City and Hackney Adult Mental Health Joint Strategic Needs Assessment

Part 1: The Local Picture

2025

Contents

Abbreviations and Acronyms

GP: General Practitioner

LGBTQIA+:   Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, and all other related identities

NHS: National Health Service

SMI: Severe Mental Illness

Executive Summary

This Local Picture Joint Strategic Needs Assessment considers mental health of adults in the City and Hackney, local prevalence, including inequalities, and local issues. It is the first of three linked reports, along with the " [Local Services](#)" and "[Local Challenges and Recommendations](#)"[1].

Everyone has mental health. It is influenced by and intersects with a wide range of socioeconomic, environmental, physical health and genetic factors. In the City and Hackney some key influencing factors include: the lack of affordable housing, high levels of deprivation, high levels of alcohol and substance use, high number of street homeless, social isolation and environmental issues, including lack of access to green spaces, noise and air pollution.

Many people also experience mental health conditions, most commonly anxiety and depression. Between 2012/13 and 2022/23 the rate of diagnosed depression significantly increased in the City of London and Hackney, from 3.6% to 7.3% and 5% to 12% respectively. This trend mirrors both London and England and may reflect an increase in awareness, as well as prevalence. Hackney's rates have generally been higher than London's but similar to England's during this time, while the City of London has a lower rate than both. The rate of diagnosed anxiety is 4% in the City of London and 7% in Hackney.

In 2024, 1% of adults (18+) experienced a severe mental illness (SMI) in the City of London and 2% in Hackney. Rates of SMI in the City and Hackney have not changed significantly in recent years. The City of London's SMI rate has remained significantly lower than London and England while Hackney's rate has been significantly higher, approximately 50% higher. Complex mental health needs are also frequently being raised by mental health services as becoming increasingly prevalent among service users.

The burden of mental health conditions is not spread equally across the local population. The available data highlight the following inequalities between population groups in the City and Hackney. Data are based on diagnosed conditions, so may be influenced by factors such as awareness, service attendance and diagnostic biases, as well as true prevalence.

- **Gender**: 18% of women were diagnosed with depression and 9% with anxiety, significantly higher than the 11% and 5% of men respectively. For

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[1] A Children and Young People's JSNA was published on October 2025: https://cityhackneyhealth.org.uk/wp-content/uploads/2024/10/Hackney-and-City-Health-Needs-Assessment-for-Children-and-Young-People-with-Special-Educational-Needs-and-Disabilities-1.pdf

severe mental illness, 2.0% of men were diagnosed compared to 1.7% of women.

- **Age**: depression was most commonly diagnosed in the 40-74 year age groups, peaking in the 50-64 age group at 19.9%. Anxiety was most commonly diagnosed in the 25-39 age group at 7.9%, after which prevalence decreased with age. Severe mental illness was most common in the 50-64 age group and remained above average in older age groups.
- **Ethnicity**: depression and anxiety were most common in mixed white and black Caribbean, white British and white Irish ethnicities. Severe mental health conditions were highest among Caribbean and other non-African black ethnicities.
- **Deprivation**: For depression, anxiety and severe mental illness, rates were highest locally in the more deprived areas of City and Hackney.
- **Location**: Rates of depression, anxiety and severe mental illness were highest in the Well Street Common Primary Care Network. Clissold Park and Woodberry Wetlands Primary Care Network also had relatively high rates of anxiety and depression. Woodberry Wetlands, Hackney Downs and Hackney Marshes also had high rates of severe mental illness compared to the other PCNs.

Other population groups where mental health needs are high are listed below. Most these groups also have high levels of complexity and additional challenges accessing services and support.

- **Residents living in temporary accommodation**: all mental health conditions appear to be more prevalent in people living in temporary accommodation and services report that most have complex needs.
- **Residents experiencing rough sleeping:** most rough sleepers have intersecting needs, with mental health needs being the most common, at 79% of rough sleepers in the City of London. In Hackney, 61% of rough sleepers were assessed as having mental health needs.
- **Gypsy and Traveller communities:** a 2024 door to door survey of 84 households across the five Traveller sites in Hackney found that 71% of adults declared being diagnosed with a mental health condition.
- **Refugees and asylum seekers:** mental health data are not systematically recorded for this group but professionals working with these residents report that mental health conditions, such as depression, anxiety and post-traumatic stress disorder, are common.
- **LGBTQIA+ communities:** Sexual orientation is not reliably recorded by primary care but a study found that over the previous year, half of Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, and all other related identities (LGBTQIA+) people had experienced depression, and three in five had experienced anxiety, higher than the general population.

1. Introduction

The World Health Organization defines mental health as 'a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. (...) Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes'. (1) Most people will move on this continuum throughout their lives, to a greater or lesser extent.

Figure 1: Mental health continuum

Source: created by the authors

Poor mental health can include everyday feelings, emotions, and thoughts, such as stress and low mood, as well as common mental health conditions like depression and anxiety, and severe illnesses such as schizophrenia and bipolar disorder. Similar to physical health, some people are more at risk of poor mental health and some people will experience life long serious conditions, while others will maintain broadly good mental health. As with physical health, the appropriate interventions can prevent mental ill health, promote recovery or improve quality of life for those with lasting mental health conditions.

Mental health conditions are very common. Estimates vary but a recent national survey found that 22.6% of 16 to 64 year olds were identified as having a common mental health condition, such as depression or anxiety. Psychotic disorder was identified in 0.5% of adults, 2% of adults screened positive for bipolar disorder.

Improving the population's mental health, strengthening protective factors and reducing detrimental risk factors is important in its own right but also for the impact it has on people's physical health, wider outcomes and opportunities, as well as the knock-on socioeconomic benefits.

In total, a very conservative estimate in 2019 found that mental health problems cost the UK economy at least £117.9 billion annually, equivalent to around 5% of the UK's Gross Domestic Product. Most of these costs are due to people living with mental health conditions being unable to work or working less, costs associated with support from informal carers, specialist mental health care costs

and provision of special educational needs. Depression alone is ranked as the third leading cause of disability across the UK. (2)

Poor mental health can seriously exacerbate physical illness and this is estimated to cost the NHS at least £8 billion a year. (3) Additionally, physical health problems significantly increase the risk of poor mental health, meaning they can negatively reinforce each other. Around 30% of all people with a long-term physical health condition also have a mental health problem. Of people with a mental health problem, 46% have a physical health condition. [4] People with a severe mental illness (SMI) on average have a 15-20 year shorter life expectancy than the general population, which is largely attributed to the higher rate of physical health conditions. (4)

Poor mental health is also influenced by a range of other factors, including unemployment, low income, insecure housing, alcohol use, substance use, experience of discrimination, domestic violence, trauma, social isolation, gambling, genetic predisposition, learning disabilities and neurodivergence. When someone experiences poor mental health and one or more of these factors, it may not be effective to treat their mental health in isolation, without addressing the other issues concurrently. This is considered to be complex mental health needs. Having multiple complexities can be especially harmful and can become negatively reinforcing. For example, people who are working and have poor mental health are likely to have reduced productivity, increased sickness absence, and a higher probability of losing employment and difficulties maintaining secure housing, which all in turn can contribute to poor mental health. (2)

This mental health joint strategic needs assessment report on the local population aims to improve understanding of the mental health needs of adults living in the City of London and Hackney and potential areas for action and improvement.

2. Prevalence of Mental Health Conditions

To understand the mental health needs in the City and Hackney, data from local City and Hackney general practitioners (GPs) on diagnosed conditions have been used. It is important to note that these data have limitations. Some residents are not registered with a GP, some records may be out-of-date, and the data reflect those who seek help, rather than the entire population. Some

individuals with mental health conditions may not have received a formal diagnosis. Overall these considerations mean that prevalence data for mental health conditions are likely an underestimate.

In 2023/4 it was estimated that only 47.7% of 16 to 74 year olds in England, with symptoms of common mental health conditions, reported having treatment for this. (5) Low perceived need, attitudinal barriers, lack of health literacy and structural barriers have all been found to prevent people from accessing mental health services. (2) Stigma relating to mental illness can result in delayed access to care. (4).

To accurately understand local mental health needs, a population survey could be conducted. The adult psychiatric morbidity survey is designed to do this, but it also has drawbacks. It relies on people reporting their own experiences, it is based on a sample of the population and the most recent results available at the time of analysis were from 2014. (6) A first installment of the 2023/4 results had been published at the time of writing, with the second due afterwards. A future update could include the analysis of these updated results.

Common mental health conditions

Common mental health conditions cause marked emotional distress and interfere with daily function but do not usually affect insight or cognition. They are usually less disabling than severe mental illness. Common mental health conditions include depression, generalised anxiety disorder, panic disorder, phobias and obsessive compulsive disorder(7). Depression and anxiety are the most frequently diagnosed mental health conditions. They can significantly impact individuals, their families, and the local community. These conditions can be identified and often effectively treated.

Depression

Over the past decade, the diagnosed depression rate[2] has significantly risen in Hackney, more than doubling from 5% in 2012/13 to 12% in 2022/23 (Figure 2). This increase mirrors trends seen in both London and England as a whole. Hackney's rates have generally been higher than London's but lower than England's during this time.

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[2] The diagnosed depression rate is calculated by dividing the number of adults (18+) with a depression diagnosis on their GP records by the total number of adults living in City and Hackney and registered with a GP in North East London.

The City of London has a lower rate of depression compared to London and England, but it has still seen a significant increase from 3.6% to 7.3% over the same ten-year period.

Figure 2: Trends in the rate of diagnosed depression, City, Hackney, London and England, 2012/13 to 2022/23
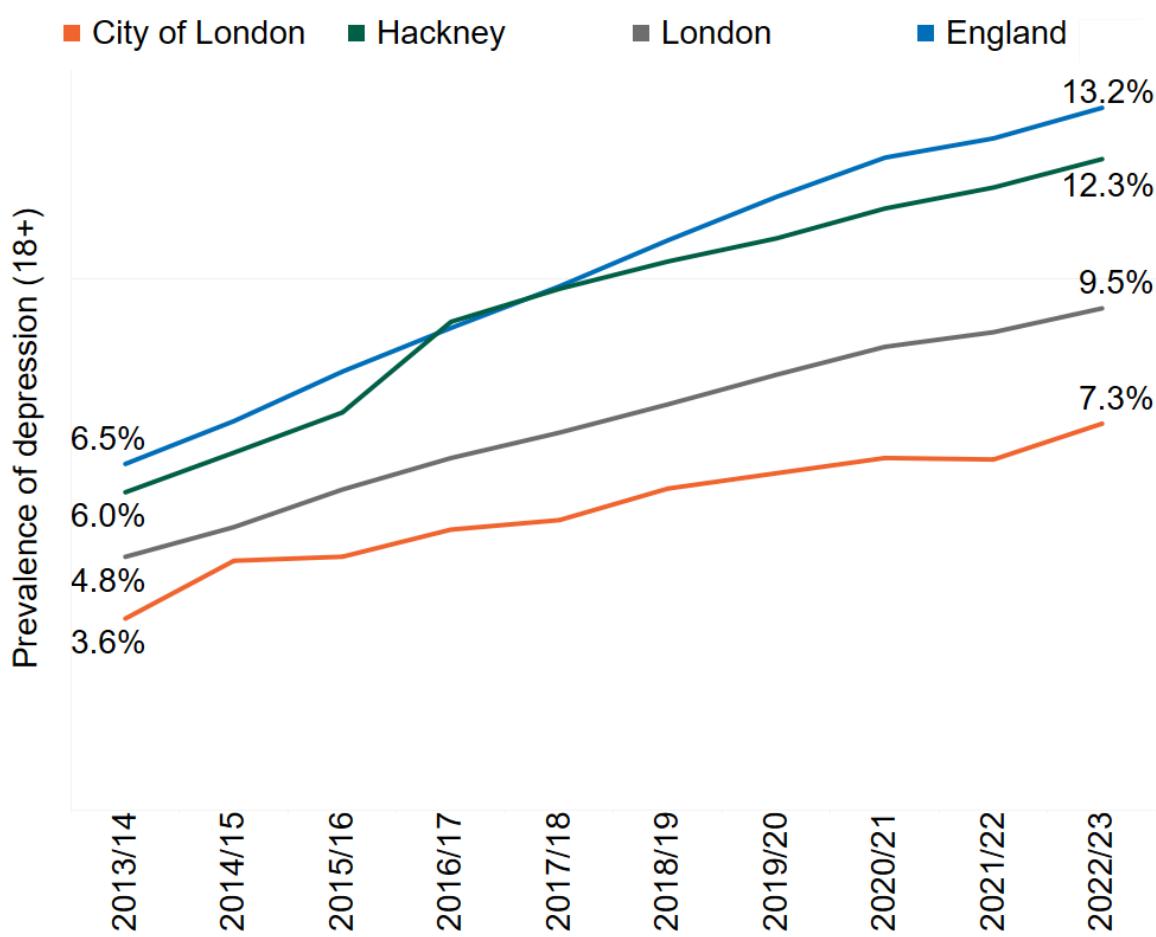
Source: Office for Health Improvement and Disparities, Fingertips, 2025.
Note: there is a data quality issue with the London and England values for 2012/13 stated on Fingertips.

The increase in diagnosed depression may reflect a genuine increase in prevalence but could also be influenced by increased awareness and acceptability of mental health in the population, meaning more people come forward and health professionals may be more likely to consider a diagnosis of mental health.

It is worth noting that the 2014 adult psychiatric morbidity survey found Hackney's rate of common mental health conditions to be among the worst of all boroughs nationally and depression accounts for the majority of these conditions. Keeping in mind the limitations of both datasets, this does raise the possibility that there may be lower than average diagnosis of common mental illnesses in Hackney primary care. This could be due a range of reasons, including fewer people with common mental health conditions presenting to their GP. It could also be that the survey data did not accurately reflect true prevalence or that prevalence has changed since the survey.

Anxiety

The rate of diagnosed anxiety[3] is 4% in the City of London and 7% in Hackney. These rates were similar in 2023 and 2024 but data prior to that are not available. National and London comparator data are not available for anxiety.

Severe mental illness

Severe mental health problems include psychosis, bipolar disorder, complex emotional needs or 'personality disorder' and eating disorders. They often occur alongside mood difficulties including depression, anxiety and post-traumatic stress disorder(8).

The rates of SMI in the City and Hackney have not changed significantly in recent years. The City of London's SMI rate has been significantly lower than London and England at under 1%. Hackney's SMI rate has been significantly above London and England at about 1.5%, approximately 50% higher.

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[3] The rate of diagnosed anxiety is calculated by dividing the number of adults (18+) with a diagnosis of anxiety in the previous 24 months by the total number of adults living in City and Hackney registered to a GP in NEL.

Figure 3: Trends in the rate of severe mental illness (all ages), City, Hackney, London and England, 2013/14 to 2022/23
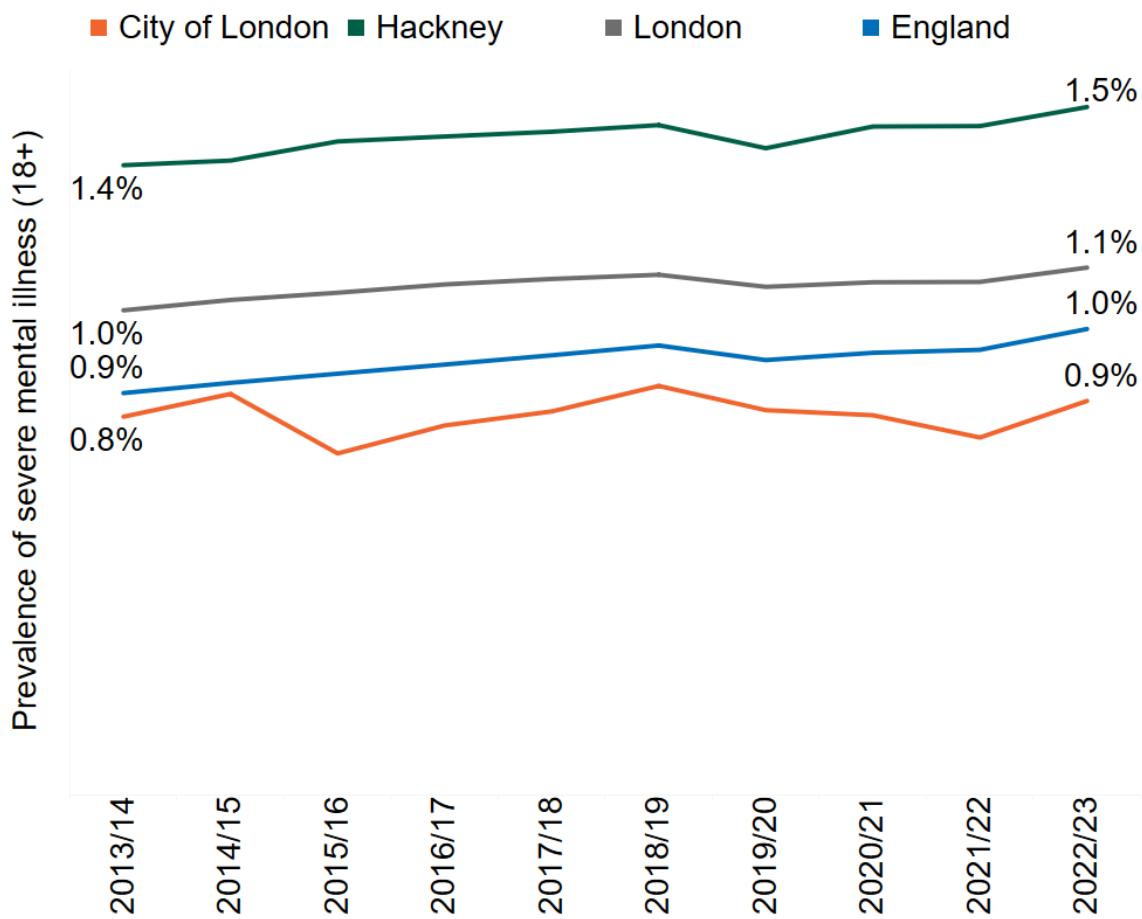
Source: Office for Health Improvement and Disparities, Fingertips, 2024.

In 2024, 1% of adults (18+) experienced an SMI in the City of London and 2% in Hackney. These figures are higher than the percentages in the graph because they cover only the adult population, whereas the graph includes all ages. The adult only figures have been consistent over the last four years.

Complex mental health needs

As described above, complex mental health needs are when a person has mental health needs that intersect inextricably with other issues, such as housing, financial concerns, unemployment, long-term physical health conditions, substance use etc. When combined with poor mental health, these issues often negatively reinforce each other, such that treating one individually is unlikely to lead to recovery. A whole person approach is usually needed,

There is currently no quantitative data to capture the number of residents with #complex mental health needs in the City and Hackney. However, mental health and wider support service leads have reported notable increases in the number

of people presenting with complex needs, especially since the coronavirus and cost of living crises. Residents with complex needs can be more difficult to treat and achieving good outcomes often requires a lot of resources and multiple services. Therefore, an increase in need in this group is likely to put additional pressure on system capacity. However, not providing the right support to this group means they are likely to deteriorate, leading to an increase in severity of mental health and other support needs. They will be at increased likelihood of going into crisis or losing their accommodation.

Currently, despite many of the issues that cause complex life circumstances being interrelated, services tend to be offered for each issue individually, with each service collecting data specific to their offer and not the overall client need. Where residents are unable to get joined up support, they frequently end up being held by voluntary and community sector organisations, who often do not have sufficient resources to manage this. Integrated services, such as the Community Connectors service, which is blended between East London Foundation Trust and voluntary and community sector providers, can therefore be immensely beneficial to people with complex needs.

3. Inequalities

For the inequalities analysis below, using local GP data, the City of London and Hackney data have been combined, due to the City having a much smaller resident population. While this more accurately reflects the Hackney picture, overall the trends are similar in both areas. The data presented below are what is available; some other relevant characteristics are either not available or not sufficiently complete to analyse.

Gender

In the City and Hackney, women are significantly more likely to be diagnosed with common mental health conditions than men, reflecting national trends. For women, 18% are diagnosed with depression and 9% with anxiety, This compares to 11% and 5% of men respectively. It is not clear how much of this difference is due to higher awareness, acceptability, help seeking and possible over-diagnosis in women and how much is a true difference in prevalence.

For SMI 2.0% of men were diagnosed, more than the 1.7% of women diagnosed. This may be due to a higher prevalence of SMI in men but may also be influenced by other factors, such as men potentially reporting later and only when their condition becomes serious, underreporting perhaps being less of an issue for SMI as it is potentially harder to manage without intervention or biases in diagnosis.

Figure 4: Proportion of residents with either depression, anxiety or severe mental illness (18+) by gender, City and Hackney, 2024
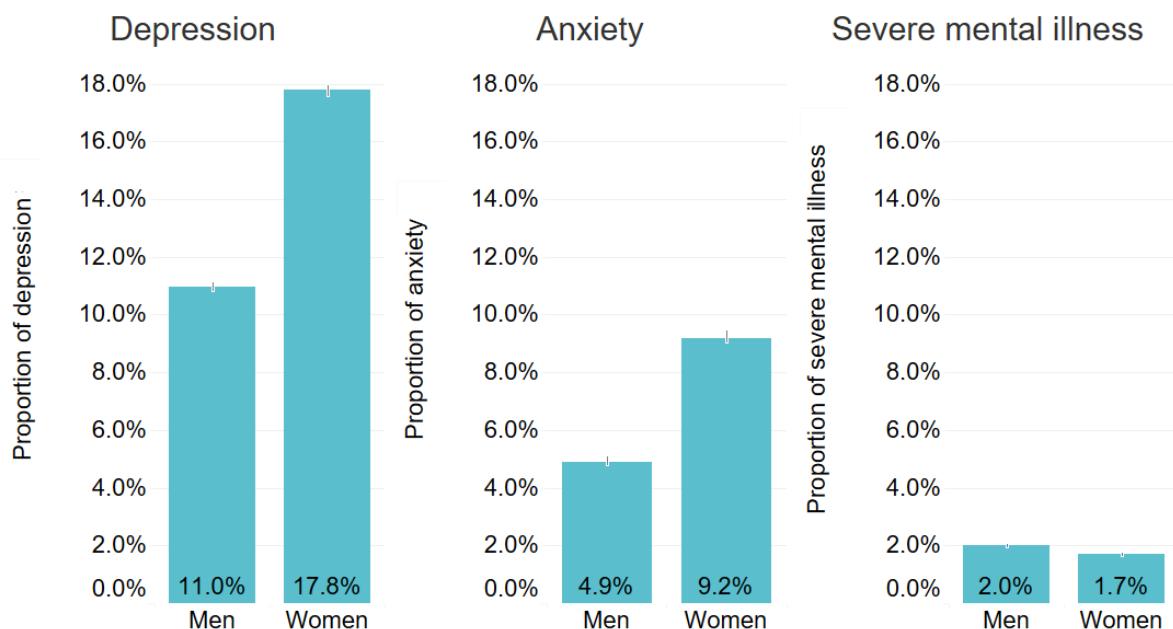
Source: Clinical Effectiveness Group, 2024 (data not publicly available).

Age

The proportion of people with depression by age group increased with age from 7% among individuals aged 18 to 24 years old to 20% among those aged 50 to 64 years old. The proportion in the 65-74 age group remained high, after which it began to reduce again. For anxiety, the proportion of people diagnosed roughly decreased with age, from 8% among individuals aged 25 to 29 years old to 3% among those aged 85 years old and older.

The proportion of people with SMI initially increased with age, starting from 0.7% among individuals aged 18 to 24 years old and peaking at 3.4% among those aged 50 to 64 years old. After 65 years and older, there was a slight reduction in the proportions, though they still remained higher than average.

Figure 5: Proportion of residents with either depression, anxiety or severe mental illness among adults (18+) by age group, City and Hackney, 2024
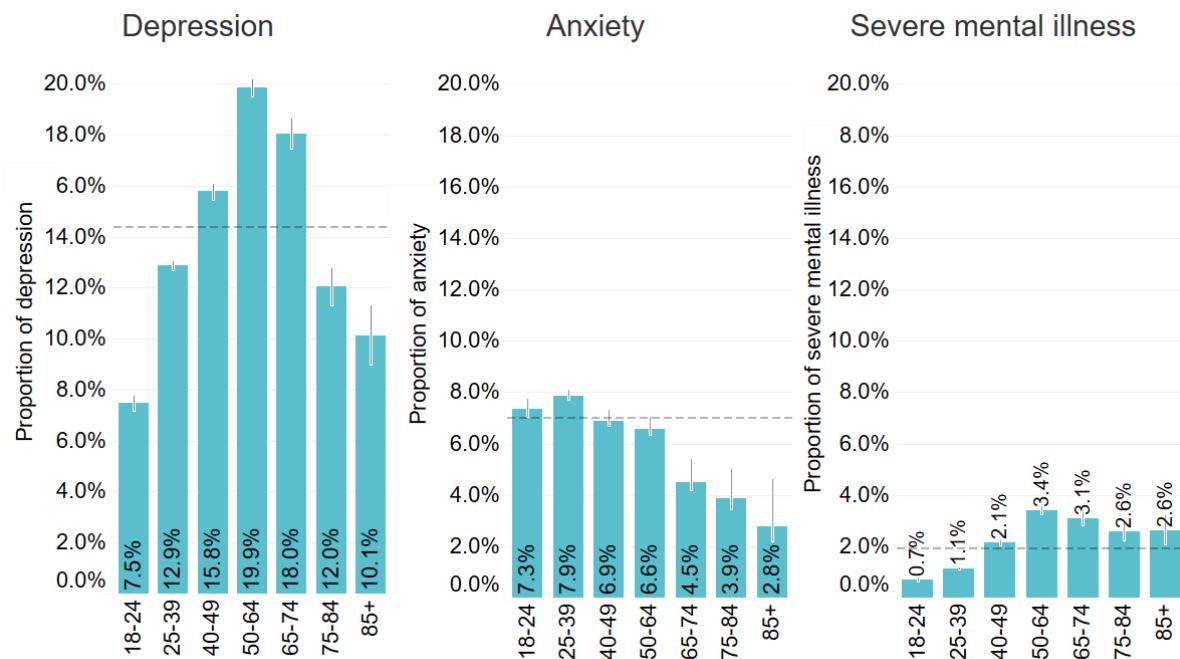
Source: Clinical Effectiveness Group, 2024 (data not publicly available).

Ethnicity

Proportions of diagnosed depression, anxiety and SMI differ across different ethnic groups locally. It is possible some ethnicity groups will be less likely to present to services for a diagnosis, meaning prevalence would be underestimated. Health professionals may also be more likely to diagnose some ethnicity groups than others.

In 2024, mixed white and black Caribbean residents had the highest proportion of both anxiety and depression and the proportion with SMI was significantly higher than average.

Black Caribbean residents and other non-African black ethnicities had the highest proportions of diagnosed SMI and above average for depression but the proportion diagnosed with anxiety was not significantly different to average. The proportion of black African residents with SMI was significantly higher than average but this group had some of the lowest levels of anxiety and depression. The comparatively high proportion of SMI in black ethnic groups overall is concerning.

White British and white Irish residents had some of the highest rates of anxiety and depression but the proportion with SMI was not significantly different to average. There is qualitative evidence that acceptability of both mental health and talking therapies is higher in white, western communities. Therefore, these ethnicity groups may be more likely to seek help for common mental health conditions or to request talking therapies, increasing recorded diagnosis rates.

Figure 6: Proportion of residents with depression, anxiety or severe mental illness among adults (18+) by ethnicity, City and Hackney, 2024

		Depression	Anxiety	Severe mental illness
Asian	Bangladeshi	15.3%	7.7%	2.3%
	Indian	11.8%	5.8%	1.5%
	Pakistani	15.8%	6.3%	2.1%
	Other Asian ethnicities	12.4%	6.2%	2.1%
Black	African	8.8%	3.7%	2.5%
	Caribbean	16.8%	6.2%	4.0%
	Other black ethnicities	16.0%	6.8%	3.9%
Mixed	White and Asian	13.3%	8.2%	1.2%
	White and black African	12.0%	7.2%	2.3%
	White and black Caribbean	22.5%	12.2%	3.3%
	Other mixed ethnicities	15.2%	9.5%	1.7%
White	British	19.5%	9.9%	1.8%
	Irish	18.4%	9.4%	1.8%
	Other white ethnicities	14.0%	6.6%	1.3%
Other ethnic group	Chinese	5.9%	3.2%	1.1%
	Other ethnicities	9.3%	5.0%	1.5%

Proportion of depression — Proportion of anxiety — Proportion of severe mental illness

Source: Clinical Effectiveness Group, 2024 (data not publicly available).
Note: the scales for the different conditions shown on the graphs are different.

Due to how these data are categorised by the source, some key local communities, such as Turkish/Kurdish and Orthodox Jewish are not really visible. It may be possible to manually classify these categories in a future piece of work.

Deprivation

People living in more deprived areas of City and Hackney, were more likely to be diagnosed with depression, anxiety and SMI, although the trend was less marked for anxiety. This reflects wider trends.

People living in the most deprived areas are also more likely to have additional complexities, such as those relating to housing, employment and financial security.

Figure 7: Proportion of residents with either depression, anxiety and severe mental illness among adults (18+) by local deprivation, City and Hackney, 2024
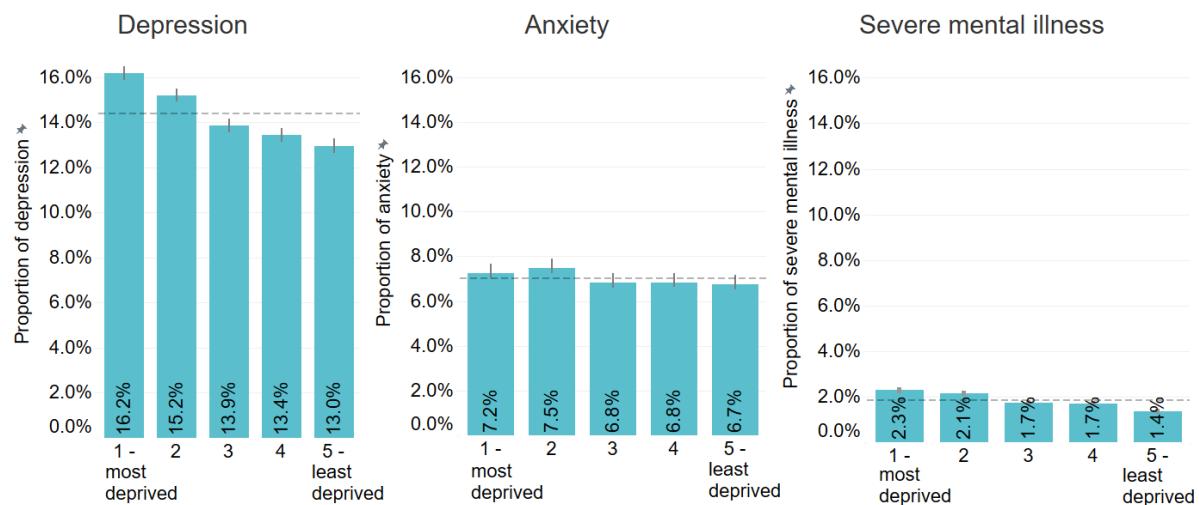
Source: Clinical Effectiveness Group, 2024 (data not publicly available).

Location (Primary Care Networks)

The proportion of residents with depression, anxiety and SMI was highest in the Well Street Common Primary Care Network compared to the average in City and Hackney, indicating a clear high mental health need in this area. Clissold Park and Woodberry Wetlands Primary Care Network also had relatively high rates of anxiety and depression. Diagnosed SMI was also more common than average in Woodberry Wetlands, Hackney Downs and Hackney Marshes.

Figure 8: Proportion of depression, anxiety and severe mental illness among adults (18+) by primary care network, City and Hackney, 2024
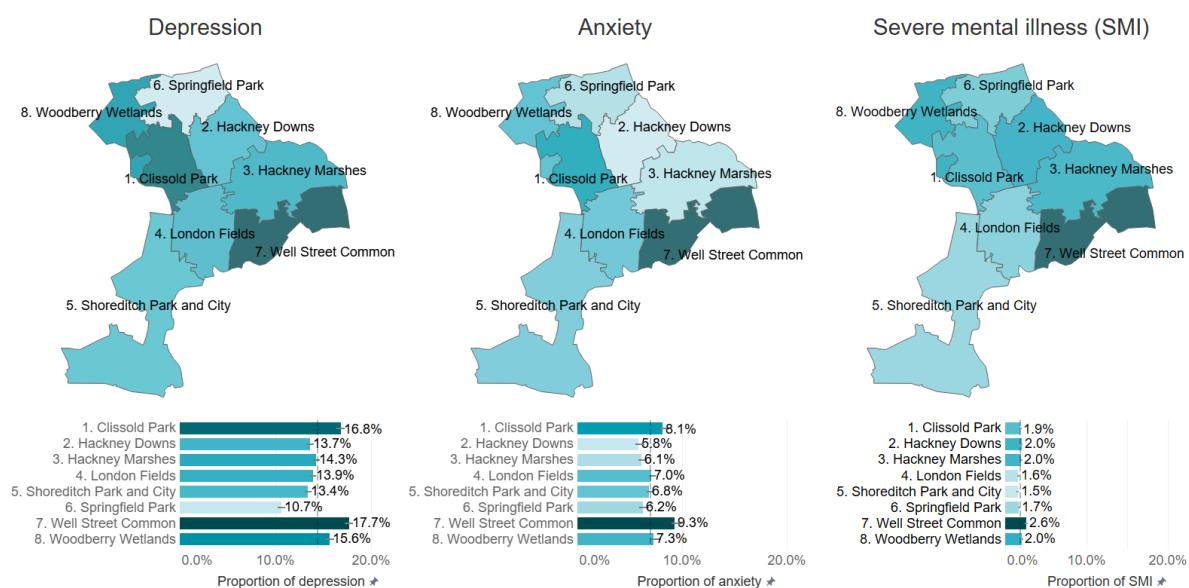
4. Co-occurring Health-Related Conditions

Physical health, co-occurring substance use learning disabilities and neurodivergence

This section is outstanding and will be added at a later date

5. Other Communities With Unmet Need

While the GP data above offer valuable insights into mental health needs locally, there are areas of unmet need it does not cover. Below are a number of population groups, highlighted by a range of stakeholders locally as having high unmet needs, which are not captured in the primary care data. It was also noted that where there is intersectionality between these groups, or with other factors associated with higher levels of need, this is where the greatest need often arises.

Residents living in temporary accommodation

Stakeholders working with people living in temporary accommodation report high levels of mental health needs and usually these are complex needs. For example, people living in temporary accommodation are more likely to have financial difficulties and long-term physical health conditions. Their housing situation can result in feelings of shame, stigma and isolation, as well as making socialising and working more difficult.

The number of households in temporary accommodation is rising nationally, disproportionately affecting London boroughs, with Hackney ranking among the highest. As of March 2025, Hackney has 2,237 households in temporary accommodation, including hostels and bed and breakfasts, often exceeding

recommended stay limits in the latter. Approximately half of these families are placed outside the borough, leading to significant disruption to their lives.

While primary care does not routinely record a person's accommodation status, some mental health services do, although the completion rate is only about 55%. Based on the available data, all mental health conditions appear more prevalent in people living in temporary accommodation, as well as suspected autism.

Figure 9: Proportion of referrals by primary reason[4] for individuals in temporary accommodation[5] compared to the average across all accommodation types, 2025
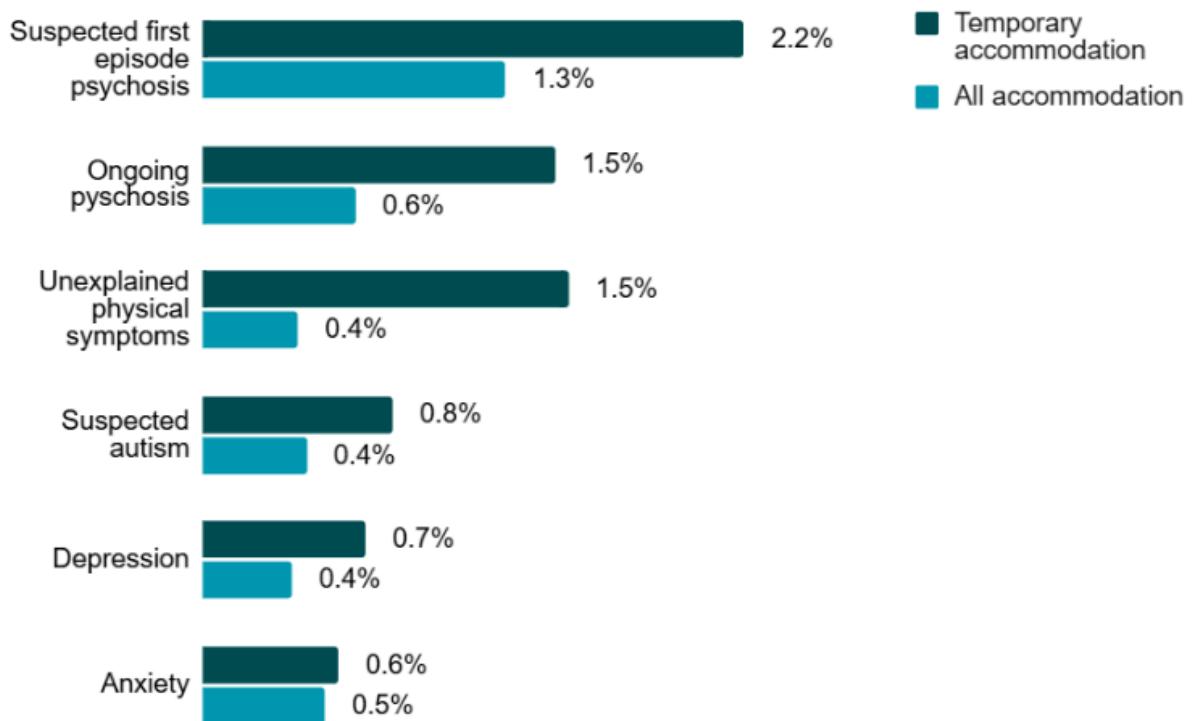
Source: Mental health services dataset, NHS England, 2025.

Note: missing accommodation types were excluded from the analysis, this accounted for 45,2% of referrals.

Residents experiencing rough sleeping

The City of London has the third-highest rate of rough sleeping in London. Of longer term rough sleepers in the City of London, 79% were assessed as having a mental health support need. Most of these rough sleepers have intersecting needs, with 81% recorded as having two or more support needs. Mental health is

[4] Primary referral reason is the primary presenting condition or symptom for which the patient was referred to a Mental Health Service.

[5] Temporary accommodation includes temporary housing, hostels and bed and breakfast to relieve or prevent homelessness.

the most common need (79%), with substance use (58%) being the second most common. Of the wider rough sleeping population, in the last quarter, 22% were assessed as having high mental health needs, 32.5% medium and 18.5% low (73% in total). (9)

In Hackney, in 2024/25, 125 (61%) rough sleepers out of 206 were assessed as having mental health needs.

Specific challenges relating to rough sleepers and mental health include:
- The transitory nature of rough sleeping means people with chronic and enduring mental health issues are often not in the same location for long enough to have meaningful engagement services.
- Digital exclusion is a significant barrier for people who are rough sleeping, as many do not have phones and if they do it is a basic phone without internet capabilities.
- Carrying out mental health act assessments can be very difficult. Even gathering basic information on someone's capacity or lack thereof can be complicated, as people experiencing rough sleeping will often decline to talk to workers. Additionally, finding an available AMHP can be difficult, waiting lists are long and the assessment needs to be carried out at a pre-arranged time and place, which can be very difficult for someone that has no fixed place where they are living. As a result many people who are rough sleeping are being left untreated.
- There is very little accommodation available for people with complex intersecting needs around mental health and substance use and many can end up in adult homeless pathways, which may have been avoidable with specialist support. People with high levels of mental health needs may find shared supported housing settings difficult and this can also lead to rough sleeping as a result. Schemes like Housing First and use of navigator services to provide enhanced support can help ensure that people are accessing the correct support in order to make meaningful changes and recovery in their lives.
- Once somebody is rough sleeping, delivering successful interventions is very difficult, especially where they have significant complexity. Earlier intervention to prevent people from getting to this point is key.

In the City of London there are two main mental health offers of support: Rough Sleepers and Mental Health Programme and A Place Within. The latter service is specific to the North East London sub region and offers specialised psychotherapy. Both these services work with people who are rough sleeping and importantly, co-occurring substance use is not an exclusion criteria for accessing psychotherapy. The public health funded Supporting Transition and

Empowering People Service also works across City and Hackney and provides a high level of support to clients with complex needs.

Rough sleeping services often adopt a trauma informed approach, recognising that anyone who is rough sleeping will have experienced trauma at some point, which might have led to them rough sleeping or as an impact of rough sleeping.

There are also many people who are homeless but not rough sleeping. Homelessness encompasses people who have no settled base and are possibly sofa surfing. The lack of settled base and insecurity of housing may contribute to mental health problems and can make it difficult for residents to access mental health services, as they are not consistently in any single borough. It may be more difficult for these residents to know what mental health services are available and they might not have a local GP or access to other services that require a fixed address.

Gypsy and Traveller communities

Data on Gypsy and Traveller communities in the City and Hackney are also limited. This is partly due to Gypsy and Traveller status not being systematically recorded by many health services but also because many residents choose not to disclose this, for reasons, such as stigma, faced by this population group.

However, a 2024 door to door survey, which engaged 84 Traveller households across the five Traveller sites in Hackney, found that 71% of adults declared being diagnosed with a mental health condition. Additionally, the social isolation, economic stress, and uncertainty caused by the pandemic disproportionately impacted the local Irish Traveller communities. (10)

Outreach and engagement work with the local Irish Traveller communities was successful in improving uptake of a range of health interventions, indicating the importance of outreach for increasing uptake and inclusivity of services for these communities.

Refugees and asylum seekers

There are approximately 650 Hackney residents seeking asylum living in contingency hotels, as well as Hackney residents seeking asylum living in dispersal accommodation. Mental health data are not systematically collected on refugee and asylum seekers and immigration status is generally not captured by health services. Additionally, the cohort is not stable in the borough and many asylum seekers move to lower cost areas once they have been granted leave to

remain. However, professionals working with these residents report that mental health conditions, such as depression, anxiety and post-traumatic stress disorder, are common in this group. They have almost no income, are living in cramped accommodation, often experience discrimination and have high uncertainty around their futures.

LGBTQIA+ communities

Sexual orientation is not reliably recorded by primary care, so local data on mental health rates in these population groups is not available. However, a study by Stonewall found that over the previous year, half of Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, and all other related identities (LGBTQIA+) people had experienced depression, and three in five had experienced anxiety, higher than the general population. (11) Given both the City of London and Hackney have higher than average rates of people from LGBTQIA+ communities, it can be inferred that there is a significant mental health need in these communities locally.

6. Local Context

Several factors make mental health a key issue in both the City of London and Hackney and provide some explanation as to why mental health need is high, as well as perhaps why providers report such high levels of complexity locally. However, it should also be noted that most of these are negatively reinforcing, so causality is not linear.

Additionally, the factors listed below are key for prevention of poor mental health. For example, if somebody has a safe, warm place to live, sufficient income, secure and meaningful employment, as well as opportunities to be social and physically active, they are much more likely to be able to maintain good mental health than somebody who does not.

Housing

Not having a safe and comfortable place to live is a major risk factor for mental health. Being unable to afford decent housing has been found to increase depression and anxiety, while the reductions in housing benefit, introduced in 2011 were associated with a statistically significant increase in mental health problems among those affected. (12) Even for those in private accommodation, the high rent and mortgage costs can be a significant financial burden, taking a toll on mental health.

In Hackney there is a significant shortage of affordable housing. The average house price in Hackney in May 2025 was £605,000 and average monthly rent was £2,557. Waiting times for social housing can range from 3 to 53 years. Sadly, many people waiting never secure a social home, even those who are homeless, have serious medical needs, or live in overcrowded conditions. Many residents also live in unsuitable housing. For example, 12.7% of households in Hackney are overcrowded, compared to 11.1% in London and just 4.4% in England. (13)

In the City of London the average house price was approximately £849,356 at the time of writing and the average rent was estimated to be £2,237. In the City, 4.8% of households are overcrowded, which is similar to England.

Deprivation

Mental health conditions are much more prevalent among people living in more deprived areas. People living in the lowest fifth of household income are twice as likely to have common mental health problems than in the highest and prevalence of psychotic disorders is nine times higher.

Hackney experiences high levels of deprivation and was the 10th most deprived local authority overall in England in the 2025 Indices of Multiple Deprivation, based on rank, across a range of summary measures. Hackney had the third highest rate of income deprivation in England with 40% of its population living in income deprived households. It also had the 2nd highest income deprivation affecting both children and older people, with 64.1% of children living in income deprived households and 54.7% of older people. (14)

The City of London has a small resident population of 8,600 residents (Census 2021) compared to 614,500 people who work daily there (Office for National Statistics 2022). Although the City is generally considered a wealthy area overall, it still has a number of communities living in deprivation. This relative deprivation can have a significant impact on those facing challenging circumstances.

Experience of discrimination

Experience of discrimination, such as racism or against LGBTQIA+ people is a type of trauma and as such can have a negative impact on mental health. Experience of trauma not only impacts mental health directly but also increases the risk of other related issues, such as drug and alcohol use, reduced self-care, difficulty maintaining employment, social isolation and physical health problems (15). A meta-analysis confirmed that perceived discrimination has a significant negative effect on mental health, produces significantly heightened stress

responses and is related to participation in unhealthy and nonparticipation in healthy behaviours. (16)

Hackney has a diverse community, with 47% of residents coming from Global Majority[6] communities, plus 19% from non-British white ethnicities, and 9% from LGBTQIA+ communities. The City of London also has a fairly diverse population. Residents from Global Majority communities represent 30% of the City population, which is low for London but high nationally. A further 27% of the City of London population are from non-British white ethnicities. At 10%, the City of London has the second highest proportion of people from LGBTQIA+ communities, in England. While this diversity makes the City and Hackney a welcoming and inclusive place, it also means that a considerable number of residents may have experienced discrimination.

Substance use

Mental health problems and substance use are highly correlated, with 70% of drug users and 86% of alcohol users in community substance use treatment having a mental health problem. A history of alcohol or drug use is also recorded in 54% of all suicides by people with mental health problems. Despite guidance to the contrary, many people find themselves excluded from mental health or substance use care due to their problems with the other. (17).

Both the City of London and Hackney have relatively high rates of drug and alcohol dependence. It was estimated that in 2019/20, 15.4 per 1,000 Hackney residents and 56.8 per 1,000 City of London residents had an opiate and/or crack dependence, compared to 9.5 per 1,000 in England. The very high City of London figure is largely explained by the high rough sleeping population compared to the small resident population. Estimated alcohol dependence was 18.1 and 16.7 per 1,000 in Hackney and the City of London respectively, both higher than 13.8 per 1,000 in England.

Social isolation

Social isolation and loneliness are also detrimental to mental health. A study found that 60% of people experiencing chronic loneliness experienced mental distress, compared to only 15% of those who were not chronically lonely. Longitudinal analysis found that loneliness was a predictor of the onset and continuation of mental distress. (18)

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[6] Global Majority ethnicities refer to people who are black, Asian, brown, dual-heritage, indigenous to the global south, and or have been racialised as 'ethnic minorities' (Rosemary Campbell-Stephens, 2020). They correspond to all Census categories under 'Asian', 'black', 'mixed', or 'other ethnic group'. All categories under 'white' are excluded, despite some of them still experiencing marginalisation in the UK such as Eastern European and Jewish.

The percentage of adults in the City of London and Hackney who feel lonely often, always or some of the time was 21% in 2019/20.

Physical environment

Lack of access to green spaces, noise, air pollution, litter, traffic volume, crime and fear of crime all impact mental health (12). Being a built up, city environment, living in the City and Hackney exposes its residents to all of these issues. While similar to comparable inner city boroughs, Hackney's crime rate is high compared to the national rate.

Employment

Conversely, living in a busy area can provide more employment opportunities, which usually has a positive impact on people's mental health. For the year ending December 2023, 81.5% of people aged 16 to 64 years living in Hackney, compared to 74.6% for London and 75.1% for England were in employment.

Employment can be a protective factor for mental health, whilst unemployment is associated with poor mental health. People on housing benefits are more than twice as likely to have a common mental health problem than those who are not (35.1% vs 14.9%). (19) Additionally, poor quality, stressful and insecure employment can also be detrimental to mental health. Increasingly, work is not a way out of poverty and with insufficient income being associated with poor mental health, it is therefore likely that the stress of working and not being able to afford a decent standard of living has also been rising. (12)

Locally services have reported that they are seeing an increase in residents with financial concerns following the recent changes made to welfare benefits, with some residents becoming very anxious or ending up in crisis as a result.

Coronavirus and cost of living crisis

Recent events, such as the coronavirus crisis and the cost of living crisis have taken a disproportionate toll on City and Hackney residents and their mental health.

Prevalence of moderate and severe depressive symptoms among adults in Great Britain rose from 10% in surveys taken July 2019-March 2020 to 19% by June 2020 and 21% by January to March 2021. Rates were relatively higher for women, young people, disabled people, clinically extremely vulnerable adults, those with low incomes, unemployed people and those already experiencing

depressive symptoms (20). Hackney was hit particularly badly by the pandemic, having the third highest rate of infection recorded in the UK.

Although at the time of writing, the full impact of the cost of living crisis is not yet known, the negative correlation between financial security and mental health is very well established, with those already on low incomes being hit the hardest. Given the high levels of deprivation locally, it is very likely that the increased cost of living will disproportionately impact Hackney's residents.

7. Policy context

There are different responsibilities in adult mental health service provision. They are summarised in Figure 10.

Figure 10: Responsibilities of adult mental health service provision.

national level	**NHS England**	Sets national policies, standards, and priorities for mental health services (e.g. NHS Long Term Plan), allocate funding to ICBs for local mental health services, commission highly specialised mental health services (e.g. secure mental health hospitals, forensic mental health care), and work with regulatory bodies like the Care Quality Commission (CQC) to ensure service quality.
regional level	**Integrated Care Board (ICB)**	Plan, aligned with local ICP strategies, and uses allocated funds to provide mental health services within North East London*. It also funds service improvement and transformation, including digital tools and technologies, training, recruitment and retention of NHS staff, community engagement, and reduction of health inequalities.
local level	**Local authority** — **Public Health**	Supports local policy, strategy and priority setting, commissions services to improve mental health, with a focus on reducing health inequalities. It promotes wellbeing campaigns and conducts research and analysis to support an evidence based approach to promoting good mental health and preventing the development of mental health conditions.
	Adult social care	Provides preventative services, such as early help and safeguarding, and supports residents whose mental health needs prevent them from achieving daily living activities. They assess needs, arrange care and support services, and ensure access to information and advice for individuals experiencing mental health challenges. This includes support for daily living tasks, personal care, and access to community activities, as well as facilitating hospital discharge and providing supported accommodation.
	Other departments	Indirectly promote good mental health and wellbeing, prevent mental health conditions and suicide, and provide support for people already living with these challenges. Include: • Parks, libraries, and cultural services • Housing and employment support

*Services include Primary Care, such as GPs and pharmacies; Secondary Care, such as community mental health teams, crisis, inpatient mental health care, and talking therapies; and Public Health initiatives, in collaboration with local authorities.

Source: created by the authors.

Numerous national, regional, and local policies and strategies, described respectively in Boxes 1, 2, and 3, influence mental health decisions in our area.

Box 1: National policies and strategies related to adult mental health

Policy/strategy (year)	What the documents commits that influences adult mental health services in the City and Hackney
Mental Health Act Reform (2021)	● Raise the threshold for detention and ensure it is used only when absolutely necessary. ● Reduce racial and other disparities in the application of detentions based on mental health.

	● Encourage local authorities to adopt preventative mental health strategies to avoid detention. ● Ensure individuals have more say in their treatment and care. A new Mental Health Bill was introduced to Parliament in November 2024.
[Fit for the Future: 10 Year Health Plan for England](#)	The 10 Year Health Plan makes three big shifts to how the NHS works: from hospital to community from analogue to digital from sickness to prevention
Prevention Concordat for Better Mental Health (2017)	● Facilitate local and national action around preventing mental health problems and promoting good mental health. ● Encourage use of community-based programmes, artificial intelligence, and digital tools to identify mental health risks early. ● Embed mental health support within general care settings such as primary care. ● Encourage addressing factors like housing, employment, and education to improve overall wellbeing. ● Recognise diverse needs and interventions tailored in accordance. City and Hackney were the first local authorities in London to sign up for it, demonstrating a joint commitment to improving mental health outcomes in their jurisdictions.
Five Year Forward View for Mental Health (2016)	● Establish that mental health needs should be treated with equal importance to their physical health needs. ● Reduce mental health stigma. ● Reshape mental health care, increase access to the right care at the right time, reduce variation of quality of care and improve outcomes. ● Set that co-production with experts-by-experience should also be a standard approach to commissioning and service design. ● Acknowledge the impact of housing on mental health and encourage evidence base for specialist housing support for vulnerable people with mental health problems. ● States that employment should be recognised as a health outcome. ● Sets additional investment to deliver these ambitions.
No Health Without Mental Health (2011)	● Highlight that mental health is not just an add-on to healthcare but an essential part of overall health.

	- Merge mental health services with primary care to treat the whole person. - Ensure that mental health receives the same priority, funding, and attention as physical health. - Encourage employers to support mental wellbeing through flexible policies, training, and workplace wellness programmes. - Address past trauma, social determinants of health, and lifestyle factors in mental health treatment. - Expand peer-led programmes, local initiatives, and social prescribing to promote wellbeing beyond clinical settings

Box 2: Regional policies and strategies related to adult mental health in North East London

Policy/strategy (year)	What it influenced mental health in City and Hackney
North East London Integrated Care Strategy (2021)	One of its flagship priorities is to improve the mental health and wellbeing of the people of North East London
North East London Integrated Care Board Strategy	One of its four priorities is Mental Health, improving community wellbeing and also access to, experience of and outcomes from services
North East London Integrated Care System Working with People and Communities Strategy	It commits to: - Develop an infrastructure of participation within our governance and leadership - deepen our collaboration across the Integrated Care system and with its people and communities - Gather insight and evidence to inform priorities and target our participation efforts - Ensure that all people and communities are aware of and are supported to participate - Ensure that the impact of participation is clear to people, communities, and partners Although it does not directly refer to mental health, it defines key concepts on how to work holistically with people and communities, which includes mental health.
Mental Health, Learning Disabilities and Autism Collaborative	The North East London Mental Health, Learning Disability, and Autism Collaborative is a partnership between North East London Integrated Care Board, East London Foundation Trust, North East London Foundation Trust, and the seven place-based partnerships in close collaboration with service users and carers, communities, local authorities, primary care, the voluntary and community sector, and other services.

	The aim of the collaborative is to work together to improve outcomes, quality, value, and equity for people with, or at risk of, mental health problems and/or learning disability and autism in North East London.
London's Mental Health Strategy	A ten-year strategy for mental health services in London

Box 3: Local policies and strategies related to adult mental health in City and Hackney

Policy/strategy (year)	Impact
City & Hackney Mental Health Strategy 2019-23	- The strategy focuses on 5 priorities: - Prevention: promoting positive mental wellbeing, reducing stigma, and providing early support. - Access: improving access to mental health support and services, reflecting the diversity of communities. - Neighbourhood: supporting people in the community through local partnerships with schools, GPs, and voluntary services. - Personalisation and co-production: empowering service users to control their care and recovery, involving them in shaping services. - Recovery: championing social inclusion, focusing on strengths, housing, jobs, and social networks. The 2019-23 strategy is now outdated. New priorities and a system-wide action plan are being agreed.

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