

West Berkshire Adult Mental Health Needs Assessment 2026

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Executive Summary

The *West Berkshire Adult Mental Health Needs Assessment 2026* provides a comprehensive overview of adult mental health and wellbeing across the district. It draws on national and local data, lived experience, and stakeholder insight to identify key challenges, inequalities and opportunities for improvement.

Mental health is shaped by a complex interplay of individual, social, economic and environmental factors. In West Berkshire, rural isolation, digital exclusion, and pockets of deprivation contribute to poor mental health outcomes. Despite being one of the least deprived areas overall nationally, significant inequalities persist, particularly among minoritised ethnic communities, neurodivergent individuals, LGBTQ+ residents, unpaid carers, veterans and those living in rural or marginalised settings.

The burden of mental illness in West Berkshire is substantial, accounting for 8.8% of total Disability Adjusted Life Years (DALYs), higher than both the South East and national averages. Depression prevalence is rising, and self-harm rates among young people remain concerning. People with severe mental illness (SMI) face stark health inequalities, including significantly higher mortality rates and poorer physical health outcomes.

While access to services has improved in some areas, such as perinatal mental health and talking therapies, long waiting times and fragmented care pathways remain barriers. Prevention is underfunded, and the treatment gap continues to affect underserved populations.

The assessment calls for a whole system life course approach to mental health, with strategic investment in prevention, early intervention, and community-based support. It highlights the need for inclusive, culturally competent services and stronger collaboration across sectors to address the root causes of poor mental health and promote mental wellbeing for all.

Key Findings

One of the key findings in this mental health needs assessment was that mental health inequalities persist in West Berkshire, particularly for minoritised ethnic communities, neurodivergent individuals, LGBTQ+ communities, carers, veterans, and those living in deprived or rural areas.

A major finding is that the number of people living with depression in West Berkshire is prevalent, with 13.9% of adults diagnosed in 2022/23 which is above the national average. Rates appear to be higher in deprived areas.

Self-harm rates are higher than national averages, particularly for 10 to 24 year olds.

There are several inequalities for those with severe mental illness, with excess mortality rates in West Berkshire exceeding regional and national figures.

Access to services is improving in some areas (e.g. perinatal mental health), but long waiting times persist.

Digital exclusion and rural isolation are key barriers to accessing support, especially for older adults and marginalised groups.

Prevention and early intervention remain underfunded, despite strong evidence that early intervention and community-based approaches improve outcomes and reduce long-term costs.

Community assets such as peer support groups, recovery colleges and voluntary organisations play a vital role but are under-resourced.

Summary of groups most at risk of poor mental health in West Berkshire

Groups at higher risk of poor mental health in West Berkshire include:

- Adults aged 40–60, especially men, who are less likely to seek help and more likely to experience work-related stress and emotional dysregulation.
- People with severe mental illness (SMI), who face significant health inequalities and higher mortality rates.
- Minoritised ethnic communities, who experience barriers to culturally appropriate care and higher rates of discrimination.
- Travelling communities, including Gypsy, Roma and Irish Traveller families, who face stigma, isolation, and limited access to services.
- Liveaboard boaters, who experience social exclusion, lack of continuity in care, and housing instability
- Farming and racing communities, who face unique occupational stressors, stigma and rural isolation.
- Unpaid carers, including young carers, who are at risk of chronic stress and emotional exhaustion.
- LGBTQ+ individuals, who face higher rates of anxiety, depression and suicidal ideation due to stigma and exclusion
- People living in poverty or deprived areas, where mental health challenges are compounded by financial stress, housing insecurity, and limited access to services
- Neurodivergent individuals, including those with autism and ADHD, who often face inappropriate referrals and lack tailored support.
- Perinatal women, with 23.5% estimated to experience mental health conditions during or after pregnancy.

Recommended actions to improve mental health in West Berkshire

1. Invest in Prevention and Early Intervention

- Develop a mental health promotion plan led by Public Health and overseen by a multi-agency steering group, with partner organisations expected to attend and contribute through regular participation in the group.

- Assess whether existing community-based initiatives (e.g. nature-based therapy, befriending schemes) meet local need and consider funding or enhancing services where clear gaps are identified (e.g. outreach provision for underserved groups).
- Include protective factors for mental health (e.g. social connection, volunteering, access to green space) within local mental health delivery approaches and explore how partners, including the voluntary and community sector can support delivery.

2. Improve Access and Reduce Waiting Times

- Scope the development of a 24/7 mental health crisis centre by establishing a multi-agency task and finish group, led by an identified partner organisation, to assess feasibility and complete an options appraisal. This work should build on previous findings from the Volunteer Centre, which identified gaps in crisis provision, and the scoping should explore feasible options to improve local crisis support.
- Review the current provision of mental health support in GP practices and clarify whether additional capacity is needed, noting that social prescribers are not already in place in all GP practices across West Berkshire. The findings should inform opportunities to strengthen links with emerging Neighbourhood Health plans.
- Work across the local system to understand the drivers of long waiting times for talking therapies, psychiatry and memory clinics, and co-produce feasible actions to reduce delays.
- Improve access for rural, digitally excluded and ethnically diverse communities by working with BHFT to identify barriers and agree targeted solutions.

3. Support People with Severe Mental Illness (SMI)

- Increase uptake of annual physical health checks by identifying key barriers and working with primary care and partners to implement targeted actions and a realistic improvement target.
- Address lifestyle risk factors (e.g. smoking, poor diet) by strengthening referral pathways into the new Integrated Healthy Lifestyle Service and complementary measures, exploring opportunities for co-locating support within BHFT and primary care settings.
- Reduce excess mortality through a targeted, evidence-based approach to assess needs, identify priority interventions, and align with other work streams (e.g. Co-Occurring Mental Health, Alcohol and Drugs).

4. Recognise and support the Voluntary and Community Sector contribution

- Develop plans with peer support groups, recovery colleges and local charities including to identify and secure funding opportunities that support long-term sustainability.
- Work with community-led mental health services to identify training needs and connect them with appropriate training and capacity-building opportunities, including where statutory partners can offer support or expertise

5. Address Wider Determinants of Mental Health

- Build on existing Council and partner initiatives to tackle known risk factors for mental health, such as social isolation and financial hardship, identifying remaining gaps and implementing targeted actions to reach those most at risk
- Embed mental health considerations across all local strategies (taking a “Health in All Policies” approach) and ensure it is included in the local delivery of the Public Health Core Offer, with public health supporting NHS colleagues, once an approach has been agreed.

6. Improve Data and Insights

- Monitor local mental health trends through a regular dashboard or report on activity and prevalence, reviewed by the Health and Wellbeing Board or relevant sub-groups or adjacent partnerships, to support shared oversight and action.
- Strengthen the use of lived experience and data in commissioning by addressing gaps in insight and ensuring evidence is actively used to shape priorities and reduce unmet need.
- Produce a Children’s and Young People’s Mental Health Needs Assessment.

Introduction

Purpose of the Adult Mental Health Needs Assessment

West Berkshire currently does not have an Adult Mental Health Needs Assessment (MHNA) in place. This assessment will provide a comprehensive overview of the mental health and wellbeing needs of adults in the area, identifying patterns, emerging trends, and gaps in prevention and care. Drawing on data, lived experience, and stakeholder insight, the MHNA will support evidence-based decision-making and promote equitable, effective mental health support. It will inform future strategic planning, commissioning, service improvement, and collaborative working, ultimately helping to shape priorities and recommendations that improve the mental health and wellbeing of West Berkshire residents.

This mental health needs assessment will sit alongside the West Berkshire Joint Strategic Needs Assessment (JSNA) as a themed publication within a library of resources. Production of the JSNA is a joint duty between the Local Authority and Integrated Care Board (ICB) through the Health and Wellbeing Board. It looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within a local authority area. Currently, the [West Berkshire Observatory](#) is where the West Berkshire JSNA is located and it uses Instant Atlas software, allowing individuals to have access to 6,000 indicators that are automatically updated from several organisations including the Office for National Statistics.

Authors, contributors and acknowledgements

The Adult Mental Health Needs Assessment was led and written by Rachel Johnson (Advanced Public Health Practitioner at West Berkshire Council). The report was overseen by Steven Bow (Service Lead - Public Health Consultant, West Berkshire Council) and Adrian Barker (Chair of the Mental Health Action Group). The report was guided by a group of stakeholders from the Mental Health Action Group, which included key stakeholders from the NHS, local authority, voluntary and community sector as well as people with lived experience. We would like to thank everyone who has contributed to this report.

Aims of the Mental Health Needs Assessment

The MHNA aims to describe and understand the current state and prevalence of mental health across West Berkshire, identifying key challenges that arise throughout the life course, including gaps in prevention, provision, access and treatment. It will explore risk and protective factors that influence mental health outcomes. A key focus will be on highlighting underserved groups and unmet needs. This needs assessment is designed to inform future priorities and recommendations, and to stimulate meaningful discussions around the development of a long-term mental health approach for West Berkshire and help to narrow down the key areas for action.

Why mental health matters

Mental health is shaped by a complex interplay of individual, social, and environmental factors. Understanding these influences, alongside service data and lived experience, is essential for designing effective, inclusive, and sustainable mental health systems. This assessment aligns with national priorities and local strategies, and it supports a whole-system, life course approach to improving mental health outcomes in West Berkshire.

Scope of the Needs Assessment

This Mental Health Needs Assessment provides a broad overview of adult mental health in West Berkshire. While the focus here is on adults, it is important to note how children's and young people's mental health has been addressed through other key pieces of work. A Local Transformation Plan for children and young people's mental health and emotional wellbeing was developed in 2021, setting out how emotional wellbeing would be improved in line with the principles of the NHS 10 year long term plan. Additionally, the Berkshire West 0-19s Health Needs Assessment 2020¹ contains some information about children's and young people's mental health and wellbeing.

Due to capacity and workload constraints, and recognising that areas such as dementia, learning disabilities, autism, ADHD, self-harm and suicide are being addressed by other teams or in separate assessments and strategies, these topics are not covered in detail here. This focused approach aims to ensure the work remains manageable and avoids duplication.

Understanding Mental Health

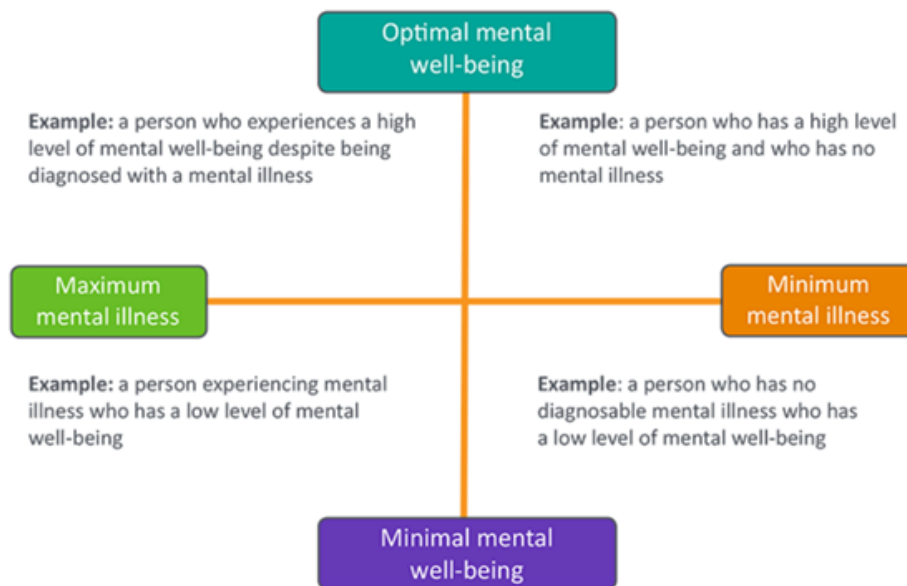
We all have mental health, just as we have physical health. It affects how we think, feel, and interact with others, and it exists on a spectrum that can fluctuate over time. According to the World Health Organization (2014), mental health is a state of wellbeing in which individuals realise their abilities, cope with everyday stresses, work productively, and contribute to their communities. It's not just the absence of illness, but the ability to lead a fulfilling life and participate fully in society. Poor mental health can lead to mental illness and is a growing public health concern, often linked to stigma, discrimination, and social exclusion. It can also contribute to serious outcomes such as reduced life expectancy, physical health problems, job loss, relationship breakdowns, housing instability, and increased substance use.

Figure 1 demonstrates a framework to help us understand mental wellbeing and mental illness as two separate but related dimensions, rather than opposite ends of a single spectrum. This means that someone can have a mental illness and still flourish, and someone can have no mental illness but still languish (e.g. feel

¹ https://reading.berkshireobservatory.co.uk/wp-content/uploads/2021/11/Berkshire_West_0-19s_HNA_-_FINAL.pdf

unmotivated or disconnected). This model is important as it recognises the importance of promoting wellbeing and not just treating mental health illness.

Figure 1: Dual continuum of mental health



Source: Mental Health Matters (2019)

Mental health is shaped by the environments in which we are born, grow, live, and work, meaning many mental health problems are preventable. Good mental health supports resilience, positive relationships, and the ability to cope with life's challenges. It is just as important as physical health and can even reduce the risk of physical illness.

While anyone can experience poor mental health, it is not evenly distributed. For example, people living in more deprived areas are more likely to face mental health challenges due to the conditions in which they live.

One in six adults in the UK experiences a common mental health problem each week, many of which are preventable.² Half of all mental health conditions begin by age 14, and around one in ten children aged 5–16 has a diagnosable mental health issue, often continuing into adulthood.³

People with severe mental illness (SMI) face significant health inequalities, with life expectancy 15–20 years lower than the general population. They are more likely to die from preventable physical conditions such as cardiovascular and respiratory diseases, often linked to smoking, poor diet, and substance use.⁴

The NHS has called for urgent action to address these disparities. Poor mental health also carries a major economic cost, estimated at nearly £35 billion annually to

² <https://www.centreformentalhealth.org.uk/wp-content/uploads/2024/11/the-big-mental-health-report-2024-mind.pdf>

³ <https://www.centreformentalhealth.org.uk/wp-content/uploads/2024/11/the-big-mental-health-report-2024-mind.pdf>

⁴ <https://www.centreformentalhealth.org.uk/wp-content/uploads/2024/11/the-big-mental-health-report-2024-mind.pdf>

UK employers due to absence, reduced productivity, and staff turnover.⁵ Health and care costs are over £60 billion a year, of which over £19 billion fall on health, local authority and other public services and the rest on individuals and families⁶.

Work-related stress can both cause and worsen mental health issues. Stigma and discrimination remain barriers to accessing support, leaving many without the help they need to fully participate in society.⁷

Mental health is a societal issue. Everyone has a role in creating mentally healthy environments.

Mental Health in the UK: A National Overview

Mental health remains a major public health concern across the UK, affecting people of all ages and backgrounds:

- 1 in 4 people in the UK experience a mental health problem each year.⁸
- In England, 1 in 6 adults report symptoms of common mental health conditions, such as anxiety or depression, every week⁹.
- Mental illness is the second largest contributor to the overall disease burden in England, after cardiovascular conditions¹⁰
- Half of all lifetime mental health conditions begin by age 14, and 75% by age 24¹¹
- 1 in 5 people experience suicidal thoughts, and 1 in 14 engage in self-harm¹²
- Around 1 in 10 new mothers experience postnatal depression¹³
- Children and young people are increasingly affected, with around one in 5 (20.3%) 8–16-year-olds in England having a probable mental disorder in 2023¹⁴

Beyond clinical symptoms, people with mental health conditions often face stigma, discrimination, and social exclusion, which can further impact recovery and quality of life¹⁵.

Current Context

⁵ <https://www.centreformentalhealth.org.uk/wp-content/uploads/2024/11/the-big-mental-health-report-2024-mind.pdf>

⁶ https://www.centreformentalhealth.org.uk/wp-content/uploads/2024/03/CentreforMH_TheEconomicSocialCostsofMentalIllHealth-1.pdf, p.11

⁷ <https://www.centreformentalhealth.org.uk/wp-content/uploads/2024/11/the-big-mental-health-report-2024-mind.pdf>

⁸ <https://www.mind.org.uk/media/j0hpgbr0/attitudes-to-mental-illness-2023.pdf>

⁹ <https://www.mind.org.uk/media/j0hpgbr0/attitudes-to-mental-illness-2023.pdf>

¹⁰ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics>

¹¹ <https://www.mind.org.uk/media/j0hpgbr0/attitudes-to-mental-illness-2023.pdf>

¹² <https://www.mind.org.uk/media/j0hpgbr0/attitudes-to-mental-illness-2023.pdf>

¹³ <https://www.mind.org.uk/media/j0hpgbr0/attitudes-to-mental-illness-2023.pdf>

¹⁴ <https://www.england.nhs.uk/2023/11/one-in-five-children-and-young-people-had-a-probable-mental-disorder-in-2023/>

¹⁵ <https://www.mind.org.uk/media/j0hpgbr0/attitudes-to-mental-illness-2023.pdf>

- The number of people living with mental health conditions is expected to rise.
- External factors, such as the ongoing cost of living crisis, are likely to contribute to rising prevalence rates.
- To meet growing demand, and improve outcomes, future commissioning must prioritise prevention, early intervention, self-help, and recovery support.

Local Context: West Berkshire at a Glance

Demographic Overview

West Berkshire is home to an estimated 165,112 people (ONS mid-2024) and has an older population when compared to the average of England. People aged between 40 and 69 make up a higher proportion of the total population of West Berkshire, as do older children aged 10 to 19. West Berkshire faces unique mental health challenges. Rural living, combined with work pressures and limited access to services, can heighten risks of stress, anxiety, and social isolation, particularly among those balancing work, caregiving, or living alone.

Ethnicity

In West Berkshire, 91.9% of residents identify as White, including 86% White British. The remaining 8.1% of the population is made up of ethnically diverse communities, of which 3.7% were Asian, Asian British or Asian Welsh and 2.4% had mixed or multiple ethnic groups (table 1).

Table 1: Broad Ethnic Groups in West Berkshire, 2021

Broad ethnic groups	West Berkshire	South East	England
Asian, Asian British or Asian Welsh:	3.7%	7%	9.6%
Mixed or multiple ethnic groups:	2.4%	2.8%	3.0%
Black, Black British, Black Welsh, Caribbean or African	1.3%	2.4%	4.2%
Other ethnic groups	0.7%	1.5%	2.2%

Source: ONS, Census 2021

While West Berkshire is less ethnically diverse than many parts of England, it is important to recognise that ethnically diverse communities may face unique mental health challenges. These can include:

- Barriers to accessing services, such as language, cultural stigma, or lack of culturally appropriate care
- Higher exposure to discrimination and social exclusion, which are linked to increased risk of anxiety, depression, and poor mental wellbeing
- Underrepresentation in mental health data and services, which can lead to unmet needs and health inequalities

Addressing these disparities requires inclusive service design, community engagement, and culturally competent mental health support.

Language

In West Berkshire, 95% of residents speak English as their main language. However, a small but important proportion of the population speaks other languages, reflecting the area's growing diversity. According to the 2021 Census¹⁶, the most commonly spoken languages (other than English) in West Berkshire include:

- Polish
- Portuguese
- Nepali
- Romanian
- Urdu
- Panjabi
- Arabic
- Tagalog/Filipino

While most non-native English speakers report good proficiency, language barriers can still impact access to services and communities, especially when services are not culturally or linguistically tailored. This can lead to delayed help-seeking, misdiagnosis, or under-treatment of mental health conditions. To ensure equitable access, it is important that mental health services in West Berkshire offer interpreting support, translated materials, and culturally sensitive care that reflects the needs of its multilingual communities.

Household Composition

West Berkshire's household makeup reflects a diverse population with varying mental health needs:

- 27% of households are single-person¹⁷, with 12.5% of these occupied by residents aged 66 and over. Older adults living alone may be at increased risk of social isolation and loneliness, both of which are linked to poor mental health outcomes such as depression and anxiety.
- 22% of households consist of couples with dependent children (married, in a civil partnership or cohabiting couple)¹⁸, indicating a relatively high proportion of younger families. While this can reflect a vibrant, family-oriented community, it also highlights the need for mental health support for parents, particularly around stress, work-life balance, and child-rearing pressures.
- 5.2% of households are lone parents with dependent children¹⁹. Lone parents often face higher levels of financial stress, social isolation, and emotional burden, all of which can negatively impact both their own mental health and that of their children.

¹⁶

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/language/bulletins/languageenglandandwales/census2021>

¹⁷ ONS, Census 2021.

¹⁸ ONS, Census 2021.

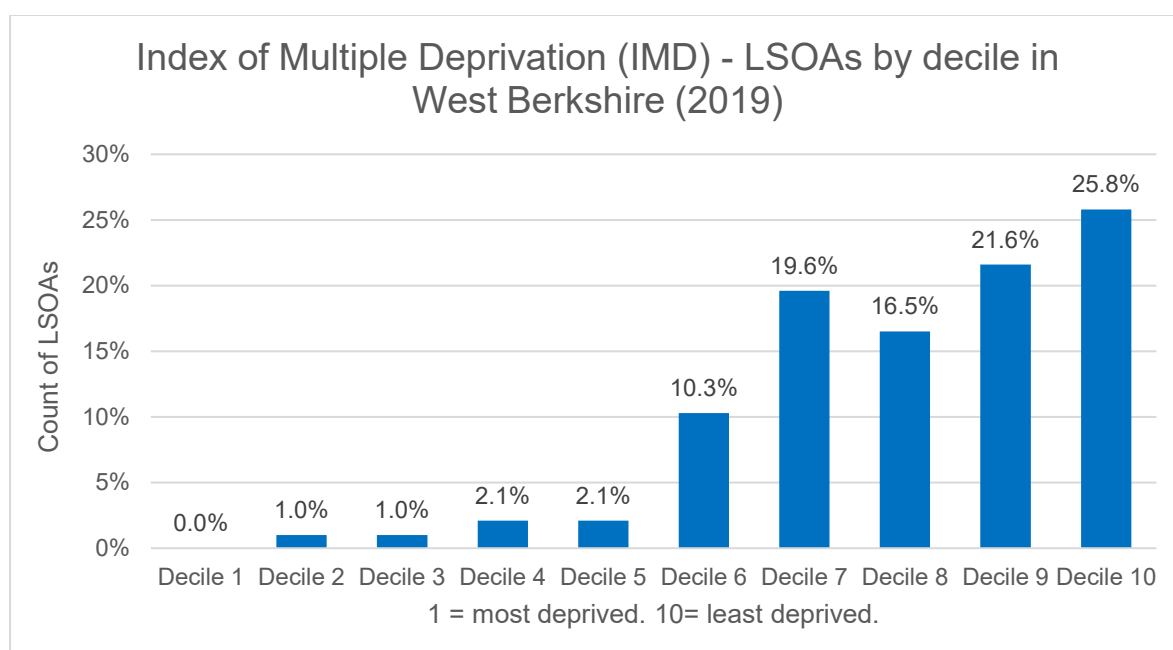
¹⁹ ONS, Census 2021.

Deprivation and Poverty

While West Berkshire is generally affluent and ranks among the least deprived districts in England (according to the Index of Multiple Deprivation), pockets of deprivation persist, particularly in urban fringe and rural areas (e.g. Nightingales in Newbury, Royal Avenue in Calcot, Park Avenue in Thatcham and South Lambourn). These areas face challenges such as housing affordability, limited transport access, and digital exclusion.

Figure 2 shows that decile 10 (least deprived) has the highest proportion of Lower Super Output Areas at 25.8%, followed by decile 9. Deciles 1 to 3 have almost no representation, indicating low levels of deprivation across the district.

Figure 2: Index of Multiple Deprivation in West Berkshire



Source: MHCLG

People living in the most deprived areas of West Berkshire are at greater risk of poor mental health and wellbeing compared to those in more affluent areas. 8.5% of households in the district experience fuel poverty, further contributing to health inequalities²⁰. Living in poverty is a well-established risk factor for developing mental health problems.

Sexual Orientation and Mental Health

In West Berkshire, 2.31% of residents identify as Lesbian, Gay, Bisexual, Pansexual, Asexual, Queer, or another non-heterosexual sexual orientation²¹. While increasing

²⁰

<https://fingertips.phe.org.uk/search/deprivation#page/4/gid/1/pat/15/par/E92000001/ati/502/are/E06000037/iid/93280/age/-1/sex/-1/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

²¹ ONS, Census 2021

visibility and acceptance have improved outcomes for many, individuals from LGBTQ+ communities still face higher risks of mental health challenges, including anxiety, depression, and suicidal ideation.

These disparities are often linked to experiences of discrimination, stigma, social exclusion, and barriers to accessing appropriate support. Creating inclusive, affirming mental health services and safe community spaces is essential to improving wellbeing and reducing inequalities for LGBTQ+ residents.

Veterans and Military Families

In West Berkshire, almost 4.3% (5,567) of residents aged 16 and over have previously served in the UK Armed Forces²². The area also includes military families and veterans, particularly around Aldermaston and Burghfield. Veterans may face distinct mental health challenges, including post-traumatic stress disorder (PTSD), depression, and social isolation, especially during the transition to civilian life. These challenges highlight the importance of tailored mental health services, peer support, and community integration initiatives to ensure veterans and their families receive the support they need. The Council provides [health and wellbeing information](#) for serving personal, veterans and families on their website.

Unpaid Carers

In West Berkshire, 12,035 residents (7.8%) provide unpaid care²³. Providing unpaid care, while vital to families and communities, can place a significant emotional and physical burden on individuals. Unpaid carers often experience chronic stress, emotional exhaustion, and burnout, all of which can negatively affect their mental health.

Based on research from [Carers UK](#)²⁴, unpaid carers are experiencing worsening physical and mental health due to intense, often unsupported, caring roles, creating a "negative cycle" where deteriorating health leads to an increased number of carers. Carers UK research suggests that if support is not improved, the number of people caring for 10 or more hours per week could rise by over 400,000 by 2035. Although this mental health needs assessment is centred on adults, it is important to acknowledge the high proportion of young carers who support adults with mental health issues²⁵ and the importance therefore of considering the wider impacts of mental ill health for adults who are parents or have other responsibilities in caring for children, in particular.

Loneliness and social isolation

In rural areas like West Berkshire, social isolation and loneliness are serious public health issues with wide-ranging impacts on mental and physical health. Social

²² ONS, Census 2021

²³ ONS, Census 2021

²⁴ <https://www.carersuk.org/media/rjknz2jt/state-of-caring-mental-health-and-social-care-feb-2025.pdf>

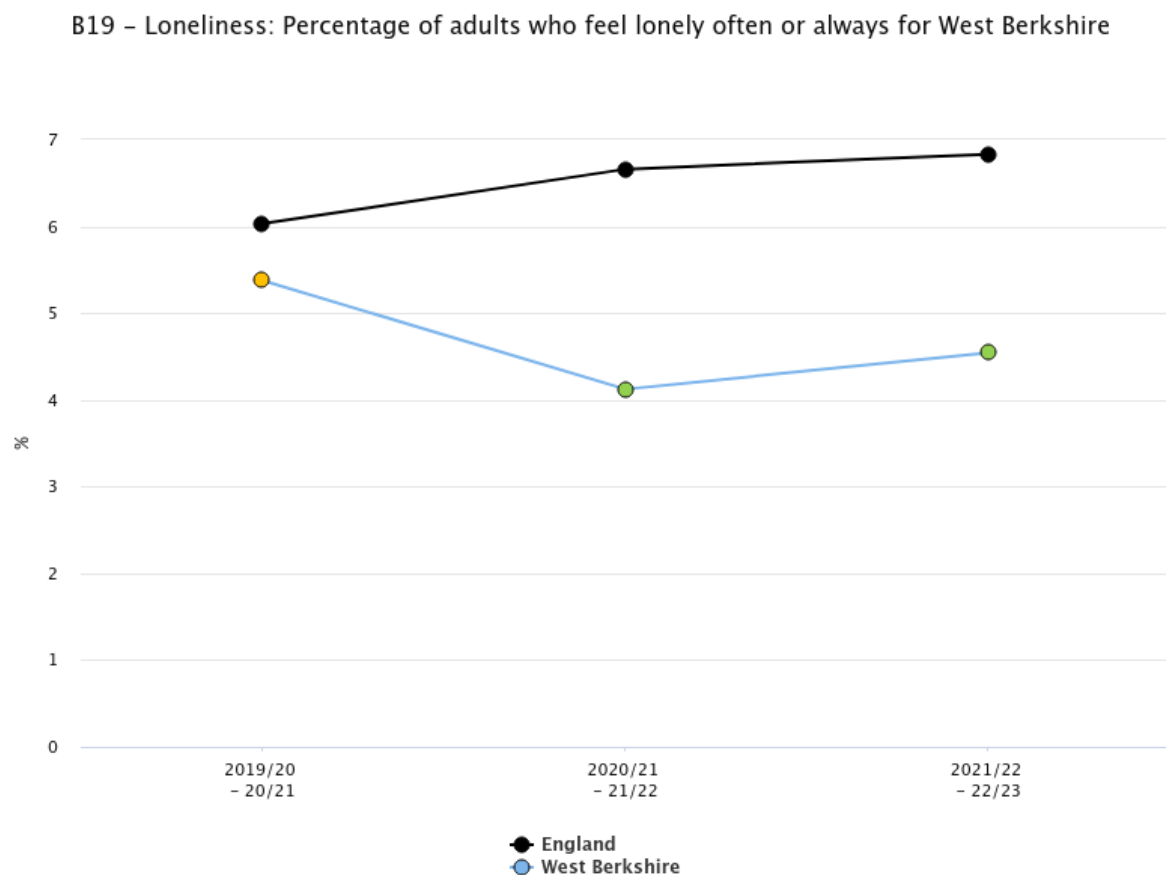
²⁵ Dearden C and Becker S (2004) Young carers in the UK the 2004 report. Carers UK.

isolation refers to a lack of social contact, while loneliness is defined as “a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want”. Loneliness can affect anyone, at any time and can have a negative impact on wellbeing. Nationally, 16–24-year-olds are the loneliest age group, yet the least likely to seek help (ONS, 2018)²⁶.

Both social isolation and loneliness are prevalent in West Berkshire, where 16.89% of adults reported feeling lonely often, always, or some of the time in 2019/20²⁷.

When people feel lonely often or always, this is referred to as chronic loneliness. Chronic loneliness can have a serious impact on an individual’s wellbeing and their ability to function in society. In West Berkshire, 4.5% of adults (aged 16 years and over) reported feeling lonely often or always in November 2021 to November 2022. Figure 3 shows that the proportion of West Berkshire residents who feel lonely often or always has been lower than the national average since November 2019.

Figure 3: Percentage of adults who feel lonely often or always, West Berkshire



Source: Sport England

Rural living can worsen these issues due to limited transport, fewer social spaces, and reduced access to services. This isolation is linked to higher risks of depression, anxiety, heart disease, cognitive decline, and even early death, with some studies

²⁶

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10>

²⁷ <https://www.gov.uk/government/statistics/community-life-survey-201920-wellbeing-and-loneliness>

comparing its health impact to smoking 15 cigarettes a day²⁸. The data show that in 2022 there were 62,768 people (38.7%) in West Berkshire living in rural areas²⁹. This is higher than the average for England, 17%. Tackling loneliness in West Berkshire requires local, community-driven solutions that improve connectivity, access, and social inclusion.

Racing Community

In West Berkshire, the racing community is an important part of the local economy and cultural identity, particularly in rural areas like Lambourn (known nationally as the “Valley of the Racehorse”) and the wider countryside. Lambourn is home to over 30 racing yards and training facilities, employing a significant number of jockeys, stable staff, grooms and trainers. Whilst the exact local employment figures are limited, the British Horseracing Authority estimates the racing industry supports over 85,000 jobs nationally, with Lambourn being one of the largest racing centres outside Newmarket³⁰.

Despite its prestige, the racing community faces several mental health challenges including:

- **High-pressure environment:** Jockeys, stable staff, and trainers often work long hours in physically demanding roles with high performance expectations which can lead to stress and burnout.
- **Job insecurity and injury risk:** Physical injuries and short career spans can lead to anxiety, depression, and financial stress.
- **Stigma:** Mental health is still a taboo subject in parts of the racing world, especially among younger men.
- **Isolation:** Many workers live on-site or in small, tight-knit communities, which can limit access to wider support networks and services.

These factors highlight the need for targeted mental health outreach, peer led support and collaboration with industry organisations such as Racing Welfare, which already provides tailored wellbeing services to those working in the sector in Lambourn.

Farming community

Farming is a vital part of West Berkshire’s rural identity and economy, particularly in areas within the North Wessex Downs Area of Outstanding Natural Beauty. According to the 2021 census, there are approximately 1,000 people employed in agriculture, forestry and fishing across West Berkshire³¹. Whilst this represents a small proportion of the overall workforce, the farming community plays a significant role in shaping the local landscape and food economy.

²⁸ <https://www.nesta.org.uk/report/investigating-the-impact-of-loneliness-and-social-isolation-on-health/>

²⁹ https://geoportal.statistics.gov.uk/datasets/ed33e08c81244b77a15e00545be084e1_0/explore

³⁰ <https://www.westberks.gov.uk/research>

³¹ <https://www.westberks.gov.uk/research>

Farmers can be resilient, but they face unique pressures that can negatively impact their mental health. These include;

- **Rural isolation:** Farmers often work alone and live in remote areas, increasing the risk of loneliness and delayed help-seeking due to living far from GP surgeries, drop-in clinics and hospitals.
- **Financial pressures:** Unpredictable income, rising costs, and regulatory changes can contribute to chronic stress.
- **Cultural barriers:** A strong culture of self-reliance can discourage farmers from seeking help or talking about mental health issues.
- **Societal and environmental factors:** equipment breakdowns, crop failures, livestock disease outbreaks, commodity costs and unpredictable weather.
- **Access to services:** Transport and digital connectivity issues in rural West Berkshire can make it harder to access timely support. In addition, farmers work long hours (over 60 hours per week), often seven days a week which means they might not know in advance when they can book a GP appointment.
- **Higher risk of suicide:** Farmers have easy access to firearms and pesticides, and more lives are lost through suicide than fatal farm accidents each year among farmers. According to the Office for National Statistics, there were 55 suicides recorded among those working in farming and agriculture in England and Wales in 2022 and 62 in 2023³². Data is not available at local authority level due to concerns about disclosure.

Table 2: Number of suicides in farmers aged 20 to 64 years, in England and Wales combined, deaths registered between 2021 and 2023³³

Year of death registration	Number of suicides among farmers
2021	31
2022	55
2023	62

Source: Office for National Statistics

These challenges highlight the need for targeted outreach, flexible service delivery and trusted local partnerships to support the mental wellbeing of farming communities.

Travelling Communities

According to the 2021 Census, approximately 71,440 people in England and Wales identified as Gypsy or Irish Traveller, representing 0.12% of the population³⁴. In West Berkshire, 190 residents identify as white: Gypsy or Irish Traveller and 3 residents

³² <https://questions-statements.parliament.uk/written-questions/detail/2024-11-22/HL2788/>

³³

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/2726suicidebyoccupationinenglandandwales2023and2024provisional>

³⁴

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/gypsyoririshtravellerpopulationsenglandandwales/census2021>

identify as Other ethnic group: Gypsy/Romany³⁵. It is noted that this is likely an undercount, as some individuals may choose not to disclose their identity due to concerns about discrimination or privacy.

West Berkshire is home to a number of Gypsy, Roma, and Traveller (GRT) families, living across both authorised and unauthorised sites. The 2021 West Berkshire Gypsy and Traveller and Travelling Show person Accommodation Assessment (GTAA)³⁶ identified 70 pitches across 11 authorised sites, with an additional need for 21 pitches by 2040 to meet future accommodation requirements. The report also noted the presence of unauthorised encampments and temporary stopping places, indicating that the actual number of GRT households may exceed official estimates.

GRT communities often face multiple disadvantages that can negatively impact mental health including:

- **Rural isolation:** Many GRT families live in remote or marginalised areas, increasing the risk of loneliness and delayed help-seeking.
- **Discrimination and stigma:** GRT individuals frequently experience prejudice, which can lead to mistrust of services and social exclusion.
- **Educational disadvantage:** Children from GRT backgrounds often face barriers to school attendance and attainment, affecting long-term wellbeing.
- **Barriers to healthcare:** These include lack of a fixed address, digital exclusion, and limited access to culturally appropriate mental health services.

Together these factors contribute to a heightened risk of poor mental health outcomes among GRT individuals. Addressing these disparities requires a holistic, culturally sensitive approach that promotes inclusion, trust and equitable access to support services.

Liveaboard Boaters

A liveaboard boater is someone who uses a boat as their primary residence and they will live on it all year round rather than just for holidays. They can live on a variety of different boats including sailboats, houseboats, yacht, narrowboat or barge. Reasons for boat living include: housing affordability issues, retirement downsizing, lifestyle choice, change in circumstances (e.g. relationship breakdown), and former rough sleepers seeking shelter. This highlights the diversity among the boating community. Many boaters are older (average age is 58) or on lower incomes and may receive pensions or benefits.

There are several waterways in West Berkshire including the Kennet and Avon canal, the River Kennet and the River Thames. The exact number of liveaboard boaters in West Berkshire is unknown and according to the Canal and River Trust there are 35,000 licenced boats on their waterways in England and Wales.

³⁵ Data available on Nomis, table TS022:

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/gypsyoririshtravellerpopulationsenglandandwales/census2021>

³⁶ https://www.westberks.gov.uk/media/51475/GTAA-Update-2021/pdf/West_Berkshire_GTAA_2021_Update.pdf?m=1699537234477

The Canal and River Trust published the results of their first ever Boater Census Survey which was carried out in 2022. This report highlighted some key challenges of living on a boat, which included lack of fixed address or postcode affecting GP registration, healthcare challenges including maintaining continuity of care and social isolation³⁷.

The Friends, Families and Travellers charity published the findings of the health of UK liveaboard boarders in 2021³⁸. In terms of mental health, it was reported that there is a high prevalence of mental health conditions among boaters, where mental health issues are exacerbated by lack of support and poor continuity of care leads to delayed treatment and acute mental health episodes. There were also concerns that continuous cruising rules contribute to stress, anxiety, and depression, especially for vulnerable Boaters.

Living in public mooring spaces can be challenging as boaters sometimes receive hostile comments from the public or criminal damage to their boats, and this could affect or exacerbate mental health conditions, especially those are already vulnerable.

A Healthwatch report noted that there appears to be limited mental health support tailored to the unique challenges of boat life³⁹. Boaters also reported that it was difficult to access community services depending on their mooring location.

Refugees and Asylum Seekers

West Berkshire has hosted a small number of refugees and asylum seekers under the Ukrainian and Afghan resettlement schemes. These individuals may face trauma from conflict, language barriers and uncertainty about their immigration status or future housing, all of which impact mental health. Healthwatch West Berkshire published a report in 2023⁴⁰ which highlighted the lack of meaningful activity, feelings of boredom and hopelessness among refugees. Many asylum seekers have experienced serious trauma prior to arriving in the UK. The report also stated that many had no contact with mental health services, despite having mental health needs. This may be in part due to limited English proficiency and/or being psychologically tired and unable to explain their concerns to medical staff.

Prevalence and Incidence of Mental Health conditions in West Berkshire

Mental Health Burden in West Berkshire

³⁷ <https://canalrivertrust.org.uk/news-and-views/news/boater-census-illustrates-challenges-of-living-afloat>

³⁸ <https://www.gypsy-traveller.org/health/fft-launch-findings-of-largest-ever-study-on-health-of-uk-liveaboard-boaters/>

³⁹ <https://nds.healthwatch.co.uk/reports-library/ensuring-healthcare-access-canal-boat-residents>

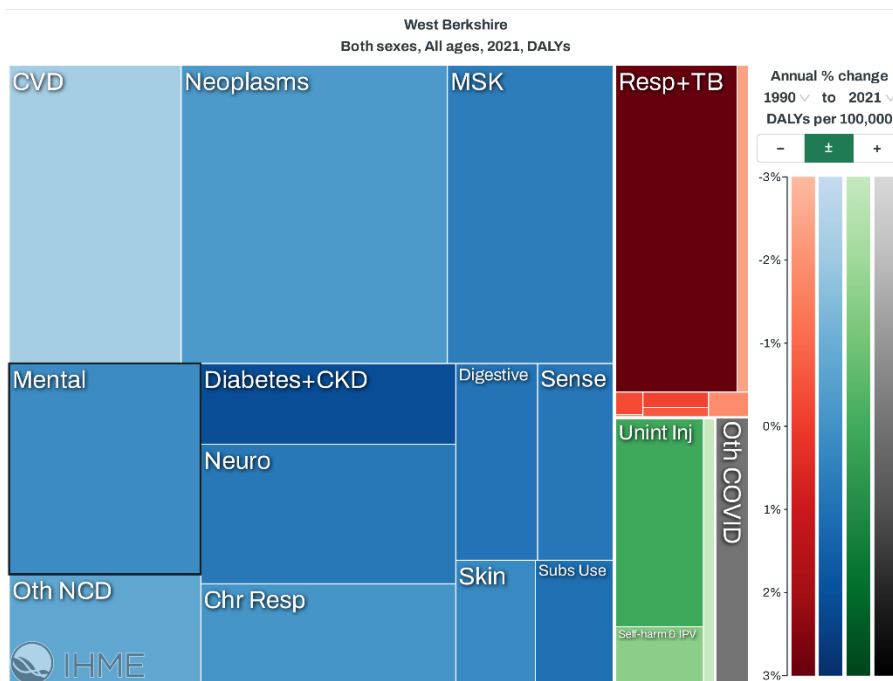
⁴⁰ <https://nds.healthwatch.co.uk/reports-library/asylum-seeker-experiences-living-west-berkshire>

Mental health conditions are a leading cause of disability globally and locally. The Global Burden of Disease Study uses Disability Adjusted Life Years (DALYs) to measure the overall impact of diseases, combining the years of life lost due to premature death and the years lived with a disability. This provides a comprehensive view of the total burden of disease.

In England, mental disorders account for 8.1% of total DALYs and the rate for the South East was 8.43%. In West Berkshire, mental disorders account for 8.8% of total DALYs, highlighting their contribution to the overall health burden. This underscores the importance of prioritising mental health prevention, early intervention, and recovery support in local strategies.

The treemap visualisation from the Global Burden of Disease Study in Figure 4 shows the proportion of total DALYs attributed to different disease categories in West Berkshire. In this chart, each box represents a disease group, with the size of each box representing the proportion of DALYs, with mental health conditions shown within the non-communicable disease category (blue). In West Berkshire, the top three contributors to DALYs were neoplasms (cancers), cardiovascular disease, and musculoskeletal disorders, followed by mental health disorders in fourth place. By comparison, mental health ranked fifth in both England and the South East region.

Figure 4: Relative burden of disease in West Berkshire by cause group (DALYS), 2021



Source: Institute for Health Metrics and Evaluation (IHME). *Global Burden of Disease Study Visualisation Tool*. <http://ihmeuw.org/6d40>

Common mental health disorders

Understanding how common mental health conditions affect the population is essential for planning effective, equitable services. Prevalence data helps identify the scale of need, track trends over time, and highlight groups at greater risk of poor mental health outcomes.

Common mental health disorders include generalised anxiety disorder, depression, panic disorder, obsessive compulsive disorder and phobias. There are also other conditions under this term which include; social anxiety disorder, body dysmorphic disorder and peri/postnatal depression. They vary in severity, from mild to severe and are associated with social and physical impairments and difficulties.

The Adult Psychiatric Morbidity Survey (APMS) provides data on the prevalence of both treated and untreated psychiatric disorder in the English adult population (aged 16 and over). Data from this survey shows that in 2017, it was estimated that 16,702 (13.2%) people aged 16+ in West Berkshire had a common mental health problem⁴¹. This was lower than the national rate of 16.9% and the South East rate of 14.8%. Figure 5 below shows how West Berkshire compares to other local authorities in the South East.

Figure 5: Estimated prevalence of common mental health disorders in England compared with local authorities in the South East: % of population aged 16 and over (2017)

Estimated prevalence of common mental disorders: % of population aged 16 & over 2017 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	7,609,582	16.9*	16.2	18.0
South East region (statistical)	–	1,090,219	14.8*	14.1	16.0
Slough	–	21,307	19.3*	18.1	20.9
Brighton and Hove	–	46,244	19.0*	18.0	20.6
Southampton	–	38,643	18.7*	17.7	20.2
Portsmouth	–	32,330	18.5*	17.5	20.0
Reading	–	23,266	18.0*	17.0	19.4
Medway	–	38,260	17.4*	16.5	18.6
Isle of Wight	–	19,684	16.5*	15.6	17.9
East Sussex	–	73,543	16.0*	15.3	17.2
Kent	–	198,285	15.8*	15.1	16.9
Milton Keynes	–	31,562	15.3*	14.5	16.5
West Sussex	–	100,757	14.4*	13.7	15.6
Oxfordshire	–	77,220	13.9*	13.2	15.2
Hampshire	–	150,652	13.5*	12.7	14.7
Bracknell Forest	–	12,789	13.4*	12.5	14.7
Buckinghamshire UA	–	56,920	13.4*	12.5	14.6
West Berkshire	–	16,702	13.2*	12.3	14.5
Surrey	–	121,619	12.8*	11.8	14.2
Windsor and Maidenhead	–	15,269	12.7*	11.9	14.1
Wokingham	–	15,168	11.6*	10.4	13.4

Source: OHID, based on NHS England and Office for National Statistics data

In West Berkshire, it was estimated that 2,433 (8.3%) of people aged 65 years or older had a common mental health disorder in 2017, as shown in Figure 6 below. This compares to 10.2% for England and 9.2% for the South East. This data is an estimate of the true prevalence and is likely to be underestimated as the data will exclude those who are homeless and those living in institutional settings who are likely to have poorer mental health. Also, some people experiencing a mental health problem may be undiagnosed or do not seek treatment. The implication of this is that the number of people experiencing depression could be considerably higher.

⁴¹ <https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/data#page/1>

Figure 6: CMD prevalence in England compared with local authorities in the South East (2017 population data), Adults aged 65 and over

Estimated prevalence of common mental disorders: % of population aged 65 & over 2017

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	1,027,792	10.2*	9.1	11.9
South East region (statistical)	–	159,417	9.2*	8.1	10.8
Slough	–	1,719	11.8*	10.1	14.1
Southampton	–	3,833	11.5*	10.2	13.5
Brighton and Hove	–	4,361	11.4*	10.0	13.3
Portsmouth	–	3,410	11.4*	10.0	13.3
Isle of Wight	–	4,153	10.8*	9.3	12.8
Reading	–	2,094	10.6*	9.4	12.4
East Sussex	–	14,569	10.4*	9.2	12.0
Medway	–	4,524	10.4*	9.2	12.1
Kent	–	30,637	9.9*	8.8	11.5
West Sussex	–	17,879	9.3*	8.2	10.9
Milton Keynes	–	3,315	9.2*	8.2	10.8
Oxfordshire	–	10,488	8.5*	7.4	10.2
Hampshire	–	24,574	8.5*	7.3	10.2
West Berkshire	–	2,433	8.3*	7.1	10.0
Buckinghamshire UA	–	8,104	8.2*	6.9	10.0
Bracknell Forest	–	1,387	8.1*	6.9	9.9
Windsor and Maidenhead	–	2,206	8.0*	6.7	9.8
Surrey	–	17,614	7.9*	6.7	9.8
Wokingham	–	2,116	7.3*	5.8	9.6

Source: OHID, based on NHS England and Office for National Statistics data

More recent estimates on the number of people predicted to have various mental health conditions in West Berkshire are shown in table 4. This data is based on prevalence rates applied to population projections. The data show that common mental health disorders remain consistent, with around 18,000 people predicted to have a common mental disorder in West Berkshire. Psychotic disorders are rare and it is predicted there will be very little variation in numbers over the next 20 years. Most conditions show little change, with slight decreases until 2045.

Table 3: People aged 18-64 predicted to have a mental health problem, by gender, projected to 2045, West Berkshire

	2025	2030	2035	2040	2045
People aged 18-64 predicted to have a common mental disorder	17,989	17,882	17,812	17,810	17,976
People aged 18-64 predicted to have a borderline personality disorder	2,284	2,271	2,262	2,262	2,283
People aged 18-64 predicted to have an antisocial personality disorder	3,170	3,158	3,153	3,164	3,195
People aged 18-64 predicted to have psychotic disorder	665	662	659	660	666
People aged 18-64 predicted to have two or more psychiatric disorders	6,842	6,806	6,783	6,789	6,853

Source: Projecting Adult Needs and Service Information (PANSI) using 2014 Adult Psychiatric Morbidity Survey (APMS) and Office for National data. Figures may not sum due to rounding.

Measuring National Wellbeing

The Office for National Statistics (ONS), provides a comprehensive overview of how people in the UK are doing and how they feel about their lives. This is assessed using four standardised questions known as the [ONS Four Personal Well-Being questions](#), which were included in the 2021 census (table 5).

Each question is answered on a scale from 0 (not at all) to 10 (completely) providing valuable insight into the emotional wellbeing of the population.

Table 4: Four measures of personal well-being

Measure	Question
Life satisfaction	Overall, how satisfied are you with your life nowadays?
Worthwhile	Overall, to what extent do you feel the things you do in your life are worthwhile?
Happiness	Overall, how happy did you feel yesterday?
Anxiety	On a scale where 0 is “not at all anxious” and 10 is “completely anxious”, overall, how anxious did you feel yesterday?

Source: Office for National Statistics

In 2022/23, 8.8% of adults (aged 16 and over) in West Berkshire reported low levels of happiness, compared to 8.6% in the South East and 8.9% across England (figure 7). This refers to people who scored 0-4 on the question: “Overall, how happy did you feel yesterday”. In terms of life satisfaction, 3.7% of West Berkshire residents reported a low score, which is lower than both the South East (5.1%) and England (5.6%) averages. This refers to people who scored 0-4 on the question: “Overall, how satisfied are you with your life nowadays”. However, self-reported anxiety was notably higher than the other well-being measures. 24.4% of residents in West Berkshire reported experiencing high levels of anxiety, compared to 24.0% in the South East and 23.3% nationally. This refers to people who scored 6-10 on the question: “Overall, how anxious did you feel yesterday?”

Figure 7: Self-reported Wellbeing people with a low happiness score 2022/23



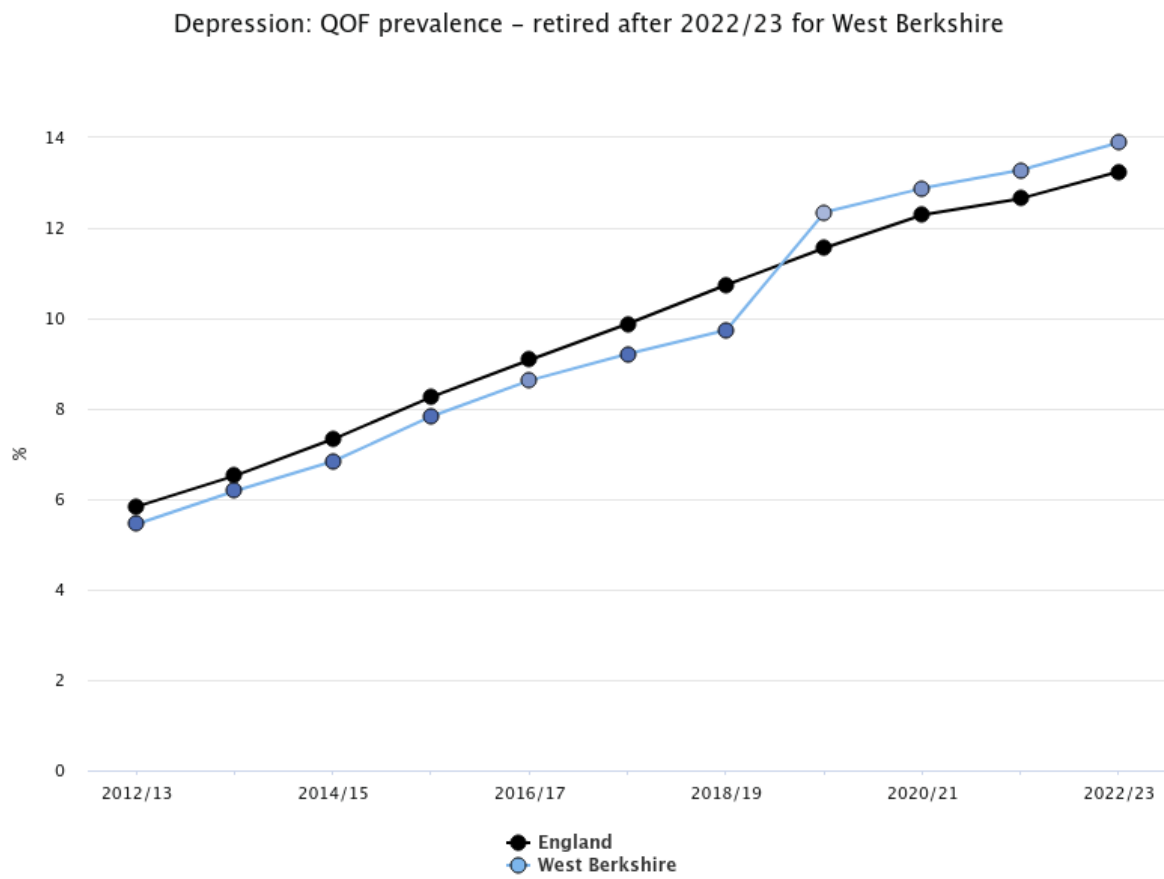
Source: Fingertips (OHID, 2025)

Depression Prevalence in West Berkshire

General Practices (GPs) maintain a register of patients diagnosed with depression through the Quality and Outcomes Framework (QOF). This data provides insight into the prevalence of depression among adults aged 18 and over. In 2022/23, 17,231 adults (13.9%) registered with a GP in West Berkshire were recorded as having depression. This is higher than the national average of 13.2% for England. The local figure also reflects an increase from the previous year, when 16,318 individuals (13.3%) were recorded in 2021/22, an annual rise of 913 people.

Some people with depression may be undiagnosed as they may feel uncomfortable sharing their symptoms with a medical professional or people they know. This means it can be difficult to know the actual prevalence of depression. Therefore, increases in recorded diagnosis of depression can be a positive if more people are receiving treatment for depression. This is shown in Figure 8, where there has been a year-on-year increase in the prevalence of depression in West Berkshire.

Figure 8: Depression: QOF Prevalence in West Berkshire, 2012/13 to 2022/23



Source: NHS England

Figure 9 compares the estimated number of people with depression recorded on GP practice registers in West Berkshire to other local authorities in the South East and shows that depression prevalence varies. Medway has the highest recorded prevalence at 16.8% compared to West Berkshire which has a recorded prevalence of 13.9% which is above the national average (13.2%) but below areas like Kent (15.5%) and East Sussex (16.0%).

Figure 9: Prevalence of Depression among GP registered patients (18+), 2024/25

Depression: QOF prevalence 2024/25

Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value		99.8% Lower CI	99.8% Upper CI
England	-	-	7,317,368	14.3		14.3	14.3
Neighbours average	-	-	788,757	14.8*		14.8	14.9
Calderdale	-	15	32,354	18.0	H	17.7	18.3
Cheshire West and Chester	-	5	53,319	16.9	H	16.7	17.1
Worcestershire	-	6	86,846	16.7	H	16.6	16.9
Warwickshire	-	7	87,891	16.7	H	16.5	16.9
Shropshire	-	8	45,635	16.7	H	16.5	16.9
Darlington	-	10	15,399	16.7	H	16.3	17.0
Cheshire East	-	2	58,541	16.6	H	16.4	16.8
West Berkshire	-	-	19,275	15.3	H	15.0	15.6
South Gloucestershire	-	13	33,608	15.1	H	14.8	15.3
Warrington	-	14	27,583	14.9	H	14.6	15.1
Buckinghamshire UA	-	9	63,323	13.5		13.4	13.7
Nottinghamshire	-	11	92,799	13.4		13.2	13.5
Gloucestershire	-	3	72,665	12.9		12.8	13.1
Windsor and Maidenhead	-	12	18,112	12.7		12.5	13.0
Wiltshire	-	4	52,230	12.5		12.3	12.6
Central Bedfordshire	-	1	29,177	12.4		12.2	12.6

Source: NHS England

The prevalence of depression among those living in areas of West Berkshire which are in the 20% most deprived areas of England is higher than among those living in areas which are in the 20% least deprived areas of England. As shown in table 6, about 1 in 5 people (19%) living in the most deprived areas had depression. In contrast, around 1 in 8 (13%) people living in the least deprived areas had depression.

Table 5: Prevalence of depression in West Berkshire among those living in the 20% most and least deprived areas in England (snapshot, September 2025)

Deprivation Level	Prevalence of depression	% Prevalence (Direct age-standardised rate ⁴²)
Most Deprived (20%)	281	19%
Least Deprived (20%)	8,786	13%

Source: Connected Care System Insights accessed 10th September 2025.

Suicide and Self-Harm

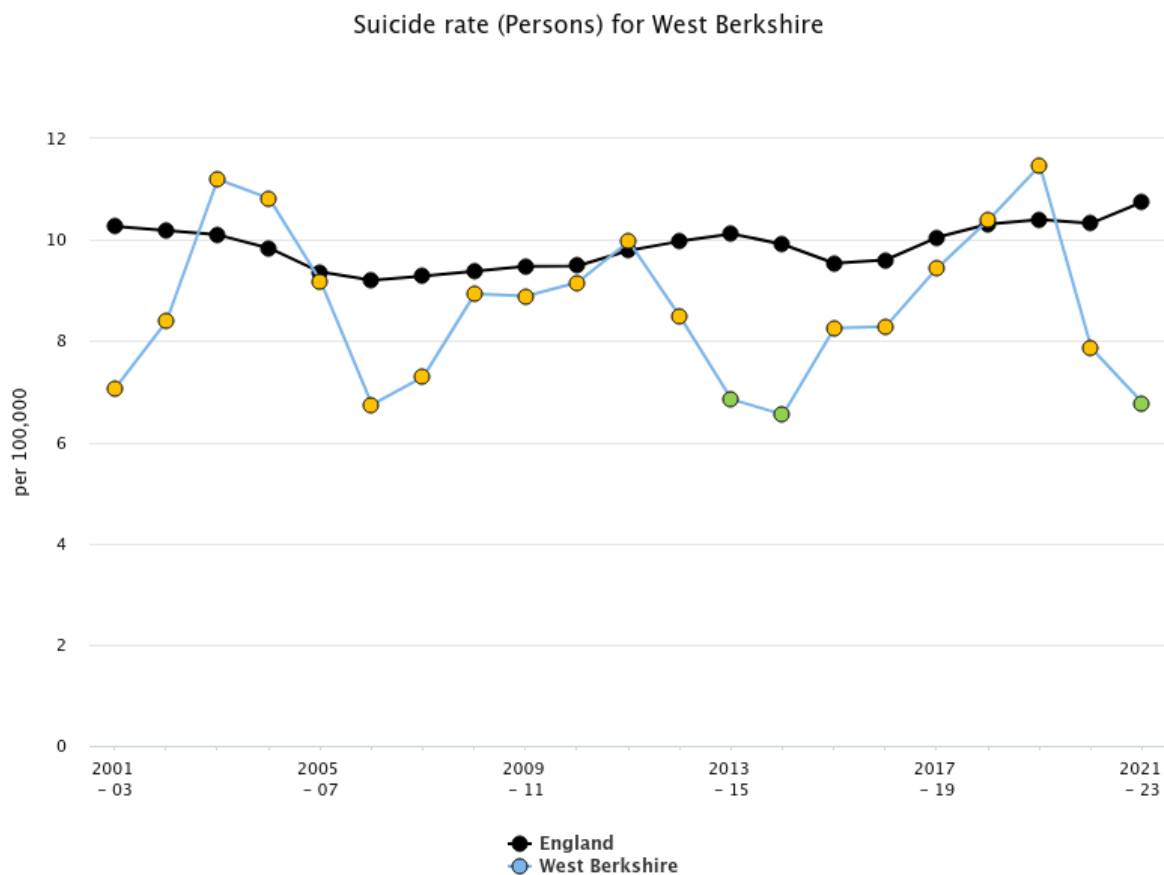
Suicide

Between 2021 and 2023, there were 29 deaths by suicide in West Berkshire, equating to a rate of 6.8 per 100,000 people. This is lower than the South East rate

of 10.4 per 100,000 and the England rate of 10.7 per 100,000. Every suicide is a profound tragedy, with lasting impacts on families, friends, and communities. In response, the West Berkshire Public Health Team is working closely with partners across the region to implement the Berkshire Suicide Prevention Strategy⁴³, aiming to reduce suicide and support those at risk.

While the national trend for suicide in England remains stable at around 10 suicides per 100,000 each year, the data for West Berkshire shows more variability across years. Due to the population size of West Berkshire, and the randomness of suicide it is hard to draw conclusions or identify consistent trends at a local level (figure 10).

Figure 10: Suicide rate in West Berkshire, 2001/03- 2021/23



Source: Office for National Statistics

While suicide is often associated with mental illness, it's important to note that many people who die by suicide have not been in contact with mental health services. According to NHS England, around one in three people who die by suicide were known to mental health services at the time of their death. This highlights the need for broader community awareness, early intervention, and support beyond clinical settings.

Suicide is rarely the result of a single cause. It often reflects a complex mix of psychological distress, social pressures, trauma, and feelings of hopelessness.

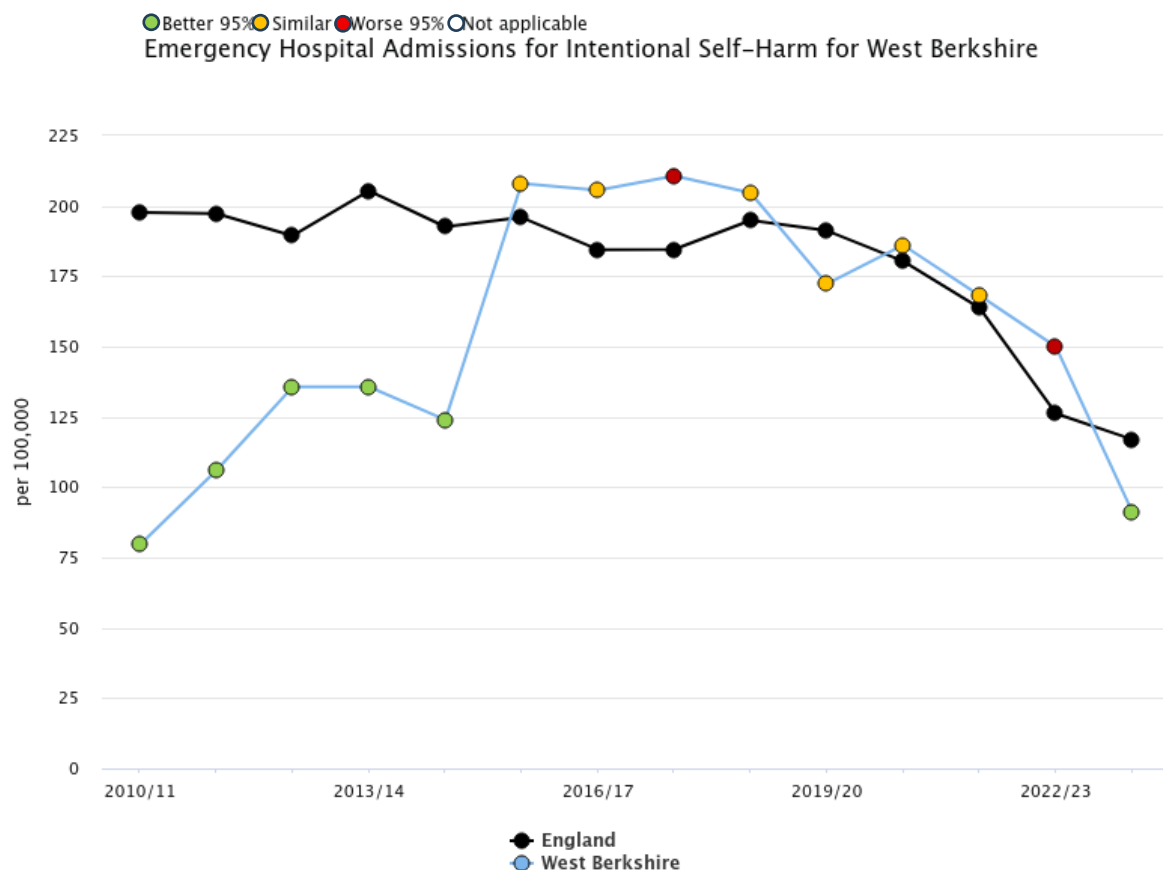
⁴³ <https://www.westberks.gov.uk/suicide-prevention>

People experiencing suicidal thoughts may feel overwhelmed or believe they are a burden to others. While these feelings can be intense, they are often temporary and treatable with the right support.

Self-harm

Self-harm is a serious public health concern and often a sign of emotional distress. In 2023/24, there were 145 emergency hospital admissions for intentional self-harm in West Berkshire, equating to a rate of 91.3 per 100,000 population. This compares to the South East rate of 125.4 per 100,000 and a rate of 117 per 100,000 for England⁴⁴. These hospital admissions are used as a proxy for the prevalence of severe self-harm. Figure 11 shows the rate of emergency hospital admissions for intentional self-harm since April 2010. There has been a decrease since April 2018, with 204.6 admissions per 100,000 population (315 admissions) to 91.3 per 100,000 (145 admissions) in April 2023.

Figure 11: Emergency hospital admissions for intentional self-harm, West Berkshire, financial years, April 2010 to March 2024



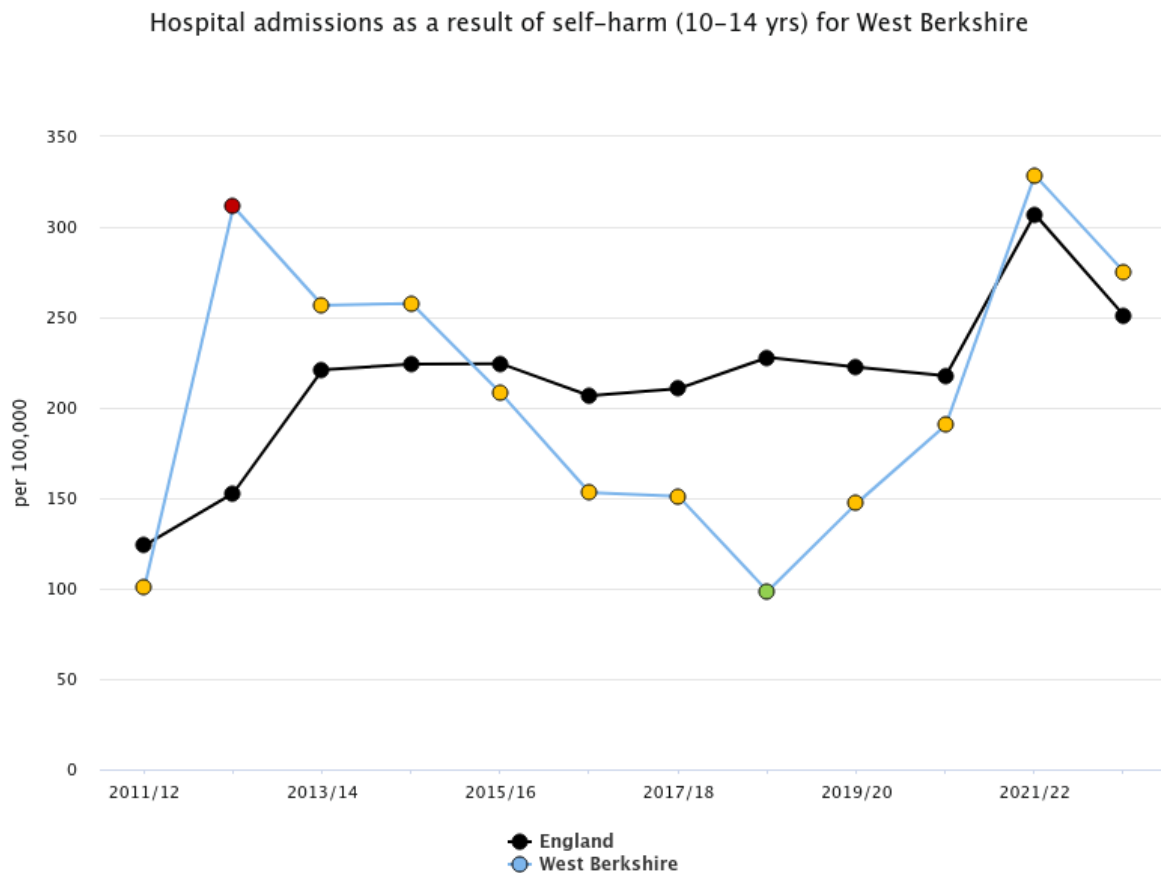
Source: OHID, based on NHS England and Office for National Statistics data

Hospital admissions due to self-harm are particularly concerning among young people. In April 2022, the rate of admissions among 10 to 14 year-olds in West

⁴⁴ Source: OHID, based on NHS England and Office for National Statistics data

Berkshire was 275.3 per 100,000 (30 admissions), compared to 251.2 per 100,000 for England. This trend is increasing and getting worse. Figure 12 shows the upward trend since 2018, however the most recent data shows the start of a downward trend.

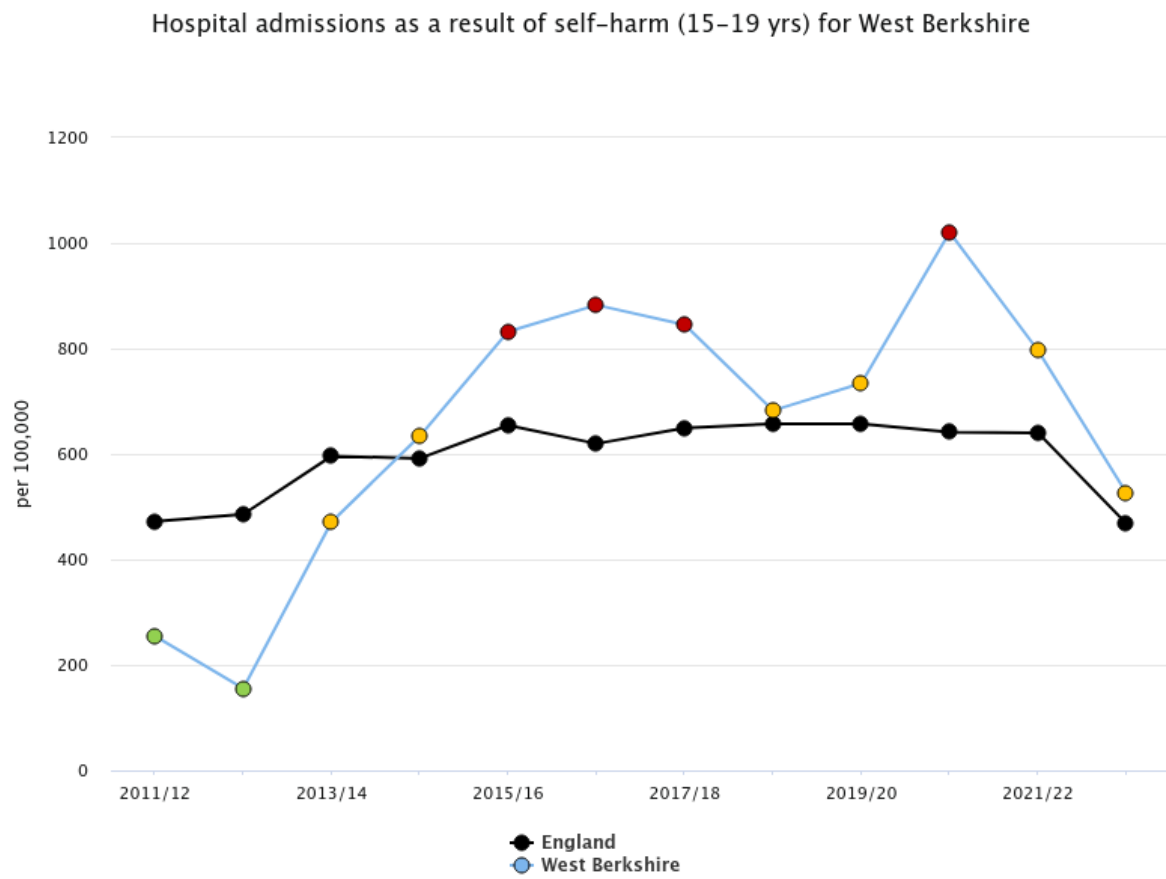
Figure 12: Hospital admissions as a result of self-harm (10-14 years), West Berkshire, financial years, April 2011-March 2024



Source: OHID, based on NHS England and Office for National Statistics data

Among 15 to 19-year-olds, the rate of hospital admissions as a result of self-harm was 526.5 per 100,000 (50 admissions), compared to 468.2 per 100,000 nationally. As shown in Figure 13, the rate of hospital admissions among 15 to 19 year olds in West Berkshire has been higher than the national average since April 2014, but there has been a downward trend since April 2020.

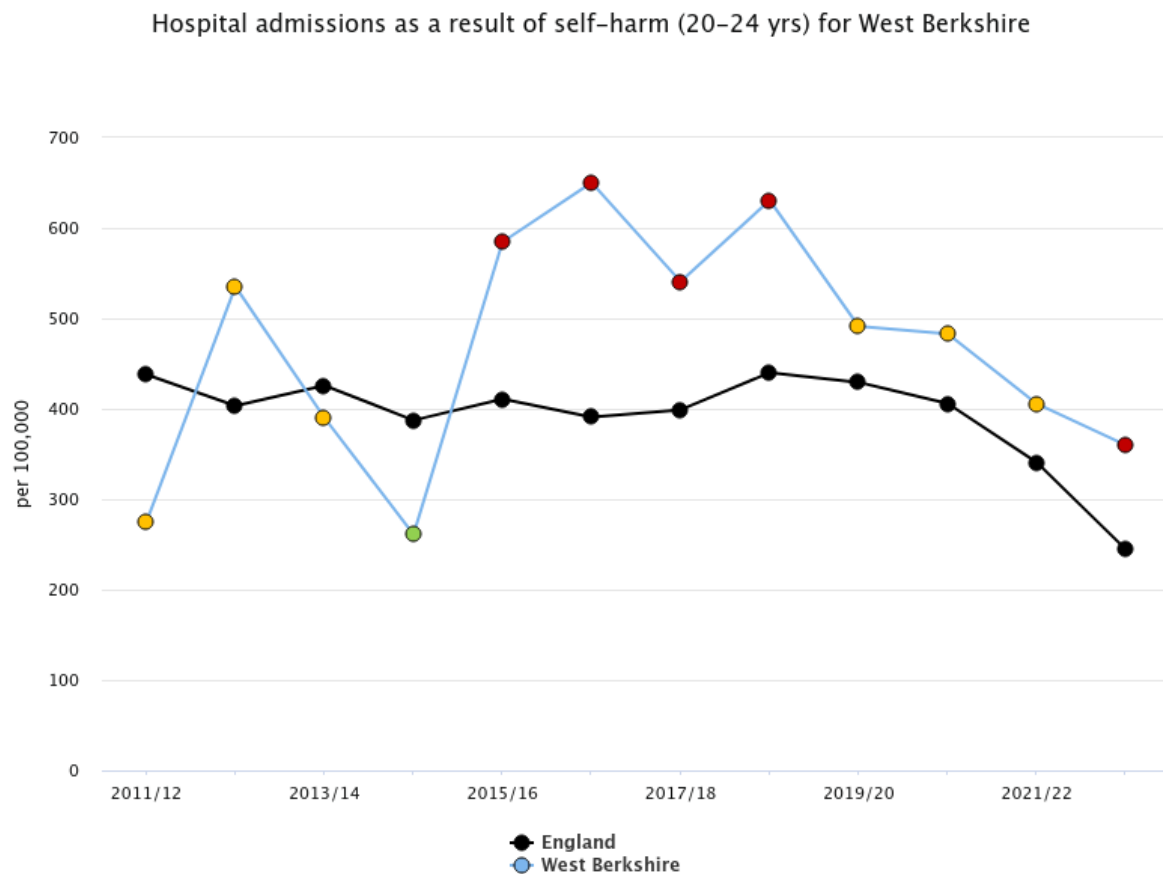
Figure 13: Hospital admissions as a result of self-harm, West Berkshire



Source: OHID, based on NHS England and Office for National Statistics data

For 20 to 24-year-olds, the rate was significantly higher at 359.7 per 100,000, compared to the England average of 244.4 per 100,000. However as shown in Figure 14, the rate of hospital admissions for intentional self-harm in this age group has been decreasing since April 2016 but rates are still higher than the national average.

Figure 14: Hospital admissions for self-harm (20-24 years), West Berkshire



Source: OHID, based on NHS England and Office for National Statistics data

These data account for the cases where self-harm is at a level requiring hospital treatment and there are many cases of self-harm that do not meet these criteria but are still a public health concern. While self-harm is a known risk factor for suicide, it is important to understand that not all individuals who self-harm are suicidal, and not all suicides are preceded by self-harm. According to Mind and Samaritans, self-harm is often used as a coping mechanism to manage overwhelming emotions, rather than an intent to end life. However, the high rates of self-harm, particularly among young adults, highlight the need for early intervention, accessible mental health support, and compassionate care.

According to NHS England and other leading organisations, effective strategies to reduce self-harm include teaching young people how to manage distress, and implementing whole-school approaches to promote mental health and wellbeing

⁴⁵.

⁴⁵ <https://www.england.nhs.uk/long-read/staying-safe-from-suicide/>

Perinatal Mental Health

The perinatal period, which includes pregnancy and the first year following childbirth, is a time of significant physical, emotional, and psychological change. Adjusting to life with a new baby can be challenging, even under the best circumstances, and it is vital that new mothers are supported in maintaining their mental and physical wellbeing. During this period, individuals may experience mental health difficulties, which can emerge as new conditions or as a worsening of pre-existing mental health challenges. Recognising and addressing these challenges early is essential to ensure positive outcomes for both parent and child.

These challenges can range from mild and temporary to severe and long-lasting, significantly affecting daily life. Importantly, perinatal mental health issues are not limited to mothers; fathers and partners can also be affected (NHS England, 2018). When left undiagnosed or untreated, these conditions can have serious consequences for the parent, the baby, and the wider family unit.

National estimates suggest that around one in five women (20%) experience a mental health condition during pregnancy or within the first year after giving birth.⁴⁶ When serious perinatal mental illness, such as untreated postpartum psychosis, goes unaddressed, the risk of suicide increases significantly. Suicide is the leading cause of maternal death within the first year following the end of pregnancy, accounting for one in nine maternal deaths in the UK. According to MBRRACE-UK (2021)⁴⁷, a study from 2016–2018 found that 35% of women who died by suicide had pre-existing mental health conditions, often alongside challenging life circumstances and physical health issues.

Figure 15 shows the estimated number of women aged 15 to 55 in a local area likely to experience a perinatal mental health condition⁴⁸. It considers the age and level of deprivation of women giving birth in that area and applies national data on how common these conditions are.

The data show that in West Berkshire, around 23.5% (352 women) of women were estimated to have a pre-existing or newly diagnosed mental health condition during the perinatal period. This compares to 24.6% for the South East and 25.8% for England. This data includes common mental health disorders (e.g. depression, anxiety, obsessive compulsive disorder, post-traumatic stress disorder), personality disorders, eating disorders, severe mental illness (e.g. bipolar disorder, psychosis and schizophrenia) and perinatal mental health psychosis.

⁴⁶ <https://www.rcog.org.uk/media/3ijbpfvi/maternal-mental-health-womens-voices.pdf>

⁴⁷ <https://bjgp.org/content/72/717/148>

⁴⁸ <https://fingertips.phe.org.uk/profile-group/mental-health/profile/perinatal-mental-health/data#page/1/gid/1938132957/pat/6/par/E12000008/ati/502/are/E06000037/iid/94103/age/332/sx/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

Figure 15: Estimated number of women with perinatal mental health conditions in West Berkshire, 2019

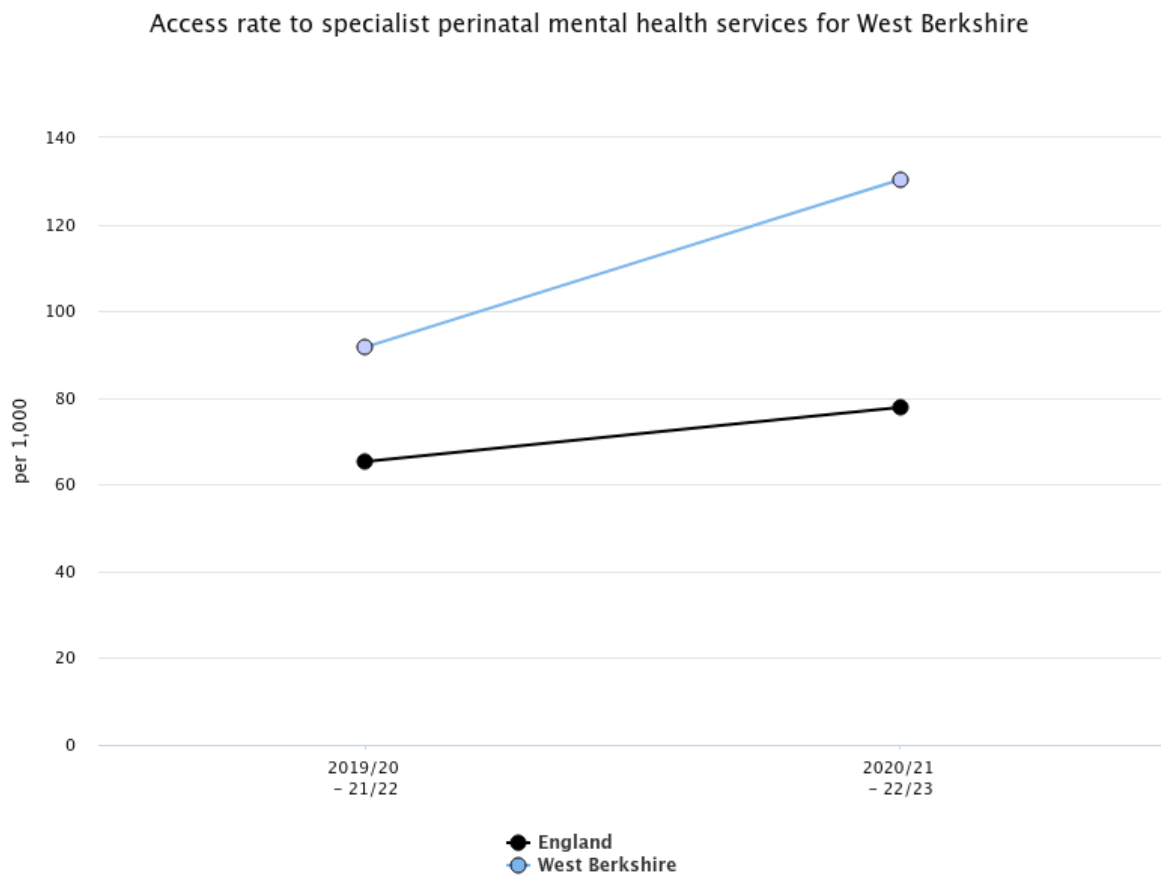
Model-based estimated prevalence of perinatal mental health conditions 2019 Proportion - %

Area	Count	Value	95% Lower CI	95% Upper CI
England	155,660	25.8	25.5	26.1
South East region (statistical)	22,729	24.6	24.3	24.9
Isle of Wight	282	27.5	27.2	27.9
Southampton	771	26.9	26.6	27.3
Medway	880	26.8	26.5	27.1
Portsmouth	609	26.7	26.3	27.0
East Sussex	1,197	26.0	25.7	26.3
Kent	4,244	26.0	25.7	26.3
Slough	591	25.5	25.2	25.9
Reading	522	25.1	24.7	25.4
Milton Keynes	803	24.8	24.5	25.1
West Sussex	2,002	24.5	24.2	24.8
Hampshire	3,198	24.3	24.0	24.7
Brighton and Hove	573	24.3	24.0	24.6
Oxfordshire	1,701	23.6	23.3	23.9
West Berkshire	352	23.5	23.1	23.9
Buckinghamshire UA	1,287	23.1	22.8	23.5
Bracknell Forest	296	23.0	22.6	23.3
Surrey	2,713	22.6	22.2	22.9
Windsor and Maidenhead	335	22.4	22.0	22.8
Wokingham	372	22.1	21.6	22.7

Source: OHID, based on Clinical Practice Research Datalink and Office for National Statistics data

The access rate to specialist perinatal mental health services in West Berkshire has increased from 91.7 per 1,000 people in 2019/20-2021/22 to 130.3 per 1,000 people in 2021/23-2022/23 (figure 16). These rates are higher than the national rates of 65.3 per 1,000 (2019/20-2021/22) and 77.8 per 1,000 (2020/21-2022/23). They are also higher than the South East rates of 69.9 per 1,00 (2019/20-2021/22) and 76.2 (2020/21-2022/23). Overall, the access rate in West Berkshire appears to be increasing more rapidly than the national average and illustrates that many women require support for mental health during or following a pregnancy.

Figure 16: Access rate to specialist perinatal mental health services for West Berkshire



Source: OHID, based on NHS England data

Locally, perinatal mental health services are delivered by [Berkshire Healthcare NHS Foundation Trust](#) (BHFT). A recent report has identified that there have been fewer women in the BOB ICS area (Buckinghamshire, Oxfordshire and Berkshire West) being assessed for mental health needs during the perinatal period than expected. In terms of access to perinatal services assessments, BHFT identified that activity levels are not meeting the required targets (330 against a target of 611 per month)⁴⁹ and this target has not been met for over 12 months (June 2024-May 2025). Early assessment can help to identify conditions like postnatal depression, anxiety or psychosis, which can have serious impacts on both the mother and baby.

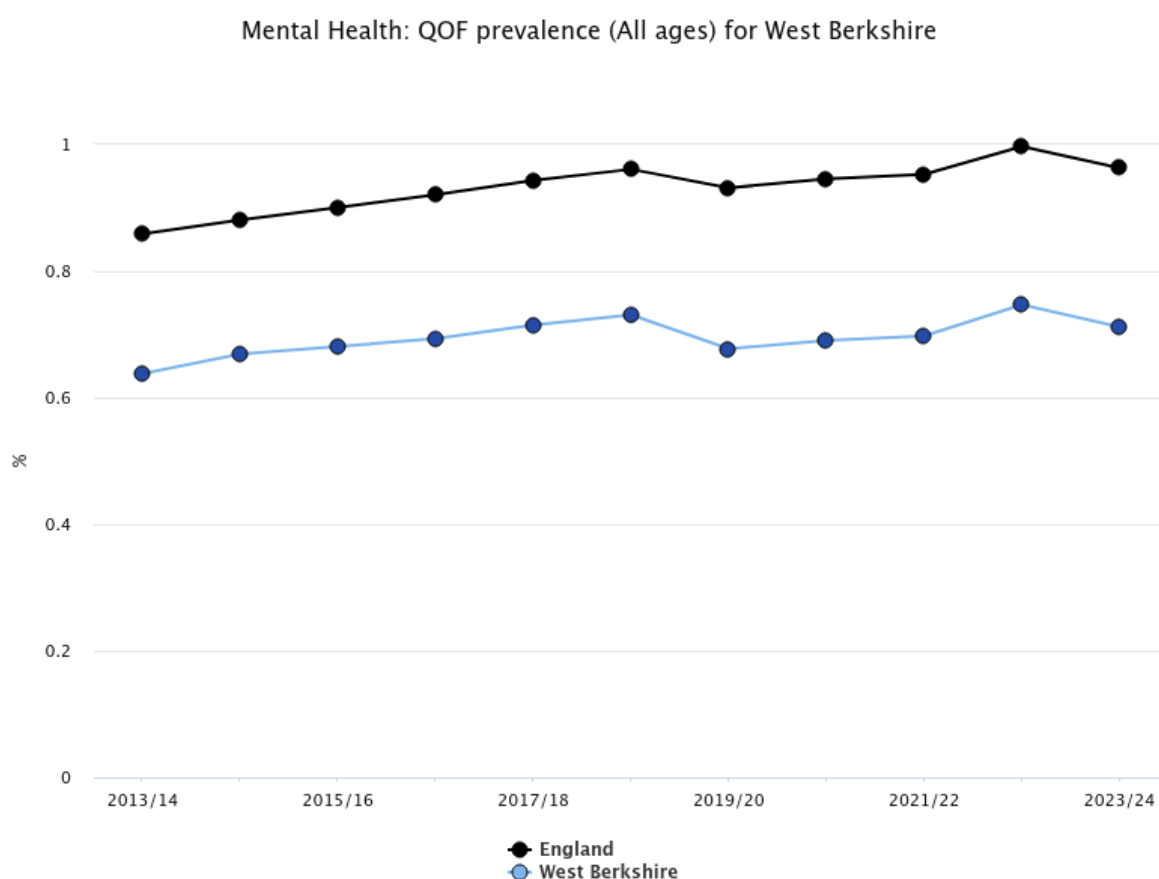
Severe Mental Illness (SMI)

Severe mental illness (SMI) is when mental health challenges substantially interfere with everyday living, meaning individuals might find it difficult to work or attend education. Schizophrenia, bipolar disorder and other psychoses are referred to as SMI.

⁴⁹ [trust-board-public-meeting-papers-8-july-2025.pdf](#) (pages 92 and 106).

The Quality and Outcomes Framework (QOF) data includes all patients registered with a GP who have been diagnosed with SMI, such as schizophrenia, bipolar disorder, and other psychoses. These data help monitor the prevalence and management of SMI across England, including West Berkshire. As of the 2023/24 reporting year, the number of individuals on GP registers with a diagnosed SMI in West Berkshire has remained relatively stable, with slight year-on-year increases, mirroring national trends (figure 17). The data show that 1,125 (0.7%) adults in West Berkshire were on the GP register in 2023/24 for severe mental illness which is slightly below the South East Average of 0.9% and the national average of 1.0%.

Figure 17: Serious Mental Health: QOF prevalence in West Berkshire, 2013/14-2023/24



Source: NHS England, Quality and Outcomes Framework, 2023/24

Nationally, SMI prevalence is generally higher in more deprived areas. In West Berkshire, the prevalence of SMI appears to be higher among those living in the 20% most deprived areas of England compared to those living in the 20% least deprived areas of England. As shown in table 7, about 1 in 71 people (1.4%) living in the most deprived areas had an SMI. In contrast, around 1 in 167 (0.6%) people living in the least deprived areas had an SMI.

Table 6: Prevalence of SMI in West Berkshire among those living in the 20% most and least deprived areas in England (snapshot, September 2025)

Deprivation Level	Prevalence of SMI	% Prevalence (Direct standardised rate)
20% most deprived	1 in 71	1.4%
20% least deprived	1 in 167	0.6%

Most Deprived (20%)	21	1.4%
Least Deprived (20%)	431	0.6%

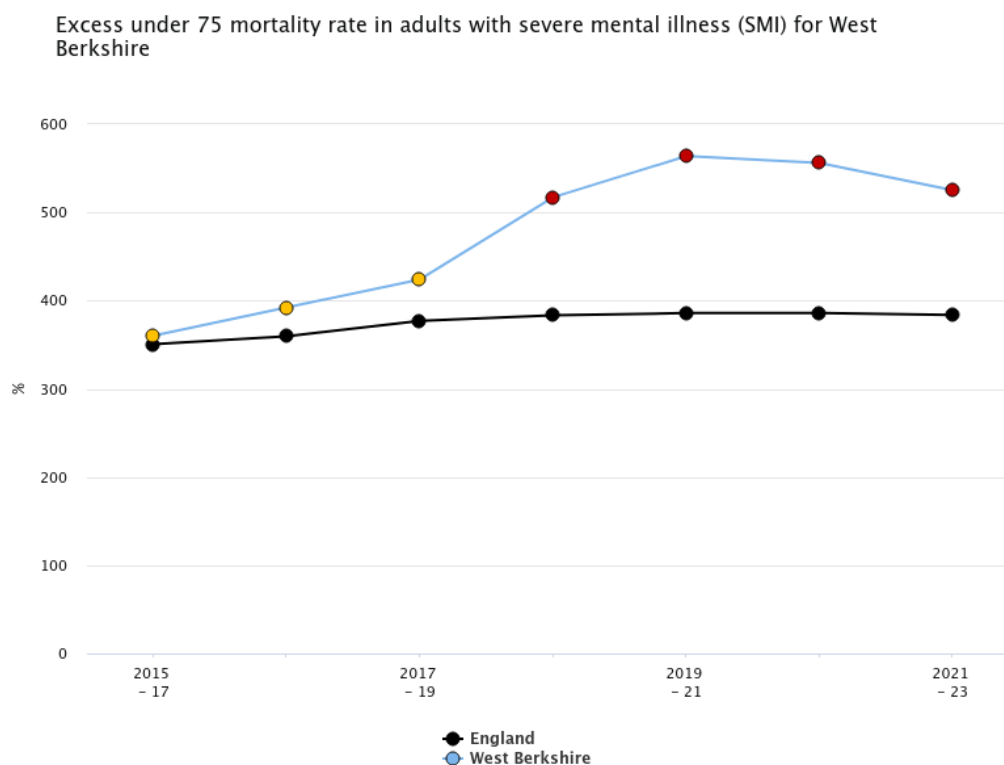
Source: Connected Care System Insights accessed 24th September 2025

SMI - Health Inequalities

People living with SMI face significant health inequalities, including a life expectancy 15 to 20 years shorter than the general population. This disparity is largely due to the co-occurrence of other long-term physical health conditions and lifestyle-related risk factors alongside the SMI.

The Under 75 excess mortality rate is a calculation of how much more likely people with a SMI are to die before the age of 75 compared to people without an SMI. A rate of 0% would mean no difference in risk and a rate of 100% would mean twice the risk. Between 2021 and 2023, adults with SMI in West Berkshire experienced significantly higher excess mortality rates compared to both the South East and England averages. As shown in figure 18, the overall excess mortality rate in adults with an SMI in West Berkshire was 525%, notably higher than 427% in the South East and 383% across England. This means that adults with SMI in West Berkshire are more likely to die before age 75 compared to those without SMI. This is a serious health inequality, and it is important to ensure that people with SMI get the care they need.

Figure 18: Excess under 75 mortality rate in adults with severe mental illness (SMI), (2015-17 - 2021-23)



Source: NHS England and Office for National Statistics

SMI - Physical Health Outcomes

Poor physical health is common in people with SMI. Many people with SMI experience at least one physical health condition at the same time as their mental illness. People with SMI die on average 15 to 20 years earlier than the general population and are more likely to die from preventable physical illnesses such as cardiovascular disease, respiratory disease, diabetes and hypertension⁵⁰. In West Berkshire, the under 75 excess death rates across all four causes for people with SMI are notably higher than both the regional and national averages. As shown in table 8, for Cancer, the rate for West Berkshire (286.1%) is more than double the national average (129.5%), meaning that people with SMI in West Berkshire are over twice as likely to die early from cancer compared to the national average. They are about 1.5 times more likely than the national average to die early from cardiovascular or respiratory diseases.

Table 7: Under 75 excess mortality rates for adults with SMI, specific causes (2021-2023)

Cause of Death	West Berkshire	South East	England	Difference
Liver disease	666.7%	607.9%	555.9%	+110.8
Cardiovascular Disease	447.4%	326.3%	290.3%	+157.1
Cancer	286.1%	132.9%	129.5%	+156.6
Respiratory Disease	744.4%	572.4%	519.7%	+224.7

Source: NHS England and Office for National Statistics

For cardiovascular disease, the under 75 excess mortality rate was 447.4% in West Berkshire compared to 290.3% in England. All these figures highlight a concerning disparity in health outcomes for people with SMI in West Berkshire, suggesting a need for targeted interventions and support. Many of these deaths are preventable, as they are influenced by modifiable risk factors such as smoking, poor diet, and substance misuse.

SMI - Annual Physical Health Checks

To address these disparities, individuals diagnosed with SMI are entitled to an annual physical health check, which includes:

- Weight measurement (BMI)
- Blood pressure and pulse check
- Blood lipid (cholesterol) test
- Blood glucose test
- Assessment of alcohol consumption
- Assessment of smoking status

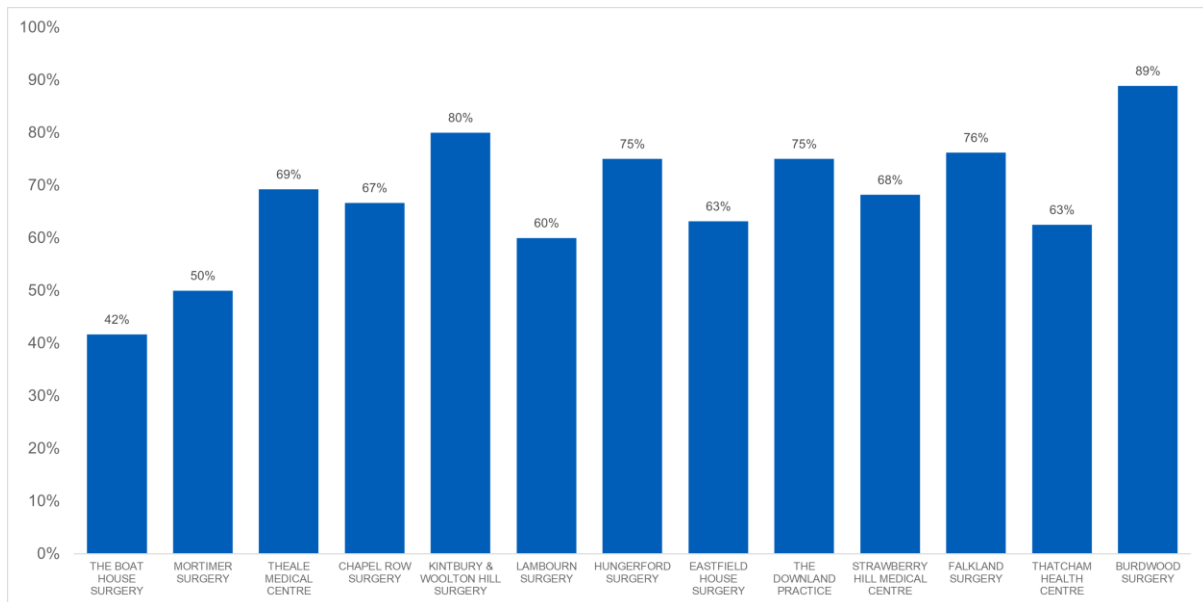
As of Q1 2025/26, approximately 68% of eligible residents in West Berkshire received the full set of six recommended health checks, highlighting room for improvement in uptake and delivery⁵¹. This figure varies by GP practice, as

⁵⁰ [https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing#:~:text=Purpose.%20The%20phrase%20severe%20mental%20illness%20\(,referred%20to%20as%20an%20SMI%20%5Bfootnote%201%5D.](https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing#:~:text=Purpose.%20The%20phrase%20severe%20mental%20illness%20(,referred%20to%20as%20an%20SMI%20%5Bfootnote%201%5D.)

⁵¹ <https://digital.nhs.uk/data-and-information/publications/statistical/physical-health-checks-for-people-with-severe-mental-illness>

highlighted in Figure 19, and by quarter. There appear to be over 20 patients that haven't received any of the six recommended health checks, this could be due to a variety of reasons including; previous poor experience of the check, concerns about the check or poor mental health at the time of being invited for a check⁵².

Figure 19: The percentage of people on PHSMI register who had a full physical health check, by West Berkshire GP Practice, Q1, 2025-26



Source: NHS England

Treatment and Support

Adult Improving Access to Psychological Therapies (IAPT) Programme

Many people with common mental health problems like anxiety or depression are prescribed medication by their GP. This is usually because talking therapies are not always easy to access or because some people prefer medication. To address this, the NHS launched the Improving Access to Psychological Therapies (IAPT) programme in 2008. IAPT provides evidence-based talking therapies for conditions like anxiety and depression, aiming to make mental health support more accessible and effective. As part of the NHS Long Term Plan, the original goal was to reach 1.9 million adults (via Talking Therapies) annually by 2023/24, recent planning guidance focuses more broadly on improving access, integration and outcomes across all mental health services, including IAPT⁵³(NHS England, 2025).

Locally, talking therapy services are delivered by [Berkshire Healthcare NHS Foundation Trust](#) (BHFT). A recent report has identified the reliable improvement rates for patients in the BOB ICS area (Buckinghamshire, Oxfordshire and Berkshire West). This measures whether a patient's mental health symptoms have shown a statistically significant reduction after completing a course of talking therapies, and

⁵² <https://www.england.nhs.uk/long-read/improving-the-physical-health-of-people-living-with-severe-mental-illness/>

⁵³ <https://www.england.nhs.uk/long-read/2025-26-priorities-and-operational-planning-guidance/>

that symptoms are less severe than before treatment. BHFT identified that over 12 months (June 2024- May 2025), the rate has ranged from 63% to 73%, which is in line with their targets⁵⁴.

Mental and physical health waiting times 2024/25

Data shows that in England, 14,761 people were waiting more than 78 weeks (18 months) for a second contact in adult community mental health services⁵⁵. Local data shows that in Buckinghamshire Oxfordshire and Berkshire West ICB there were 215 people waiting more than 78 weeks and in Berkshire West there were 10 people waiting more than 78 weeks for treatment.

In terms of physical health, the number of people in England waiting more than 78 weeks for a consultant-led physical health treatment ranged from 2000-5000 per month or an average of around 2,702 per month⁵⁶. Locally, in BOB ICB this ranged from 15 to 101 per month, or an average of around 65 per month. In NHS Berkshire West this ranged from 0 to 6 people per month, or an average of 3.

Overall, nationally there appears to be 5.5 times more people waiting over 18 months for mental health treatment, compared to physical health treatment. In NHS Buckinghamshire, Oxfordshire and Berkshire West ICB, there appears to be 3.3 times more people waiting over 18 months for treatment and in NHS Berkshire West there appears to be 3.6 times more people waiting over 78 weeks for mental health treatment. This highlights that there appears to be an inequity in terms of waiting times for physical and mental health treatment.

Local data from BHFT indicates the following waiting times for local mental health services⁵⁷:

- **Psychiatry waiting time:** 12 weeks
- **Care coordination:** 6 weeks
- **IMPACTT longest wait for treatment:** 11 months
- **Memory Clinic waiting time:** 17 weeks (down from 24.5 weeks)

Adults in contact with secondary mental health services

It is important to understand the rate of new referrals into local secondary mental health services, in order to monitor demand and see if the service can meet the needs of the local population. The data shows there has been a year-on-year increase in the rate of new referrals to secondary mental health services in West Berkshire since 2017/18. In West Berkshire, the rate was 4,955 per 100,000 which was lower than the South East rate of 5,618 per 100,000 and the England rate of 6,897 per 100,000 in 2019/20.

⁵⁴ [trust-board-public-meeting-papers-8-july-2025.pdf](#)- page 105

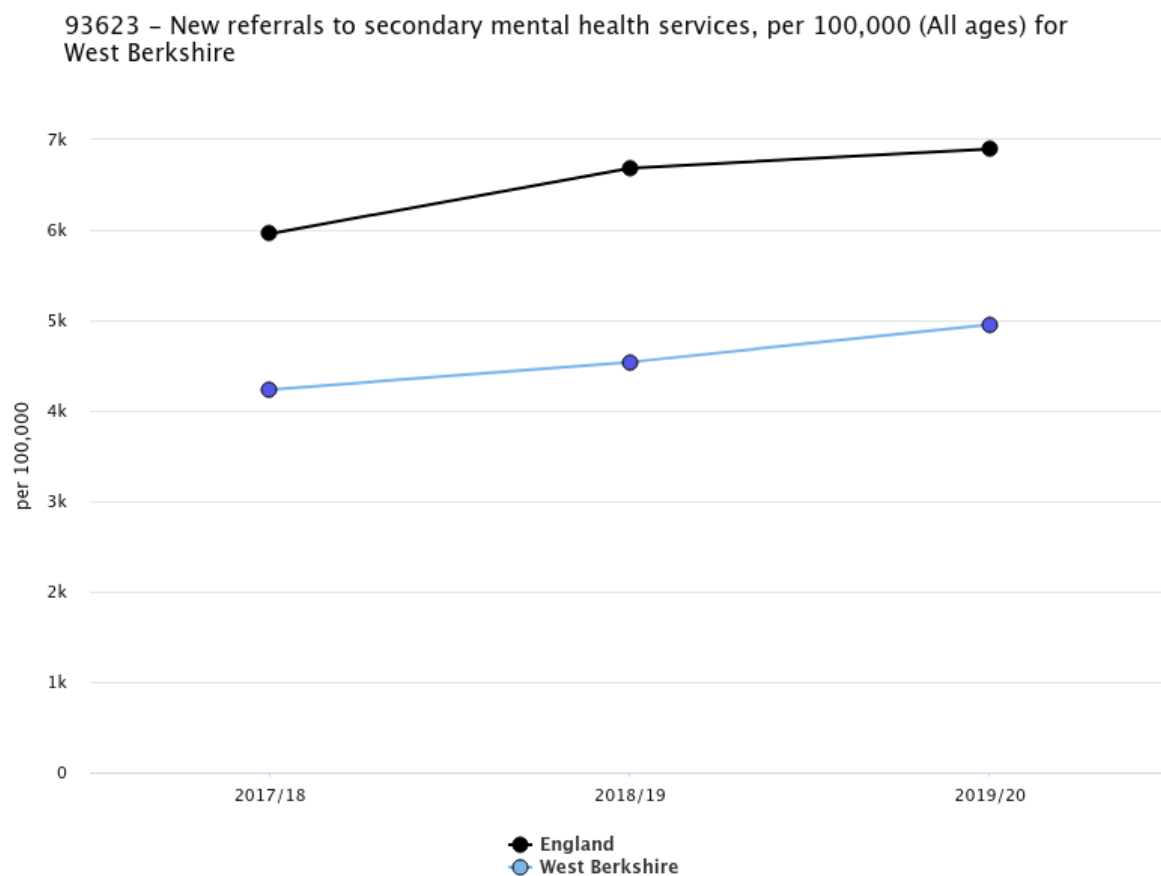
⁵⁵ Mental health: NHS England Digital – [Mental Health Services Monthly Statistics](#), Dec 2024

⁵⁶ Physical health: NHS England – [Consultant-led Referral to Treatment Waiting Times Data](#) 2024-25

⁵⁷

<https://decisionmaking.westberks.gov.uk/documents/s127146/6.c%20BHFT%2005.09.2%20CAMH%20Overview%204%20005.pdf>

Figure 20: New referrals to secondary mental health services per 100,000 (all ages) in West Berkshire, 2017/18-2019/20.

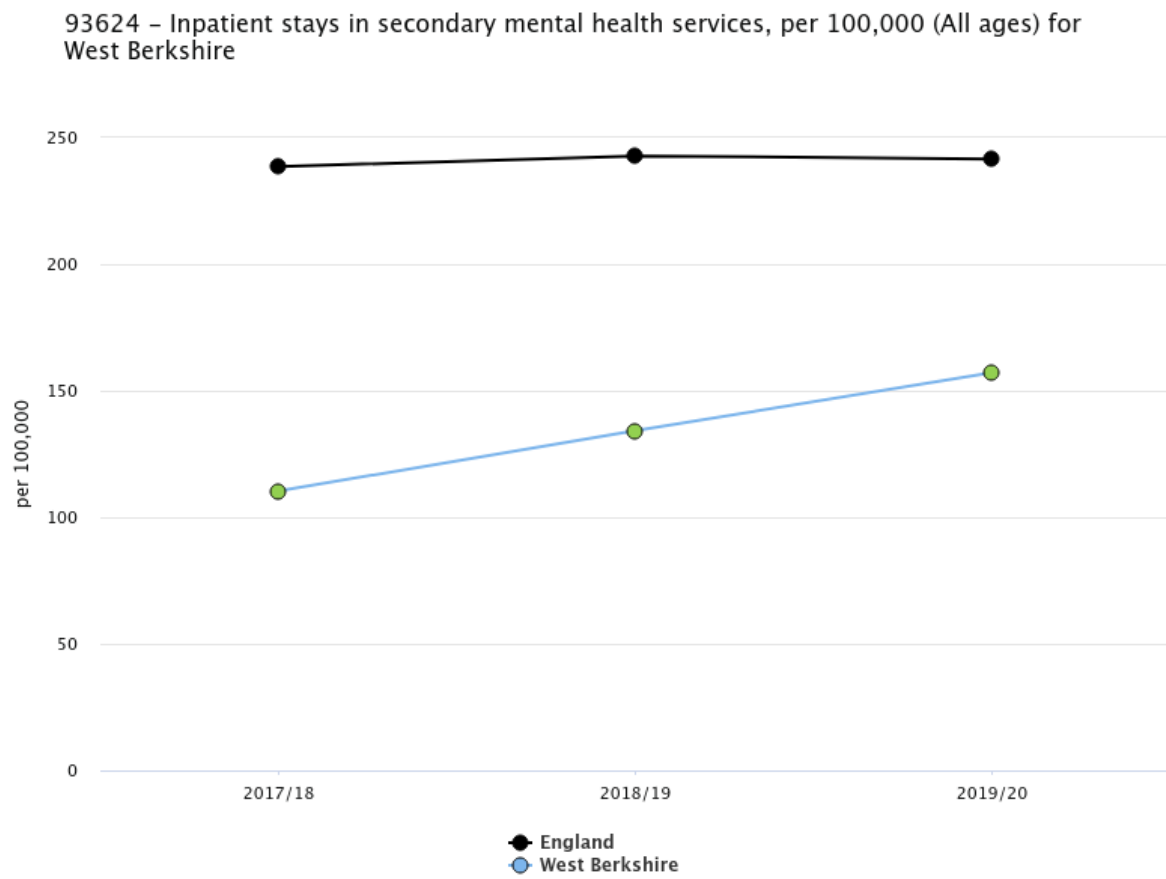


Source: OHID, based on NHS England and Office for National Statistics data

Inpatient stays in secondary mental health services

Data is collected on the number of people who require an inpatient stay at a hospital due to severe mental ill health. The data show that the rate of inpatient stays in West Berkshire is lower than both the South East and national averages. There has been a slight increase since 2017/18. In 2019/20, the rate in West Berkshire was 157 per 100,000, which was lower than both the South East regional rate of 188 per 100,000 and the England rate of 241 per 100,000.

Figure 21: Inpatient stays in secondary mental health services per 100,000 (All ages)



Source: OHID, based on NHS England and Office for National Statistics data

Navigating Mental Health Support in West Berkshire

Mental health journeys are not linear, and everyone has mental health. There are different types of support for mental health and wellbeing available in West Berkshire, ranging from community-based activities, that support with preventing mental health problems and promoting good mental wellbeing or maintaining recovery, to early intervention where mental health problems range from mild to moderate on to specialist, inpatient and crisis care for those whose mental health is more severe. Figure 22 offers an overview of the wide range of adult mental health support available in West Berkshire.

Figure 22: Local Support services for Mental Health in West Berkshire








1. Self-help and Community and Voluntary Support

Local organisations and activities to support wellbeing for all:

-  Eight Bells for Mental Health
-  Recovery in Mind (recovery college)
-  Sport in Mind
-  Exercise on Referral (leisure centres)
-  Wellbeing Walks
-  Run Together
-  Samaritans Newbury
-  Watermill Theatre Scene Change
-  Age UK Befriending
-  ASD Family Help
-  Autism Berkshire
-  West Berkshire Mencap
-  Two Saints
-  Age UK Berkshire – support for unpaid carers
-  Young People with Dementia
-  Let's Connect Wellbeing Network
-  Reading Well and Mood Boosting Books (available from West Berkshire Libraries)











2. Early Support for Emotional Wellbeing

First steps to getting help (self-referrals):

-  GPs – First point of contact for many mental health concerns
-  Social Prescribers
-  WBC Adult Social Care
-  NHS Berkshire Talking Therapies
-  Time to Talk (support for 11–25-year-olds and parents)
-  Silver Cloud (online therapy platform offering guided self-help)
-  Managing Emotions Programme (MEP) – (structured psychoeducational courses for emotional regulation and resilience)





3. Specialist Services

For more complex mental health needs (referrals required via GP):








-  Berkshire Mental Health Service (Community Mental Health Team)
-  Mental Health Integrated Community Service (MHICS) and Community Connectors
-  Psychological Medicine Service
-  Early Intervention for Psychosis (EIP)
-  Intensive Management of Personality Disorders and Clinical Therapies Team (IMPACTT)
-  Older Adults Community Mental Health Team (OACMHT)
-  Memory Clinic Service
-  Perinatal Mental Health
-  Individual Placement Support (IPS)
-  Service User Network (SUN)

4. Urgent Care and Crisis Support

Help in a mental health emergency:

-  Crisis Resolution & Home Treatment Team (CRHTT)
-  Berkshire West Breathing Space
-  NHS 111
-  Prospect Park Hospital (specialist inpatient care for mental health)

5. Additional Support - Extra help and guidance:

-  Cruse West Berkshire
-  Alana House – support for vulnerable women
-  Berkshire Women's Aid
-  Citizens Advice West Berkshire
-  Trust House
-  VIA West Berkshire
-  The Advocacy People

The Treatment Gap

The treatment gap refers to the disparity between the number of people needing mental health treatment and the amount of help available. Many people in West Berkshire with mental health conditions do not receive timely or appropriate care. According to Mind's *Big Mental Health Report 2024*⁵⁸, services are struggling to meet demand, with long waits and gaps in access. Access to care varies based on geography and the population groups most affected are; children and young people, neurodivergent individuals, people from minoritised ethnic communities, people with co-occurring physical or substance use conditions and people from LGBTQ+ groups. These patterns highlight the need for targeted outreach, culturally competent care, and service models that reduce barriers for underrepresented groups.

Key barriers to accessing mental health treatment include stigma and lack of awareness, long waiting times and limited-service capacity, workforce shortages, and cultural and language barriers. Access to treatment is shaped by a mix of barriers and enablers, including awareness of symptoms and health literacy, service availability (e.g. transport, digital access, resources), waiting times and continuity of care, trust in services, especially among marginalised groups and language and communication support.

The groups who are most likely to access support for mental health conditions are the following:

1. **Women** are more likely than men to seek help for common mental health issues.
2. **White British individuals** are more likely to access talking therapies than some ethnically diverse communities.
3. **Urban residents** often have better access than those in rural areas.
4. **Older adults** are less likely to access psychological therapies, despite high need.
5. People with **higher health literacy**, stable housing, and employment are more likely to engage with services.

Promising Interventions to address the treatment gap include:

- **Integrated care** for people with serious mental illness (SMI)
- **Peer support** and recovery colleges
- **Digital tools** (e.g. online CBT, telehealth)
- **Culturally competent, trauma-informed services**
- **Early intervention** (e.g. youth mental health hubs, Early Intervention Psychosis services)

⁵⁸ <https://www.mind.org.uk/about-us/our-policy-work/the-big-mental-health-report/>

Prevention and the determinants of Mental Health across the life course

Overview

Mental health is shaped by a complex mix of social, economic, and environmental factors across the life course, not just individual choices or access to care. Where we are born, live, learn, work, and the strength of our social ties all influence our mental wellbeing. Promoting good mental health requires a whole-system, life course approach, working in partnership across sectors, such as housing, education, leisure, and service provision, to prevent mental ill health and support early identification of emerging challenges.

Despite growing awareness, prevention and treatment gaps persist, particularly for children, neurodivergent individuals, and underserved communities. A comprehensive, coordinated response is needed, grounded in the three levels of prevention: primary prevention, secondary prevention and tertiary prevention.

Primary Prevention: Preventing problems before they start

This focuses on reducing risk factors and strengthening protective factors to stop mental health issues from developing. It includes:

- Early years and parenting programmes
- Whole-school mental health promotion
- Anti-bullying and stigma reduction
- Policies addressing poverty, housing, and access to green space

These **upstream approaches** tackle root causes and promote mental wellbeing across populations.

Secondary Prevention: Early detection and intervention

This targets individuals at higher risk or showing early signs of mental distress, aiming to prevent progression to more serious conditions. Examples include:

- Mental health screening in schools and primary care
- Youth mental health hubs
- Early support for neurodivergent individuals
- Community-based interventions like befriending or arts programmes

These **midstream approaches** focus on timely support for those beginning to struggle.

Tertiary Prevention: Minimising long-term impact

This supports people already living with mental health conditions, helping them to manage symptoms, recover, and maintain a good quality of life. It includes:

- Recovery-focused services and peer support
- Trauma-informed care
- Integrated physical and mental healthcare

- Digital tools and telehealth

These **downstream approaches** aim to reduce disability, prevent relapse, and promote inclusion.

While not all mental illness can be prevented, and not everyone exposed to a risk factor for poor mental health will develop a mental health condition, protective factors like strong relationships, stable housing, and community connection play a vital role. However, these are not equally distributed, leading to mental health inequalities across regions and populations (OHID, 2022).

Address the Prevention Gap

Despite strong evidence for early intervention and community-based approaches, investment in primary prevention (upstream) to improve population wellbeing remains disproportionately low. This is referred to as the prevention gap or public mental health implementation gap⁵⁹. Only a small share of mental health funding is directed toward early years, schools, and the wider determinants of health, such as housing, poverty, and trauma. This underinvestment contributes to rising demand for crisis and secondary care mental health services.

Strategic investment in primary prevention, particularly in early childhood, offers the highest return both economically and socially, by addressing root causes before problems emerge. It reduces reliance on costly downstream services and improves outcomes across the life course.

According to the Mental Health Foundation (2022)⁶⁰, the most impactful societal changes for improving mental health include:

- Supporting parents to nurture their children
- Protecting children from trauma
- Teaching young people emotional literacy
- Reducing workplace stress
- Tackling loneliness in older adults
- Strengthening community connections
- Supporting people with suicidal thoughts
- Helping people recover and care for their mental health

These priorities align with a range of evidence-based interventions that help close the prevention gap: early years and parenting programmes, whole-school mental health promotion, community-based initiatives (e.g. befriending, arts, nature), workplace mental health support and policies addressing social determinants (e.g. housing, debt, employment).

⁵⁹ <https://www.rcpsych.ac.uk/docs/default-source/improving-care/pmhc/rcpsych-public-mental-health-implementation---a-new-centre-and-new-opportunities-briefing-paper-march-2022.pdf>

⁶⁰ **Mental Health Foundation.** (2022). *Better Mental Health for All: A public health approach to mental health improvement.* Mental Health Foundation. <https://www.mentalhealth.org.uk/sites/default/files/2022-09/MHF-better-mental-health-for-all.pdf>

However, a balanced approach is essential. Sustained funding for secondary prevention interventions ensures early support for at-risk individuals, while downstream (tertiary) services remain critical for treatment, recovery, and crisis prevention. Only by aligning resources across all three levels of prevention can we reduce the burden of mental illness, close treatment gaps, and build a mentally healthier society.

Risk Factors for Poor Adult Mental Health

This needs assessment focuses on adults, but it is important to understand that many of the drivers of adult mental health outcomes originate much earlier in the life course. Children's and young people's emotional development, the quality of their early relationships, and the environments in which they grow up have profound and lasting effects on mental wellbeing in adulthood. These influences extend beyond the prevention of adverse childhood experiences (ACEs -e.g. abuse, neglect, parental mental illness or substance misuse, bullying and school exclusion, poverty and housing instability) and encompass broader factors such as attachment, developmental experiences, family stability, a sense of belonging, and supportive community networks. Addressing these early drivers shifts the system towards genuine prevention rather than relying primarily on treatment responses and strengthens resilience across the life course.

In West Berkshire, as in many parts of the UK, mental health is closely linked to wider social and economic conditions. These include:

Unemployment and insecure work: In West Berkshire, the employment rate stands at 84.5%, higher than the South East rate of 81.1% and the national average of 78.5%. In the year ending March 2025, approximately 2,100 residents aged 16 and over were unemployed, representing an unemployment rate of 2.5%. This is notably lower than both the South East rate of 3.3% and the UK rate of 3.9% (Source: Nomis).

Unemployment and mental health are closely linked. While being unemployed can increase the risk of mental health issues, such as chronic stress and reduced self-esteem, mental illness can also be a barrier to gaining and sustaining employment. People experiencing mental health challenges may face additional difficulties in accessing and remaining in the workforce.

Debt and financial stress: this can cause anxiety, especially in the context of rising living costs. A review of the research⁶¹ says there is clear evidence that negative economic shocks (e.g. loss of job or income) affect mental health. A report by the Joseph Rowntree Foundation (2022)⁶² uses a range of indicators, particularly drawn from official surveys, to show correlations between income, savings and various

⁶¹ Ridley M, Rao G, Schilbach F, Patel V. Poverty, depression, and anxiety: Causal evidence and mechanisms. *Science*. 2020 Dec 11;370(6522):eaay0214. doi: 10.1126/science.aay0214. PMID: 33303583.

⁶² Clark, Tom; Wenham, Andrew, Anxiety nation? Economic insecurity and mental distress in 2020s Britain, Joseph Rowntree Foundation, York, 2022 November, <https://www.jrf.org.uk/report/anxiety-nation-economic-insecurity-and-mental-distress-2020s-britain>

measures of security with anxiety. The report notes that economic insecurity is strongly and consistently linked to mental distress in Britain, forming a vicious cycle that affects millions. Mental health issues are disproportionately concentrated in economically deprived areas. The strongest associations with poor mental health are found in: lack of savings, being behind on bills, inadequate pension provision and insecure housing and employment.

A systematic review found a clear link between debt, and particularly short-term, unsecured debt and mental health⁶³. There was less likely to be an association with longer term, secured debt, such as mortgages.

Roughly 1 in 4 [adults](#) in Great Britain found it fairly or very difficult to get by financially in the past month, when asked in December 2024 to January 2025⁶⁴.

Loneliness and social isolation: particularly for older people and those living in rural areas. Refer to page 14 in this MHNA for information about loneliness and social isolation.

Discrimination and racism: Discrimination and racism are deeply rooted social issues that significantly affect mental health, particularly among racialised communities in the UK. The Mental Health Foundation describes racism as a public mental health issue because it causes trauma, which can lead to anxiety, depression, PTSD, and suicidal ideation⁶⁵. A report commissioned by Berkshire Healthcare NHS Foundation Trust (2023) set out to explore why Black individuals in Berkshire are over three times more likely to be detained under the Mental Health Act than white individuals (mirroring the national picture). Black communities reported poor treatment, stigma around mental health, and a lack of culturally competent care. These experiences compound mental health challenges and discourage help-seeking behaviour⁶⁶.

Chronic physical illness or disability: people with chronic physical conditions are 2–3 times more likely to develop mental health issues, such as depression or anxiety. Those with multiple conditions face even higher risks. Refer to page 52 of this MHNA for more information about physical disability.

Population Risk Groups

Certain groups of adults within West Berkshire are at significantly higher risk of experiencing poor mental health due to a combination of social, psychological and structural vulnerabilities. These include but are not limited to:

- Young men (especially with forensic or antisocial traits)

⁶³ Guan N, Guariglia A, Moore P, Xu F, Al-Janabi H (2022) Financial stress and depression in adults: A systematic review. PLoS ONE 17(2): e0264041. Pp.9-10.

⁶⁴

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/ukmeasuresofnationalwellbeing/dashboard>

⁶⁵ <https://www.mentalhealth.org.uk/explore-mental-health/blogs/racism-and-mental-health>

⁶⁶ [mha-dp-engagement-report.pdf](https://www.mentalhealth.org.uk/explore-mental-health/blogs/racism-and-mental-health/mha-dp-engagement-report.pdf)

- People with physical or learning disabilities
- Minoritised ethnic communities and LGBTQ+ communities
- Travelling communities
- People living in poverty
- Perinatal women
- People living in rural or geographically isolated areas
- Care leavers
- Unpaid carers
- Prisoners and ex-offenders
- People with long term health conditions
- People experiencing domestic abuse

People may fall into one or more high risk group and that intersectionality helps to explain why some people experience more severe or persistent mental health challenges. Tailored, inclusive approaches are essential to ensure these groups receive equitable and effective support.

Wider Determinants of Mental Health

Mental health is shaped not only by individual experiences but also by the broader social, economic and environmental conditions in which people live. This includes:

Housing: Overcrowding, instability, and homelessness increase risk. Poor mental health is a major issue for people experiencing homelessness, with 82% of people experiencing homelessness having a mental health diagnosis. Services often fail to intervene until crisis point. Stigma, dual diagnosis, and lack of housing and workforce capacity worsen outcomes⁶⁷. The West Berkshire Preventing Homelessness and Rough Sleeping Strategy⁶⁸ states there are around 10 homeless people in West Berkshire and there is an ambition to create faster pathways for people at risk, or actually homeless, to physical and mental health services.

Education: School connectedness and attainment are protective factors, lasting into adulthood⁶⁹

Employment and Economic Security: Secure, meaningful work supports wellbeing. Unemployment is a well-established risk factor for poor mental health, particularly depression and anxiety. Job insecurity, underemployment and precarious work also contribute to stress and reduced wellbeing. Mental health conditions can also be a barrier to gaining or retaining employment, creating a cycle of disadvantage. Refer to page 47 of this needs assessment for more information on unemployment.

⁶⁷ <https://homeless.org.uk/news/mental-health-and-homelessness-an-inextricable-link/>

⁶⁸ https://www.westberks.gov.uk/media/48320/Preventing-Homelessness-and-Rough-Sleeping-Strategy-2020-2025/pdf/Homelessness_Strategy_Final_191231.pdf?m=1729846536333

⁶⁹ Kosik, R., Mandell, G., Fan, A.P., Nguyen, T., Chen, J. and Eaton, W., 2018. The association between childhood educational attainment and adult mental health and status: A thirty-year longitudinal follow up study. *The European Journal of Psychiatry*, 32(2), pp.53-62.

Environment: Access to green space and safe communities has many benefits for both physical and mental health⁷⁰. Green spaces can provide opportunities to exercise in nature and spending time in nature can relieve stress. People living in areas with less green space are more likely to be in poorer health.

Geography and rurality: People in rural areas may face limited access to mental health services, transport barriers and digital exclusion, greater social isolation, fewer community-based supports. These factors contribute to delayed help-seeking and unmet mental health needs.⁷¹

Internet access: According to Ofcom, people who face barriers or difficulties when online can experience poorer mental and physical health, miss out on work opportunities and become socially isolated. Some people do not have access to the internet at all or lack confidence online⁷². According to 2020 estimates⁷³ from the Office of National Statistics (ONS), in Berkshire (data is not available at local level) 94.8% of adults (667,000 people) recently used the internet (i.e. used within the last 3 months). This is higher than the National average of 92.1%. However, some population groups are more likely to be digitally excluded. This includes; older people, people in lower income groups, people without a job, people in social housing, people with disabilities, people with fewer educational qualifications, people living in rural areas, homeless people and people whose first language is not English. Up to date information is available from the [Berkshire Residents Survey on Digital 2025](#), which is carried out by Berkshire Digital Infrastructure Group. In terms of barriers and challenges, 58% of respondents said that broadband was “somewhat expensive”, 93% had not participated in any digital inclusion programme and 94% were unaware of community initiatives to improve digital skills.

Addressing these wider determinants through coordinated, cross-sector action would not only reduce mental health inequalities but also improve overall population wellbeing and resilience across West Berkshire.

Health behaviours

Health behaviours such as physical (in)activity and smoking significantly influence mental wellbeing. Promoting active lifestyles and supporting smoking cessation are important components of mental health promotion.

Physical activity

⁷⁰ Wendelboe-Nelson, C., Kelly, S., Kennedy, M. and Cherrie, J.W., 2019. A scoping review mapping research on green space and associated mental health benefits. *International journal of environmental research and public health*, 16(12), p.2081.

⁷¹ Nicholson, L.A. (2008) 'Rural mental health', *Advances in Psychiatric Treatment*, 14(4), pp. 302–311. doi:10.1192/apt.bp.107.005009.

⁷² <https://www.ofcom.org.uk/internet-based-services/technology/exploring-how-people-in-the-uk-are-affected-by-digital-disadvantage>

⁷³ This survey has been discontinued so 2020 is latest version

Physical activity is a protective factor for mental health⁷⁴, associated with reduced risk of depression, anxiety and cognitive decline. It also supports recovery and resilience in people with existing mental health conditions.

As of 2023/24, 75.6% of adults in West Berkshire are classified as physically active (e.g. meet or exceed the Chief Medical Officer's recommended activity levels)⁷⁵. This is well above the England average (63.7%) and places West Berkshire among the top five most active local authorities in England.

Smoking

Smoking continues to be a major risk factor for poor mental health. Although some individuals, particularly those with existing mental health conditions, use smoking as a coping mechanism, research shows that smoking can actually increase stress, anxiety, and depression over time⁷⁶.

In 2023, 9.7% of adults in West Berkshire were current smokers, which is lower than the South East average of 10.6% and the national average of 11.6%. However, smoking rates are significantly higher among people living in more deprived areas and those with long-term mental health conditions.

In 2024/25, 14.2% of adults in West Berkshire with a long-term mental health condition were current smokers. This is higher than the South East average of 23.8% and the England average of 25.1%, highlighting the continued reliance on smoking as a form of self-management within this population⁷⁷.

Addressing these health behaviours, by increasing access to physical activity opportunities and targeted smoking cessation support can lead to measurable improvements in mental health outcomes across the population.

Physical health, Disability and Long-Term Health Conditions

According to the 2021 Census, 14.7% of West Berkshire residents (23,671 people) are classified as disabled under the Equality Act 2010⁷⁸. This includes individuals who reported a long-term physical or mental health condition or illness lasting 12 months or more that substantially limits their day-to-day activities. People living with long-term physical or mental health conditions are at a significantly higher risk of experiencing depression, anxiety and social isolation. This is caused by issues such

⁷⁴ Farris, S.G. and Abrantes, A.M., 2020. Mental health benefits from lifestyle physical activity interventions: a systematic review. *Bulletin of the Menninger Clinic*, 84(4), pp.337-372.

⁷⁵ <https://www.sportengland.org/research-and-data/data/active-lives/active-lives-data-tables#november-2023-24-38806>

⁷⁶ <https://www.nhs.uk/live-well/quit-smoking/stopping-smoking-mental-health-benefits/>

⁷⁷ <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/qid/1938132885/pat/6/par/E12000008/ati/501/are/E06000037/iid/94247/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

⁷⁸ A person is considered disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to do normal daily activities.

as chronic pain, reduced mobility and the emotional toll of managing a long-term condition.

People with long-term physical conditions often face stigma, isolation, and barriers to accessing mental health support.

In West Berkshire, 5.1% (8,178 people) reported that their condition limits their day-to-day activities a lot. In addition, 9.6% (15,493 people) reported that their condition limits their activities a little. These residents may be at risk of social isolation and loss of social connections, reduced self-esteem and are less likely to be in employment or education.

An additional 8.1% (13,131 people) reported having a long-term health condition or illness without any limitation to their day-to-day activities. These individuals are not classified as disabled under the Equality Act. These residents may still face mental health challenges even if they are not classified as disabled and there may be an unmet need if they do not qualify for support services.

Obesity

There is a strong bidirectional relationship between physical and mental health. Conditions such as obesity and diabetes not only affect physical wellbeing but also increase vulnerability to mental health challenges. Obesity can affect mental health in different ways. For example, there can be psychological impacts such as feelings of shame, low self-esteem or poor body image which could worsen mental health difficulties. There can be social impacts such as discrimination and stigma which could lead to social isolation and loneliness. Emotional eating, where food can be used to cope with negative feelings, can lead to further weight gain which can worsen mental health. If someone is struggling with poor mental health, they might lead less active lifestyles or eat less nutritious food. Some medications for severe mental health conditions can cause weight gain as a side effect.

In West Berkshire, around two-thirds of adults (60.9%) are classified as overweight or obese⁷⁹, and a third of children (32.9%) in their final year of primary school are also affected⁸⁰. These figures mirror national trends and highlights the need for early intervention and sustained support across the life course.

Obesity is a known risk factor for developing type 2 diabetes, which itself is linked to higher rates of mental health problems due to the psychological burden of managing a long-term condition.

Diabetes

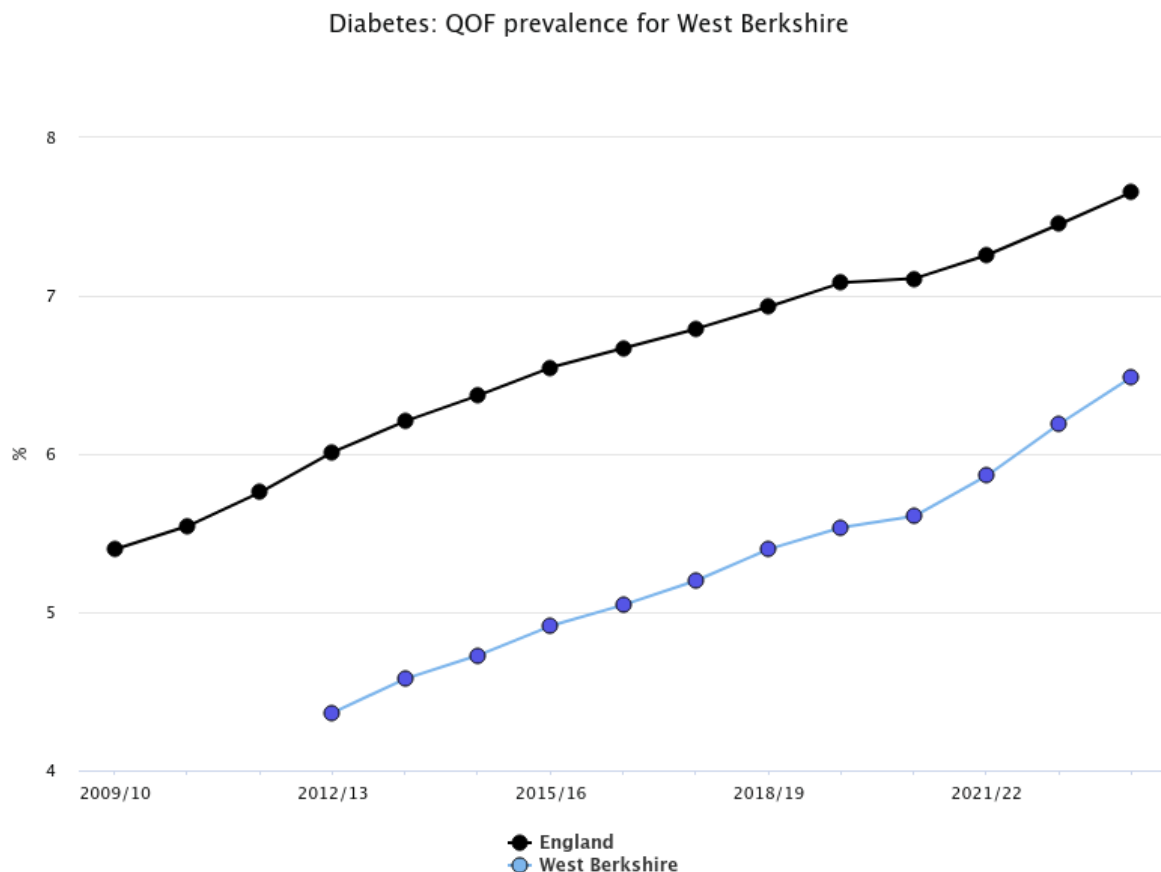
Obesity and diabetes (type 1 and 2) are both associated with increased risk of depression, anxiety, and reduced quality of life. Managing diabetes requires continuous attention to diet, medication, and blood glucose monitoring which can be

⁷⁹ Source: OHID, based on Sport England Data (2023/24) [Fingertips | Department of Health and Social Care](#)

⁸⁰ Source: NHS England, National Child Measurement Programme (2023/24).

overwhelming and can have a negative impact on mental health. People with diabetes may face social stigma or feel anxious explaining their condition, which can lead to avoidance of social situations and isolation. In West Berkshire, the prevalence of diabetes has increased from 4.4% in 2012/13 to 6.5% in 2023/24 (as shown in Figure 21). This upward trend mirrors the regional and national trend, with an increase from 5.4% to 7.1% in the South East and from 6.0% to 7.7% for England.

Figure 23: Diabetes: QOF prevalence, West Berkshire, 2009/10 to 2023/24



Source: NHS England, Quality and Outcomes Framework 2023/24

People living with mental health conditions may face a higher risk of developing obesity or diabetes. This is frequently linked to the metabolic side effects of some prescribed medications, which can cause weight gain and increase diabetes risk. These changes are often iatrogenic—arising from treatment—rather than the result of personal lifestyle choices.

The relationship is bidirectional, so mental health conditions increase the risk of obesity and diabetes, but these conditions can also worsen mental health symptoms⁸¹.

Protective Factors

⁸¹ <https://www.sciencedirect.com/science/article/pii/S2405844024048138>

While many individuals in West Berkshire face challenges to their mental health, a range of protective factors can help buffer against adversity and promote resilience. This includes:

- Secure attachment and nurturing relationships
- Positive school and community environments
- Physical activity and access to nature
- Cultural identity and belonging
- Access to timely, appropriate support (e.g. formal services or informal networks)
- Community assets: local groups, faith networks, libraries, green spaces, cultural centres, and peer-led initiatives that foster connection and resilience.
- Positive coping strategies: mindfulness, creative expression, volunteering, and help-seeking behaviours.

People living in West Berkshire have access to a range of services and organisations that can help with mental health and wellbeing. Table 9 outlines protective factors by age group, highlighted with local examples.

Table 8: Protective factors for good mental health, with local examples in West Berkshire

Age Group	Key Protective Factors	Local Examples (West Berkshire)
Early Childhood	<ul style="list-style-type: none"> - Secure attachment and nurturing caregiving - Safe, stable home environment - Access to early years education and play - Support for parental mental health 	<ul style="list-style-type: none"> - Family Hubs in Thatcham and Newbury - Home-Start West Berkshire support for families - Health Visiting Service
Children and Adolescents	<ul style="list-style-type: none"> - Positive school climate and connectedness - Supportive peer and adult relationships - Opportunities for physical activity and creative expression - Access to green spaces and safe play areas - Early access to mental health support 	<ul style="list-style-type: none"> - Emotional Health Academy (school-based mental health support) - Berkshire Youth programmes - Adventure Dolphin outdoor activities
Young Adults	<ul style="list-style-type: none"> - Sense of identity and belonging - Access to education, 	<ul style="list-style-type: none"> - Elevate West Berkshire (careers and skills support) - Volunteer Centre West

Age Group	Key Protective Factors	Local Examples (West Berkshire)
	training, and employment - Peer support and social networks - Volunteering and civic engagement	Berkshire - LGBTQ+ youth groups via local charities e.g. Newbury Pride and Proud to be trans in West Berkshire - West Berkshire Training Consortium
Working-Age Adults	- Secure employment and financial stability - Access to community assets - Positive coping strategies - Timely access to mental health services	- Talking Therapies Berkshire - West Berkshire Libraries - Individual Placement Support (helps people with mental health conditions find and retain employment)
Older Adults	- Social connection and reduced isolation - Meaningful activity - Accessible transport and digital inclusion - Age-friendly spaces	- Age UK Berkshire services - West Berkshire Community Transport - Men's Sheds and U3A groups

Strengthening these protective factors and identifying new evidenced based interventions, offers a powerful opportunity to improve mental wellbeing and reduce demand on clinical services across West Berkshire.

Addressing Inequalities in Mental Health

Not everyone in West Berkshire has the same chance to enjoy good mental health or get the health care they need. Some people, such as those living in poverty, from ethnically diverse backgrounds or in rural areas, face more challenges than others. To make things fairer, we need to do more than just offer the same support to everyone. We need to make sure that those who need the most help get it.

The main inequalities have been identified throughout this mental health needs assessment, but include: living in rural or isolated areas, digital exclusion, living in a deprived area (e.g. Greenham, Calcot, Lambourn, and parts of Newbury and Thatcham) and having a severe mental illness.

To make mental health support fairer and more effective for everyone in West Berkshire, we need to:

- Use proportionate universalism: provide support for all, but give more help to those in greatest need
- Make services easier to access, especially those living in rural areas, without transport or who struggle with digital technology
- Listen to people with lived experience and involve them in designing services that actually work for them.
- Invest in local community-led services that understand different cultures and use approaches that feel familiar and respectful. This could be local charities, faith groups and community centres.
- Tackle commercial determinants (e.g. gambling, alcohol marketing) that can negatively affect mental health
- Improve how we collect and use data so we can spot where support is missing and make better decisions

By doing these things we can build a mental health system that works better for everyone, especially those who have been left behind.

Emerging Mental Health Issues and Service Gaps in West Berkshire

Feedback was obtained from a range of professionals from local organisations that highlights several pressing concerns around emerging issues, access gaps and systemic challenges and opportunities.

1. Emerging Issues Identified by Local Services

- Insufficient support for people on the cusp of, or going into crisis, to prevent or ameliorate their condition
- Emotional dysregulation: Increasing difficulty managing stress and intense emotions.
- Neurodiversity: Lack of tailored support for autistic people and people with ADHD, which can lead to inappropriate referrals to secondary care.
- Broader contributing factors: Housing instability, financial insecurity, relationship breakdowns, bereavement, social isolation, past trauma, lack of coping mechanisms, and inadequate crisis prevention.

2. Access Gaps for Priority Groups

Certain groups face disproportionate barriers to accessing mental health services:

- Adults aged 40–60
- Young men, especially with forensic or antisocial traits
- Individuals with antisocial personality disorder
- Travelling communities
- Ethnically diverse communities
- People living in poverty
- Individuals with perinatal mental health needs

3. Systemic Challenges and Opportunities

- **Determinants of Mental Health:** Mental wellbeing is shaped by where people live, work, and connect, requiring a whole-system response.
- **Cross-Sector Collaboration:** Prevention and early intervention must involve housing, education, community, and leisure services, not just health.
- **Service User Involvement:** There is a need for more structured feedback and co-production with people who have lived experience.
- **One Team Transformation Programme:** aims to deliver integrated, equitable services. BHFT introduced a new assessment form, MDT care planning and risk formulation tools.

Mental Health Services Pathway Experiences in West Berkshire report (2023)

This report was commissioned by Berkshire Healthcare Foundation Trust (BHFT) and produced by the Volunteer Centre West Berkshire. It aimed to inform BHFT's Community Mental Health Transformation Programme⁸² by capturing the lived experiences of adults and young people with mental health challenges, families and carers, and professionals from both the voluntary and statutory professionals across West Berkshire⁸³.

The report explores experiences across the mental health journey: pre-diagnosis, diagnosis, treatment, and post-treatment/recovery, with additional focus on children and young people and the role of the voluntary sector.

In terms of pre-diagnosis, the main findings of the report were that mental health stigma discourages people from seeking help. There is a need for more support for individuals whose mental health is deteriorating.

In terms of diagnosis, the main findings of the report were that there were long waiting times for treatment and a lack of continuity in primary care often meant individuals needing to repeat their information to different GPs. Receiving a mental health diagnosis felt like being labelled, which some find distressing.

In terms of treatment, the main findings of the report were that services were described as fragmented, over medicalised and lacking holistic, person-centred care. Some individuals felt unheard and disrespected by the system.

In terms of post-treatment/recovery, the main findings of the report were that local peer support groups, such as Eight Bells, provide safe and non-judgmental spaces. In addition, the Wellness Recovery Action Plan (WRAP) toolkit was highlighted as a valuable resource for building resilience and managing relapse. Crisis support was viewed as insufficient, especially out of hours.

Some of the recommendations of this report include creating a crisis centre that is open all hours, embedding social prescribers and mental health practitioners in every

⁸² <https://www.volunteerwestberks.org.uk/wp-content/uploads/2024/02/Mental-Health-Services-Pathway-Experiences-in-West-Berkshire-FINAL-22-02-24.pdf>

⁸³ <https://www.volunteerwestberks.org.uk/wp-content/uploads/2024/02/Mental-Health-Services-Pathway-Experiences-in-West-Berkshire-FINAL-22-02-24.pdf>

GP practice, improving communication and signposting across services and providing longer term funding and training for voluntary sector organisations, as they are vital but underfunded and often fill gaps left by statutory services.

Recommended actions on how to improve mental health in West Berkshire

To build a mentally healthier community, we must take a holistic, inclusive, and locally grounded approach. This involves investing in prevention, addressing inequalities, closing treatment gaps, and strengthening community assets, while using data and lived experience to guide action. This is a task for a wide range of partners including the local authority, health commissioners and providers, the voluntary sector and the wider public. Below is a draft of some key recommendations that align with some of the findings in the MHNA. These will need to be further developed and co-produced with a variety of stakeholders.

1. Invest in Prevention and Early Intervention

- Develop a mental health promotion plan led by Public Health and overseen by a multi-agency steering group, with partner organisations expected to attend and contribute through regular participation in the group.
- Assess whether existing community-based initiatives (e.g. nature-based therapy, befriending schemes) meet local need and consider funding or enhancing services where clear gaps are identified (e.g. outreach provision for underserved groups).
- Include protective factors for mental health (e.g. social connection, volunteering, access to green space) within local mental health delivery approaches and explore how partners, including the voluntary and community sector can support delivery.

2. Improve Access and Reduce Waiting Times

- Scope the development of a 24/7 mental health crisis centre by establishing a multi-agency task and finish group, led by an identified partner organisation, to assess feasibility and complete an options appraisal. This work should build on previous findings from the Volunteer Centre, which identified gaps in crisis provision, and the scoping should explore feasible options to improve local crisis support.
- Review the current provision of mental health support in GP practices and clarify whether additional capacity is needed, noting that social prescribers are not already in place in all GP practices across West Berkshire. The findings should inform opportunities to strengthen links with emerging Neighbourhood Health plans.
- Work across the local system to understand the drivers of long waiting times for talking therapies, psychiatry and memory clinics, and co-produce feasible actions to reduce delays.

- Improve access for rural, digitally excluded and ethnically diverse communities by working with BHFT to identify barriers and agree targeted solutions.

3. Support People with Severe Mental Illness (SMI)

- Increase uptake of annual physical health checks by identifying key barriers and working with primary care and partners to implement targeted actions and a realistic improvement target.
- Address lifestyle risk factors (e.g. smoking, poor diet) by strengthening referral pathways into the new Integrated Healthy Lifestyle Service and complementary measures, exploring opportunities for co-locating support within BHFT and primary care settings.
- Reduce excess mortality through a targeted, evidence-based approach to assess needs, identify priority interventions, and align with other work streams (e.g. Co-Occurring Mental Health, Alcohol and Drugs).

4. Recognise and support Strengthen the Voluntary and Community sector contribution

- Develop plans with peer support groups, recovery colleges and local charities including to identify and secure funding opportunities that support long-term sustainability.
- Work with community-led mental health services to identify training needs and connect them with appropriate training and capacity-building opportunities, including where statutory partners can offer support or expertise

5. Address Wider Determinants of Mental Health

- Build on existing Council and partner initiatives to tackle known risk factors for mental health, such as social isolation and financial hardship, identifying remaining gaps and implementing targeted actions to reach those most at risk
- Embed mental health considerations across all local strategies (taking a “Health in All Policies” approach) and ensure it is included in the local delivery of the Public Health Core Offer, with public health supporting NHS colleagues, once an approach has been agreed.

6. Improve Data and Insights

- Monitor local mental health trends through a regular dashboard or report on activity and prevalence, reviewed by the Health and Wellbeing Board or relevant sub-groups or adjacent partnerships, to support shared oversight and action.
- Strengthen the use of lived experience and data in commissioning by addressing gaps in insight and ensuring evidence is actively used to shape priorities and reduce unmet need.
- Produce a Children’s and Young People’s Mental Health Needs Assessment.

Conclusion

Mental health is a vital component of individual and community wellbeing, and this assessment has highlighted the complex and interconnected factors that shape mental health outcomes in West Berkshire. While the district is generally affluent, significant inequalities persist.

The data show that mental health conditions are common, often preventable and increasingly recognised as a major public health concern. Rising rates of depression, self-harm and emotional distress underscore the urgent need for coordinated action across sectors.

There needs to be a commitment across the system to build a mentally healthier West Berkshire. This could be achieved by taking a proactive, evidenced-informed approach where all residents have the chance to thrive.