



MHNA Overview

Jon Holt, September 2025

Purpose of the MHNA



To provide data and evidence in relation to:

Trends in the mental health of the population in BSOL
Gaps in provision and pathways
People's experiences of services and barriers to access
Equity of provision and challenges facing inclusion health groups

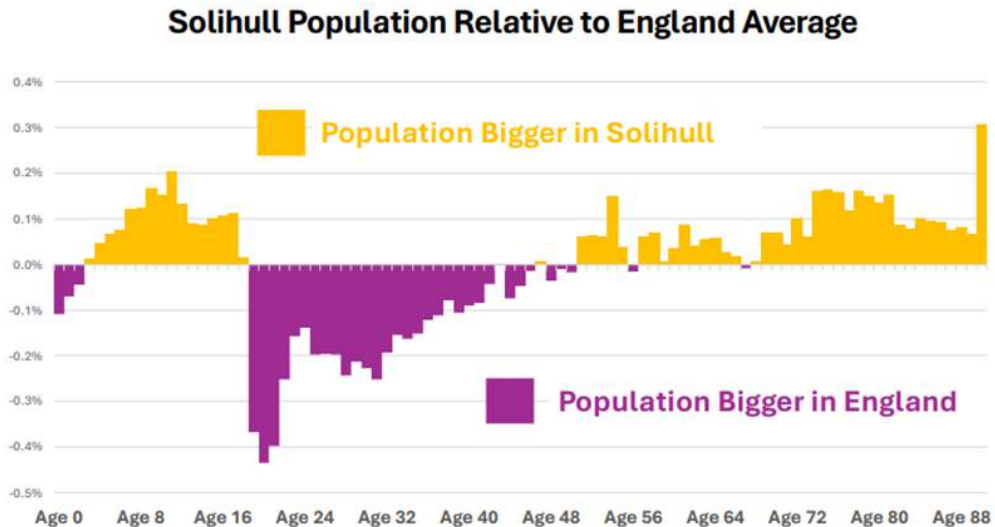


Make recommendations for the MHPC to consider based on findings and areas for future inquiry

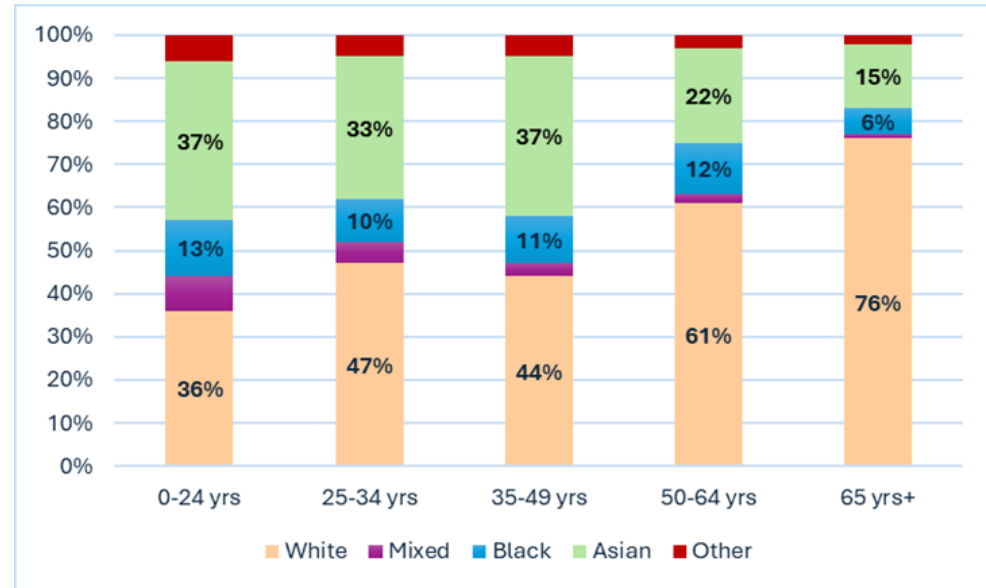


To inform the MHPC 5 year strategy and associated implementation plans

BSOL context: demographics



Ethnicity of Birmingham population by age group



51% of Birmingham's population are from ethnic minority groups, with the highest diversity among under-25s and in the West and East of the city.

Solihull's population is 82% White, with greater diversity in the West (23% ethnic minorities) and among children—**28% of school pupils** are from ethnic minority backgrounds.

Birmingham's median age was **34** in the 2021 Census—**youngest among UK core cities** and below the national average of 40.

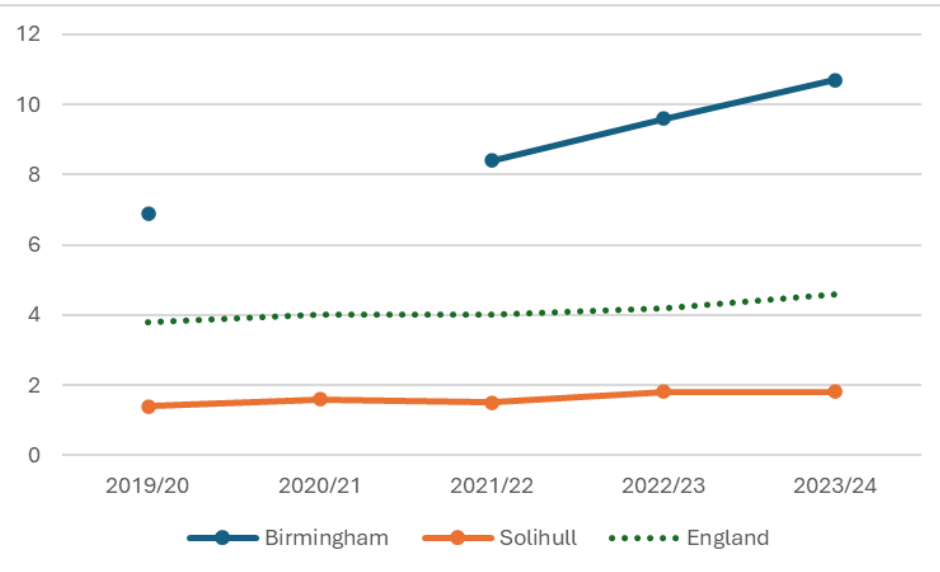
Solihull's median age was **43**, above the UK average.

21% of Solihull's population were aged 65+ in 2023, compared to **13% in Birmingham**.

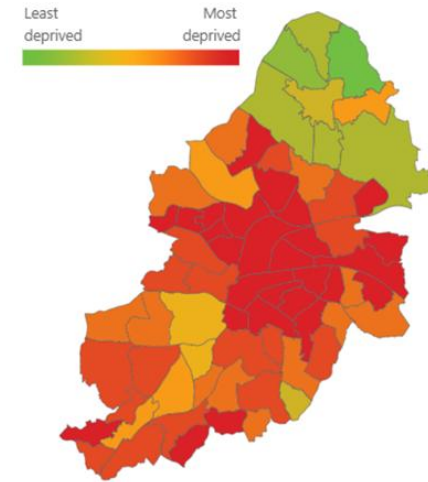
North Solihull has a **younger age profile** than the rest of the borough.

BSOL context: socio-economic factors

Households in temporary accommodation



Map of Birmingham
Deprivation Decile



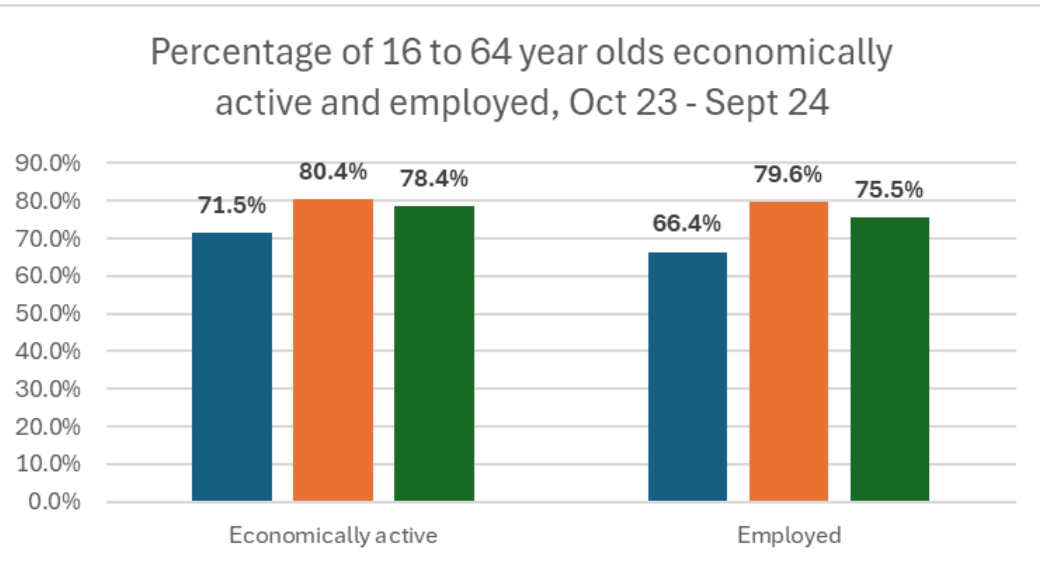
Poverty and deprivation

- 43 out of 69 Birmingham wards are in the most deprived 20% in the country.
- 48% of children are living in relative poverty in Birmingham.
- Over half of the population in North Solihull live in the most deprived 10% of neighbourhoods in England

Housing

- Only 42% of adults in contact with secondary mental health services in Birmingham and 39% in Solihull live in stable and appropriate accommodation.
- The proportion of Households in temporary accommodation and households owed a duty under the Homelessness Reduction Act is above the national average in Birmingham.
- 1 in 71 people in Birmingham and 1 in 353 people in Solihull are homeless

BSOL context: socio-economic factors



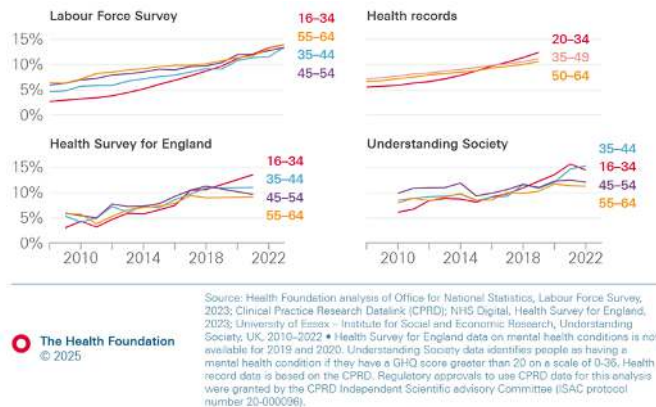
Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	31,751	0.9	0.9	0.9
West Midlands region (statistical)	↓	5,670	1.5	1.5	1.5
Birmingham	↓	2,350	3.1	3.0	3.2
Dudley	↓	569	2.9	2.6	3.1
Sandwell	↓	532	2.4	2.2	2.6
Wolverhampton	↓	338	2.0	1.8	2.2
Stoke-on-Trent	↓	315	1.9	1.7	2.1
Walsall	↓	297	1.7	1.5	1.9
Coventry	↓	278	1.2	1.0	1.3
Nuneaton and Bedworth	↓	70	0.8	0.6	1.0
Newcastle-under-Lyme	↓	64	0.8	0.6	1.0
Staffordshire Moorlands	↓	43	0.8	0.6	1.0
Bromsgrove	↓	45	0.8	0.6	1.0
Wychavon	↓	60	0.8	0.6	1.0
Malvern Hills	↓	33	0.7	0.5	1.0
Worcester	↓	47	0.7	0.5	0.9
Shropshire	↓	129	0.7	0.6	0.8
Redditch	↓	35	0.6	0.4	0.9
South Staffordshire	↓	40	0.6	0.4	0.8
Tamworth	↓	25	0.5	0.3	0.8
Wyre Forest	↓	30	0.5	0.3	0.7

Employment

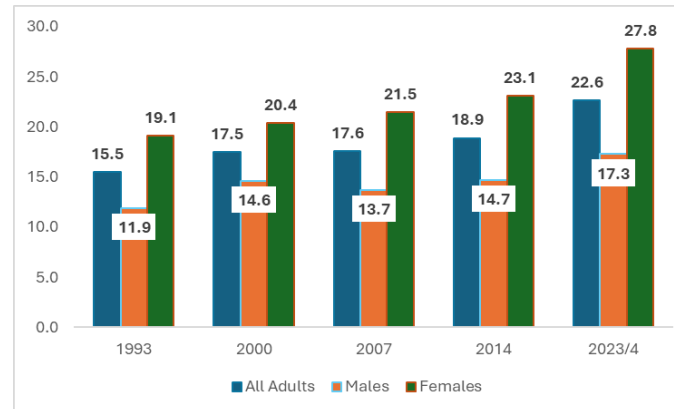
- The proportion of the population who are employed and who are economically active is below the national average in Birmingham. The reverse is true for Solihull.
- 2023 figures on rates of long-term claimants of Job Seekers Allowance show Birmingham to be above national, regional and statistical neighbour averages.

Prevalence: national picture

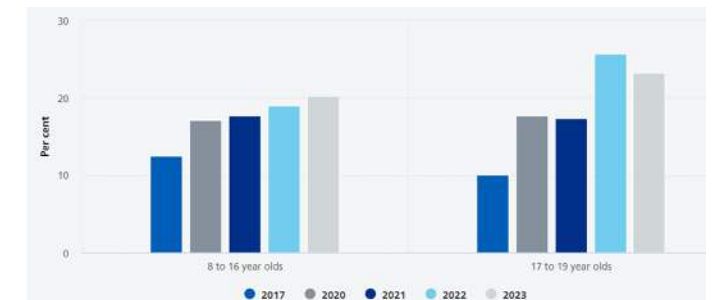
Self-reported mental health conditions by data source and age group



Prevalence of common mental health conditions, Adult Psychiatric Morbidity Survey



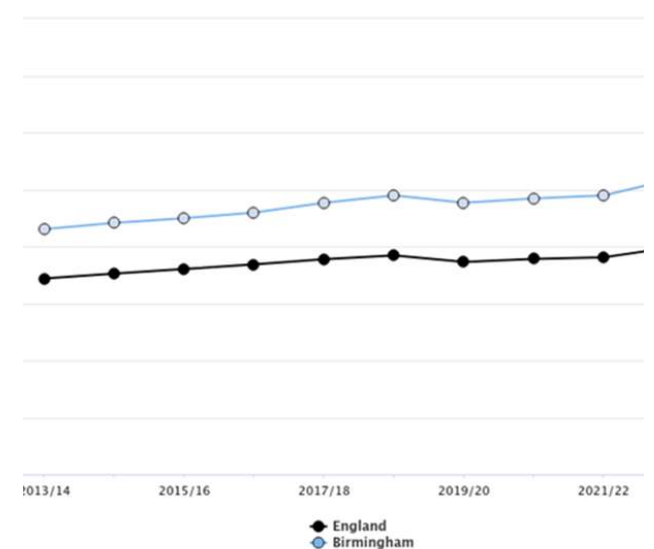
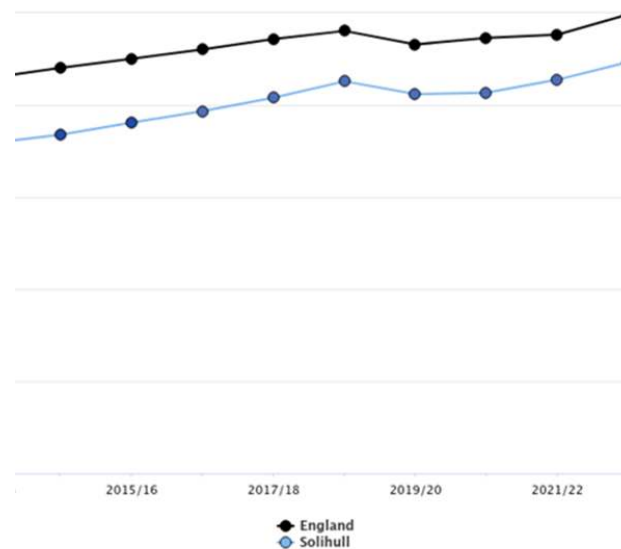
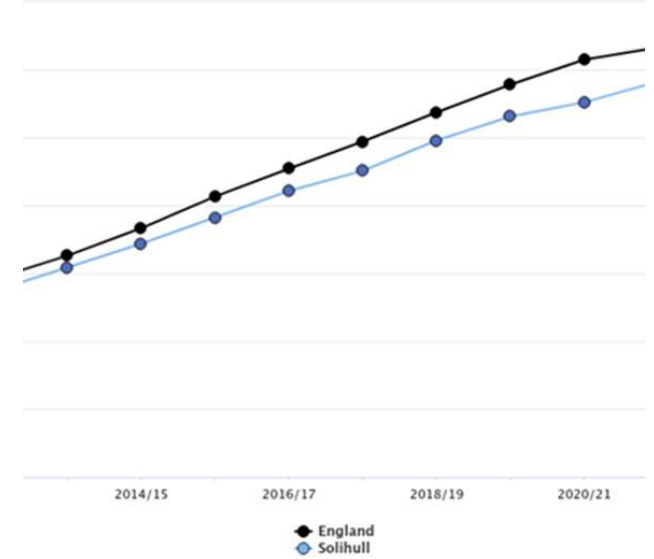
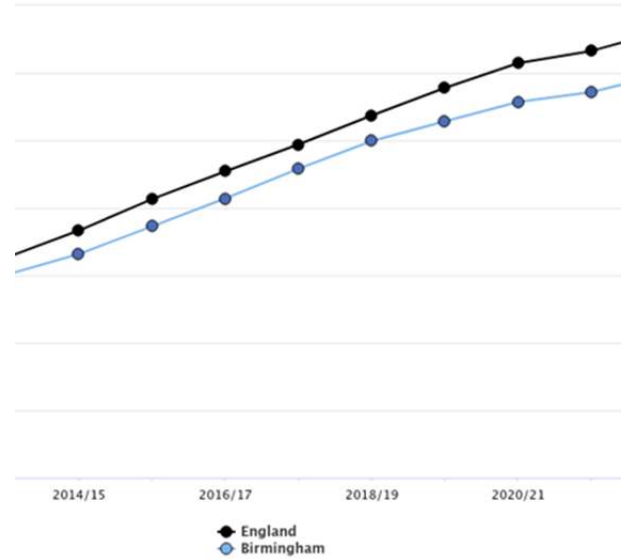
Percentage of CYP with probable mental disorders, Children and Young People's Survey



Depression and SMI in BSOL

Depression prevalence in both Birmingham and Solihull has risen in line with national trends

SMI prevalence has increased in both areas and is above the national average in Birmingham and below the national average in Solihull



Common mental health conditions and dementia in BSOL



In 2019, an estimated 134,755 Birmingham adults (18%) aged 18–64 had a common mental health condition, projected to rise by 5% by 2030.



Solihull has around 24,000 working-age adults with common mental health conditions, with higher rates in deprived areas.

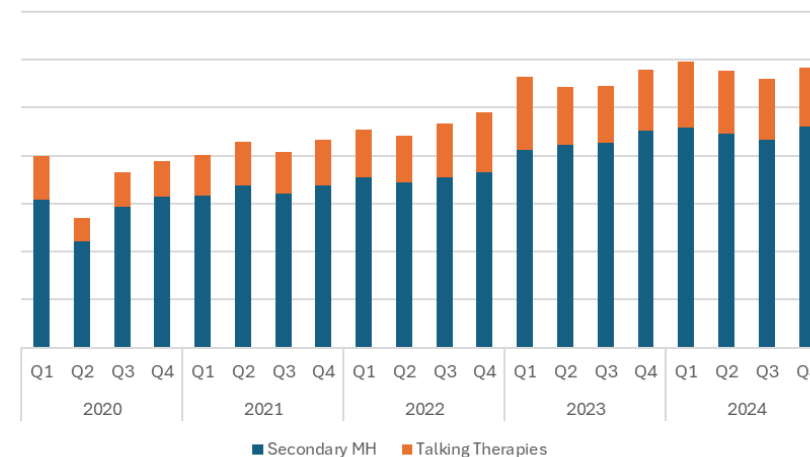


Approximately 13,000 people in Birmingham and Solihull live with dementia, expected to exceed 17,000 by 2040.

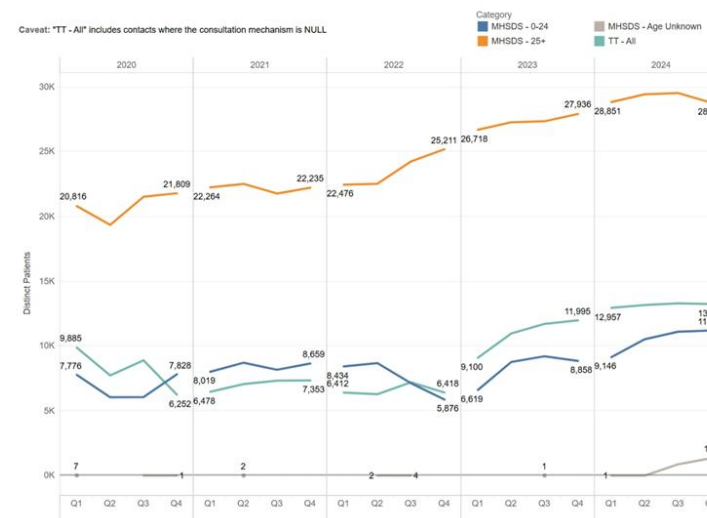
Demand for mental health services

- When comparing January 2020 to December 2024:
- Referrals to Talking Therapies have increased by 80%
- Referrals to secondary mental health services have increased by 58%
- The total number of people in contact with mental health services has increased by 42%

Total numbers of referrals received, Birmingham and Solihull ICB by calendar year, January 2020 to December 2024

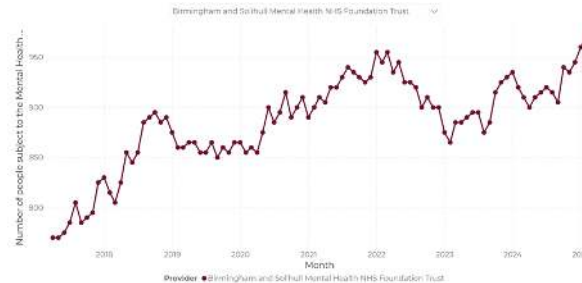
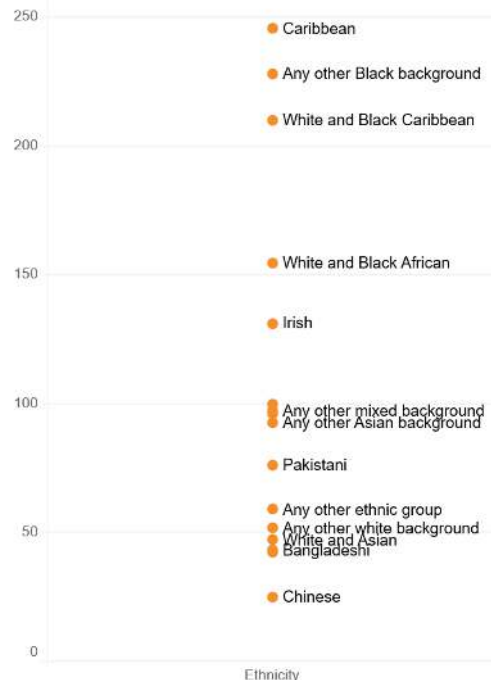


Number of unique patients in contact with MH services, BSOL ICB
Source: MHSOS Commissioner Extracts, Talking Therapies Dataset



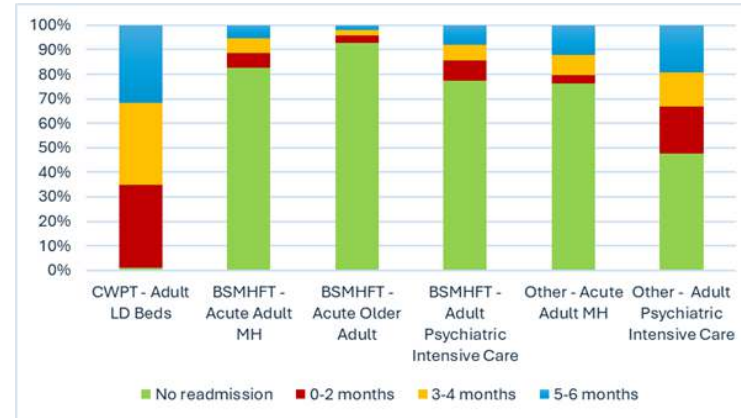
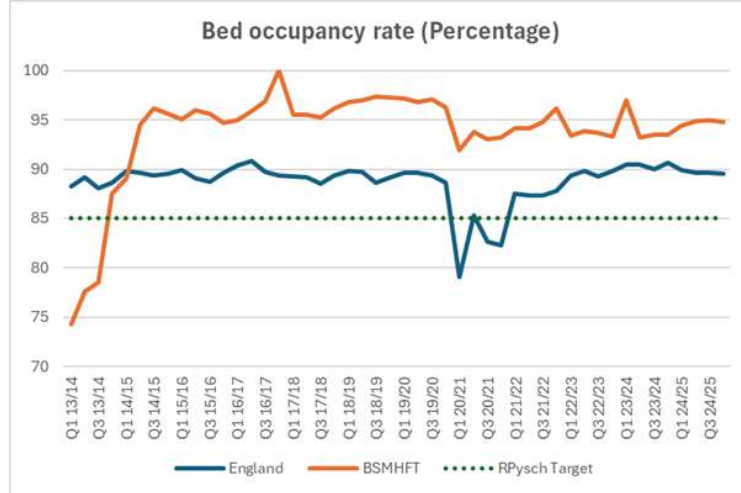
Detention under the Mental Health Act

Patients sectioned under the MH Act, BSOL
Demographic Equalities, Rate per 100k



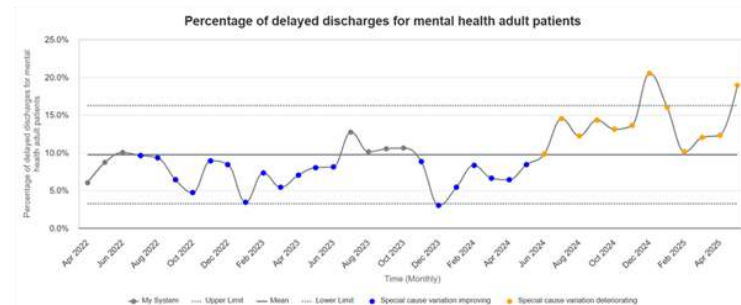
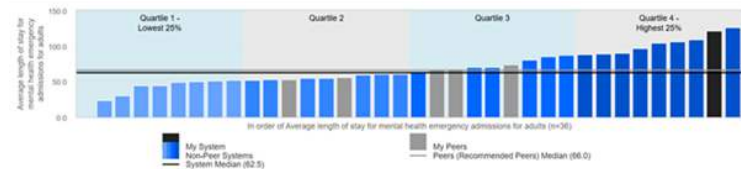
- There are significant racial disparities in rates of detention under the MHA: Black Caribbean, Black Other and Mixed White and Black Caribbean ethnic groups have rates more than double the overall average in BSOL.
- There has been a 17% increase from 2017 to 2025 in the number of people detained under the MHA at BSMHFT

Inpatient services – capacity and flow



There are significant challenges with capacity and flow within BSOL mental health inpatient services as indicated by:

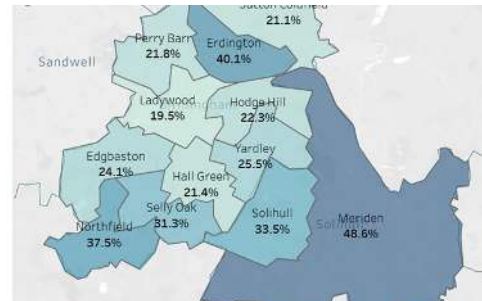
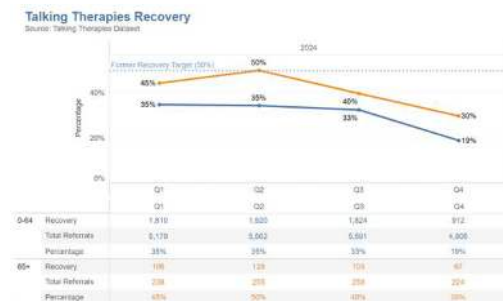
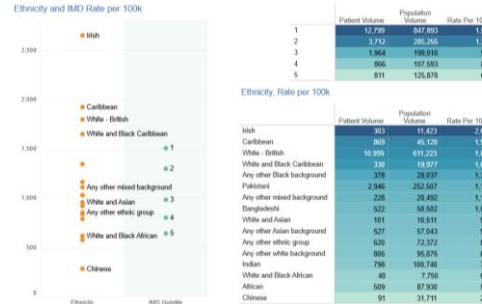
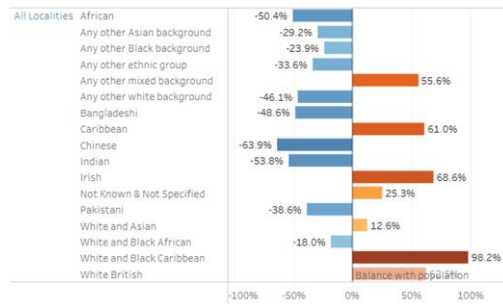
- High rates of bed occupancy at BSMHFT
- Rate of readmissions within 6 months particularly for BSOL patients in LD beds and non-BSMHFT PICU beds
- High proportion of delayed discharges for adult patients
- Long length of stay for adult emergency admissions



Service equity

Examples of variations in rates of access and outcomes based on patient characteristics include:

- Under-representation of South Asian ethnic groups and over-representation of Black Caribbean and Mixed Black Caribbean and White ethnic groups in CYP mental health services.
- Higher rates of prescribing of anti-psychotic medications in most deprived IMD quintiles and significant variation by ethnic group with high rates in White Irish and Black Caribbean groups
- Higher rates of prescribing of anti-depressants to older adults but lower rates of access to NHS talking therapies despite better recovery rates
- Variation in rates of access to CYP MHS by parliamentary constituency, e.g. 22.3% in Hodge Hill compared to 48.6% in neighbouring Meriden



Themes from Experience of Care campaign led by Rethink Mental Illness

Long wait times with mental health deteriorating whilst waiting for support

Difficult referral processes with lengthy and challenging pathways

Lack of support whilst waiting for care

Complex system: difficulties navigating support leads to frustration

Lack of awareness of other community support available and how to access it

Communication difficulties with difficulties contacting teams and having to repeat information

Lack of tailoring of services especially for people who are neurodiverse

Lack of cultural competence – services lack cultural understanding and awareness for the diverse communities of Birmingham and Solihull

Perinatal and infant mental health

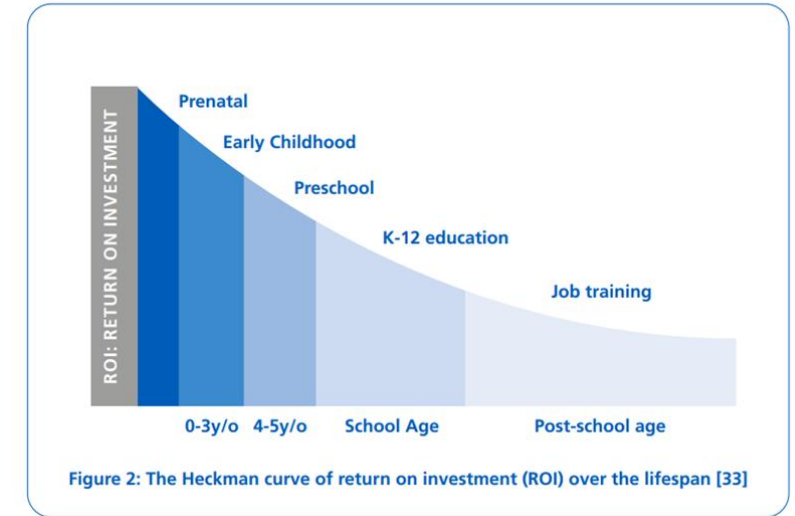
Key considerations for BSOL

The **first 1001 days** are a **critical window** for intervention, with multiple benefits arising from a secure parent-infant relationship

Return on investment (ROI) is greatest at this stage of the life course.

Birmingham has a **high prevalence of perinatal MH conditions and evidence of unmet need**.

A **detailed needs assessment has been completed** for Bham regarding perinatal and infant MH and an equivalent assessment for Solihull is pending publication.



Children and young people

Key considerations for BSOL

The level of child poverty in Birmingham is a major risk factor for poor mental health.

Evidence supports strong ROI for parenting programmes, school-based mental health interventions, anti-bullying initiatives, and suicide prevention initiatives (both targeted and universal).

Those accessing **neurodevelopmental services** face long waits for assessment and diagnosis.

Children and young people's mental health services (CYP MHS) have long wait times and high thresholds, with some experiencing significant delays.

Care-experienced CYP and those in contact with the **criminal justice system** face heightened vulnerabilities and barriers to accessing support.

Working age adults

Key considerations for BSOL

Material Disadvantage and Unemployment are strong factors affecting mental health and wellbeing in working age adults. Birmingham has higher rates of unemployment and a lower proportion of the population who are economically active compared to the national average whilst the reverse is true in Solihull.

Employment support for adults with SMI: Individual Placement and Support (IPS) services are integrated into community mental health services. Over 1,500 people with SMI accessed IPS services in Birmingham and Solihull during 2024/25, with significant numbers entering and sustaining employment.

Older adults

Key considerations for BSOL

In 2020, **4,132 older adults in Birmingham** had severe depression (3% of 65+ population), projected to rise to **5,393 by 2040**.

Care home residents, older carers and bereaved individuals—face increased vulnerability for mental ill health. **23% of carers in Solihull** and **34% of carers in Birmingham are over 65**.

Dementia affects mental health and complicates treatment; **13,000 people** currently live with dementia in Birmingham and Solihull, rising to **17,000 by 2040**.

Barriers to seeking help include stigma, fear of burdening others, and low awareness of symptoms.

Antidepressant prescribing is highest among those aged 60–89, while older adults are **less likely to be referred for talking therapies**.

Access to NHS Talking Therapies is lowest among over-65s, yet **recovery rates are highest**, highlighting the need to improve uptake.

**Inclusion health:
Domestic abuse,
care experienced,
people with
learning
disabilities, autistic
people and carers**

Key considerations for BSOL

- Previous needs assessment in Birmingham and Solihull have both highlighted **gaps in timely access to trauma informed counselling and mental health support for women subject to domestic abuse**
- There are **potential gaps in mental health support for care experienced children and young people** where they **do not meet criteria and thresholds** for FTB and SOLAR and are **too complex** for services such as TESS and support via the Adoption and Special Guardianship Support Fund
- **People with autism** face difficulties with **delays in the neurodevelopmental diagnostic pathway** and **lack of tailoring of services** to sensory and other needs
- The **inpatient rate** in Birmingham and Solihull for the **LDA** cohort is the **highest in the country** and there is a **high rate of readmission within 6 months** for BSOL ICB patients to learning disability beds at CWPT.
- **Carers** have heightened vulnerability for mental ill health due to the impact of their caring responsibilities with feedback from carers in Birmingham highlighting **gaps in support where there are complex needs**

Inclusion health: ethnic minority groups

Key considerations for BSOL

- The **Black Caribbean** ethnic group have higher rates of detention under the MHA, higher rates of being prescribed anti-psychotic medication and higher rates of accessing SMI and Crisis Services compared to other groups.
- The **Chinese** ethnic group have the lowest rates of detention under the MHA, lowest rates of being prescribed anti-psychotic medication and anti-depressants and lowest rates of accessing SMI and Crisis Services.
- There are **common themes from various engagement activities with multiple ethnic groups** across BSOL:
 - The detrimental impact of **cultural stigma and shame** when it comes to people accessing support when needed
 - **Language and cultural barriers** to accessing support including **lack of cultural awareness** of service providers
 - **Community based peer support** and navigation is valuable and should be supported and strengthened

Inclusion health: LGBTQ+ & people in contact with criminal justice system

Key considerations for BSOL

Feedback from **focus groups held with the LGBTQ+ community** led by BCC deep engagement partners included the following messages to the NHS, local authority and professionals:

- Establish a Gender Identity Clinic (GIC) in Birmingham.
- Train NHS staff in Trans and LGBT awareness.
- Develop empathy and understanding for trans people.
- Develop inclusive services that recognize and respect LGBTQ+ identities.

Feedback from focus groups held by **West Midlands Probation Service** highlighted:

- **Long wait times** for mental health appointments and medication, especially post-custody.
- **Disruption in continuity of care**, including cancelled appointments and lack of follow-up after custody.
- Emotional distress from **repeatedly recounting trauma** to different professionals.
- Desire for **holistic support, not just medication**—suggestions included arts, talking therapies, and future-focused activities.
- **Lack of empathy and understanding** from professionals, especially in custodial settings.
- **Barriers to access** due to criminal justice involvement and systemic issues.

Inclusion health: dual diagnosis

Key considerations for BSOL

There are an estimated **14,587** citizens living in Birmingham with **co-current substance misuse and mental health problems** (dual diagnosis) with an unmet need, equating to 2.6% of citizens aged 15 years and over.

Feedback from people with lived experience of dual diagnosis as part of a needs assessment completed in Birmingham highlight:

- **Unmet mental health needs often drive substance use** increasing the risk of homelessness.
- Mental health services **should not deny support due to substance use** but instead address the underlying mental health issues.
- There is a need for **integrated, specialist services that treat both mental health and substance use issues seriously and simultaneously**.

Inclusion health: asylum seekers

Key considerations for BSOL

Focus groups held with asylum seekers by Migration Policy and Practice on behalf of BCC highlighted:

- **Poor living conditions** and frequent relocations cause stress.
- **Limited activities** and isolation affect mental health.
- **Language barriers** hinder access to services and legal processes.
- **Uncertainty about asylum status** leads to anxiety and fear.
- **Restricted access to work and education** frustrates aspirations.
- **Emotional trauma** and lack of support worsen wellbeing.
- **Safety concerns** post-riots highlight need for secure housing.
- **Cultural differences** affect coping and mental health understanding.

Migration Policy and Practice recommend that the BCC and system partners:

- Expand **culturally sensitive mental health services**.
- Simplify **asylum processes** and improve communication.
- Enhance **living conditions**, nutrition, and autonomy.
- Provide **education, employment, and language support**.
- Strengthen **community integration and safety measures**.

Inclusion health: sex workers and veterans

Key considerations for BSOL

The BCC Sex Worker Health Needs Analysis (SWAN) report identified **need for trauma-informed mental health support for sex workers** as there is currently no dedicated pathway or targeted support and interviews with sex workers identified existing provision does not cater to their needs.

The SWAN report recommends that **specialist mental health and substance use services aimed at sex workers should be developed as a priority.**

The BCC Veterans deep dive provided an estimate of the veteran population in Birmingham of **31,866 people** accounting for 8% of 16 to 64 year olds and 9.2% of those aged over 65. The Story of Solihull produced by SMBC states that there are almost **6,000 veterans in Solihull.**

Mental health support to Veterans in BSOL is provided by **OpCourage** which is partnership of eight specialist organisations that provide an integrated service across the whole Midlands region.

Key findings and recommendations

Key Finding	Recommendation
1. Review of information from national and local data sources regarding the prevalence of common mental health conditions has highlighted gaps in data regarding the prevalence of anxiety within the population of Birmingham and Solihull.	The MHPC to explore with public health teams opportunities to build a more detailed picture of projected future need based on forecasts of population change and the prevalence of mental health conditions.
2. Multiple sources of information highlight significant challenges regarding capacity, flow and underutilisation of community alternatives regarding mental health inpatient services in Birmingham and Solihull. Too many people are also being cared for out of area which is not in the best interests of patients and is costly to the NHS.	<p>The MHPC and partners to ensure delivery of the 3-year inpatient bed strategy with a sustained focus on:</p> <ul style="list-style-type: none">Reducing length of stay for adult inpatientsReducing adult inpatient bed occupancyReducing the proportion of delayed discharges from adult inpatient bedsReducing the percentage of discharges from learning disability beds which results in readmission within 6 months

Key findings and recommendations

Key Finding	Recommendation
3. Findings from the experience of care campaign outlined several areas where there are needs for systemic improvements	The MHPC 5 year strategy and associated implementation plans set out and deliver plans to improve mental health services in a way which will improve access, experience and outcomes for people in Birmingham and Solihull.
4. There are significant challenges in Birmingham with regards to perinatal and infant mental health need given: <ul style="list-style-type: none">• The diversity and age profile of the population• The prevalence of mental health need• Current service capacity	The MHPC to review the findings from both the Birmingham and Solihull needs assessments with consideration of how to build a cohesive Birmingham and Solihull offer which addresses unmet needs as part of service transformation

Key findings and recommendations

Key Finding	Recommendation
<p>5. Children and young people's mental health services emerge as an area in need of significant attention due to:</p> <ul style="list-style-type: none">• Long wait times and high thresholds• Disparities in rates of access by ethnic group and area of residence• Poor service user experience	<p>Local plans to transform children and young people's mental health services to include details regarding:</p> <ul style="list-style-type: none">• How they will incorporate interventions which have robust evidence of effectiveness and potential for good return on investment.• Provision of targeted mental health support for vulnerable groups who encounter significant barriers accessing support such as care experienced children and children and young people in contact with the criminal justice system.• How waiting times for support from children and young people's mental health services can be reduced.• How the broader system offer for those who do not meet the thresholds of children and young people's mental health services can be strengthened.• How delays in the neurodevelopmental diagnostic pathway can be addressed to decrease the time taken from referral to diagnosis and post-diagnostic support improved.• How barriers to accessing support can be reduced for communities who are under-represented within children and young people's mental health services.

Key findings and recommendations

Key Finding	Recommendation
6. Material disadvantage and unemployment has a significant impact upon the emotional wellbeing and mental health of the working age population. Interventions which can improve employment opportunities and material circumstances can have a significant positive impact upon people with mental health conditions.	The MHPC strategy and commissioning plans consider how employment support for people with mental health conditions can be strengthened further.
7. The ageing population, increasing proportion of older adults with multiple long-term conditions and projected future needs indicate a requirement for more integrated rather than condition specific support. Additionally, whilst older adults are less likely than other age groups to access NHS talking therapies those aged over 65 years demonstrate the best recovery rates.	<p>It is recommended that the mental health needs of older adults is an explicit focus within MHPC strategy and implementation plans with consideration of:</p> <p>How integrated rather than condition specific support can be developed to meet the needs of older adults with multiple long-term conditions and mental health needs.</p> <p>How mental health support can be strengthened for older adults who have heightened risk of mental health difficulties including older carers.</p> <p>How stigma in relation to mental health can be reduced and rates of access of NHS talking therapies for over 65s can be increased.</p>

Key findings and recommendations

Key Finding	Recommendation
<p>8. There are multiple inclusion health groups who have heightened vulnerability to developing mental health conditions, face barriers to accessing services and support, and evidence indicates there are gaps in local pathways and provision. It also a common finding across multiple ethnic minority groups that services lack cultural competency which creates a further barrier to accessing support alongside cultural stigma relating to mental health.</p> <p>The needs assessment also identified areas where further analysis and investigation would be beneficial to understand opportunities to enhance and strengthen pathways for vulnerable groups.</p>	<p>MHPC strategy and implementation plans to ensure there is a focus on the following areas:</p> <p>Developing targeted support and provision where evidence and research indicates gaps and unmet need for inclusion health groups, for example sex workers and victims of domestic abuse.</p> <p>Contributing to existing initiatives and plans to address inequalities such as the development and implementation of the dual diagnosis working protocol</p> <p>Improving the cultural competency of services and reducing barriers to access for under-represented groups and communities.</p> <p>The collection and analysis of data regarding protected characteristics and development and oversight of plans to address health inequalities.</p> <p>Further investigation of pathways and provision for inclusion health groups to identify areas where existing support can be improved to better meet needs.</p>

Key findings and recommendations

Key Finding	Recommendation
9. Service transformation initiatives are taking place in relation to 24/7 care in East Birmingham and via community transformation initiatives which have the potential to bring significant positive benefits for people with mental health needs in Birmingham and Solihull.	The MHPC oversees rigorous evaluation of these projects and initiatives to ensure they are meeting stated aims and objectives and identifying opportunities to scale up areas of good practice.