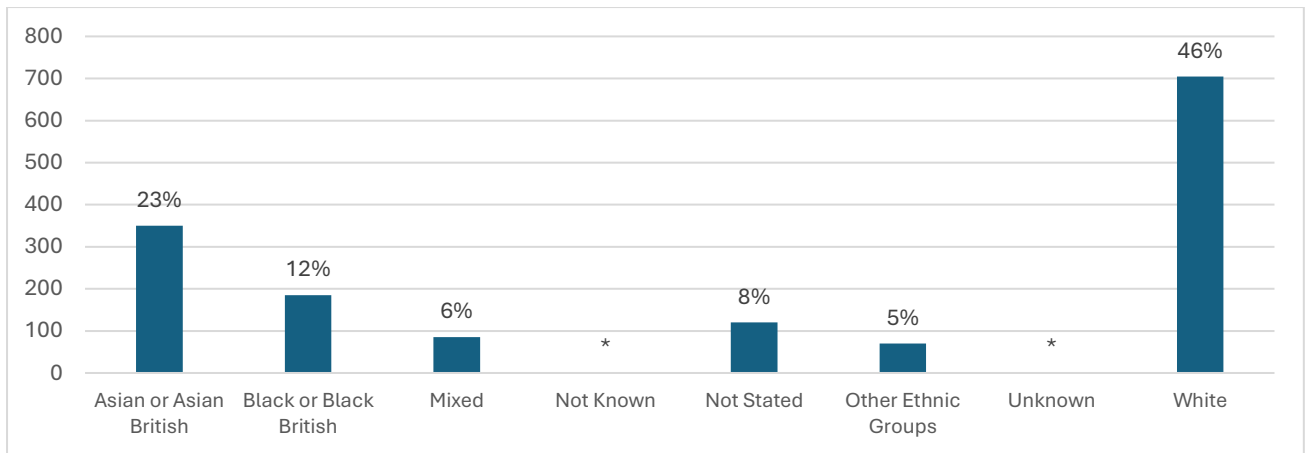
In 2024/25, **1,520 people were in contact with Specialist Perinatal Mental Health Community Services in NELFT**. Data is not available at borough level, due to small numbers ([NHS Digital, 2025](#)). 5% of this group were under 18, perhaps reflecting a higher level of mental health need among young parents, as reflected in national trends. There was a correlation between the number of people in contact with these services and deprivation, with the greater number of people accessing the service living in the second deprivation quintile.

Figure 88: People in contact with Specialist Perinatal Mental Health Community Services by deprivation quintile (1 = most, 5 = least deprived), NELFT, 2024/25. Data source: NHS England Mental Health Bulletin, 2024-25 Annual report



The majority of people in contact with specialist perinatal mental health community services identified as White (46%), Asian/Asian British (23%) or Black/Black British (13%).

Figure 89: People in contact with Specialist Perinatal Mental Health Community Services by ethnicity, NELFT, 2024/25. Data source: NHS England Mental Health Bulletin, 2024-25 Annual report

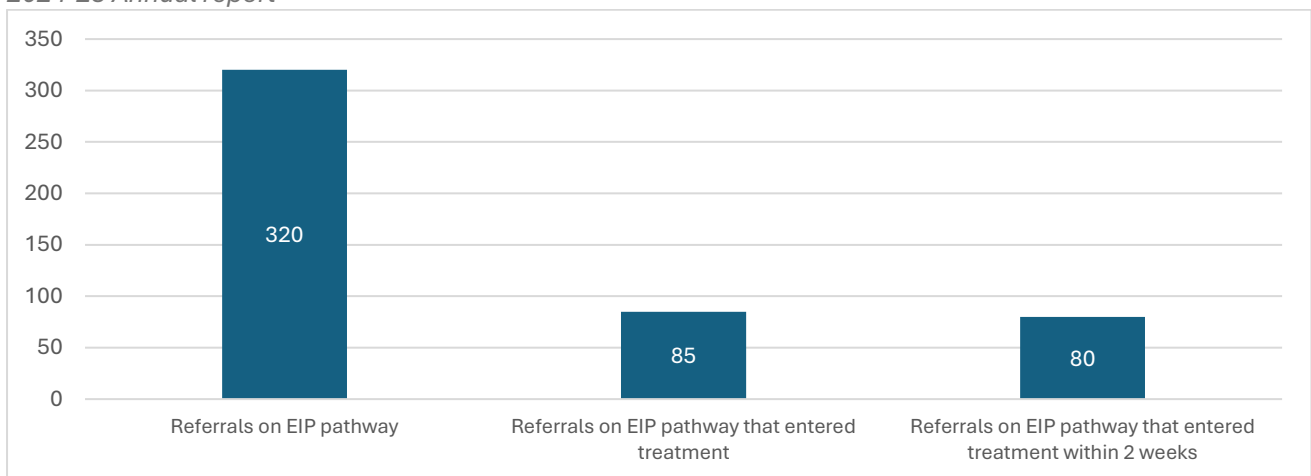


Further work is needed to better understand this data in relation to perinatal mental health need, such as comparing to the perinatal population and breaking down further to focus on Barking and Dagenham.

### Early Intervention in Psychosis (EIP)

In 2024/25 there were 320 referrals on the EIP pathway, of which 85 (27%) entered treatment, a similar rate to the London (25%) and national average (25%). 95% of referrals entering treatment waited 2 weeks or less to enter treatment.

Figure 90: Overview of EIP pathway, NELFT, 2024/25. Data source: NHS England Mental Health Bulletin, 2024-25 Annual report



### Support for people with co-occurring substance use

North East London NHS Foundation Trust (NELFT) community mental health teams alongside Change Grow Live, St Luke's Service deliver a Joint Mental Health and Substance Use Service Pathway.

Their approach includes:

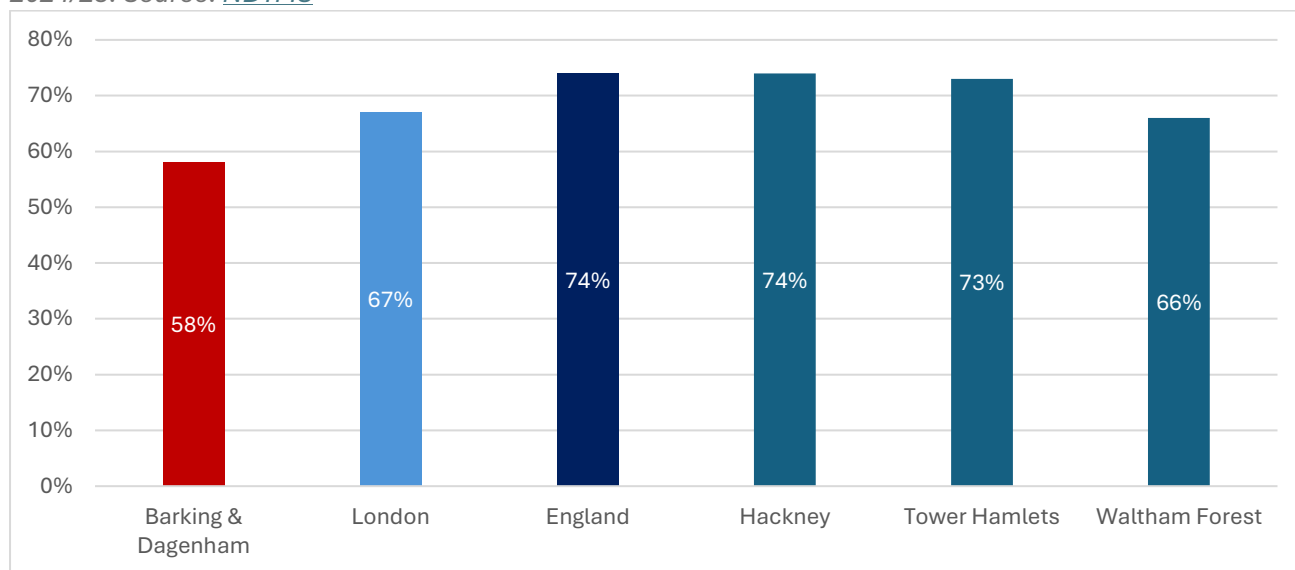
- Monthly case review meetings involving the CGL and mental health services, where cases are discussed and the quality of local pathways are monitored.
- Regular communication between the staff of each service to ensure consistency of message to the client, avoid duplication and manage transitions between services.
- Where appropriate, there is joint assessment and care planning for patients with co-occurring substance use and mental health needs.

- Mental health services can refer into CGL, and vice versa.

At the time of writing the report, 5 people were under this care pathway. This is a small proportion of those with concurrent needs as demonstrated in the following data.

In 2024/25, 355 (58%) of adults starting drug or alcohol treatment in Barking and Dagenham said they had a mental health need, a lower proportion than the national (74%) and London (67%) average, and peer boroughs.

Figure 91: Proportion of adults starting drug or alcohol treatment with an identified mental health need, 2024/25. Source: [NDTMS](#)



When broken down by substance use, the proportion of people reporting a mental health need were:

- 56% in the opiate group
- 65% in the non-opiate only group
- 49% in the alcohol only group
- 74% in the non-opiate and alcohol group

245 (69%) of adults who had a mental health treatment need were in treatment. Of those receiving treatment, this was generally from the community mental health team (49%) or in primary care (45%).

Table 14: Proportion of clients of CGL receiving treatment for mental health need, by type of support, Barking and Dagenham, 2024/25. Source:

| Proportion of clients receiving treatment for mental health need                   | Percentage |
|------------------------------------------------------------------------------------|------------|
| Already engaged with the community mental health team                              | 49%        |
| Receiving mental health treatment from GP                                          | 45%        |
| Engaged with NHS Talking Therapies                                                 | 4%         |
| Has an identified space in a health-based place of safety for mental health crises | 2%         |
| Receiving any NICE recommended interventions                                       | 2%         |

### Service strengths and gaps

Current service- reported strengths in service provision in Barking and Dagenham include:

- A joint working protocol for improved integrated care
- The use of harm reduction approaches and open access services in substance use.
- Outreach and assertive engagement in the substance use service, which helps to engage people

- A multi-disciplinary approach within the mental health community services

Service-reported gaps and areas for improvement include:

- Joint working still needs development
- While services exist for each domain, there may still be instances where substance misuse is treated before mental health (or vice versa) rather than concurrently; or where communication between services is not robust enough.
- Transition and referral delays: Some clients may fall between services. For example, substance use services may not have full mental health capacity and may need to wait for mental health assessment, causing delays.
- Capacity constraints: The mental health and substance misuse services in the borough face pressures and may struggle with caseloads, engagement difficulties, and retention which impact dual diagnosis work.
- Social factors: While social care, housing and employment supports are visible, there is still work to be done in order for them to be fully integrated with dual diagnosis care.

### Individual Placement and Support (IPS)

Individual Placement and Support (IPS) is a type of personalised employment support for people with mental health conditions, that offers support with finding work and remaining in employment ([IPS Grow, 2026](#)).

In Barking and Dagenham, the council previously delivered the Mental Health Vocational Support service, an employment support services offered pre-employment and employment support for people with serious mental illness, covering Individual Placement and Support. In July 2024, NEL ICB commissioned a 5-borough contract for IPS, which was awarded to Hestia, with Barking and Dagenham's service was sub-contracted to Working Well Trust ([Working Well Trust, 2026](#)).

### Urgent and emergency care

Urgent and emergency mental healthcare is provided by a range of teams and services, including:

- **NELFT 24/7 Mental Health Crisis Assessment Hub:** A safe, therapeutic space for adults in mental health crisis. Open 24/7 and provides crisis resolution and 'walk-in' emergency assessments, as an alternative to attending the emergency department for people who do not require acute medical intervention.
- **Mental Health Crisis Prevention Service:** A third-sector led, non-clinical, community-based initiative designed to support residents experiencing self-defined mental health distress who do not require immediate medical intervention.
- **111 Option 2:** People in mental health crisis can call 111, and press option two, to speak to a mental health professional. This service is available 24/7 and was launched in North East London in April 2024.
- **Home treatment team (HTT):** Provides acute home treatment crisis interventions for adults (aged 18 – 65) whose mental health crisis is so severe that they would otherwise have been admitted to a psychiatric hospital.
- **Liaison psychiatry:** These services are based in general hospitals, including emergency departments, and provide psychiatric assessment and treatment to patients who may be experiencing mental health conditions whilst in hospital ([RCPSYCH, 2025](#))
- **NELFT Street Triage Team:** Mental health nurses provide immediate advice to police officers who are dealing with people with possible mental health needs, improve the experience of people who come into contact with the police and reduce inappropriate use of Section 136.

- **Acute inpatient services:** Provide treatment for people whose mental health cannot be safely managed in the community.

These services align with the [10 Year Health Plan for England](#) aim to improve access to and experience of urgent and emergency mental healthcare, which includes specific recommendations around early intervention and support, and investment in dedicated mental health emergency departments. For example, an evaluation of the Street Triage team carried out in 2028/19 was highly positive, with good feedback from service users, carers and police; as data suggesting that, per quarter, an average of 30 clients were prevented from being placed under Section 136 and 52 prevented from being taken to the emergency department ([NELFT, 2019](#)).

### Mental Health Crisis Prevention Service

The service focuses on early intervention and prevention, helping individuals manage distress and reducing the likelihood of escalation to statutory services such as psychiatric liaison or emergency departments, including:

- Providing timely, practical support aimed at reducing social isolation and strengthening community resilience.
- Working collaboratively with VCSE organisations and statutory services to create integrated care pathways.
- Offering signposting and referrals to appropriate services, ensuring smooth transitions between community and clinical support where needed.

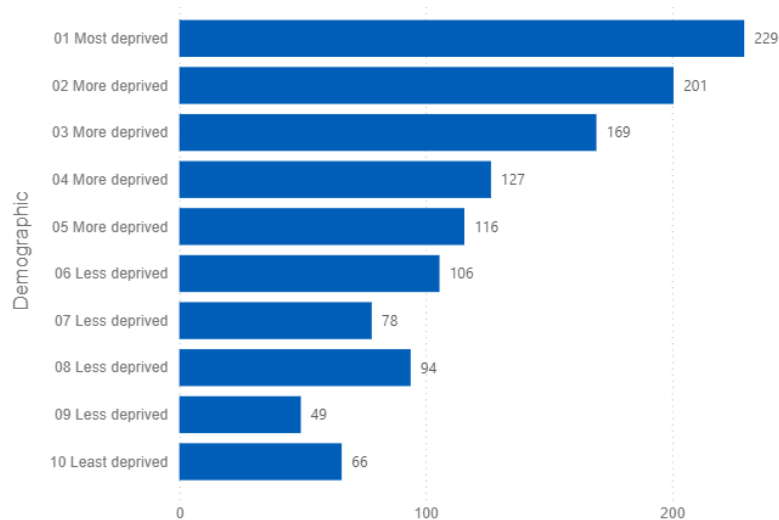
This service has both walk-in access and outreach support for individuals unable to travel or leave their home

### Mental Health Act

People with a mental health condition can be detained under the Mental Health Act, which means that they can be formally detained in hospital for their own health or for the protection of other people ([NHS England, 2025](#)). There are substantial differences in rates of detention under the Mental Health Act, particularly in terms of ethnicity and deprivation. Whilst this data presents crude rates (i.e. it is not adjusted for differences in age or mental health need), it suggests there are significant inequalities in how people access mental health services.

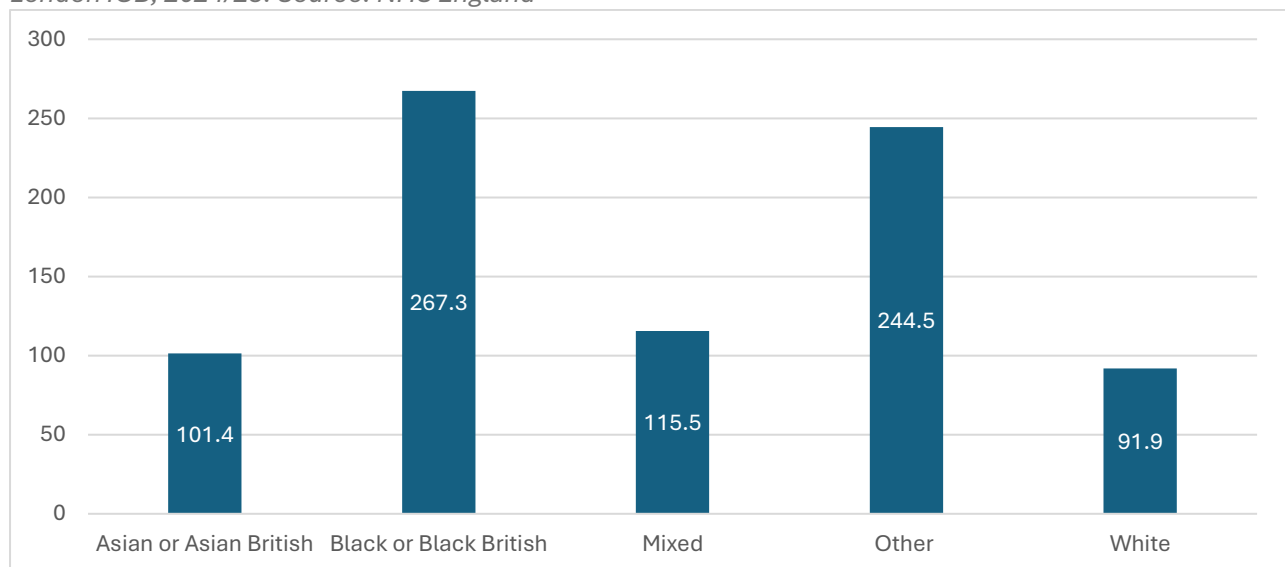
There is a strong correlation between deprivation and detention rates, with people living in the most deprived deciles being over three times more likely to be detained under the Mental Health Act than those from the least deprived areas.

*Figure 92: Crude rate of detention (per 100,000) under the Mental Health Act by IMD deprivation decile (1=most deprived, 10=least deprived), North East London ICB, 2024/25. Source: NHS England*



The rate of detention are 2.9 times higher for Black or Black British people, and 2.6 times higher from people from 'Other' ethnic groups, compared to people from White ethnic groups.

Figure 93: Crude rate of detention (per 100,000) under the Mental Health Act by ethnic group, North East London ICB, 2024/25. Source: NHS England



The rate of detentions in 2024/25 were also higher for adults aged between 18-34 (192 per 100,000) compared to other age groups, and for men (152 per 100,000) compared to women (118 per 100,000).

### Inpatient mental health services

There are the following inpatient mental health wards in NELFT:

Table 15: Overview of inpatient mental health wards in NELFT, by patient group. Source: [NELFT](#)

| Group            | Ward                                           | Offer                                                                                                                                                                                                                                                                                                             |
|------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Women (aged 18+) | Sunflowers Court inpatient unit - Picasso ward | This 20-bed service assesses and cares for women suffering from acute mental health problems who are in crisis and cannot be safely cared for in the community. The service aims to complete all assessment within 7 days and a decision can be made to either discharge or to transfer to other treatment wards. |
|                  | Sunflowers Court inpatient                     |                                                                                                                                                                                                                                                                                                                   |

|                            |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                            | unit - Kahlo ward                                     | These services care for women suffering from acute mental health problems, and are in crisis who cannot be cared for at home due to the level of risk they present to themselves or others                                                                                                                                                                                                                          |
|                            | Sunflowers Court inpatient unit - Knight ward (acute) |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Men (aged 18+)             | Sunflowers Court inpatient unit - Monet ward          | These services care for men suffering from acute mental health problems who are in crisis and cannot be cared for at home due to the level of risk they may present to either themselves or to others.                                                                                                                                                                                                              |
|                            | Sunflowers inpatient unit - Ogura ward (acute)        |                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                            | Sunflowers Court inpatient unit - Turner ward (acute) |                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                            | Sunflowers Court inpatient unit - Titian ward         | Titian ward is a male psychiatric intensive care unit (PICU). Service users referred present a high risk to themselves and/or others, are at risk of absconding and it is believed the risk cannot be safely managed in an acute environment.                                                                                                                                                                       |
|                            | Sunflowers inpatient unit - Morris ward               | Low secure inpatient services are for patients detained under the Mental Health Act who require care and treatment under conditions of low security due to the nature of the risk they pose to themselves and others. This service supports men with severe and enduring mental illness who have persistent, complex and challenging needs who cannot be safely assessed and treated in an open and acute facility. |
| All ages                   | Sunflowers Court - Section 136 suites                 | Sunflowers Court, Goodmayes Hospital has two Section 136 suites, for people detained by police under Section 136 of the Mental Health Act. The s136 Suite will provide a “place of safety” whilst potential mental health needs are assessed under the Mental Health Act, and any necessary arrangements will be put in place for their on-going care.                                                              |
| Older adults (usually 65+) | Woodbury unit                                         | An older adult acute mental health service that cares for men and women who are deemed to be frail and usually aged 65+, although younger adults may be admitted when appropriate, typically with early onset dementia. The service works with people who have either organic or functional mental health problems, which are complex enough to require a period of inpatient treatment.                            |
|                            | Sunflowers inpatient unit - Cook ward                 | An older adult acute mental health service that cares for women, who are deemed to be frail and usually aged 65+, although younger adults may be admitted when appropriate, typically with early onset dementia. The service works with people who have either organic or functional mental health problems, which are complex enough to require a period of inpatient treatment.                                   |
|                            | Sunflowers court inpatient unit - Stage ward          | An older adult acute mental health service that cares for men, who are deemed to be frail and usually aged 65+, although younger adults may be admitted when appropriate, typically with early onset dementia. The service works with people who have either organic or                                                                                                                                             |

|  |  |                                                                                                         |
|--|--|---------------------------------------------------------------------------------------------------------|
|  |  | functional mental health problems, which are complex enough to require a period on inpatient treatment. |
|--|--|---------------------------------------------------------------------------------------------------------|

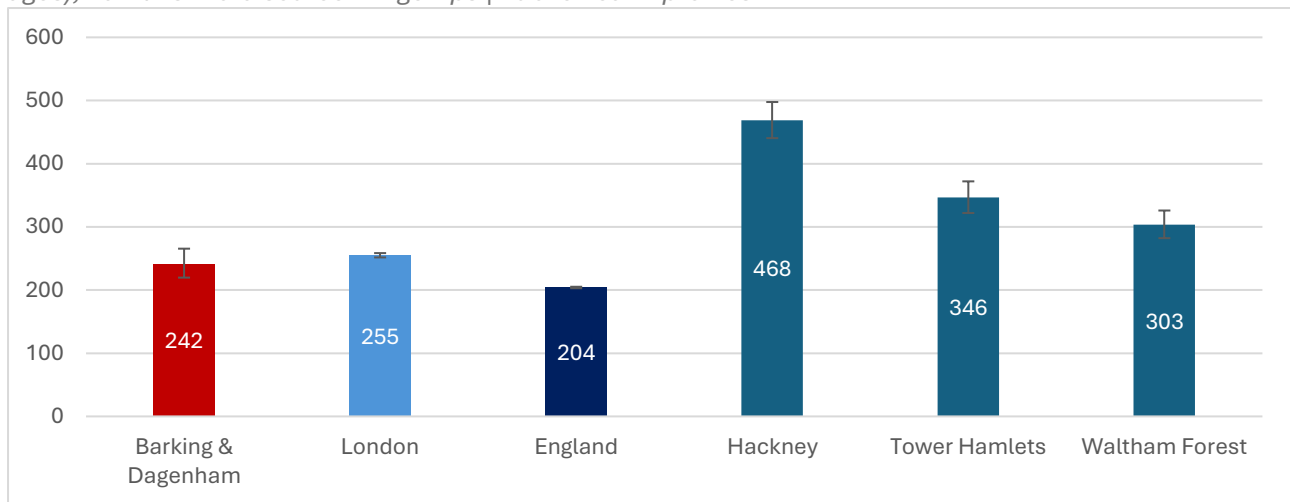
There is going work to improve inpatient mental health services in NELFT, as part the 3 year inpatient improvement plan for 2024 to 2027 (NELFT, 2024).

### Admissions

In 2024/25, **375 adults (aged 18+) were admitted as an inpatient with NHS funded secondary mental health, learning disabilities and autism services** in Barking and Dagenham, 4% of adults in contact with NHS funded secondary mental health, learning disabilities and autism services ([NHS Digital, 2025](#)).

In 2022/23, there were 500 inpatient mental health admissions in Barking and Dagenham across all age groups, no significant change from the year before. This is equivalent to 242 per 100,000 of the population, a significantly higher proportion than the national average (204 per 100,000), but lower compared to peer boroughs.

*Figure 94: Directly standardised rate of inpatient stays in secondary mental health services, per 100,000 (all ages), 2022/23. Data source: Fingertips | Public health profiles*



### Demographic breakdown

The following data is based on analysis carried out by NELFT performance team and does not align with the nationally published figures above.

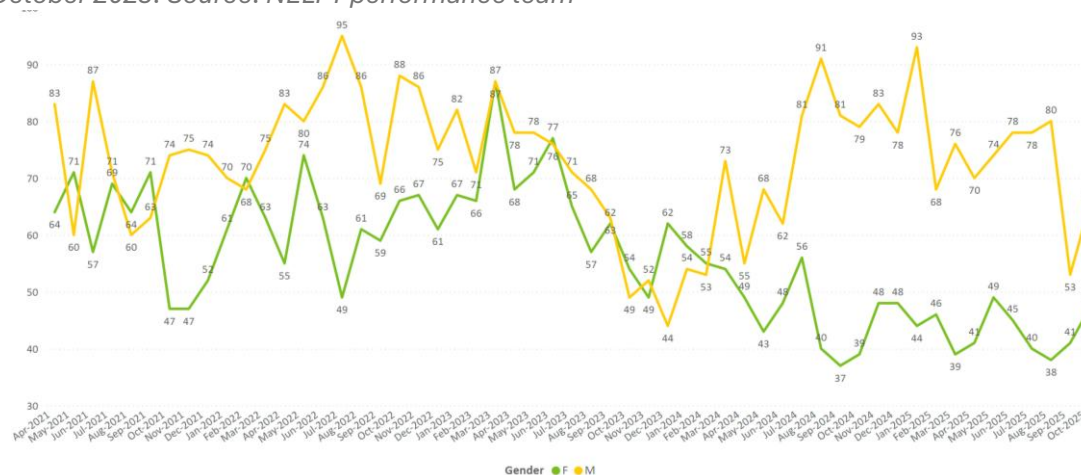
From April 2021 to October 2025, there was an average of 129 adult and older adult mental health inpatient admissions per month in Barking and Dagenham, with higher rate from March 2022 to June 2023, and a lower rate from October 2023 onwards. Most admissions were from people in younger age groups (aged 18 – 39).

Figure 95: Adult and older adult mental health inpatient admissions, Barking and Dagenham, April 2021 – October 2025. Source: NELFT performance team



Men made up 57%, and women 43%, of mental health inpatient admissions over this time period. The decrease in admissions from October 2023 was driven by a fall in the number of women admitted.

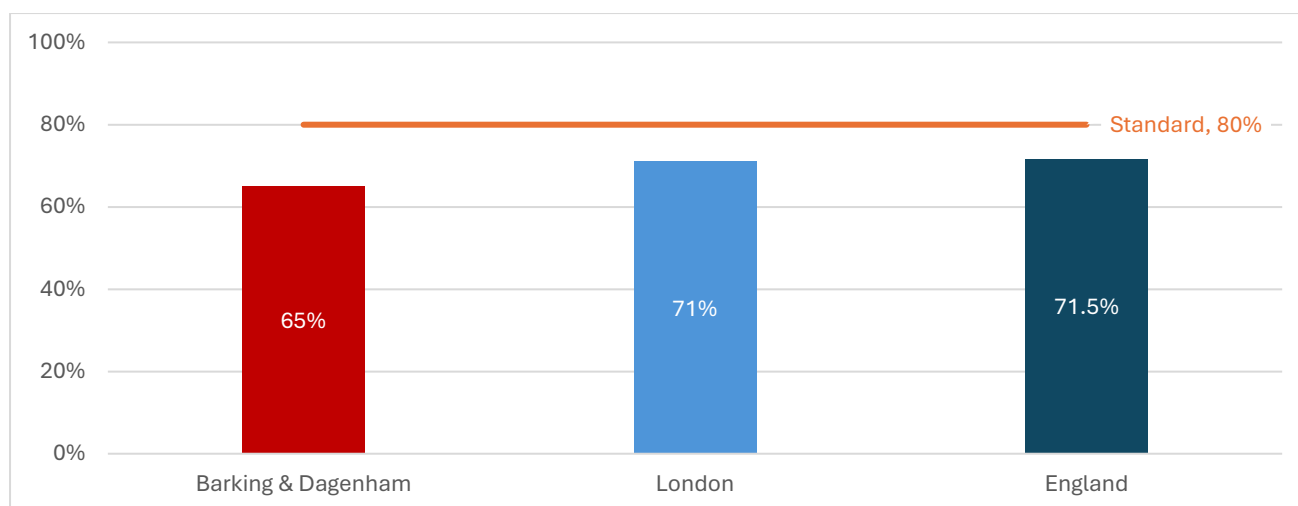
Figure 96: Adult and older adult mental health inpatient admissions by gender, Barking and Dagenham, April 2021 – October 2025. Source: NELFT performance team



### Follow up after discharge

In 2024/25, 65% of discharges from adult acute beds that were followed up within 72 hours, below both the rates of London and England, and the national standard of 80%. This ambition was introduced in 2020, after it had been highlighted as a priority by patient groups and in terms of suicide prevention (NHSE, 2020).

Figure 97: Discharges from adult acute beds that were followed up within 72 hours, 2024/25. Data source: NHS England Mental Health Bulletin, 2024-25 Annual report



## Voluntary and community sector

There are a range of voluntary and community sector organisations which provide mental health support, many of which are listed on Joy, a directory of directory of voluntary and community services across Barking and Dagenham. The [BD Collective](#), a network for the social sector in Barking and Dagenham, is also working to develop a list of groups and offers for people with mental health needs.

One example of a voluntary sector organisation providing mental health support is [Mind Havering, Barking and Dagenham](#), which offers a range of services including Mum’s Matter (perinatal mental health), Mental Health and Wellbeing service for Ukrainian refugees, Hoarding Project, and the Gateway Telephone Service, and a first point of contact for people seeking support for their own or someone else’s mental health.

Another example is [Ultimate Counselling](#), which provides community based mental health, wellbeing and outreach support services. This includes specialist support for people seeking asylum, refugees and others with unsettled or undocumented status. Between May and October 2025, this service received 1,214 referrals in Barking and Dagenham, indicating a high level of demand among this population.

- 86% of people referred required language support, demonstrating a very high need among this group.
- 76% of service users were women.
- There was significant demand from children and young adults aged between 14 and 25 (27%). The majority of referrals were for adults aged 25 – 65 (64%), with 9% from adults aged 65+.
- Referrals came from a range of organisations, including self-referrals, NHS and the local authority.
- The most common presenting issues were adjustment disorders, depression, anxiety and trauma. Many of these issues were linked to migration, socio-economic/existential issues, and family and personal challenges.

NELFT have also recently funded the Mental Health [Crisis Prevention Service](#) at Kingsley Hall, launched in 2025 in collaboration with Lifeline projects which offers emotional and practical support for those in crisis but not needing urgent medical intervention (also summarised in ‘[Community Health Services](#)’.)

## Social interventions

Grassroot and user-led mental health groups in London have called for a greater focus on the social determinants of mental health and for ideas of mental healthcare to be expanded to include mutual aid groups, accessible transport systems and the social security system (NSUN, 2024). There are many local community-based activities that can support mental health. Some examples include:

- [Carers Centre SA Ltd](#) provides advice, information and support for adult carers including mental health support
- **Age UK Redbridge, Barking & Dagenham and Havering** provides a range of activities, events and classes for older people.
- [Connect](#), a borough-wide initiative which brings voluntary, community, faith, and social enterprise organisations together across Barking and Dagenham to support residents who are socially isolated

### Adult social care

The London Borough of Barking and Dagenham (LBBD) delivers adult mental health social care for adults with mental health needs, in line with statutory responsibilities. This model combines social care and health expertise to provide holistic assessment and support for residents with mental health needs, including those living with dementia or cognitive impairment. This service also works closely with:

- Primary Care Networks (PCNs)
- North East London NHS Foundation Trust (NELFT)
- Voluntary and community sector organisations
- Carers and family networks
- Community groups and advocacy services

This collaborative approach ensures joined-up care and support across health and social care systems. Social workers employed by LBBD focus on social care needs, safeguarding, and statutory duties, while NELFT clinicians manage diagnosis, treatment, and clinical risk. The mental health social care offer includes:

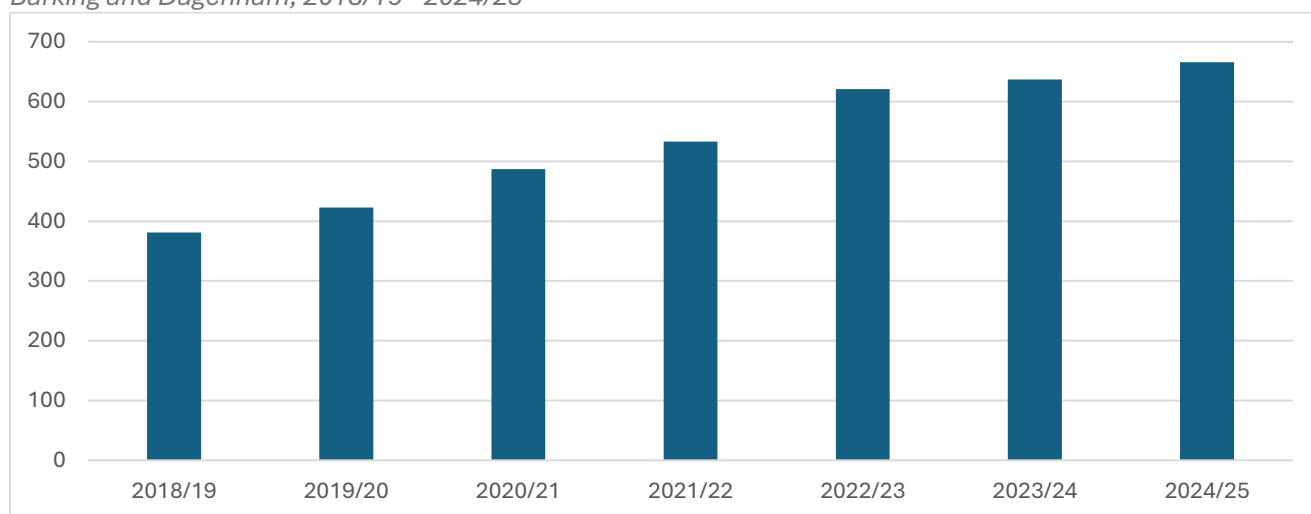
- Care Act Assessments for adults with mental health needs.
- Safeguarding Adults at risk of abuse or neglect.
- Approved Mental Health Professional (AMHP) duties under the Mental Health Act, including coordinating assessments and applications for detention when necessary.
- Support planning and brokerage to help people live independently and achieve personal outcomes.
- Carer assessments and support, ensuring carers' rights are upheld.
- Community-based interventions promoting recovery, wellbeing, and social inclusion.

### How many people with mental health needs are supported in social care?

In Adult Social Care Services, people are classified as having a primary support need. This need can change over time, and people may be recorded as having multiple secondary support needs. The following analysis is based on the adults with a primary support need of 'mental health support' in Barking and Dagenham, who have had a Care Act Assessment and are receiving support:

A rising number of people are being supported by social care with a primary support need of mental health support, with **666 adults accessing support in 2024/25**.

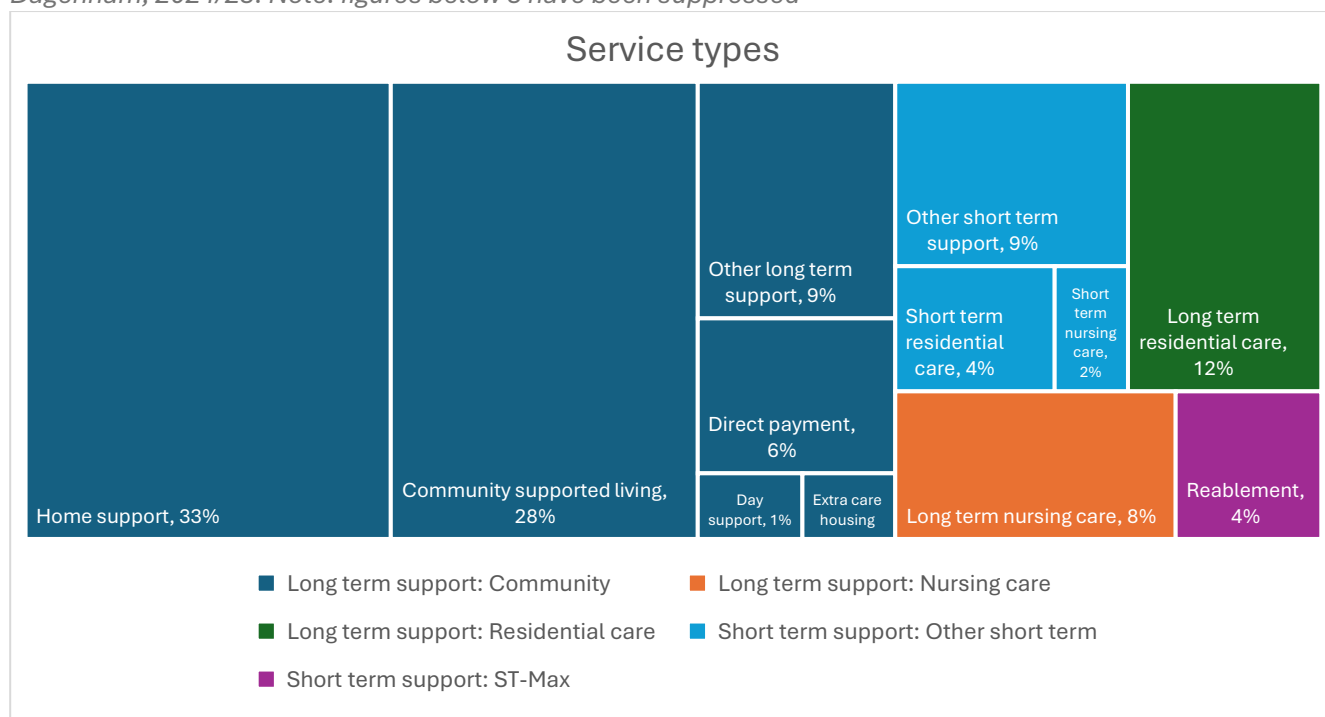
Figure 98: Number of adults supported in social care with a primary support need of 'mental health support', Barking and Dagenham, 2018/19 - 2024/25



In 2024/25, the cohort of people in receipt of adult social care with a primary support reason of mental health support was an even mix of men (49%) and women (51%). This cohort had a high proportion of older adults (42% aged 65+), particularly adults aged 75-84 (28%), although there were small numbers of young adults (5%).

The most common forms of support provided were all long-term support, including home support (33%), community supported living (28%) and long-term residential care (12%).

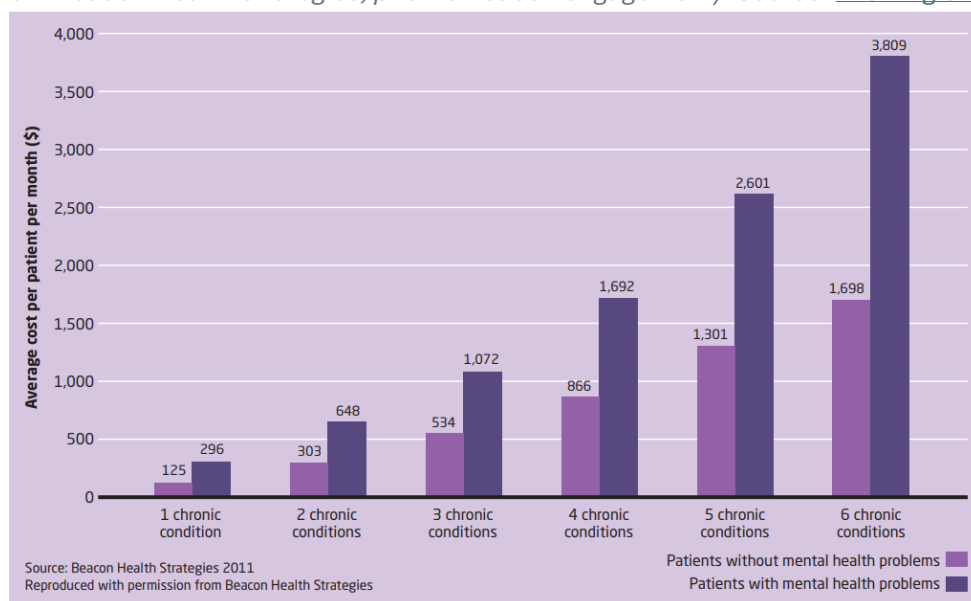
Figure 99: Service types provided to people with a primary support need of mental health support, Barking and Dagenham, 2024/25. Note: figures below 5 have been suppressed



## Mental health and physical health

There is a **bidirectional relationship between mental health and physical health**: people with poor mental health are more likely to develop physical health conditions and likewise, people with long-term physical health conditions are between 2 to 3 times more likely to experience mental health problems than the general population ([The King's Fund, 2012](#)). Living with both physical and mental health conditions can lead to reduced quality of life, significantly poorer outcomes, and increased health system costs ([The King's Fund, 2012](#)).

Figure 100: Monthly medical costs per patient with and without mental health problems (based on client claims data from Beacon Health Strategies, prior to Beacon engagement). Source: [The King's Fund](#)



Moreover, the life expectancy of people living with serious mental illness is 15 to 20 years below that of the general population, predominantly due to preventable physical illnesses, which has been described as one of the **'greatest health equality gaps in England'** (NHSE, 2025).

### Key findings

The overlap between physical and mental health is a particularly important issue for Barking and Dagenham, given the high level of long-term physical health conditions among the local population, and poor healthy life expectancy compared to other areas (JSNA, 2025).

#### Co-morbidity in physical and mental health

- Three quarters (77%) of adults on the serious mental illness register also have an additional long-term health condition, and many have multiple long-term conditions.
- In 2021-23, the rate of premature mortality in adults with serious mental illness was 131.1 per 100,000 in Barking and Dagenham, significantly worse than the national and London average
- The premature mortality rate for cardiovascular disease for people with serious mental illness in Barking and Dagenham is 1.5 times the national average

#### Health behaviours

- In 2024-25, 22% of current smokers in Barking and Dagenham had a long-term mental health condition, 1.5 times the rate of those who did not have a mental health condition ([Fingertips, 2025](#))

#### Integrated healthcare

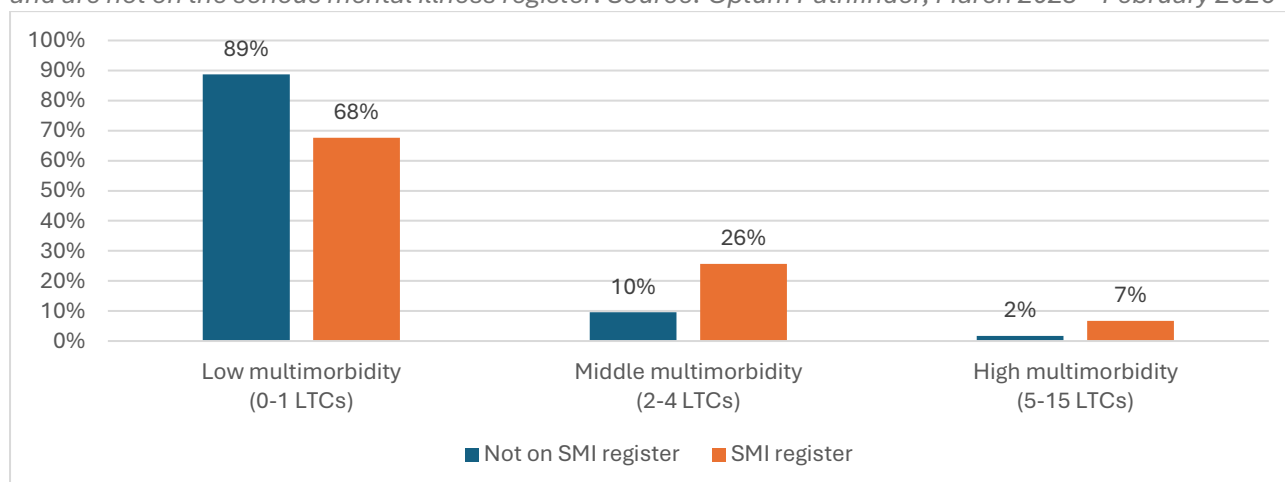
- In the latest community mental health survey, patients scored NEL services 4.8 out of 10 in terms of how their mental health team supported them with their physical health needs, a similar rate to the national average (CMHS, 2024).
- Whilst the uptake of physical health checks for people with serious mental illness (SMI) has increased in recent years to reach 56% in December 2025, it falls below the NEL average (63%) and current operational target of 70%.

## Comorbidity in physical and mental health

### Serious mental illness

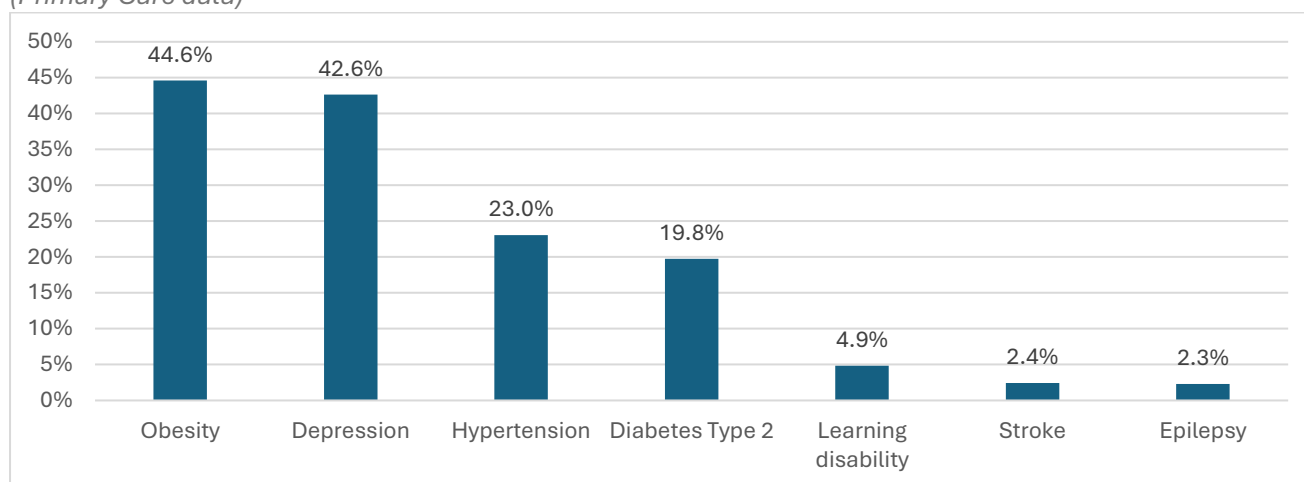
Research shows that people with serious mental illness are more likely to have long-term physical health conditions ([PHE, 2018](#)). This is reflected in local data, which shows that 7% of people registered with GPs in Barking and Dagenham on the serious mental illness register have a high level of multimorbidity, with between 5 – 15 long-term health conditions, compared to 2% of people not on the register. Similarly, over twice the rate of people on the serious mental illness register have between 2 and 4 long term health conditions (26%), compared to people not on the register (10%).

Figure 101: Multimorbidity among people registered with GPs in Barking and Dagenham, for people who are and are not on the serious mental illness register. Source: Optum Pathfinder, March 2025 – February 2026



Analysis carried out in 2024-25 showed that the most commonly recorded physical health conditions among people with were obesity (45%), hypertension (43%) and type 2 diabetes (20%). 43% of people with serious mental illness also had a diagnosis of depression, highlighting a high level of co-occurring mental health needs among this cohort.

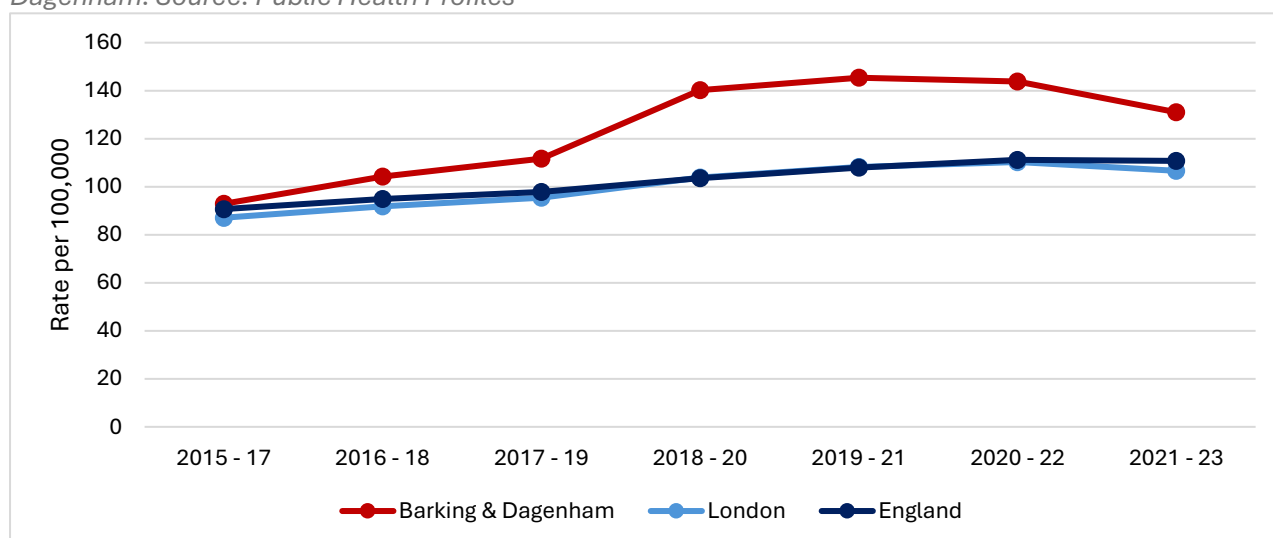
Figure 102: People with on the primary care serious mental illness register by other long-term conditions and learning disability status, Barking and Dagenham, 2024-25. Source: NEL ICB Intelligence and Insights team (Primary Care data)



### Premature mortality

In 2021-23, rate of premature mortality in adults aged 75 and under with serious mental illness in Barking and Dagenham was 131.1 per 100,000. This rate is significantly worse than the national average (110.8 per 100,000) and the rate across London (106.6 per 100,000). This trend has been present since 2017-19, when there was an increase in premature mortality in Barking and Dagenham.

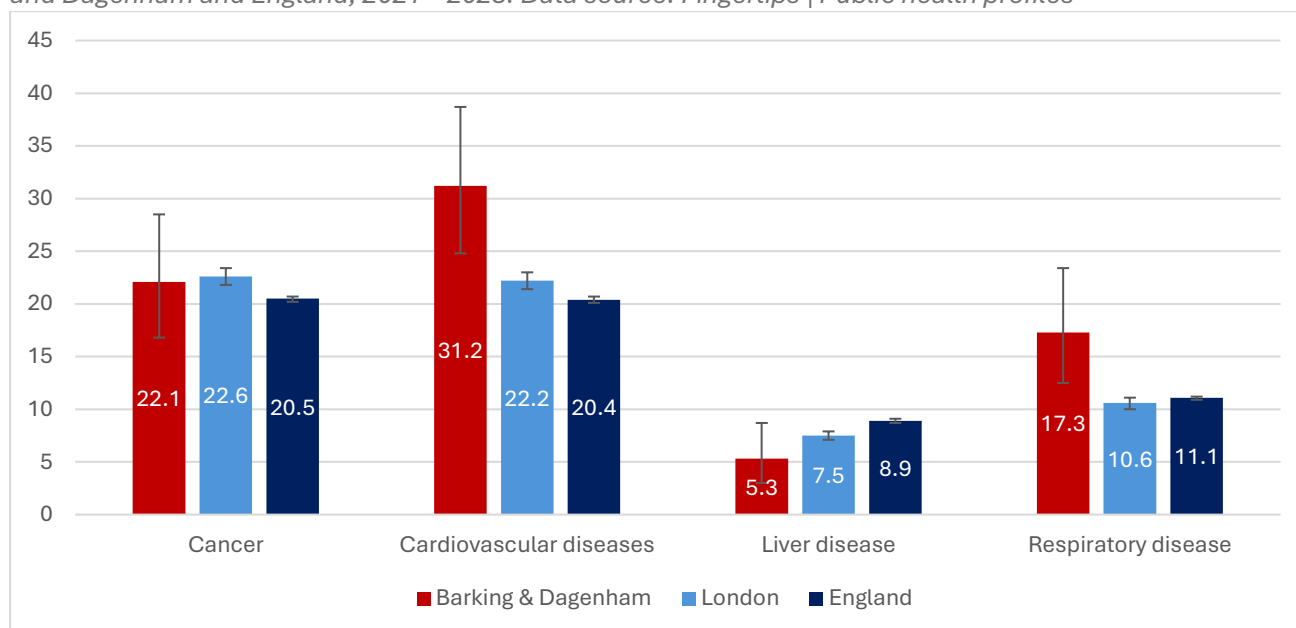
Figure 103: Premature mortality in adults with serious mental illness (SMIs), DSR per 100,000 in Barking and Dagenham. Source: Public Health Profiles



When broken down by the causes of premature mortality, premature mortality rates for adults with serious mental illness are above the national and London averages for cardiovascular diseases and respiratory diseases, but similar to the national and London averages for both cancer and liver disease. In particular, the premature mortality rate for cardiovascular disease in Barking and Dagenham is 1.5 times the national

average, suggesting a need for specific focus on cardiovascular disease, as a key driver of this health inequality.

Figure 104: Premature mortality due to different diseases in adults with serious mental illness (SMI), Barking and Dagenham and England, 2021 – 2023. Data source: Fingertips | Public health profiles



Another way of assessing this health inequality is by the excess under 75 mortality rate due to different disease types, which quantified the percentage of increased risk of premature mortality faced by people with serious mental illness, compared to those without. In Barking and Dagenham in 2021 – 2023 ([Fingertips, 2026](#)):

- People with serious mental illness have a 228% increased risk of premature mortality due to cardiovascular disease, similar to the national average
- People with serious mental illness have a 415% increased risk of premature mortality due to respiratory disease, similar to the national average
- People with serious mental illness have a 76% increased risk of premature mortality due to cancer, similar to the national average
- People with serious mental illness have a 225% increased risk of premature mortality due to liver disease, lower than the national average

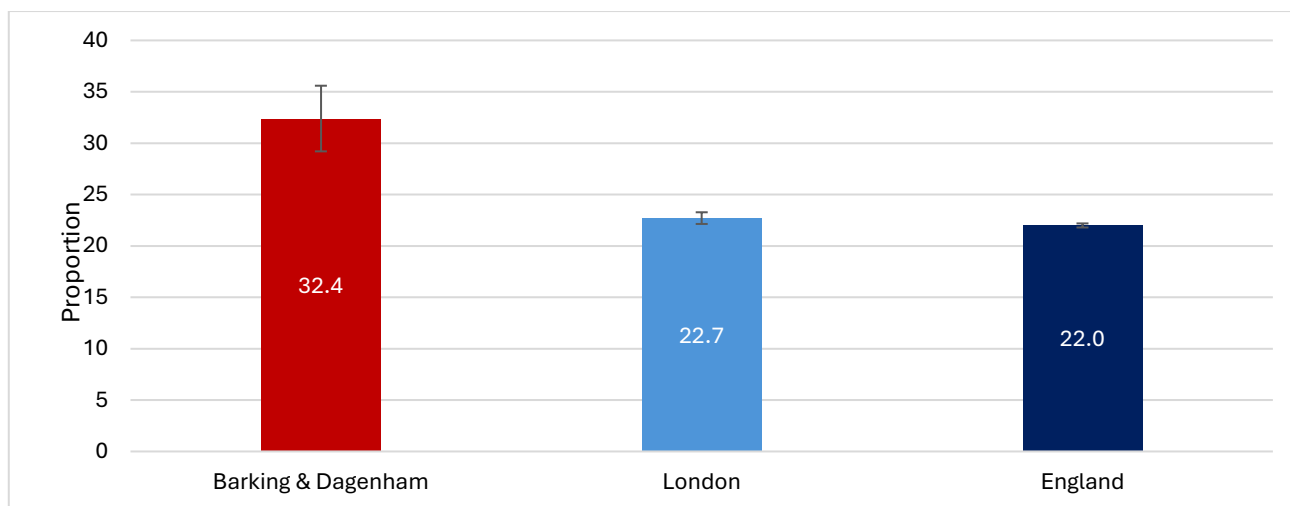
## Health behaviours

Research suggests that people living with a mental illness are more likely to be less physically active and more likely to smoke. This is due to a range of factors, including beliefs about capability and consequences, motivation to change and background social factors such as isolation, deprivation and employment as well as nature of the mental illness itself ([Coventry et al., 2021](#)), aligned with psychosocial pathways to health.

## Physical activity

Physical activity provides a range of benefits to health, including acting as a protective factor against a range of physical and mental health conditions and improving life expectancy ([NHSE, 2026](#)). In Barking and Dagenham there is a significantly higher percentage of inactive adults.

Figure 105: The percentage of adults (19+) who are physically inactive in Barking and Dagenham, 2015-16 to 2023-24. Source: Obesity, Physical activity and nutrition



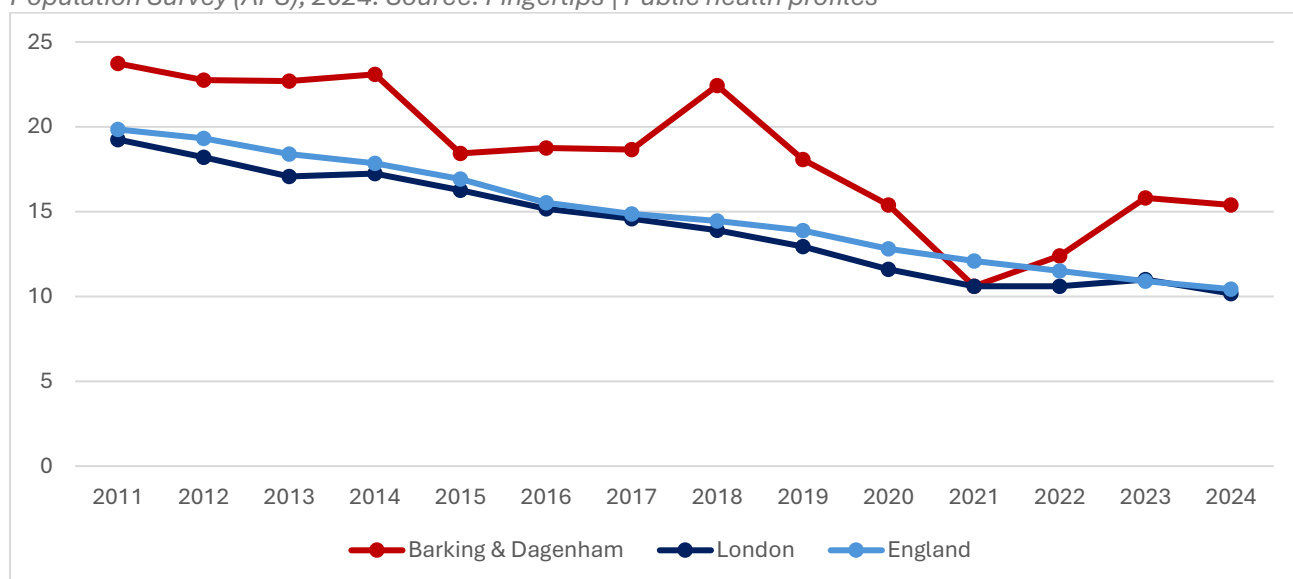
There is a lack of data on rates of physical activity among people with mental illness.

### Smoking

Across England, people with a long-term mental health condition are 2.5 times more likely to smoke than those without (Fingertips, 2025). Smoking prevalence is particularly high among people with serious mental illness, which contributes to health inequalities and the higher rate of premature mortality faced by this group (Gilbody et al., 2019).

The annual population survey (APS) is the most widely used source to estimate smoking prevalence, due to its large sample size (OHID, 2024). Based on this data, 15.4% of adults (aged 18+) in Barking and Dagenham were current smokers in 2024. This is the second highest rate in London but falls within a statistically similar rate to the national (10.4%) and London (10.6%) average. The local smoking rate has increased since 2020, in contrast to a decline in smoking prevalence nationally.

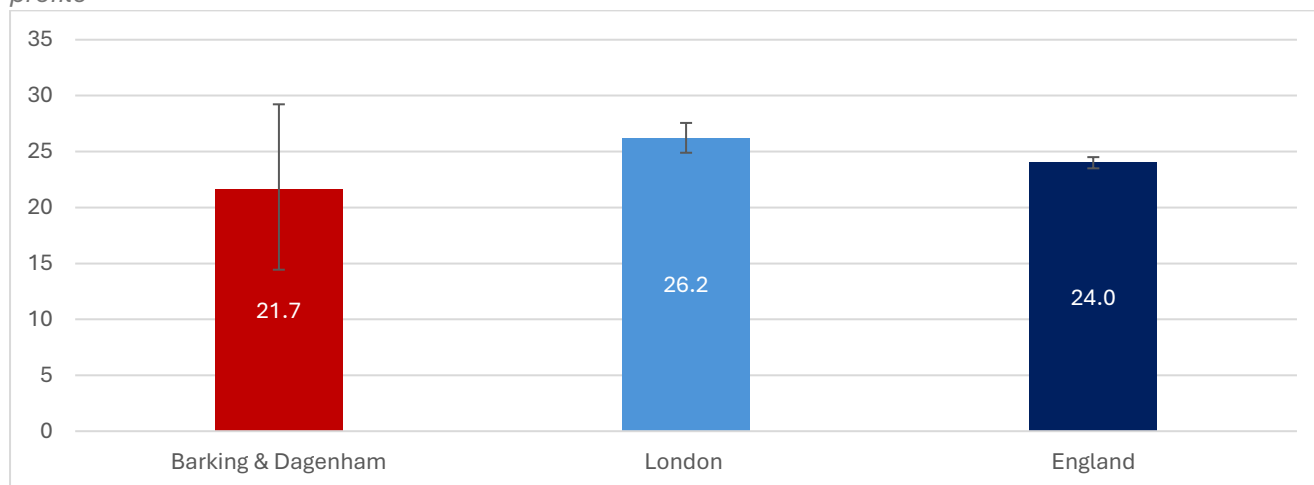
Figure 106: Proportion of current smokers aged 18 and over in Barking and Dagenham, based on the Annual Population Survey (APS), 2024. Source: Fingertips | Public health profiles



Smoking data is also collected on the GP Patient Survey (GPPS), which allows us to break down smoking rates by people with long-term mental health conditions. Based on this survey, 21.7% of current smokers in Barking and Dagenham had a long-term mental health condition in the 2024-25, a similar rate to the national (25.1%)

and London (26.3%) average (Fingertips, 2025). This means that in Barking and Dagenham people with a long-term mental health condition are 1.5 times more likely to smoke, compared to those without.

Figure 107: Proportion of current adult smokers (aged 18+) with long term mental health condition, based on the GP Population Survey (GPPS), Barking and Dagenham, London and England, 2024/25. Source: Smoking profile



### Stop Smoking provision

In Barking and Dagenham, there is a specialist stop smoking team that provides tailored support to adults (aged 18+) with a diagnosed common mental health condition to quit smoking and/or reduce the amount of tobacco smoked. This service provides extended 16 weeks one-to-one support, either face-to-face or by telephone. It also offers pre-quit support which prepares people to quit smoking, by supporting them to cut down in the first 1-2 sessions before setting the quit date. In each session, residents receive:

- Behavioural support around, reasons for quitting/reducing, triggers, and benefits of taking this step.
- A wide range of nicotine replacement therapy (NRT)
- 4 weeks of combination therapy and 4 weeks single therapy.
- Carbon monoxide test to measure level of smoking exhaled during each contact and using these measurements to motivate them to stop smoking.
- Information to effectively signpost into other services and support

Whilst the specialist stop smoking team have always supported residents with mental health conditions, this new provision was launched in November 2025. In 2024/25, **237 residents set a quit date with this team**, out of which 126 (53%) achieved a 4-week quit.

### Integrated healthcare

There are range of services in Barking and Dagenham that integrate physical and mental healthcare, alongside targeted prevention services for people with severe mental illness, such as annual physical health checks.

In the latest community mental health survey, patients scored NEL services 4.8 out of 10 in terms of how their mental health team supported them with their physical health needs, a similar rate to the national average (CMHS, 2024).

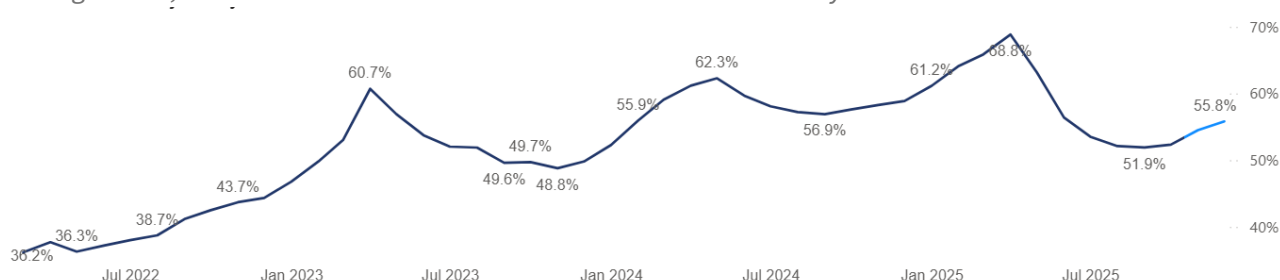
### Annual physical health checks

People on the primary care serious mental illness (SMI) register are eligible for annual physical health checks, which covers six core elements: alcohol consumption, blood glucose, blood pressure, body mass index (BMI),

lipid profile and smoking status (NHSE, 2025). All six elements must be complete for a full health check to have taken place. These were introduced nationally in 2017 to address the physical health inequalities faced by people with schizophrenia, bipolar disorder or psychosis, and are specifically targeted at this group due to the cardiometabolic risks associated with antipsychotic medication.

The uptake of SMI physical health checks in Barking and Dagenham is below the current operational target of 70%. There were 2,274 recorded patients with serious mental illness in the primary care register in December 2025 in the borough, of which 55.8% had all six physical health checks. This has increased across the last few years, in line with trends across North East London, and is above the uptake of the NHS health check for 40 to 74 year olds, which was 51.7% in Barking and Dagenham in 2019/20 – 2023/24 (Fingertips, 2025). However, uptake remains below the NEL ICB average (62.5%) and the majority of local boroughs.

Figure 108: Percentage of people with complete SMI physical checks out of the eligible population, Barking and Dagenham, March 2022 – December 2025. Source: SMI Annual Physical Health Check



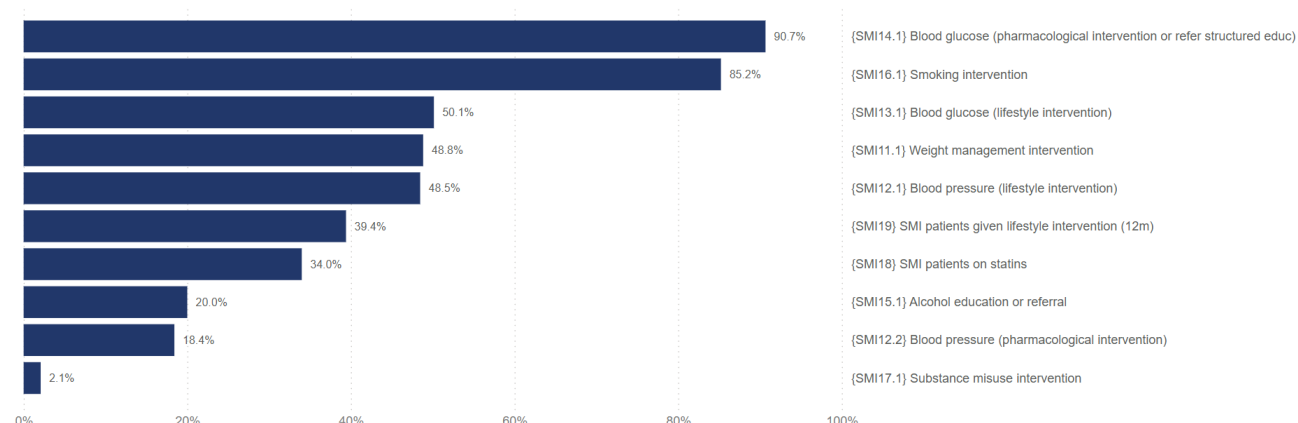
The uptake of different aspects of physical health checks varies, with the assessment of smoking status and blood pressure being most likely to be completed, and testing blood glucose levels the least likely.

Figure 109: Elements of serious mental illness physical checks completed by percentage of eligible population and activity, Barking and Dagenham, December 2025. Source: SMI Annual Physical Health Check

| Physical Indicators                                            | Performance | Activity |
|----------------------------------------------------------------|-------------|----------|
| Assessment of smoking status                                   | 93.6%       | 2,129    |
| Blood pressure                                                 | 79.3%       | 1,804    |
| Assessment of alcohol consumption                              | 78.8%       | 1,793    |
| Measurement of weight                                          | 78.7%       | 1,789    |
| Cholesterol or QRISK                                           | 78.0%       | 1,773    |
| Blood glucose or HbA1c                                         | 71.4%       | 1,623    |
| ALL six physical health checks (1-6)                           | 55.8%       | 1,269    |
| Medicines review                                               | 52.3%       | 1,190    |
| Assessment of use of illicit substance or non-prescribed drugs | 31.8%       | 724      |
| Assessment of nutritional status and physical activity         | 19.5%       | 443      |

There is also a large range in the types of health interventions offered after a health check, with the vast majority being a blood glucose intervention (90.7%) (either a pharmacological intervention or referral to structured education) or a smoking intervention (85.2%).

Figure 110: Physical health interventions offered as a percentage of the serious mental illness cohort, Barking and Dagenham, December 2025. Source: SMI Annual Physical Health Check



### Pilot

A pilot was carried out by Together First CIC to improve uptake of serious mental illness and learning disability physical health checks, by offering a co-designed model in a community setting. Through a Making Every Contact Count (MECC) approach, the standard NHS health check offer was expanded to include on-site blood tests, echocardiograms (ECGs), carers' reviews, abdominal checks, medication reviews, and onward referrals via our out-of-hours hubs. All interventions were recorded directly into patients' GP records. NELFT Learning Disability and Mental Health teams worked alongside primary care clinicians in joint consultations, supported by the Council and voluntary and community sector partners. The outcomes included:

- 93 patients received full health checks, and 56 were referred for further care.
- 70% of patients preferred the community setting.
- 93% of patients would recommend the service.
- 100% of GP practices supported expanding the initiative

Building on the learning from this pilot, the GP Federation has run additional clinics within extended-hours clinical hubs. Work is ongoing to understand how this project aligns with the wider system and neighbourhood approach in Barking and Dagenham.

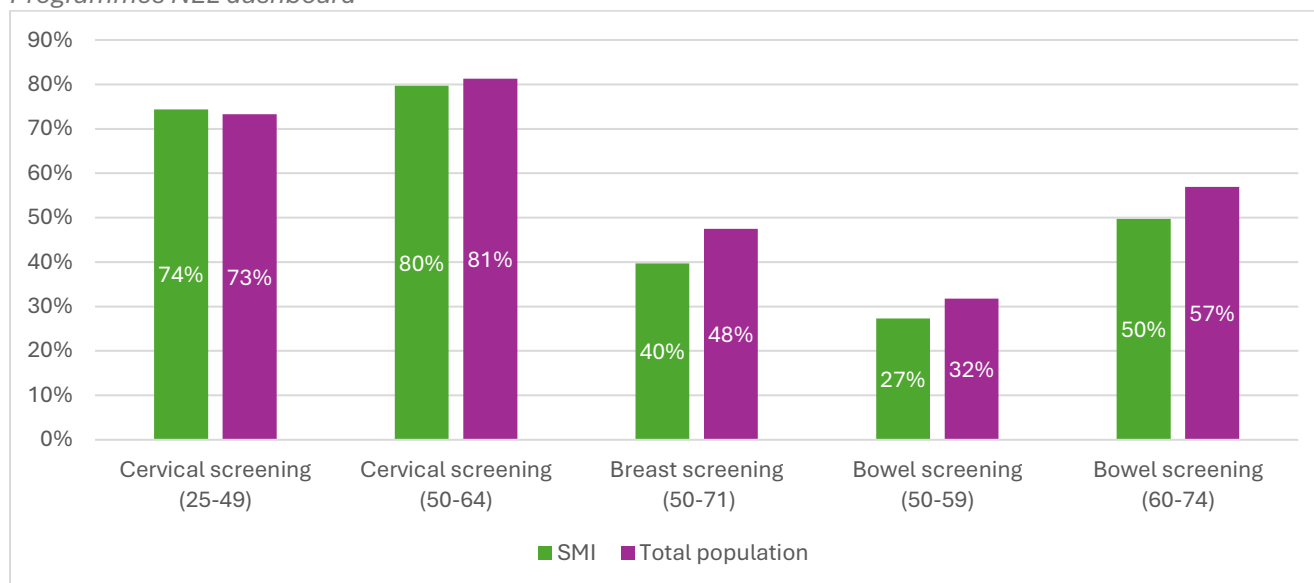
### Cancer screening

A review of international literature suggests that people with mental illness are more likely to die from cancer, but receive less cancer screening ([Solmi et al., 2020](#)). Subsequently, people with serious mental illness should be considered as a health inequality group that may need tailored approaches to ensure they can access cancer screening. There are currently three programmes of NHS cancer screening:

- Cervical screening (every 5 years for people aged 25-64)
- Breast screening (every 3 years for people age 50-71)
- Bowel screening (every 2 years for people aged 50-74)

In Barking and Dagenham, people with serious mental illness have a similar uptake of cancer screening compared to the total population for cervical screening, but lower rates for breast and bowel screening. Local rates of uptake fall behind the national target for both breast cancer screening (70%) and bowel screening in younger age groups (55%) for the population as a whole and people with serious mental illness.

Figure 111: Cancer screening participation rates for people on the serious mental illness register and the total population, Barking and Dagenham, November 2024 – August 2025. Data source: Cancer Screening Programmes NEL dashboard



## What do residents tell us about their experiences?

One participant in the qualitative research carried out by PraxisCollab who worked in the NHS summarised the importance of mental health / resilience and social support as an important part of management of long term conditions and preventing/addressing concurrent mental health issues:

*'As someone who works in the NHS. I wish services were more readily available—not just how quickly, but how widely. For example, day centres for people with chronic illnesses—many of those services were shut down during austerity under the last government. My worry is that it's a false economy: people end up relapsing and going into hospital more often if they're not getting ongoing input. We've gone into a "firefighting" mode—waiting for crisis, then firefighting—rather than being proactive, teaching resilience, and providing day-to-day support for more minor conditions.'* (Tanya (pseudonym))

## Key messages and recommendations

Action on mental health is imperative to meet the Barking and Dagenham JSNA priority of improving physical, mental health and wellbeing of residents and communities and reducing inequalities by 2028.

### Mental Health Summit 2026

Following the initial drafting of this document and the commissioned qualitative research with residents, a Mental Health Summit was held in February 2026 where key findings were shared. Attendees included participants from Council, health services and VCFSE. Space was given for reflection on the findings and what priority actions the system should take forward.

The feedback from this group has been used to inform the key messages and recommendations below.

### Key messages

- 1. As a borough with diverse and intersectional identities, with different understandings of mental health, a variety of options to build resilience, be seen and emotionally supported and where appropriate referred for further support is needed.**

Qualitative findings highlighted the importance of finding a trusted person – and how with the right skills that person could facilitate an emotionally supportive conversation that can help people through difficult moments. Summit participants recognised that, particularly for common mental health conditions, while medication and psychotherapy were important it was not always those that were needed but rather the presence of good supportive relationships and ability to foster self worth and build resilience. Summit participants reflected how ‘trust’ may be difficult in an environment of misinformation and when residents may be disillusioned by poor experiences, and this is a challenge to overcome. The VCFSE sector can be well placed to address these challenges. However with the widespread presence of stigma and taboo, work is needed to promote accessible and positive information and awareness around mental health and to support open conversations and find innovative ways to address the stigma faced by residents.

## **2. Deprivation, trauma and connection are key factors at play in impacting residents’ mental health and inequities**

This needs assessment has highlighted how deprivation is linked to higher rates of mental illness and how important it is that issues such as debt that could lead someone into crisis are picked up in a timely way. Experience of trauma is common. Summit participants raised the importance of multiple disadvantage for some particularly vulnerable residents (two or more interconnected, severe challenges—commonly homelessness, substance misuse, mental ill-health, domestic abuse, and criminal justice contact, asylum, sexual trafficking and exploitation) and how this impacted not only individuals but had transgenerational impacts on children. In particular, the low uptake of the dual diagnosis offer should be reviewed to maximise access to support for people with combined substance misuse and mental health needs. Wider equity and diversity strategies can also contribute to improving the mental health and wellbeing of groups at higher risk of mental health problems due to discrimination and/or racial injustice. Trauma informed approaches and training for staff can further support this.

Council services may often support with wider determinants of health such as debt, employment and housing. Summit participants also spoke to how such staff may not feel confident or adequately equipped to address mental health concerns or residents ‘breaking down’ in interactions – further training and support such as Making Every Contact Count (MECC) for mental health could address this.

## **3. Importance of looking at child poverty, family, trauma and transitions**

Whilst this needs assessment did not address the needs of children and young people, which will be the focus of a forthcoming needs assessment, the participants recognised that a family approach and early identification and support for mental health problems, most of which arise before adulthood, would be important when looking at system transformation. Given the growth in mental health problems there would be a case for highlighting the needs of younger adults. This is particularly important the strong evidence that adverse childhood experiences and child poverty can have life-long impacts on mental health.

**4. There are opportunities to strengthen how our local environment and opportunities support positive mental wellbeing and prevent mental illness**

Connection and education/ employment opportunities are particularly key for young adults at risk of mental illness and supporting this phase/transition to adulthood is an important opportunity to intervene and impact longer term mental health. Taking a preventative life-course approach, a case can be made for focusing resources for younger people, especially those with additional risk factors such as exposure to adverse childhood experiences (ACEs) or being a young carer. Other assets around blue and green space in the borough and regeneration plans can align with this, as well as wider decisions around place-shaping (planning permission for gambling and alcohol premises, violence and street safety). Summit participants voiced a strong appetite to take an asset-based approach to supporting mental health. Suggestions included opening up spaces to facilitate community engagement.

**5. Pathways to into services and through to community support can be strengthened**

Whilst a number of support services exist for residents, pathways into them can be complex. The qualitative research recommended a no wrong door approach, and consideration of step-down offers from services to support ongoing recovery. There was also a need expressed for greater support whilst waiting for therapies. Qualitative research also highlighted how difficult it was for residents to know what support was on offer, how to access support and that often GPs did not know about wider VCFSE sector support offers. An opportunity exists with the reshaping neighbourhood delivery of services to review and make these pathways work better for residents; including refining the role and provision of peer support and befriending to address waiting and step-down issues. Additionally, there is a need to make clear information available to residents on mental health support offers, and enhance professional awareness of routes to support.

**6. There are likely many people living locally with undiagnosed mental health conditions including eating disorders and serious mental illness, and numbers of those with mental illness will rise with population growth.**

This raises the importance of both skilling up staff across health, council, VCFSE and criminal justice system to identify and support those with mental illness, as well as service commissioners accounting for a growth in need and service caseloads. A systematic review of access and funding, as well as wider ways to support these populations, could be designed and led by the Adult Mental Health Delivery Group.

**7. Not everyone receives the same opportunity to benefit from care**

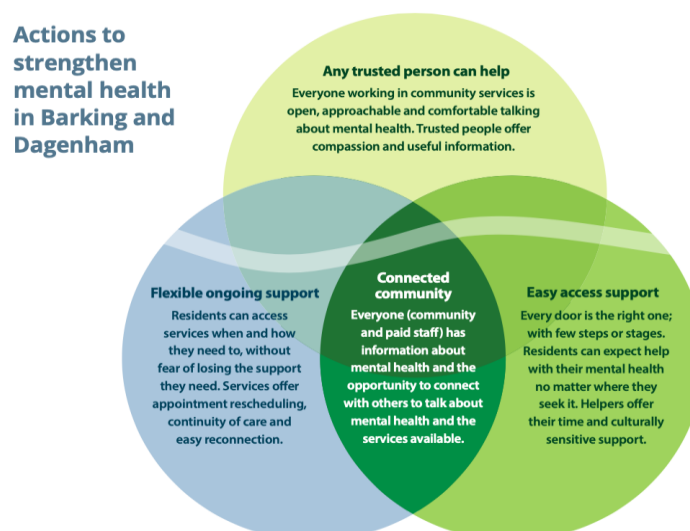
Inequities have been identified with men less likely to access and/or have a positive outcome from Talking Therapies; and inequities for ethnic minorities in mental health detention and perinatal mental health; as well as suggestion of underlying stigma for men from the qualitative findings (also reflected in the smaller proportion of male participants engaged.) The data analysed in this needs assessment did not allow a full picture of inequities in access and outcomes across community mental health services. However qualitative findings highlighted a need for culturally competent provision of

services to address this and the need to rethink the language used around mental health which does not always resonate with residents' understanding. This needs assessment highlighted several [groups at higher risk of mental health problems](#), for which the Adult Mental Health Delivery Group may need to co-lead design of a bespoke approach to engage with individuals and deliver relevant support.

## 8. A holistic approach is needed to address physical and mental health and psychosocial risk factors

This needs assessment sets out the high prevalence of mental health problems in those with long term conditions, which determines overall health and wellbeing outcomes and is of particular for older populations. People with mental health problems are more likely to engage in unhealthy behaviours. Opportunities can be explored across health promotion and service provision to identify and address mental and physical health problems in tandem. Co-location of wider support for psychosocial risk factors and opportunities to embed this into neighbourhood health provision should also be explored in alignment with this.

Figure 112: Actions to strengthen mental health in Barking and Dagenham. Source: Research into the lived experiences of borough residents about mental health and wellbeing, and their use of services



## Recommendations

The recommendations of this report have been structured around the five system priorities and four shared principles of the Residents and Communities Strategy. Recommendations in [blue are aimed at mental health services](#), whilst those in black apply to the London Borough of Barking and Dagenham council and/or wider system partners.

### Enhanced local community support and connections

- Embed systematic and opportunistic mental health detection, diagnosis and support offers into developing neighbourhood structures and care pathways, including exploration of co-location of support for psychosocial risk factors. Aim for a 'no wrong door approach'
- Create a readily accessible, publicly available directory of wider support for mental health (consider opening the JOY social prescribing database)

- c) Work with the VCFSE sector to explore how their role in supporting the mental health and wellbeing communities can be enhanced (addressing skills/training, information and advice available, support needs, routes to clinical support)
- d) Facilitate Public Health Grant/ Health inequalities and other relevant funding into evidence-based programmes that can support psychosocial determinants of mental health – including positive aspects of connection, belonging, bespoke approaches for groups at higher risk of mental health outcomes

#### Access to activities and support at the right place and time

- a) Review data on community mental health services for Barking and Dagenham residents against best practice guidelines, to identify any gaps or inequalities in service provision
- b) Review support pathways including waiting and step-down care and links with VCFSE and council provision; aligned with Mental Health and Wellness teams and neighbourhood health development
- c) Review data on urgent and emergency mental health services for Barking and Dagenham residents against best practice guidelines, to identify any gaps or inequalities in service provision
- d) Review the support offer for people in Barking and Dagenham with PTSD and those who have complex trauma, against national guidelines
- e) Explore the cohort of people referred to, but not accepted by, Early Intervention in Psychosis (EIP) services, in terms of their needs, presentation and access to support
- f) Working in partnership to develop a cohesive offer for adults with ADHD, taking into account data on mental health need and the skills required across the system
- g) Review learning from SMI health check catch up Pilot and integrate sustainably into usual practice for SMI health checks.
- h) Forward plan service/support design and funding for expected undiagnosed mental health conditions and projected growth in mental disorders
- i) Review the offer for those with joint mental health and substance misuse needs to see where added value and improvement could be made to maximise benefit to communities
- j) Review and consider enhancing the mental health identification (including suicide) and referral pathways for those with limiting physical health conditions

#### Create an environment and opportunities that enable health and wellbeing

- a) Facilitate Public Health Grant/ Health inequalities and other relevant funding into evidence-based programmes that can support psychosocial determinants of mental health – including positive aspects of connection, belonging
- b) Review the council debt management policy and information provided about council debts, and policy around tax arrears, with the aim to protect and support residents' mental health
- c) Upskill council staff to identify, support and refer residents with mental health problems or at risk of suicide: particularly those providing support for employment, debt, housing
- d) Review and embed opportunities to address the needs of residents in council housing/ temporary accommodation, and act on housing conditions to impact mental health. Integrate into the new council housing strategy.

#### Promote healthier lifestyles and prevent ill-health and care needs

- a) Introduce a Barking and Dagenham Suicide Prevention Plan, outlining prevention and approaches to reviewing and responding to deaths by suicide in Barking and Dagenham

- b) Consider developing further targeted suicide prevention work for people with long-term physical health conditions, problem debt and people in unemployment
- c) Embed population health management approaches at neighbourhood level, which categorise patient populations to shape targeted interventions and improve mental health outcomes
- d) Consider becoming a signatory to the National Prevention Concordat or adopting the Mentally Healthier Councils approach including developing a local Mental Health Action plan

#### Fair and equitable opportunities for everyone to live well and achieve their potential

- a) Review mental health support for populations at higher risk of mental ill-health, including people facing severe multiple disadvantage, autistic people, and people with co-occurring mental ill-health and substance use
- b) Facilitate ways in which people with lived experience of mental illness can participate in partnership and neighbourhood decision-making and co-design of service transformation
- c) Improve data collection and data sharing by mental health services to allow better identification of inequities in access and outcomes