

# Community Listening Ears

## Mental Health in Newham

April 2023





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## Executive Summary

The Community Listening Ears (CLE) is a grassroots-led community engagement project initially proposed by our volunteers, to further Healthwatch's engagement with local people in Newham. On 25<sup>th</sup> August 2022 during our 'Volunteers Drive' event, volunteers recommended a deep dive into residents' experiences of managing their mental health post-COVID, alongside the compounded economic effect of the cost-of-living crisis.

Building on our previous research into residents' participation in mental health support groups, we identified issues with communication and lack of flexibility as the most frequently cited concerns among service users; which prompted a need to further investigate residents' mental health and their access to support services.

The CLE is a pilot to test whether this new approach to community listening could spearhead future pieces of engagement work and understand the nuances of lived-experiences within diverse communities. We will use the findings to provide the foundation for further research aimed at improving services and identifying the barriers to access.

This project aimed to gather the voices of residents about their experiences on mental health in three specific areas: Relationships, Long-term Conditions, and Cost-of-living. The goals of this project were to:

- Explore how mental health impacted the relationships of Newham residents since the start of pandemic.
- Understand how long-term conditions affected residents' mental health and understand which ways they support themselves.
- Investigate how the rising cost-of-living impacted Newham residents' mental health.

**Mental Health and Relationships:** There were 34 participants in total, with 25 in participating in a one-hour focus group and nine participating in 10-minute semi-structured interviews. The emerging themes from these conversations were:

- Sentiment: 65% of participants reported a negative impact on their mental health due to relationships in the past 3 years, while 35% reported growing closer to their loved ones.
- Loneliness: When asked "Since the pandemic have you felt lonelier" 29% participants stated yes, 9% stated no.
- Access to support: Only 6% of participants received support, indicating a lack of access to services. Some reported to have been turned away when they sought help.



**Mental Health and Long-term Conditions:** There were 17 participants in total, fourteen of whom took part in 10-minute semi-structured interviews and 3 joined a focus group. The areas of importance for them included:

- Sentiment: All participants reported negative emotions about living with a long-term condition(s).
- Capability: 82% of participants reported that their long-term condition affected their enjoyment of activities.
- Peer-to-peer support: 71% of the participants reported a positive sentiment towards talking to others with a similar long-term condition, while almost a quarter disagreed.

**Mental Health and the Cost-of-living:** There were 38 participants in total, with thirteen took part in 15-minute semi-structured interviews and 25 joined a focus group. Their emerging themes included:

- Sentiment: 95% of the 38 participants confirmed that the cost-of-living affected their spending, with 92% reporting a negative impact.
- Spending habit: Participants reported changes in their spending habits due to the cost-of-living crisis and expressed negative feelings about the impact. Many mentioned having to search for discounts and coupons.
- Financial security: 89% reported losing a sense of financial security.
- Access to support: 87% are aware of the support available. 8% confirmed to have accessed support, 34% confirmed they haven't. Some reported to have been turned away when they sought help.

## Recommendations

Based on the key findings, Healthwatch Newham would like to make the following recommendations:

- Review the resources that are available for community mental health services.
- Improve the visibility of information material and resources, ensuring that it is widely available including access to non-English speakers and people with specific accessibility needs.
- Use educational campaigns to help raise awareness about the challenges that individuals with long-term conditions face, as well as to help reduce stigma and promote acceptance.



- Understand the impact of mental health stigma amongst Newham's diverse communities and how it can be addressed possibly using champions.
- Healthwatch Newham will continue their engagement with the Somali community to gain richer insights on their access of health and social care services. The CLE will act as a basis for future streams of engagement.
- Continue to strengthen partnerships with community organisations to provide holistic and integrated support that addresses both mental health, and wider social and economic issues.

As the pilot had been delivered by volunteers, we were not able to reach as large several residents as we would have liked. Additionally, the data capture process resulted in many 'unspecified' responses across various categories including ethnicity, age, and gender. Thus, future efforts will need to focus on improving the specificity of information captured.

We hope to broaden the scope of community listening by engaging with wider audiences as well as underrepresented communities in upcoming projects. Acknowledging these limitations is crucial, and it is imperative that we take steps to address them to obtain a complete and thorough understanding of the challenges faced by residents.

We believe the CLE is a highly effective tool in fostering engagement with residents in attaining valuable qualitative feedback and proactively listening to what our residents are saying. Building upon the success of the CLE, we intend to use it as a foundation for future streams of community engagement. We aim to expand our efforts to engage with and listen to the diverse communities we serve in Newham, with the first step being the Somali community in summer 2023. By using the CLE as a model, we aspire to explore opportunities and continue strengthening our relationships with local communities overtime.



## Acknowledgements

We would like to thank the Healttogether Somali Community Women's Group, Parent Inclusion Group, Disability Rep Forum and Newham's residents that shared their experiences.

We extend our sincere gratitude to all the volunteers and staff of Healthwatch Newham who dedicated their time and effort to deliver this project. Their commitment and hard work were instrumental in the success, and we are grateful for their invaluable contribution.

## About us

Healthwatch Newham<sup>1</sup> acts as a champion for local people using health and social care services, working independently and in partnership with other institutions to share information and expertise. Our vision is to promote a vocal platform for residents and community organisations, to contribute to the development of quality health and social care services in Newham.

- We share information and advice with residents to ensure they get the support they need, acting as a health and social care champion.
- We gather feedback through projects, experiences shared by residents and community groups and social listening to share with NHS leaders and local decision-makers to help guide local policies and strategies.
- Healthwatch is for everyone that uses all health and social care services, ranging from GPs to care homes, hospitals to pharmacies!

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<sup>1</sup> [Healthwatch Newham](#).



## Introduction

The Community Listening Ears (CLE) is a grassroots-led community engagement project initially proposed by our volunteers, to further Healthwatch's engagement with local people in Newham. On 25<sup>th</sup> August 2022 during our 'Volunteers Drive' event, volunteers recommended a deep dive into residents' experiences of managing their mental health post-COVID, alongside the compounded economic effect of the cost-of-living crisis.

Building on our previous research into residents' participation in mental health support groups, we identified a number of issues with communication and lack of flexibility being the most frequently cited concerns among service users; which prompted a need to further investigate residents' mental health and their access to support services.

The CLE is a pilot to test whether this new approach to community listening could spearhead future pieces of engagement work and understand the nuances of lived-experiences within diverse communities. We will use the findings to provide the foundation for further research aimed at improving services and identifying the barriers to access.

### Aims

This project is aimed to gather the voices of residents about their experiences on mental health in three specific areas: Relationships, Long-Term Conditions, and Cost-of-living. The goals of this project were to:

- Explore how mental health impacted the relationships of Newham residents since the start of pandemic.
- Understand how long-term conditions affected residents' mental health and understand which ways they support themselves.
- Investigate how the rising cost-of-living impacted Newham residents' mental health.

### Newham Demographics

The London borough of Newham is a vibrant and diverse area, with a rich cultural heritage. It is the most multi-ethnic borough in the United Kingdom (UK) with 73% of its residents coming from the global majority. Approximately, 46.4% of the population are from an Asian or mixed background, 19.9% are from Black African/Caribbean or





mixed background and 5.9% of residents are from other ethnic groups of the global majority.<sup>2</sup>

Whilst Newham's diversity is one of its strengths, the borough still faces significant challenges in relation to economic deprivation, housing, and receipt of services. In 2019/2020, more than a third of households in Newham (36%) had income less than 60% of the UK median after subtracting housing costs.<sup>3</sup> Even more concerning, is that two in five people in Newham were living in high poverty.<sup>4</sup>

Poverty is strongly associated with health inequalities, exacerbating disparities in health outcomes among different socioeconomic groups.<sup>5</sup> These issues have only been compounded by recent national crises: the COVID-19 pandemic and rising cost-of-living.<sup>6</sup> According to a report by the Office for National Statistics (ONS), the COVID-19 pandemic has had a significant impact on the mental health. The report found that rates of depression doubled during the pandemic, with young people, women, and people from the ethnic global majority being affected. The pandemic led to an increase in the use of mental health services, with a particular rise in demand for crisis services.<sup>7</sup>

Research suggests that individuals living in income poverty in London are more susceptible to experiencing poor mental health than those who are not.<sup>8</sup> The cost-of-living has risen by 23% since 2010, leading to an increase of poverty rates in many boroughs, including Newham.<sup>9</sup>

Newham residents are vulnerable to the consequential impacts of COVID-19 and the cost-of-living due to disproportional structural inequalities within the population. Furthermore, the projected population growth is expected to result in an increased demand for services. By 2050, the population of Newham is forecasted to reach 600 000, equivalent to that of the inhabitants living in the city of Edinburgh.<sup>10</sup>

It is crucial that we continue working on addressing these issues, to improve the lives of residents and posterity, and build resilience to future shocks.

## **Background: Reviewing what we know**

### **Mental Health Needs Assessment 2016 – 2018 (LBN 2019)**

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<sup>2</sup> London borough of Newham. [Population statistics for Newham](#) (2021).

<sup>3</sup> Trust for London. [Newham Poverty profile](#).

<sup>4</sup> Trust for London. [London's Poverty Profile 2021: Covid-19 and poverty in London](#). London: Trust for London (2021).

<sup>5</sup> Solar O, Irwin A. [A Conceptual Framework for Action on the Social Determinants of Health](#) (2010).

<sup>6</sup> Public Health England. [Health Profile for England](#) (2021).

<sup>7</sup> Office for National Statistics. [Coronavirus and depression in adults, Great Britain: January to March 2021](#) (2021).

<sup>8</sup> London School of Economics and Political Science. [Poverty and Mental Health](#) (2017).

<sup>9</sup> New Policy Institute. [London's Poverty Profile](#) (2022).

<sup>10</sup> London borough of Newham. [Cost of Living Summit: Response to rising living costs](#) (2022).



The 'Mental Health Needs Assessment' (MHNA) in 2016-2018<sup>11</sup> was commissioned by the Newham Clinical Commissioning Group (CCG) and conducted by local government of the London Borough of Newham's Public Health and Adult Social Care team. It aims to identify key mental health needs and gaps in services with a particular focus on vulnerable groups, including children and young people, adults with long-term conditions, and communities of the global majority.

The assessment found that the majority (77%) of Newham residents were satisfied with their lives, although satisfaction varied by area, age, presence of disability, and income. Personal resilience showed a similar pattern, with 79% of adults being resilient, but significant proportions of adults (1 in 5) having a low level of resilience, which was more common where there was a higher level of deprivation.

Common Mental Illnesses (CMI) such as depression, generalised anxiety disorder, panic disorder, obsessive-compulsive disorder, and post-traumatic stress disorder, occurred in all ethnic groups, with lower-than-expected levels of common mental illness for Black residents, and particularly lower levels in female Asian or Asian British ethnic groups. The report also highlighted that common mental illness significantly impacted the lives of those with it, affecting their wellbeing, relationships with family and friends, social interactions, and employment experiences and opportunities.

The report indicated that Severe Mental Illness (SMI) such as schizophrenia or bipolar disorder, was less common but still affected significant numbers of people in Newham, with changes in severity over time, interfering with a person's perception of reality and severely affecting wellbeing, daily activities, and employment prospects. The data recorded by Newham GPs showed a higher prevalence of severe mental illness in Black ethnic groups when compared to the White and Asian or Asian British groups. Women of Pakistani and Bangladeshi origin were found to be at elevated risk of schizophrenia after adjusting for socio-economic status.

Several areas where there were gaps in provision was highlighted by the report, which includes lack of crisis services, limited access to psychological therapies, and insufficient support for children and young people. It also highlights the need for more joined-up working between different services, improved collaboration with local community groups and organisations, and cultural appropriate services.

Overall, the MHNA provided useful insights into the mental health needs of Newham residents, although the report has limitations. Newham's demographics have changed over the last 10 years and significant social changes (COVID-19 and the cost-of-living crisis) have influenced residents' mental health. There is also a limited scope of the representative population, as it may not provide comprehensive picture of the mental health needs of certain groups such as older adults, LGBTQI+ communities, or refugees and asylum seekers. These groups have since increased overtime.

Nevertheless, the report's findings provide a valuable starting point for further research and the development of targeted interventions and strategies to improve mental health outcomes for all residents in Newham.

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<sup>11</sup> London Borough of Newham. [Mental Health Needs Assessment 2016-2018](#) (2018).



## Initial engagement with mental health support groups (Healthwatch Newham 2018)

In 2018, Healthwatch Newham conducted a review of mental health services across Newham – titled ‘Initial engagement with mental health support groups’<sup>12</sup>. The team visited two support groups, listened to the experiences of 11 service-users. Key themes identified: lack of information given to service-users during transfers or discharges from services, insufficient support for caring responsibilities, and inflexibility in the appointment system leading to unnecessary discharge and stress.

The report highlights several areas of concern including long waiting times, limited access to specialist services, and poor communication between different healthcare providers. Patients also reported feeling stigmatised and discriminated against when seeking mental health support.

Several recommendations were made, including re-examine the appointment system, increasing funding for mental health services, improving access to crisis support, promoting better integration between mental health and primary care services, the need for better complaints services, and provide additional support and access to services. It also calls for increased investment in community-based support services and for greater involvement of patients and their families in the design and delivery of mental health services.

The report served as the foundation for our preliminary research, and the concerns identified in the review persist today. It should also be noted that COVID-19 pandemic and further cuts to the mental health services have halted progress.

## COVID-19 Health Impacts (LBN 2021)

Newham was very vulnerable to the negative impacts of COVID-19, with the pandemic exacerbating existing social and economic inequalities.

In collaboration with local health and social care providers, Newham’s Public Health team carried out data collection from an array of sources to assess the health impacts of the COVID-19 pandemic on the residents of Newham. There was a particular focus on health inequalities and vulnerable populations. The report ‘COVID-19 Health Impacts’ (2021)<sup>13</sup> covers a range of health issues, including mental health.

Fear, depression, anxiety, isolation, and loneliness have been significant impacts on adults’ mental health during the pandemic. Children’s mental health has also been affected, as referrals to mental health services for 0-18year-olds surged, resulting in significant waiting lists. Additionally, there has been an increase in domestic abuse cases during the pandemic due to lockdown restrictions. The pandemic has also

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<sup>12</sup> Healthwatch Newham. [Initial engagement with mental health support](#) (2018).

<sup>13</sup> London Borough of Newham. Public Health Team. [COVID-19 Health Impacts](#) (2021).



resulted in changes in social behaviour patterns, including reduced physical activity and increased alcohol consumption.

People reflecting the global majority are impacted the most. Black African backgrounds are 2.7 times more likely to die from COVID-19 compared to White British. The risk for people from Pakistani and Bangladeshi backgrounds is around 2.0 times higher, and for people from Indian, Caribbean, and other Black ethnic backgrounds, the risk is around 1.5 times higher.<sup>14</sup> It's important to note that the increased risk of COVID-19 among global majority communities is likely due to a complex interplay of factors, including socioeconomic status, occupation, living conditions, access to healthcare, and systemic racism.

The report also identified that people with pre-existing mental health conditions faced additional challenges during the pandemic due to a lack of access to mental health services and support. The team made several recommendations for addressing the mental health impacts of the pandemic, including increasing access to mental health services, providing targeted support for diverse communities, and improving mental health support for people with pre-existing mental health conditions.

Given the significant impact of COVID-19 on mental health, the CLE investigation will delve deeper on the theme of relationships since the pandemic and their lasting effects on residents, as well as explore potential solutions to address the challenges brought about by the pandemic.

## **Structure of the project**

The project was split into three engagement streams: Relationships, Long-term Conditions, and Cost-of-living. For each of the three streams, a planning meeting was held to define the research questions, determine the data collection methods to be used, and plan the timeline and resources required for the stream.

### **How was the data captured?**

Seven volunteers were recruited, who were a combination of work placement students from Greenwich University<sup>15</sup> and Newham community representatives. The volunteers can speak eight different languages between them, including English, Bengali, Gujarati, Hindi, Lithuanian, Portuguese, Somali, and Urdu. These are communities whose voices are often less well-heard so this process which enabled us to overcome language barriers and engage with residents in their own community languages.

Healthwatch topic leads designed the questions to be used in the semi-structured interviews and focus groups. Semi-structured interviews and focus groups were conducted with participants to explore their opinions and attitudes towards specific

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<sup>14</sup> Office for National Statistics. [Updating ethnic and religious contrasts in deaths involving the coronavirus \(COVID-19\) \(2023\)](#).

<sup>15</sup> [Greenwich University of London](#).



topics related to the research question. Healthwatch staff trained the volunteers on how to approach and engage with local people in collecting responses.

Each volunteer selected a topic of interest: either 'Relationships', 'Long-term conditions', or 'Cost-of-living', and conducted independent fieldwork to collect 5 to 10 responses related to their chosen topic. Additionally, Healthwatch officers hosted a focus group with Healtogether<sup>16</sup> Somali Women's Group. The fieldwork took place in public gatherings to ensure lived experiences are captured, understand the multifaceted experiences that local people would have coming from various socio-economic backgrounds.

During data collection, stories were noted down and transcribed for analysis. Finally, the transcribed data was analysed to identify themes and patterns related to the research question, and the findings were reported.

## Participant profile

We engaged with 64 Newham residents between December 2022 – February 2023.

- **Age:** Age varied across participants with 2% aged under 17, 12% aged 18 – 30, 8% aged 21-64, and 36% aged 65+. 42% unspecified.
- **Gender:** 70% of the responses came from women, 5% came from men, and 25% were unspecified.
- **Ethnicity:** 51% were Black (44% Black African, 2% Black British, and 5% other Black ethnicities), 28% Asian (17% Bangladeshi, 3% Indian, 1% Pakistani, 1% Chinese, 6% other Asian ethnicities), 16% White (6% White British, 5% Lithuanian, 2% Greek, 5% other White ethnicities), 2% other ethnic groups, and 3% unspecified.
- **Languages:** Languages that were spoken in this study varied across participants with 42% speaking English, 39% Somali, 6% Bengali, 3% Gujarati, 2% Hindi, 2% Urdu, 3% Portuguese, and 3% Lithuanian.

## How was the data analysed?

Focus groups and interviews were analysed thematically analysis, where phrases and keywords are coded, to identify meaning and matched themes.

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<sup>16</sup> [Healtogether CIC](#).

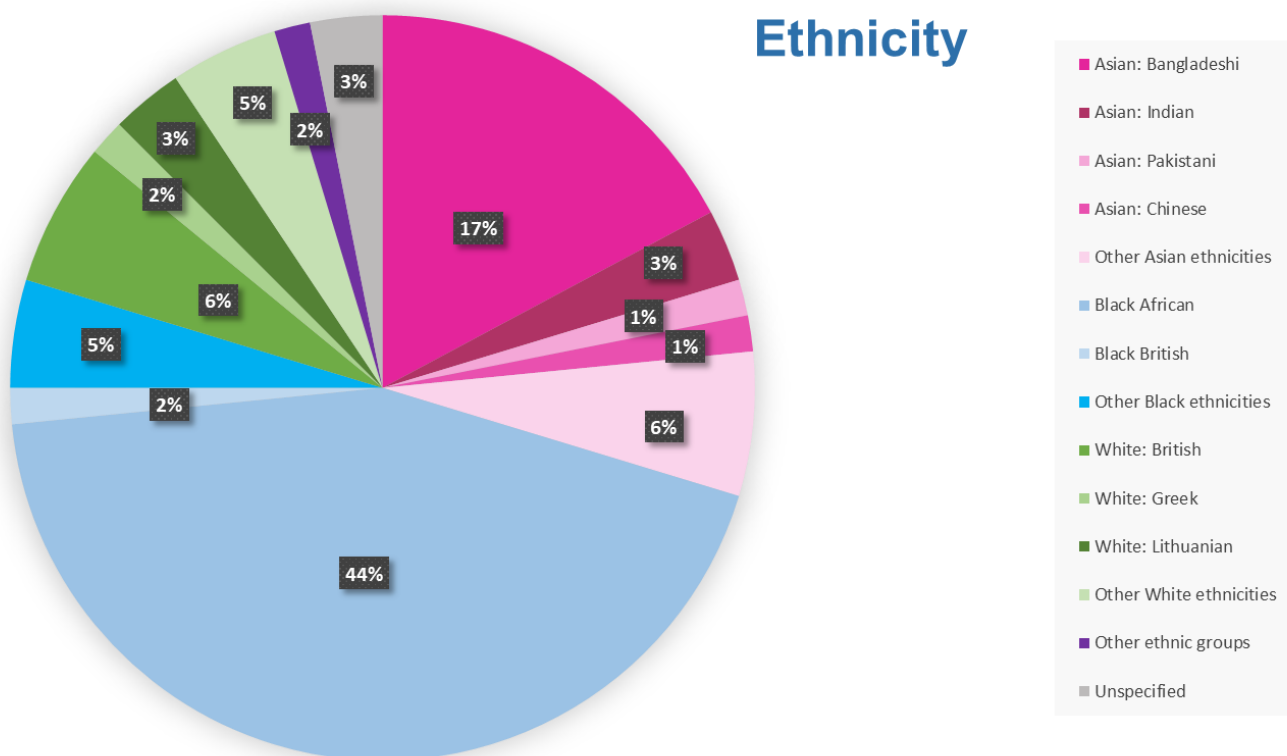


Figure 1 Ethnicities of participants in CLE Mental Health 2022/2023.

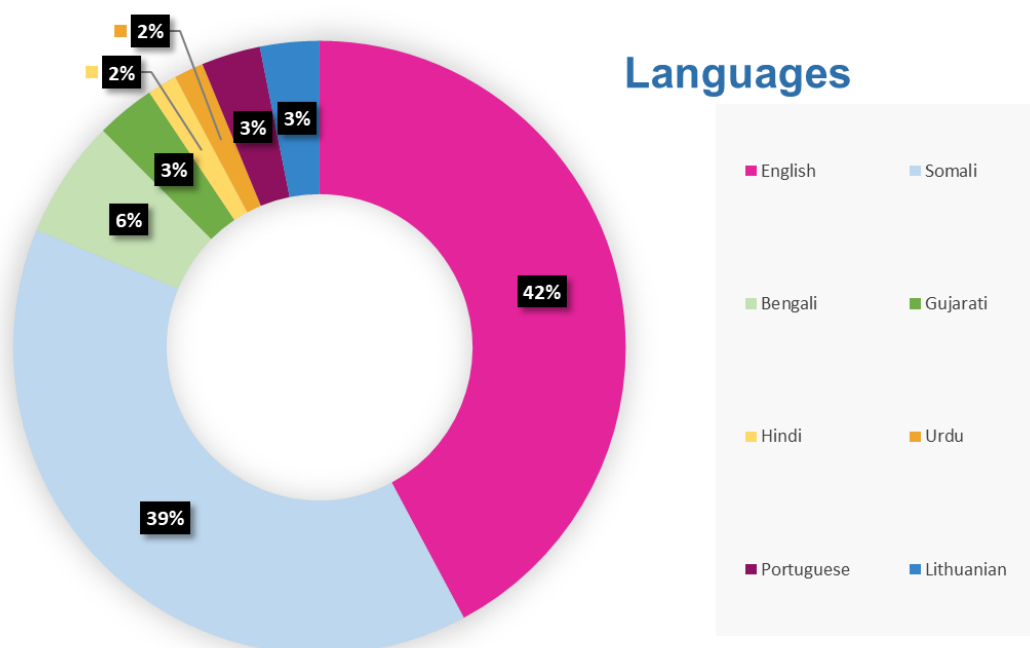


Figure 2 Languages that were spoken and interpreted in CLE 2022/2023.



# Mental Health and Relationships

## Introduction

The COVID-19 pandemic and the subsequent lockdowns have had a significant impact on people's mental health and relationships. While guidelines were imposed during the lockdown, the long-term effects of these measures are only now starting to become clear.<sup>17</sup> Reports of isolation and loneliness have been prevalent among ethnic communities of the global majority<sup>18, 19</sup>, but there are also reports of people feeling more connected.<sup>20</sup>

In Newham, data shows that 1 in 5 people reported feeling lonely during the pandemic.<sup>21</sup> As we move forward, it is important to understand the long-term effects of the pandemic on mental health and relationships in a post-pandemic environment. Our aim is to investigate the impact of COVID-19 on mental health and relationships in Newham and identify ways in which we can address the challenges posed by the pandemic to better support the community.

## Methodology

The data for this project stream was collected from December 2022 through to the end of February 2023.

The engagement involved 34 participants, consisting of 25 individuals who participated in the one-hour focus group facilitated by senior officers and nine participants who took part in 10-minute semi-structured interviews conducted by volunteers. To collect data from a diverse range of participants, volunteers visited various public spaces, including libraries and other community gathering places, as well as leveraging their personal and professional networks. In addition, the staff conducted a focus group with Healtogether Somali Women's Group, located at the Canning Town Library.

Both the semi-structured interviews and the focus group asked three open-ended questions to gather feedback and insights from the participants.

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<sup>17</sup> Mind. [Coronavirus: the consequences to mental health](#) (2021).

<sup>18</sup> Office of National Statistics. [Coronavirus and the social impacts on different ethnic groups in the UK: 2020](#) (2021).

<sup>19</sup> Proto E. Quintana-Domeque C. [COVID-19 and mental health deterioration by ethnicity and gender in the UK](#) (2021).

<sup>20</sup> University of Essex. [COVID-19 Survey Briefing Note: Family Relationships](#) (2020).

<sup>21</sup> London Borough of Newham. [Community Neighbourhood Link Workers: Loneliness](#) (2021).



The three questions that were asked on 'Mental Health and Relationships':



1. How do you currently feel about your relationships and your mental health?
2. Since the pandemic have you felt lonelier? If yes, how has this impacted you? If no, what did you do to feel less lonely?
3. Have you reached out to anyone or an organisation to help you with this? If no, why?

Once the data was collected, it was translated into English, Bengali and Somali. The data was transcribed and coded to identify three major themes:

- 'Sentiment' explored how relationships affected participants' mental health over the past three years.
- 'Loneliness' examined how lonely participants felt over the same period.
- 'Access' investigated whether participants were able to access the support or help they needed to address their relationship issues.

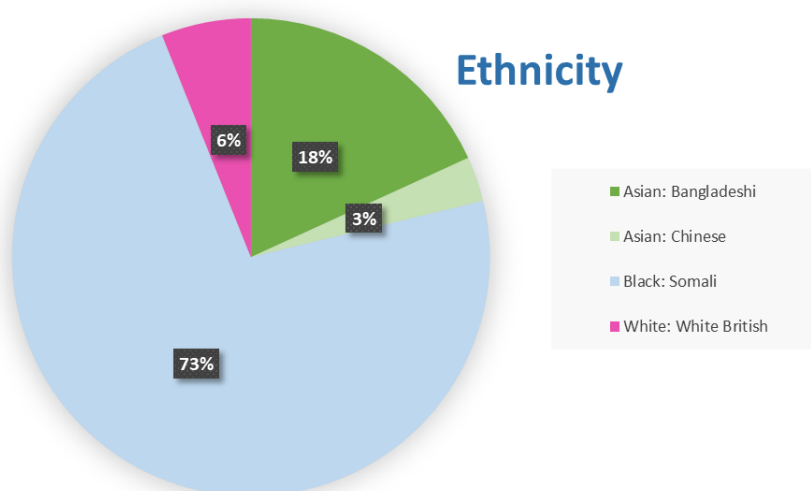


Figure 3 Ethnicities of participants in CLE Engagement: Relationships 2022/2023.

53% of the 64 participants consented to take part in the 'Mental Health & Relationship' stream. Of the 53%, 9 came from semi-structured interviews and the remaining 25 join the focus group.



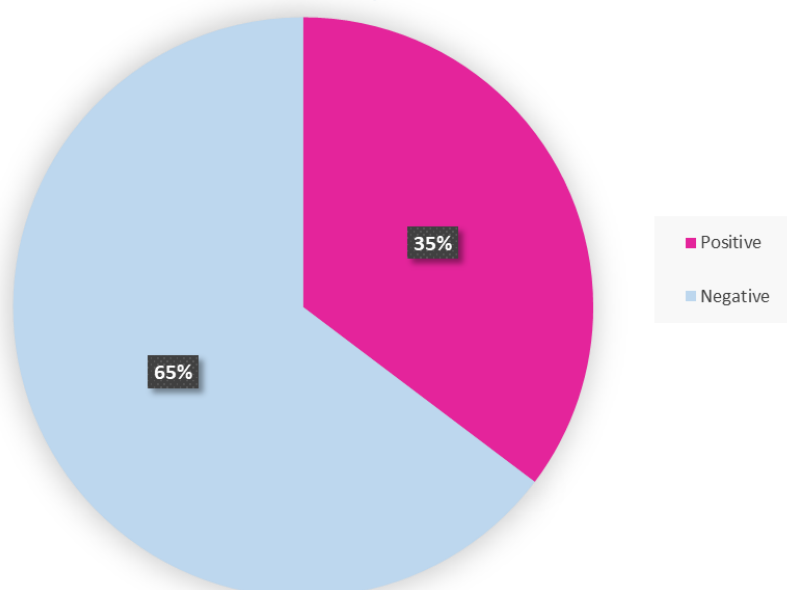


## Findings

### Sentiment

65% of the participants had said that their relationships (family, partner, friends) in the past 3 years had a negative impact on their mental health, where 35% confirmed that they grew closer with their loved ones.

### How do you currently feel about your relationships and your mental health?



*Figure 4 Residents' sentiments on their relationships and how it affected their mental health since the COVID-19 pandemic.*

The reasons of emotional negative responses are due to anxiety, depression, fear of COVID during and after lockdown, over-crowdedness, isolation (living by yourself), conflict, unable to show affection to loved ones. Also, to note that issues with managing finances (due to cost-of-living) is an often-cited reason to have affected their relationships and mental health. Participant that are parents expressed feeling anxious not earning enough to make their children happy.

Positive emotional responses are due to spending more time with family or friends, forming closer bond with them during lockdown. During the Somali Women's focus group, 84% of the participants noted that they felt more stressed with their relationships during lockdown, which had long-term effects stretching to present day.



## Loneliness

When asked “Since the pandemic have you felt lonelier” 29% participants stated yes, 9% stated no.

62% are unspecified as some participants in the focus group did not want to confirm.

Some several residents mentioned to lived alone which added to feelings of anxiety and stress, and less financially secured.

### Since the pandemic have you felt lonelier?

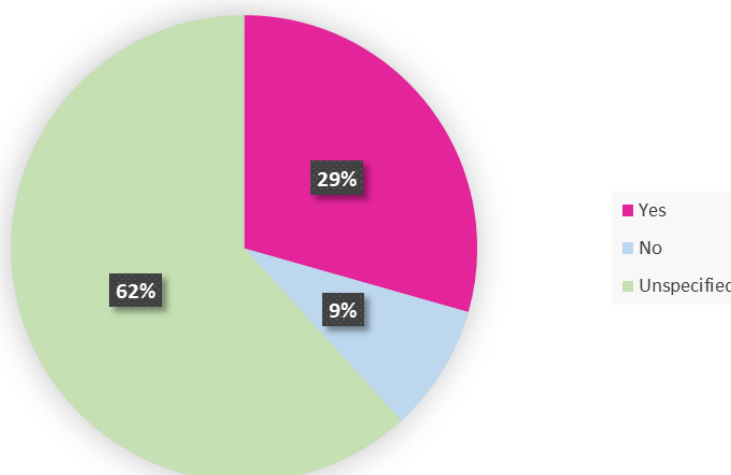


Figure 5 Residents' sentiments on loneliness since the COVID-19 pandemic.

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*"Yes, I feel very lonely. I live alone now. My husband and I are not together and that has really affected me. I struggle to do my family activities. I am not longer able to get myself up and do the things I love. As I cannot afford it and have no motivation for it."*

*– Chinese woman, 31-64yrs*

*" At times, I did feel lonely. However, it got better because my daughter always used to have a conversation with me to distract the loneliness."*

*– Bangladeshi woman, 18-30yrs*

*"Dust builds up in the house. When I go out during lockdown, it's scary how the roads are empty. No one is there. I feel unsafe."*

*– Somali woman*

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Quote 1 Snapshot of resident's sentiments on loneliness since the COVID-19 pandemic.



## Access to support

Of the 34 participants in the study, 6% of participants reported receiving support, which highlights a concerning lack of access to services. Moreover, many of the responses to the question about support were negative, with many individuals indicating that they were turned away when they did sought help.

Some of the reasons cited for not accessing support included:

- concerns about burdening services or causing trouble.
- feeling that their issues were private matters.
- feeling too stressed to reach out for support.

Other participants felt that seeking support would be a waste of time, prioritised family, or housework responsibilities, or simply saw no reason to do so. These findings underscore the importance of improving access to and perception of support services to address the needs of individuals who may be struggling with mental health concerns.

Participants in the Somali focus group listed stigma as one of the main reasons why they did not sought support, as they believed they would not be taken seriously, feared how others within their community will see them, or feared that statutory services may break their family apart.

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*“I reached out to an organisation; cannot remember the name of. They said my mental health is not concerning in regards to suicidal thoughts”*

*– Bangladeshi woman, 18-30yrs*

*“I live by myself, as a single person. It is challenging in lockdown. Couldn’t meet any person, living in home I feel anxious.”*

*– Somali woman, 18-30yrs*

*“Social services stigmatise mothers. We are scared to use them as we fear they take our children away. That’s why we keep to ourselves and not reveal about our mental health.”*

*– Somali woman*

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## Conclusion

- The results suggested there is a need for targeted interventions to address the mental health needs of residents in the context of the COVID-19 pandemic, with a focus on improving access to support services, understanding stigma impacting access, and addressing economic stressors as detailed in the findings.
- COVID-19 pandemic and the resulting lockdown measures have had a significant negative impact on the mental health and well-being of residents, particularly in terms of their relationships and feelings of loneliness.
- The negative emotional responses reported by participants, such as anxiety, depression, and fear of COVID-19, highlights the need for better access to mental health support services and campaigns for educational awareness of the support available.
- The fact that only a small percentage of participants reported receiving support, and many reported negative experiences with seeking support, further underscores the importance of improving access to and perception of support services.
- The Somali Women's focus group in particular highlights the impact of stigma on access to support services, indicating a need for culturally appropriate and community-led approaches to mental health support. As one quote that they “heal together as a circle” as 1:1 therapy is incompatible with them.



# Mental Health and Long-term Conditions

## Introduction

Long-term conditions (LTCs) are health problems that require ongoing management over a period of years or decades and are conditions that cannot be cured but can be controlled with the use of medication and/or other therapies.<sup>22</sup>

Communities of the global majority are disproportionately affected by health inequalities, which is confirmed within Newham data. The most common physical LTCs among adults in Newham are cancer, cardiovascular diseases, respiratory diseases, and diabetes. Additionally, the rates of arthritis and childhood obesity are increasing. The disparity in the number of deaths between the most and least deprived areas is highest for men, with cardiovascular disease (including heart disease and stroke) accounting for 28.3% of deaths and cancers for 28.2%. For women, cancers account for 30.2% of deaths, and mental/behavioural issues account for 21.8%.<sup>23</sup>

These conditions can affect people in various ways, including stigma, coping mechanisms, and accessibility to areas and activities, which can impact their ability to support themselves.<sup>24</sup> Our aim is to understand how having a long-term condition has affected the mental health of Newham residents and how they support themselves in managing these conditions.

## Methodology

The data for this project stream was collected from December 2022 through the end of February 2023. Total of 17 participants, with 14 taking part in 10-minute semi-structured interviews and three participants joining a focus group. To ensure a diverse range of responses, volunteers visited various public spaces, including libraries and other community gathering places, utilised their personal and professional networks.

Both the semi-structured interviews and the focus group asked three open-ended questions to gather feedback and insights from the participants. The three questions were asked on 'Mental Health and Long-term Conditions' in community languages:



1. How did you feel knowing you have a long-term condition?
2. Since having a long-term condition, did it change how you feel about things you enjoy or once find enjoyable?
3. How do you feel about talking to others with a similar situation as you?

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<sup>22</sup> NHS Digital. [Long term physical health condition](#).

<sup>23</sup> London Borough of Newham. [Healthy Living Needs Assessment: Informing 50 steps to a healthier Newham](#) (2019).

<sup>24</sup> Mental Health Foundation. [Long-term physical conditions and mental health](#).



The data was transcribed and coded to identify three major themes:

- 'Sentiment' which explored how participants felt when they were diagnosed with their long-term conditions and how it impacted their mental wellbeing.
- 'Capability' examined how participants long-term conditions affected their ability to manage everyday tasks and their ability on engaging in activities they enjoy.
- 'Peer-to-peer support' provides insights on participants' comfort levels in their desire to connect with others who are in a similar situation.

In total 27% of the 64 participants that consented to take part in the 'Mental Health & Long-term conditions' stream. Of the 27%, 14 came from semi-structured interviews and the remaining 3 join the focus group.

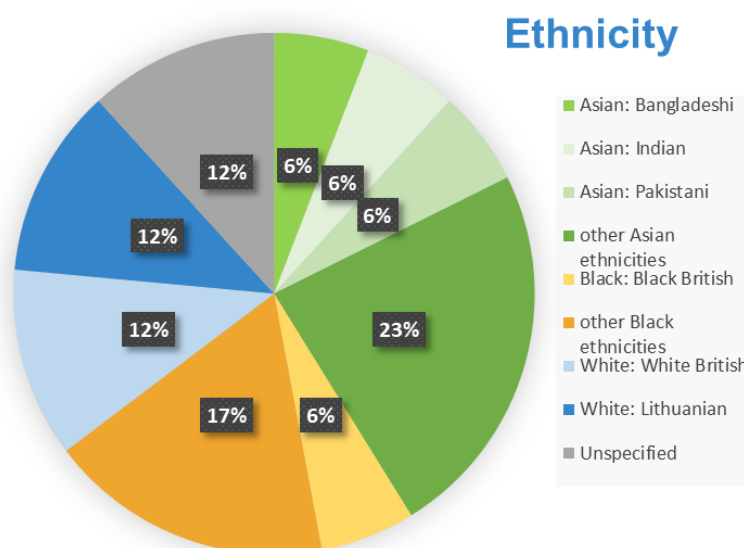


Figure 6 Ethnicities of participants in CLE Engagement: Long-term Conditions 2022/2023.

## Findings

### Sentiment

When asked about perceptions on long-term conditions, all participants reported negative emotional sentiments of living with a long-term condition/s.



Since having a long-term condition, did it change how you feel about things you enjoy or once find enjoyable?

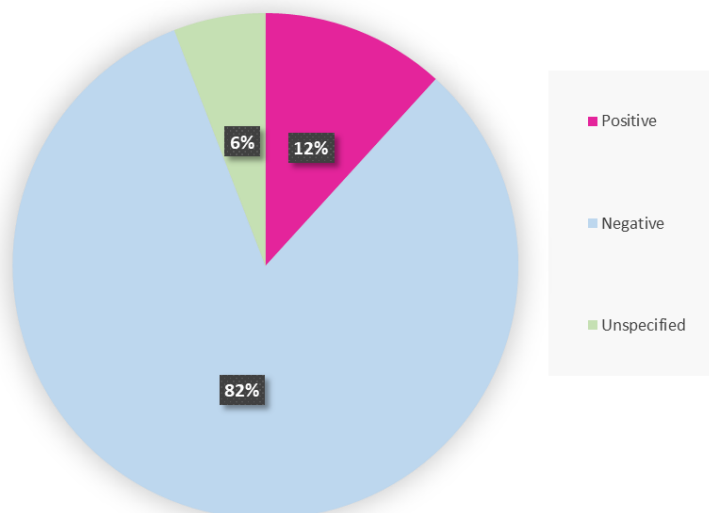


Figure 7 Perceptions on how long-term condition affect residents' capability on enjoying activities.

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*“I have never suffered with mental health problems before, but now I am an anxious wreck”*

– White British

*“Difficult, exhausting. I have had to cope with panic attacks for about fifteen years of my life now. After the stroke it increased even more.”*

– [unspecified]

*“I did not know what to do, what to think. It was really stressful and putting me down.”*

– Black resident, 31-64yrs

*“I am in a lot of pain due to my hidden condition. I feel sad and now diagnosed with borderline diabetes.”*

– Indian woman, 31-64yrs

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Quote 3 Snapshot of resident's sentiments on their long-time condition(s) since they were diagnosed.



## Capability

82% of the 17 participants have reported that the long-term condition has affected their enjoyment in activities or on activities they used to find enjoyable. The reasons being anxiety, lack of motivation, fatigue, immobility, or commitments.

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*“It was a real setback in life, because after the stroke, I struggled with motivation.”*

– [Unspecified]

*“Since my long-term condition, I don’t enjoy shopping, going out as I used to go [and enjoy]. I feel depressed as I can’t do the activities I liked.”*

– Gujarati woman, 65+yrs

*“Yes, as I can’t do things I used to because I am dependent on support available. Financial cost of living support.”*

– White woman, 65+yrs

*“At the beginning it changed me a lot, especially on food diet, a lot of changes in that. It was difficult, but when time passes everything grew on me and I feel more confident in eating and drinking. I had to work less and fishing, I like it a lot and I was not able to be the same active person as I used to be, now I have changed to quieter, closed person, lost a little bit motivation. However, after a few years I came back to exercising, I am exercising every morning, I have a routine and I do not miss it, every single morning.”*

– White resident, 65+yrs

*“Since the diagnosis of my lung cancer. I feel sad and depressed, can’t sleep due to worry as a double carer.”*

– Indian woman, 31-64yrs

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Quote 4 Snapshot of resident’s sentiments on how their long-term conditions affects their ability in taking part in activities and activities they enjoy.





## Peer-to-peer support

71% of the 17 participants have expressed positive sentiment in talking to others with a similar situation of long-term conditions.

Nearly a quarter if the participants disagreed.

### How do you feel about talking to others with a similar situation as you?

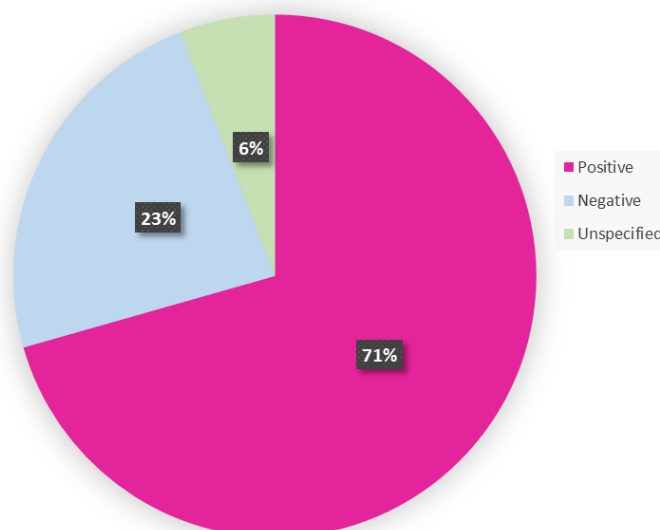


Figure 8 Perceptions on support from peers around long-term conditions.

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*“Sometimes I feel that it is boiling inside of me, and I really want to get it out, but other times I just close down.”*

– White resident, 31-64yrs

*“I feel that it is very important to talk to other people, but also, I find it that I don’t have the vocabulary to express what I am feeling. It is very easy to talk about physical illness, but not mental illness. But the more we try, the better we get at it I reckon. And my best friend is always happy to talk and listen, so I am in a much better place now.”*

– Black resident, 31-64yrs

*“I enjoy speaking to my peers I don’t feel isolated and now that somebody there to support and help me.”*

– Pakistani woman, 31-64yrs

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Quote 5 Snapshot of resident’s sentiments on peer-to-peer support or talking to people with similar conditions with them.



## Conclusion

- Based on the findings, it can be concluded that living with a long-term condition can have a significant negative impact on an individual's emotional well-being and enjoyment of activities.
- Peer-to-peer support can be a valuable resource for those living with long-term conditions, with many participants expressing positive sentiment towards talking to others in similar situations.
- To address the negative emotional sentiments, it is important to understand the resources that is available and how it can help those who need it, to help manage anxiety, lack of motivation, and other emotional challenges associated with long-term conditions.
- Additionally, efforts can be made to promote peer-to-peer support networks and platforms to encourage individuals to connect with peers who have similar experiences to enhance social support.



# Mental Health and Cost-of-living

## Introduction

Cost-of-living (CoL) is a recent phenomenon that has changed the way we think about our spending and expenses. The 'cost of living crises refers to the fall in 'real' disposable incomes that the UK has experienced since late 2021. Newham is vulnerable to these shocks, as evidenced by the significant income disparities within the borough and to the national comparison.

The 'Community Assembly Cost of Living Summit' brought attention to the fact that people living in Newham face more difficulties than others in affording the cost of living, especially since London is one of the most expensive cities in the world. High inflation, combined with conflicting government policies and the consequences of more than 13 years of austerity, has made thousands of residents' finances unstable – prone to soaring energy bills, rising utility bills, food prices and household costs, increasing rents and mortgages.<sup>10</sup>

The basic necessities of food, heating, and housing are essential for maintaining a decent standard of living; not being able to meet them can significantly lower an individual's wellbeing and perception of self. Our report aims to shed light on the extent to which the cost-of-living crisis is affecting the mental health of individuals in Newham.

## Methodology

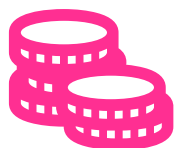
The data for this project stream was collected from December 2022 through the end of February 2023.

The engagement involved 38 participants, consisting of 25 individuals who participated in the one-hour focus group facilitated by senior officers and thirteen participants who took part in 15-minute semi-structured interviews conducted by volunteers. To collect data from a diverse range of participants, volunteers visited various public spaces, including libraries and other community gathering places, as well as leveraging their personal and professional networks. In addition, the staff conducted a focus group with Healtogether Somali Women's Group, located at the Canning Town Library.

Both the semi-structured interviews and the focus group asked four open-ended questions to gather feedback and insights from the participants.



The four questions that were asked on 'Mental Health and Cost-of-living' were translated into Bengali, Portuguese and Somali from English:

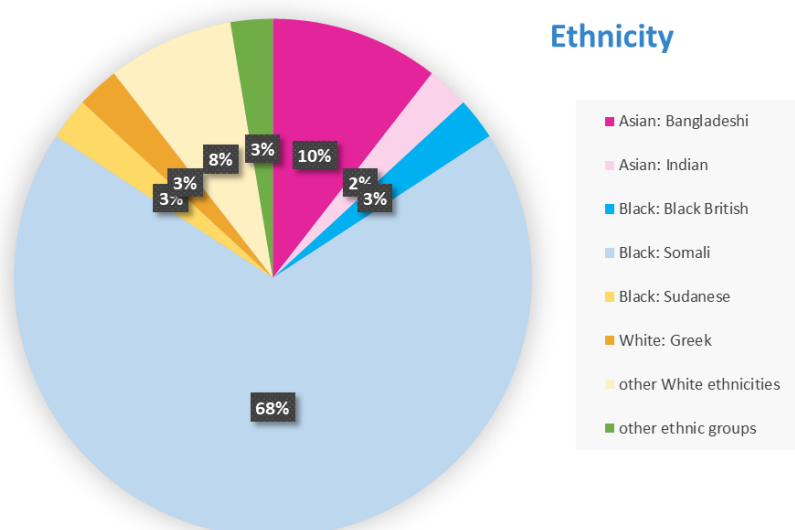


1. How has the cost-of-living crisis has affected how you (and your family) feel?
2. Has the cost-of-living crisis changed your spending habits and how do you feel about this?
3. Has the cost-of-living crisis effected how secure you (and your family) feel?
4. How do you feel about accessing support packages available for residents such as food banks?

The data was transcribed and coded to identify three major themes:

- 'Sentiment' which explored the emotional impact of the cost-of-living crisis on individuals and their families.
- 'Spending habits' examined how the cost-of-living crisis has affected participants' spending habits and financial situations.
- 'Financial security' examined the cost-of-living crisis has impacted participants' sense of financial security and stability.
- 'Access' which investigated whether participants were able to access the support or help they needed to address their struggles, such as food banks or other resources available to residents during times of financial hardship.

In total 59% of the 64 participants that consented to take part in the 'Mental Health & Cost-of-living' stream.



Of the 53%, 13 came from semi-structured interviews and the remaining 25 join the focus group.

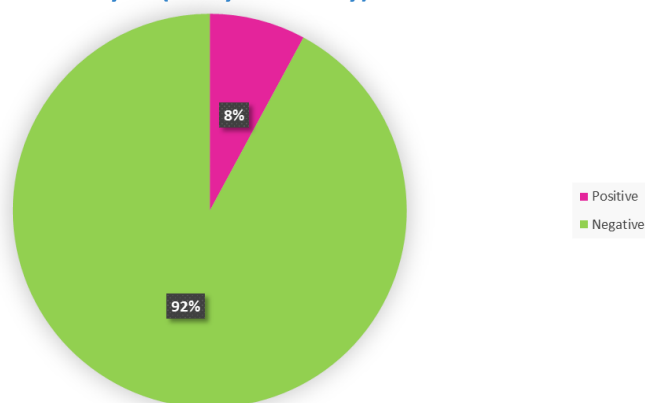
Figure 9 Ethnicities of participants in CLE Engagement: Cost-of-living 2022/2023.



## Findings

### Sentiment

How has the cost-of-living crisis has affected how you (and your family) feel?



95% of the 38 participants have confirmed that the cost-of-living has affected them and their spending. 92% participants have said that the cost of living has affected them negatively.

Reasons: anxiety in finances, everything going up but not benefits and wages, family members must work more hours.

Figure 10 Sentiments on the cost-of-living and how it is affecting residents' perception of it.

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*“I feel it's so hard and difficult. Now that I am preparing for my pregnancy and my newborn baby. Travel fees, clothes, nappies anything necessary for my new baby, is hard to maintain the costs. Had to leave work due to personal issues.”*

*–Indian resident, 18-30yrs*

*“Everything is going up but not my benefits. I cannot afford anything.”*

*– Somali woman*

*“The cost-of-living crisis made me feel ‘stressed’ and ‘worried’, everything is expensive but wages are not increasing.”*

*– Algerian woman, 18-30yrs*

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Quote 6 Snapshot of resident's sentiments on the cost-of-living crisis and how it affected their mental health.



## Spending habits

Spending habits is how a person allocate their money on various goods and services. When asked “Has the cost-of-living crisis changed your spending habits and how do you feel about this?” most of the participants have stated it has changed and felt negatively affected by it. Participants stated they had to search for more discounts and coupon.

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*“Yes, because now I have to look at charity shops to buy things. Not because they are low quality but because they are second-hand.”*

*– African British resident, 31-64yrs*

*“I had to cut down on gas and hasn’t used my car in months due to the petrol increase. Cheaper to take public transport then maintain a car.”*

*– Algerian woman, 18-30yrs*

*“I look for money saving opportunities when I spend. Those that will help me to survive. For me and my family. I need to spend less but my family is big, so I end up spending little but more and more. I am struggling.”*

*–Bangladeshi resident, 31-64yrs*

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*Quote 7 Snapshot of resident’s sentiments on if their spending has changed since the cost-of-living crisis began.*

## Financial security

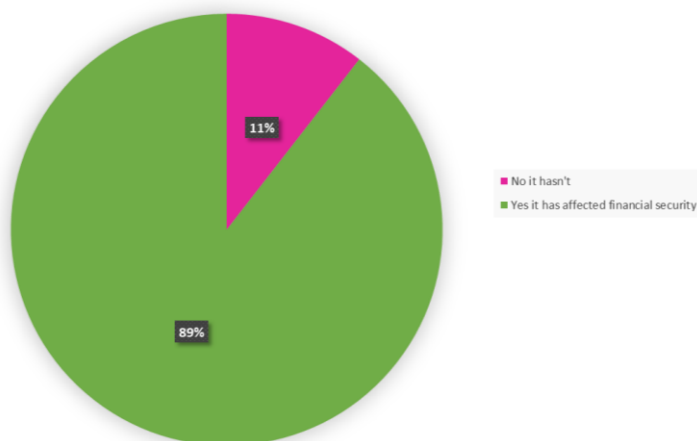
Financial security refers to the confidence that an individual or household has in their ability to meet their financial obligations and maintain their standard of living. 89% of the 38 participants reported losing a sense of financial security.

The reasons for this loss of security varied, with some participants opting to work more hours to make ends meet, while others felt anxious about burdening their family or partner.



Some expressed sadness for not being able to buy things for their children, while others expressed anxiety that their financial situation would not improve, causing them stress.

Has the cost-of-living crisis effected how secure you (and your family) feel?



Interestingly, older respondents over the age of 65 reported that it did not affect their financial security, but it is important to note that not all individuals in this age group feel the same way.

Some older residents, particularly those who are people of colour and low-income, have also experienced financial hardships.

Figure 11 Residents' sense of financial security since the cost-of-living crisis.

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*“Yes, because now I have more expenses. I feel like there is more of a burden I am causing on my husband and my parents.”*

– Indian resident, 18-30yrs

*“I feel panicked that I may not be able to afford things for my children.”*

– African British resident, 31-64yrs

*“Living alone made it even harder for me.”*

– Sudanese woman, 18-30yrs

*“There is no security for the future as we don't know what to expect and I believe that the prices for things will continue to rise at a rapid rate.”*

– Bangladeshi woman, 31-64yrs

*“I have to work more hours to be able to fulfil my needs”*

– Brazilian man, 31-64yrs

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Quote 8 Snapshot of resident's sentiments on their sense of financial security since the cost-of-living crisis.



## Access to support

The results reveal a concerning gap between awareness and access to support for residents in Newham. Despite a high level of awareness of the support that is available to residents to cope with the cost-of-living, only a small fraction of participants accessed it, while others reported being turned away. Mixed sentiments towards food banks and other support programs were also collected, with some expressing shame about their use.

- 87% are aware of the support available. Mentions flyers and community groups they are aware of it.
- 8% accessed support. 34% confirmed they do not, reasons being they see no reason to, does not apply to their situation, do not want to reply on external help. 58% unspecified, mostly participants from focus group. Although use food banks do not want to state it openly due to feelings of shame.
- 11% residents have positive sentiment on food banks, 18% reported negative sentiment on food banks and other support such as Our Money Newham.

Participants in Somali women's focus group confirmed they were aware of the access available, however they also expressed dismay of the access of the support. Listed reasons that the website was broken or that when they applied for financial support, they did not receive a follow-up and had tried contacting the council.

**Awareness of support available**

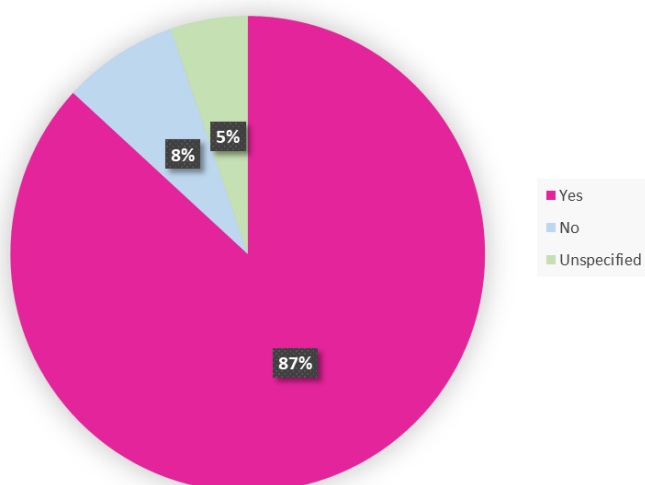


Figure 12 Residents' awareness of the support that is available to them during the cost-of-living crisis.

**Have you accessed support?**

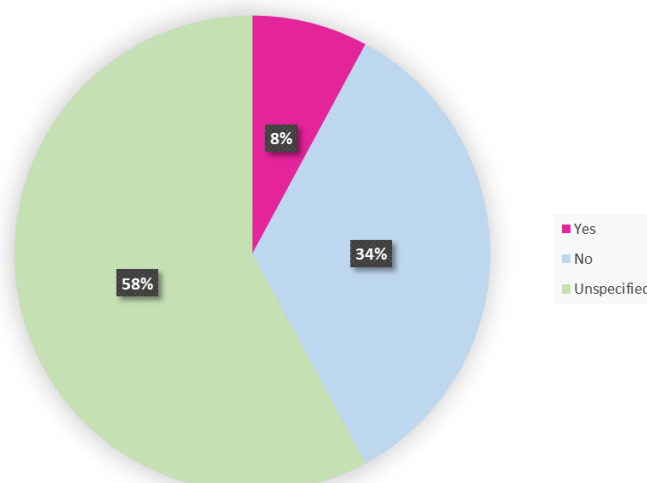


Figure 13 If residents have accessed the support, they are aware of.





How do you feel about accessing support packages available for residents such as food banks?

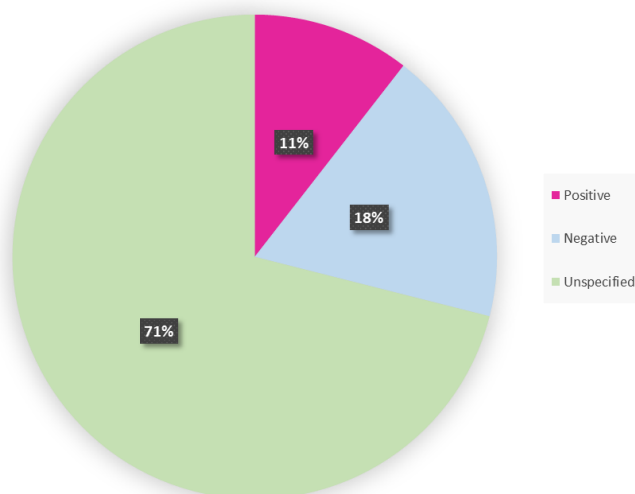


Figure 14 Sentiments around food banks and support for the cost-of-living crisis.

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*“Me and my family feel that even food banks has reduced the way they help people or reduced size of food packages”*

*– Bangladeshi resident, 31-64yrs*

*“I have been, but I have been told that I cannot access these as I am working.”*

*– African British resident, 31-64yrs*

*“I used food bank; it has helped!”*

*– Somali woman*

*“Food banks have expired food and doesn’t have cultural options like halal. Gave up using them. And ‘Our Newham Money’ did not respond to me despite filling in my application. What’s the point, they’re not helping me?”*

*– Somali woman*

*“Why should I need them? It's not something I have done before, and I don't know anything about them.”*

*–Bangladeshi resident, 31-64yrs*

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Quote 9 Snapshot of resident’s sentiments on accessing support services to cope with the cost-of-living.



## Conclusion

- The findings of this engagement showed that the cost-of-living crisis has had a significant negative impact on the majority of the 38 participants.
- Anxiety about finances, loss of financial security, and changes in spending habits were the most common concerns raised.
- Despite awareness of available support, many participants have not accessed it due to reasons such as feeling ashamed or not seeing a need for it. There are those who sought support but were turned away from it.
- Cost-of-living has made majority of participants cut back on spending, work longer hours, and are struggling to make ends meet. Fuel poverty, food costs, travel expenses (including gas for cars), and benefit cuts are often cited as major concerns.
- The findings further highlight that financial hardship can have a significant impact on residents' mental health.
- These results suggest a need for more accessible and effective support systems, better interventions to address the financial and mental health impacts of the cost-of-living crisis.