



# Barriers to Accessing Mental Health Support in Tower Hamlets

April 2024

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# Introduction

Healthwatch Tower Hamlets is your **local, independent health and social care champion**. We help local people to voice their **views and opinions** about the services they use.



We **listen** to people and **collect their feedback** on health and social care services.



We **report on key findings** and **make recommendations** for improvement.



We **present these reports** to those involved in the planning and commissioning of the health and social care services.

## Project Background

Tower Hamlets has some of the highest levels of reported mental health illness in London (Tower Hamlets Mental Health Joint Strategic Needs Assessment, 2019). It has:

- The highest levels of self-reported depression and anxiety (based on data collected from GP Patient Survey 2016/17)
- Higher levels of severe mental health conditions compared to the London average
- Second highest levels of secondary mental health service use for working-age adults in England
- Highest levels of loneliness amongst older people (based on estimation)

Due to the effects of the COVID-19 pandemic and the cost-of-living crisis, there has been an increase in mental ill health. As a result, it is now more important than ever to understand people's experiences of mental health services in Tower Hamlets, and how services can better meet the local population's needs.

Healthwatch Tower Hamlets set out to carry out a project that specifically targeted people over the age of 65 and people from minoritised ethnic communities who based on current data from mental health services in the borough, are less likely to access mental health services when needed.

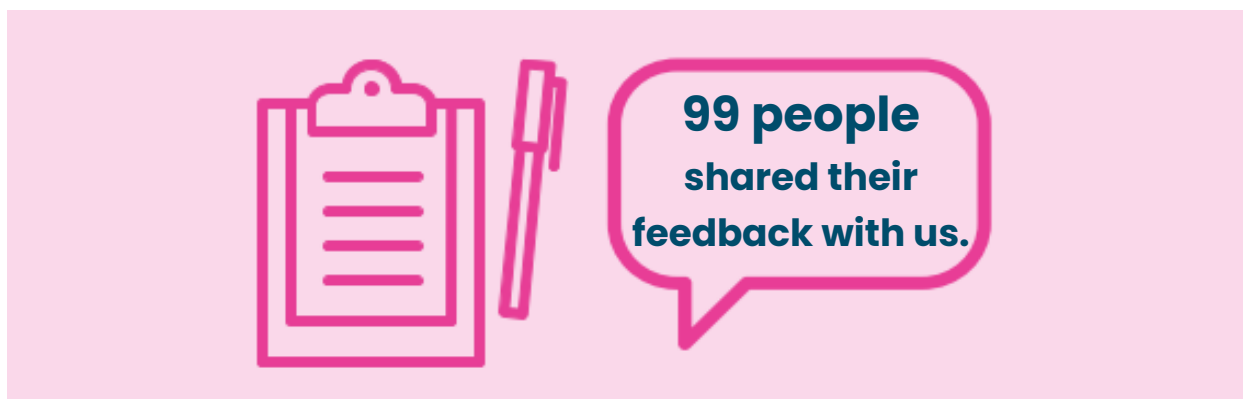
## Methodology

The feedback was collected through an online survey between November 2023 and February 2024. The survey was promoted widely through local community and voluntary organisations and NHS trusts.

In addition to the online survey, Healthwatch Tower Hamlets conducted face-to-face engagement at local services and events. These included: Tower Hamlets Inter Faith Forum event, Idea Stores in Whitechapel, Crisp Street, and Watney Market, Prime Time sessions for over 50s in Idea Store Whitechapel and Cubitt Town Library, Create Day Centre, Toynbee Hall, and Approach Lodge Care Home.

An Easy Read version of the survey was created to help collect feedback from people with learning disabilities at the Create Day Centre.

In total, 99 people responded to our survey: 30 responses from people aged 65 or over and 56 responses from people from minoritised ethnic communities. We received a small number of responses from people not included in these target groups.



## Limitations

While we had 99 respondents in total, not all participants answered every question in the survey either because the question was not relevant to them or they preferred to skip the question. Therefore, the total number of respondents to each question varies. Where there is a particularly low number of respondents, we have highlighted this in the report.

The responses from people aged 65 or older were mainly from women from White British backgrounds and therefore not fully representative of this age group in Tower Hamlets.

Almost a third of responses from minoritised ethnic communities were from people from Bangladeshi backgrounds. In addition, we received a small number of responses from other Asian backgrounds, Black African and Caribbean backgrounds, and Mixed and Other backgrounds. (See Appendix 1 Demographics for a detailed breakdown of the overall demographics and the demographics of over 65s and people from minoritised ethnic communities.)

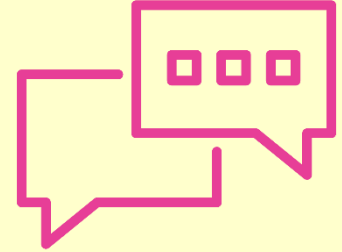


Due to this, we acknowledge that the findings may not be fully representative of the different demographics living in Tower Hamlets.

## Acknowledgements

Healthwatch Tower Hamlets wishes to thank the following organisations who helped us reach a diverse range of people:

- All the community and voluntary organisations: Mind, Ethnic Minority Network, Tower Hamlets CVS, Tower Hamlets LGBT+ Forum, Age UK, Toynbee Hall and Tower Hamlets Friends and Neighbours.
- Tower Hamlets Together
- Barts Health NHS Trust
- East London NHS Foundation Trust
- GP Care Group
- Idea Stores



## How to read this report

The report starts by presenting the key findings emerging from the feedback collected and the recommendations based on these key findings. The report then goes on to present the full findings which have been split into 4 sections including:

- Language around mental health
- Mental health support
- Experiences of Mental Health Services
- Case Study

The first three sections start with an overall analysis of the feedback received before highlighting the findings based on the responses from people aged 65 or over, and people from Asian and Black ethnic backgrounds. We have chosen to highlight the findings from Asian and Black communities due to the majority of responses provided by these groups.

# Key Findings

## Language around mental health

**In general, people were most likely to describe good mental health as being happy, optimistic, and positive.** There were slight variations when comparing descriptions from the three target groups: People from Asian and Black backgrounds were most likely to describe it as being happy, optimistic, or positive whereas people aged 65 or older associated it with being able to cope with everyday life.

**In terms of poor mental health, people used negative feelings such as feeling sad, angry and worried to describe it.** While people from Asian backgrounds were most likely to use words like depression, anxiety and stress to describe poor mental health, people from Black communities were most likely to relate it to struggling with everyday life as did people aged 65 or over.

## First point of contact for mental health support

**The large majority of the participants said they would contact their GP for mental health support.** People told us they would contact a GP because they are the first point of contact for health-related matters or because a GP can refer or signpost them to the right service. However, people from Asian and Black communities were less likely to contact a GP for mental health support.

## Reasons for not seeking mental health support

**Almost a third told us not knowing who to contact could prevent them from accessing mental health support.** In addition, just under a quarter of respondents said they would not know where to find information about mental health support. For people aged 65 or older, the main barrier was online access, while people from Asian backgrounds said they would be afraid that someone they know would find out. People from both Asian and Black backgrounds mentioned language as a barrier to accessing mental health support.

## Awareness of mental health services

**Over a third of people told us that they had heard of Mind in Tower Hamlets which was the most out of all the services listed. However, 1 in 5 said they had not heard of any mental health services before.**

## Digital mental health care and treatment

**Almost half of the participants said that they did not think this would make accessing mental health support easier for them.** The majority of these respondents explained that it would not make it easier for them because they do not have the skills to use online tools for support or they prefer to talk to someone face to face. Some respondents said they would struggle to explain

their situation properly online. People aged 65 or over and people from Black ethnic backgrounds were most likely to say digital access would not make it easier for them, while 2 in 5 respondents from Asian backgrounds said it would not make it easier.

## Improving access to mental health services

**Overall, when asked what could improve access to mental health, 1 in 5 told us that it would be easier for them to speak to services and explain their situation if there was someone who spoke the same language as them.** Respondents also said that information provided in their language would make it easier for them to know where to go for help. This was most important to people from Asian backgrounds.

## Referrals to mental health services

**The majority of people who told us they have accessed a mental health service in the past said they had been referred to the service by their GP.** People aged 65 or over were most likely to have been referred to the service by their GP, while this was true for two-thirds of respondents from Asian backgrounds and only 1 in 3 people from Black ethnic backgrounds.

## Experiences of mental health services

**When asked what worked well with the mental health service they had used in the past people told us that they had received the help and the care needed and having a diagnosis made them feel better.** They also specifically mentioned that talking to someone made them feel better.

**When asked what did not work so well one person told us they felt they needed more help so it would have been useful to have a follow-up appointment or be signposted to other services.** Another person echoed this by saying they felt that they did not have enough time or sessions with the service.

# Recommendations

- 1. Using appropriate language in information about mental health and mental health services.** Although in general people used similar language and feelings to describe good and bad mental health there were some variations with people from different backgrounds which should be taken into consideration in the future when designing information leaflets and workshops etc.
- 2. Information on mental health and support services should be made available in different formats and languages and be more widely distributed.** Being digitally excluded is a main barrier for older adults that prevents them from finding out information about mental health services available while not having information available in different languages such as Bengali and Somali acts as a barrier for people from Asian and Black communities.
- 3. Mental health services to increase the support offered in different languages.** From the feedback received, this was a particular concern amongst people from Bangladeshi backgrounds and could mean that they do not access mental health support because it is not provided in their language.
- 4. Digital mental health support should be offered as an option to groups that have online skills and access.** Based on the feedback received, while this is not a viable option for people who are digitally excluded, it was clear that some people would prefer the option of digital mental health support due to the anonymity it offers. It would also mean that people can access mental health support without the fear of someone finding out about it.
- 5. Self-referral where offered should be promoted more widely.** Raising awareness of self-referral would enable people to contact services without the need to book an appointment with their GP first. However, the self-referral needs to be carefully planned and implemented to avoid people self-referring to services that are not appropriate for them.



# Full Findings



# Language around mental health

Our survey started by asking the participants to tell us in their own words, what good and poor mental health mean to them. We wanted to ask these questions to better understand the words and feelings that people from different backgrounds associate with mental health.

## Good mental health

Overall, we found that **when asked to describe what good mental health means to them, people were most likely to describe it as being happy, optimistic, or positive.**

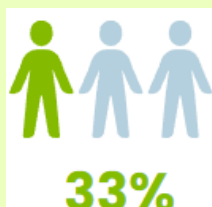
Around one in five related good mental health with being able to cope with everyday life.

Slightly fewer people associated it with being physically healthy, enjoying life or being content, lack of stress, anxiety and worry, and social interactions.



**said good mental health means being happy**

## People aged 65 or over



**A third of these respondents associated good mental health with being able to cope with everyday life,** closely followed by being happy, optimistic or positive. Being physically healthy was less important to them in terms of good mental health.

## People from Asian ethnic backgrounds



**Almost a third of respondents from Asian backgrounds described good mental health as being happy, optimistic or positive** and one in five associated it with being physically healthy.

## People from Black ethnic backgrounds



A quarter of respondents from Black ethnic backgrounds described good mental health as being happy, optimistic or positive while almost one in five associated being physically healthy with good mental health and the same number of respondents associated it with social interactions.

## What does good mental health mean to you?



*“Having a good job, being happy, being together with family.”*



**Man, aged 65–74, Bangladeshi**

## Poor mental health

When asked what poor mental health means to them, almost **a third of the respondents used negative feelings such as feeling sad, angry and worried to describe it.** A quarter associated it with struggling with everyday life and just over one in five used conditions like depression, anxiety and stress to describe poor mental health.

Fewer people related poor mental health to a lack of social interaction and support.



**used words like sad, angry and worry to describe poor mental health**

## People aged 65 or over



**Over 2 in 5 people over the age of 65 associated poor mental health with struggling with everyday life** while a third used words such as sad, angry, and worried to describe it. Slightly fewer people mentioned depression, anxiety and stress, and over a quarter related it to a lack of social interactions.

## People from Asian ethnic backgrounds



**Just under a third of respondents used words like depression, anxiety and stress to describe poor mental health.** Only a small number of people related poor mental health to a lack of social interactions.

## People from Black ethnic backgrounds



Almost a third said poor mental health meant struggling with everyday life while a quarter related it to being sad, angry or worried. Only a small number of respondents related poor mental health to a lack of social interactions.

## What does poor mental health mean to you?



*"Anxiety and not being able to talk things through with a real person when things get tough."*



**Woman, aged 85+, White British**

# Mental health support

The second part of our survey wanted to find out who people would contact if they were struggling with their mental health, what could prevent them from seeking help, what mental health services they are aware of, and how they would feel about accessing mental health support digitally. We also asked how access to mental health services could be improved for them in the future.

## First point of contact for mental health support

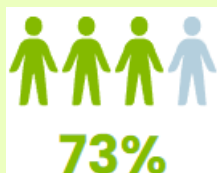
The survey participants were given a list of options to choose only one answer from. **The large majority said they would contact their GP for mental health support.** People told us they would contact a GP because they are the first point of contact for health-related matters or because a GP can refer or signpost them to the right service. Several people also mentioned that they would contact their GP because they would be able to provide professional and medical help.



**would go to a GP for mental health support**

Around a quarter of people said they would talk to their family or friends. People told us they would do so because they have a supportive family and/or friends and they felt it was easier to talk to them rather than someone they do not know.

### People aged 65 or over



**Almost 3 in 4 respondents aged over 65 said they would contact their GP for mental health support.** The majority of these respondents said that they would do so because a GP can refer them to the right service.

### People from Asian ethnic backgrounds



**Just over half of respondents from Asian backgrounds said they would go to a GP for mental health support. This was a significantly lower proportion when compared to respondents from White British backgrounds.** People who did say they would go to a GP told us that they felt comfortable talking to them and trusted them to give them professional help.

Around a quarter said they would speak to family or friends.



## People from Black ethnic backgrounds



Similar to respondents from Asian backgrounds, **people from Black ethnic backgrounds are less likely to say they would go to a GP for mental health support with just over half saying they would do so.**

Around a quarter said they would speak to family or friends.

## Who would you contact for mental health support?



*"I would like to visit or consult with someone neutral. Family members will not take it seriously."*



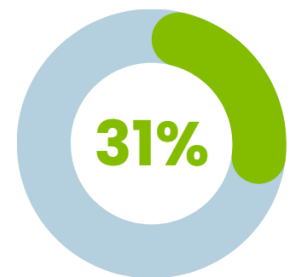
**Woman, aged 55-64, Caribbean**

## Reasons for not seeking mental health support

The survey asked participants to tell us what could prevent them from asking for mental health support. We gave them a list of options to choose from and the respondents were able to choose as many reasons as was relevant to them.

**Almost a third told us not knowing who to contact for mental health support could prevent them from asking for support.** In addition, just under a quarter of respondents also said that they would not know where to find information about mental health support. Several people mentioned not knowing what services are available in Tower Hamlets, and that they would go to their GP in the first instance who can then signpost them to the right service.

Nearly a quarter of the respondents told us that they would be afraid that someone they know would find out that they were accessing a mental health service. This was closely related to not being comfortable talking about mental health, feeling embarrassed and a fear of judgment from others. Some respondents mentioned that mental health is a taboo, or it is not something that is talked about within their communities.



**told us not knowing where to go for help could stop them from seeking mental health support**

## People aged 65 or over



**Over a third of these respondents said that they would not know who to contact for help** and nearly a quarter said they would not know where to find information on mental health services. Several people mentioned their lack of online access as a reason that would prevent them from finding information about mental health support. They also said that they would go to their GP who can refer them to the right service.

## People from Asian ethnic backgrounds



The main reason that could prevent people from Asian backgrounds from asking for mental health support was not knowing who to contact and the lack of information on what services are available. **Over a quarter of respondents told us that they would be afraid that someone they know would find out that they were accessing mental health support.**

Almost 1 in 5 said that a language barrier would prevent them from accessing support and the same number of people said that a lack of culturally appropriate services could also act as a barrier.

## People from Black ethnic backgrounds



Similar to respondents from Asian backgrounds, people from Black ethnic backgrounds also found not knowing who to contact and the lack of information on the available services as the main reasons that could prevent them from accessing support.

**A quarter of respondents from Black ethnicities said that not having a service that speaks their language could prevent them from accessing support.**

## What could prevent you from accessing a mental health support service?



*"I would feel nervous as I have a language barrier, also, I do not know where to go."*

**Woman, aged 45-54, Bangladeshi**

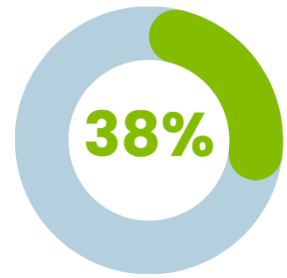


## Awareness of services

Our survey listed different mental health services in Tower Hamlets and asked the participants to select the ones they had heard of before.

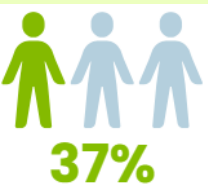
**Over a third of people told us that they had heard of Mind in Tower Hamlets which was the most out of all the services listed.** Mind was followed by the Tower Hamlets Talking Therapies, Tower Hamlets Adult Social Care and Tower Hamlets Mental Health Crisis Line.

1 in 5 said they had not heard of any mental health services before.



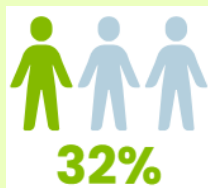
**said they had heard of Mind in Tower Hamlets before**

### People aged 65 or over



**Just over a third of respondents aged 65 or over were familiar with Diagnostic Memory Clinic at Mile End Hospital** and slightly less than a third had heard of Alzheimer's Society's Dementia Café before.

### People from Asian ethnic backgrounds



**Almost a third of respondents from Asian backgrounds told us they had heard of the Tower Hamlets Mental Health Crisis Line before.** This was a significantly bigger proportion compared to people from Black and White British backgrounds and it was also the most known service amongst Asian respondents.

### People from Black ethnic backgrounds



The most known service amongst respondents from Black communities was Mind in Tower Hamlets.

**A quarter of respondents from Black ethnicities said they had heard of Child and Adolescent Mental Health Services (CAMHS) which was a higher proportion compared to people from Asian and White British backgrounds.**

## Gaps in Service Provision

Our survey asked the participants to tell us if there was a service that does not currently exist in Tower Hamlets, or that they are not aware of, but that they think would help local people access mental health support more easily. Only 15 people responded to this question and a variety of services were mentioned without a clear standout.

People mentioned the following:

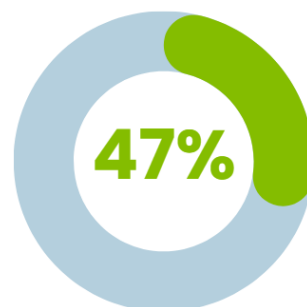
Muslim women's group	Service for the elderly	Service that considers cultural difference and religious views	LGBT mental health support
Talks and workshops around mental health	Service that speaks multiple languages	Somali men's group	Face to face Talking Therapies option

## Digital mental health care and treatment

The survey asked if the respondents thought accessing mental health support and care digitally would help them to access it more easily.

**Almost half said that they did not think this would make accessing mental health support easier for them.** The majority of people explained that it would not make it easier for them because they do not have the skills to use online tools for support. Others said they would prefer to talk to someone face to face and some said they would struggle to explain their situation properly online.

Just over a third of the respondents agreed that digital access would make it easier for them because it would be less embarrassing and more private.



**said accessing mental health support digitally would not make it easier for them**

### People aged 65 or over



**Over half of people from this age group said that accessing mental health support would not make it easier for them.**

Two in five told us that they only had access to a basic phone or no device at all, while almost half described their IT skills as not good.

## People from Asian ethnic backgrounds



**Over 2 in 5 respondents from Asian backgrounds said that digital mental health care would not make it easier for them to access support.** The main barriers for these respondents were the lack of IT skills and the language barrier.

## People from Black ethnic backgrounds



**Over half said accessing mental health care digitally would make it easier for them while just over a third said that it would not.**

Some of those who said Yes said that digital access would be helpful as supplementary to face-to-face mental health care while some said that while it might be good for them, it will not be good for everyone.

## Do you think accessing mental health support and treatment digitally would help you access it more easily?



*"I wouldn't know where to begin."*

**Woman, aged 65-74, Caribbean**



## Improving access to mental health services

The survey asked the participants to tell us in their own words, what would make it easier for them to access mental health services in the future.

We have identified key themes emerging from the feedback given. In total, 74 people provided an answer: 19 people aged 65 or older, 33 people from Asian communities, and 12 from Black communities.

**Overall, the theme that was mentioned most often was language. People told us that it would be easier for them to speak to services and explain their situation if there was someone who spoke the same language as them.** They also said information provided in their language would make it easier for them to know where to go for help.

The second most often mentioned theme was having more information. People told us this would help them to know what mental health services are available.



We were told that information could be provided by posting information leaflets through letterbox or email, having more access to mental health resources for schools, and arranging talks around mental health with some suggesting that these could be led by GPs.

Some respondents also mentioned that having support provided by people from their community or having digital access to mental health support would make it easier for them to access it. Having support from people from their community was often related to receiving support in their language, and those who mentioned digital mental health support explained that this would provide them anonymity and flexibility.

Other things mentioned included raising awareness, having someone contact and ask if help is needed, ensuring confidentiality, and providing face-to-face support.



**said having someone speak their language would make access easier**

### People aged 65 or over



There was no standout theme that emerged from the feedback from people aged 65 or older when asked what would make accessing mental health easier for them. **Almost 1 in 5 mentioned that receiving support from people from their community would help while having someone to ask if help was needed and having more information were also mentioned by the same proportion of respondents.**

### People from Asian ethnic backgrounds



**Over a third of respondents from Asian backgrounds said that having services that speak their language would make it easier for them to access support.** This was followed by having support from someone from the same community while a handful of people mentioned that digital access to mental health support and having more information would make it easier for them.

### People from Black ethnic backgrounds



Similar to people aged 65 or older, there was no standout theme that emerged from the feedback received from people from Black ethnic backgrounds. **Almost 1 in 5 mentioned that it would be helpful to have someone speak their language while having more information was also mentioned by the same proportion of people.**

## What do you think would make accessing mental health services easier for you?

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*"I feel like as a Bangladeshi individual there are not many information pamphlets easily accessible especially in my own language. Although for me I would say my first language is English as that is what I was brought up on however, I know a lot of people especially in Tower Hamlets the population of Bangladeshi residents are high and seek information that their are able to read in their own language. Also anonymity is so important as most Bangladeshi individuals do not openly speak about mental health as it is seen as a taboo subject."*

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**Woman, aged 25-34, Bangladeshi**

# Experiences of Mental Health Services

Our survey contained a section that asked people whether they or someone they know have accessed mental health services in the past and what their experiences have been like. In total, 35 people told us that they have accessed mental health services in the past. These included 12 people aged 65 or over, 16 people from Asian and 6 people from Black ethnic backgrounds.

People told us that they had accessed a variety of different services in Tower Hamlets, but the most common service was Tower Hamlets Talking Therapies with 6 people telling us they had used their services before. This was followed by Mind in Tower Hamlets and Tower Hamlets Centre for Mental Health.

## Referrals

**The majority of people who told us they have accessed a mental health service in the past said they had been referred to the service by their GP.** 1 in 5 told us they had self-referred as they had been told about the service by family or friends or they had found information online.

When asked how long they had to wait for their first appointment, over a third told us they had waited 1-2 weeks for their first appointment while just under a third told us that they had had to wait for more than a month.



**were referred to a mental health service by a GP**

## People aged 65 or over



**Over 4 in 5 respondents aged 65 or over who have used a mental health service before were referred to the service by their GP.**

## People from Asian ethnic backgrounds



**Just under two-thirds of respondents from Asian backgrounds who have used a mental health service before were referred to the service by their GP while almost one in five told us they had self-referred.**

## People from Black ethnic backgrounds



33%

**Only 1 in 3 people from Black ethnic backgrounds who told us they had accessed a mental health service in the past said they had been referred by a GP.**

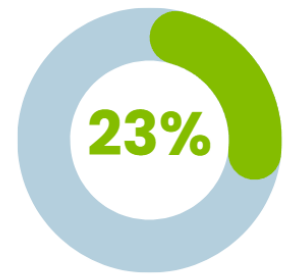
Others told us they had self-referred or been referred by a community organisation or by the police.

## Digital mental health care and treatment

**We asked people if they had been offered the option to receive mental health care and treatment digitally. 26 people responded to this question out of which just under a quarter told us they had been offered this option.** Just over three in five told us they had not been offered a digital option as part of their care.

We asked those who had not been offered digital care as an option if they would have liked to have been offered this. Only 7 people responded to this question out of which only two people said Yes. They said that receiving care digitally would enable them to feel more confident.

We asked those who had received mental health care digitally what their experience of it was. 6 people responded to this question: 3 people said that they thought it was very good and that they liked it. One person said they would have preferred face to face option but that their schedule did not allow this and another said that at the time because of their condition, they did not find it a suitable option for them.



**had been offered the option of receiving mental health care digitally**

## What worked well with accessing the service

We asked people to tell us what they thought worked well with accessing the mental health service they had used in the past. In total, we received 22 responses to this question.

People told us that they had received the help and the care needed and having a diagnosis made them feel better. They also specifically mentioned that talking to someone made them feel better. In addition to being able to talk to someone, people had found it useful to receive medication. One person found that being able to access resources on their phone digitally whenever needed worked for them well. Another person said that they liked the fact they were able to self-refer.

## What do you think worked well with accessing the mental health service?



*"It's good you can self-refer."*

**Man, aged 25–34, Other African background**



## What did not work so well

We also asked people to tell us what did not work so well with accessing mental health services. In total, we received 14 responses to this question.

One person told us they felt they needed more help so it would have been useful to have a follow-up appointment or be signposted to other services. Another person echoed this by saying they felt that they did not have enough time or sessions with the service.

One respondent said that the service had not taken into consideration their specific needs, and one respondent had had a bad reaction to medication which is why they thought more work should be done in terms of care planning.

One respondent said they had not received much help from primary care whereas another respondent had experienced problems contacting a mental health service.

## What do you think did not work well with accessing the mental health service?



*"(The) medication caused a lot of side effects, need more planning."*

**Man, aged 35–44, Somali**



## Anything else?

We asked the respondents if there was anything else that had not been mentioned in our survey that they would like to share regarding accessing mental health services in Tower Hamlets.



Only 7 people responded to this question. One person said there should be better access to primary care, whereas another person said that mental health services should help those with more complex cases, and one said there should be an LGBT+-specific service.

One participant said the service they had received from Tower Hamlets Talking Therapies was great, but that they had only received 6 sessions after which they had to wait 6 months to be seen again.

The rest of the feedback suggested having compassionate people, raising more awareness, and offering mental health services in person would make services better.

### Is there anything else that has not been mentioned that you would like to share about accessing mental health services in Tower Hamlets?



*“Mental health services need to help those with more complex cases. Where are we supposed to go for help as we often get rejected.”*



**Woman, aged 25–34, Bangladeshi**

# Case Study

I moved to Tower Hamlets 2 years ago, I previously lived in Camden. I have in the past used mental health services in Camden and they were very helpful and supportive and I really felt looked after. For example, they extended the number of therapy sessions because of my complex needs.

I attended therapy until December 2023 using private health insurance which I received through work. I was made redundant earlier this year which means I've lost my private health insurance. All this has made my mental health worse - I feel very anxious and have trouble focusing.

Because of this, I've self-referred myself to Tower Hamlets Talking Therapies and was invited for an assessment. However, the person conducting the assessment told me that because I had received therapy within the last 3 months, they were not able to take me on. This is because I received therapy privately, so if I hadn't told the assessor this, they would have taken me on!

I was told to self-refer again in March. It is now almost the end of March and the self-referral has just been rejected again on the basis that I have accessed therapy in the last 3 months.

If I have to wait for 3 months why is it that I cannot even get on the waiting list in the meantime?

I've tried to find alternative options, but I'm always being referred back to Talking Therapies. It seems like there are no other services in Tower Hamlets. I'm frustrated and feel like I'm going around in circles.

**Woman, aged 35-44, Any other Asian background**

# Appendix 1. Demographics

Ward	Overall		Aged 65+		Ethnic minority	
	n.	%	n.	%	n.	%
Bethnal Green East	13	14%	3	10%	10	18%
Bethnal Green West	1	1%	-	-	1	2%
Blackwall and Cubitt Town	1	1%	1	3%	-	-
Bow East	9	10%	4	13%	4	7%
Bow West	3	3%	1	3%	2	4%
Bromley North	4	4%	-	-	2	4%
Canary Wharf	1	1%	-	-	-	-
Island Gardens	4	4%	4	13%	1	2%
Limehouse	8	9%	1	3%	5	9%
Mile End	3	3%	1	3%	2	4%
Poplar	14	15%	2	7%	11	20%
Shadwell	5	5%	3	10%	-	-
Spitalfields and Banglatown	3	3%	1	3%	1	2%
St Dunstan's	2	2%	1	3%	1	2%
St Katharine's and Wapping	3	3%	3	10%	-	-
Stepney Green	3	3%	1	3%	3	5%
Whitechapel	8	9%	2	7%	6	11%
Out of Borough	6	7%	2	7%	5	9%
Not known	1	1%	-	-	2	4%
<b>Grand Total</b>	<b>92</b>	<b>100%</b>	<b>30</b>	<b>100%</b>	<b>56</b>	<b>100%</b>

Age	Overall		Ethnic minority	
	n.	%	n.	%
16-24	4	4%	4	7%
25-34	12	12%	11	20%
35-44	20	20%	16	29%
45-54	10	10%	6	11%
55-64	15	15%	10	18%
65-74	14	14%	4	7%
75-84	11	11%	3	5%
85+	5	5%	-	-
Prefer not to say	2	2%	1	2%
Not known	6	6%	1	2%
<b>Grand Total</b>	<b>99</b>	<b>100%</b>	<b>56</b>	<b>100%</b>

Are you:	Overall		Aged 65+		Ethnic minority	
	n.	%	n.	%	n.	%
A man	32	32%	4	13%	20	36%
A woman	59	60%	25	83%	34	61%
Not known	8	8%	1	3%	2	4%
<b>Grand Total</b>	<b>99</b>	<b>100%</b>	<b>30</b>	<b>100%</b>	<b>56</b>	<b>100%</b>

Gender identity same as in birth	Overall		Aged 65+		Ethnic minority	
	n.	%	n.	%	n.	%
Yes	87	88%	28	93%	53	95%
Prefer not to say	2	2%	1	3%	1	2%
Not known	10	10%	1	3%	2	4%
<b>Grand Total</b>	<b>99</b>	<b>100%</b>	<b>30</b>	<b>100%</b>	<b>56</b>	<b>100%</b>

Ethnicity	Overall		Aged 65+	
	n.	%	n.	%
Asian/Asian British - Bangladeshi	30	30%	1	3%
Asian/Asian British - Indian	3	3%	1	3%
Asian/Asian British - Pakistani	3	3%	1	3%
Asian/Asian British - Any other Asian background	2	2%	1	3%
Black/Black British - Caribbean	4	4%	2	7%
Black/Black British - Somali	6	6%	-	-
Black/Black British - Other African	6	6%	-	-
Mixed/Multiple ethnicities - Any other mixed background	1	1%	-	-
White - British	30	30%	21	70%
White - Irish	1	1%	-	-
White - Any other White background	3	3%	-	-
Other - Any other background	1	1%	1	3%
Prefer not to say	2	2%	1	3%
Not known	7	7%	1	3%
<b>Grand Total</b>	<b>99</b>	<b>100%</b>	<b>30</b>	<b>100%</b>

Religion	Overall		Aged 65+		Ethnic minority	
	n.	%	n.	%	n.	%
Atheist	1	1%	1	3%	-	-
Christian	27	27%	19	63%	10	18%
Hindu	2	2%	1	3%	2	4%
Jewish	1	1%	1	3%	-	-
Muslim	29	29%	2	7%	29	52%
No religion	6	6%	2	7%	2	4%
Prefer not to say	3	3%	2	7%	1	2%
Not known	25	25%	2	7%	12	21%
<b>Grand Total</b>	<b>99</b>	<b>100%</b>	<b>30</b>	<b>100%</b>	<b>56</b>	<b>100%</b>

Are you a carer	Overall		Aged 65+		Ethnic minority	
	n.	%	n.	%	n.	%
Yes	8	8%	3	10%	5	9%
No	57	58%	26	87%	32	57%
Not known	34	34%	1	3%	19	34%
<b>Grand Total</b>	<b>99</b>	<b>100%</b>	<b>30</b>	<b>100%</b>	<b>56</b>	<b>100%</b>

Sexual orientation	Overall		Aged 65+		Ethnic minority	
	n.	%	n.	%	n.	%
Bi (attracted to more than one gender)	1	1%	-	-	-	-
Gay/lesbian	3	3%	1	3%	1	2%
Heterosexual/straight	65	66%	23	77%	40	71%
Prefer to self-describe	1	1%	1	3%	1	2%
Prefer not to say	12	12%	3	10%	8	14%
Not known	17	17%	2	7%	6	11%
<b>Grand Total</b>	<b>99</b>	<b>100%</b>	<b>30</b>	<b>100%</b>	<b>56</b>	<b>100%</b>

Long-term condition	Overall		Aged 65+		Ethnic minority	
	n.	%	n.	%	n.	%
Yes	53	54%	25	83%	30	54%
No	17	17%	3	10%	11	20%
Not known	29	29%	2	7%	15	27%
<b>Grand Total</b>	<b>99</b>	<b>100%</b>	<b>30</b>	<b>100%</b>	<b>56</b>	<b>100%</b>

Type of long-term condition	Overall		Aged 65+		Ethnic minority	
	n.	%	n.	%	n.	%
Asthma, COPD or respiratory condition	9	9%	5	17%	6	11%
Blindness or severe visual impairment	6	6%	6	20%	2	4%
Cardiovascular condition (including stroke)	2	2%	2	7%	-	-
Chronic kidney disease	2	2%	2	7%	-	-
Deafness or severe hearing impairment	5	5%	4	13%	2	4%
Dementia	5	5%	5	17%	2	4%
Diabetes	14	14%	6	20%	10	18%
Epilepsy	1	1%	-	-	-	-
Hypertension (high blood pressure)	12	12%	11	37%	6	11%
Learning disability	1	1%	1	3%	-	-
Mental health condition	13	13%	7	23%	9	16%
Musculoskeletal condition	7	7%	5	17%	3	5%
Other	6	6%	1	3%	3	5%
Prefer not to say	3	3%	2	7%	1	2%
Not known	2	2%	-	-	2	4%

Disability	Overall		Aged 65+		Ethnic minority	
	n.	%	n.	%	n.	%
Yes	60	61%	24	80%	31	55%
No	32	32%	5	17%	23	41%
Not known	7	7%	1	3%	2	4%
<b>Grand Total</b>	<b>99</b>	<b>100%</b>	<b>30</b>	<b>100%</b>	<b>56</b>	<b>100%</b>

Type of disability	Overall		Aged 65+		Ethnic minority	
	n.	%	n.	%	n.	%
Physical or mobility impairment	23	23%	17	57%	5	9%
Sensory impairment	8	8%	8	27%	1	2%
Learning disability or difficulties	19	19%	1	3%	10	18%
Mental health condition	17	17%	7	23%	13	23%
Other	1	1%	-	-	-	-
Prefer not to say	4	4%	2	7%	3	5%

Level of English	Overall		Aged 65+		Ethnic minority	
	n.	%	n.	%	n.	%
Very good	48	48%	20	67%	26	46%
Good	11	11%	8	27%	6	11%
Not so good	7	7%	-	-	3	5%
Not at all good	4	4%	1	3%	7	13%
Not known	29	29%	1	3%	14	25%
<b>Grand Total</b>	<b>99</b>	<b>100%</b>	<b>30</b>	<b>100%</b>	<b>56</b>	<b>100%</b>

Access to a device	Overall		Aged 65+		Ethnic minority	
	n.	%	n.	%	n.	%
Access to a device (computer, smart phone, tablet)	57	58%	17	57%	39	70%
Access to a basic phone only	12	12%	10	33%	4	7%
No access to a device	2	2%	2	7%	-	-
Not known	28	28%	1	3%	13	23%
<b>Grand Total</b>	<b>99</b>	<b>100%</b>	<b>30</b>	<b>100%</b>	<b>56</b>	<b>100%</b>

	Overall		Aged 65+		Ethnic minority	
	n.	%	n.	%	n.	%
<b>Access to internet</b>						
Access to internet	60	61%	19	63%	40	71%
No access to internet	10	10%	10	33%	2	4%
On public wifi only	1	1%	-	-	1	2%
Not known	28	28%	1	3%	13	23%
<b>Grand Total</b>	<b>99</b>	<b>100%</b>	<b>30</b>	<b>100%</b>	<b>56</b>	<b>100%</b>

	Overall		Aged 65+		Ethnic minority	
	n.	%	n.	%	n.	%
<b>Technology skills</b>						
Very good	29	29%	5	17%	21	38%
Good	9	9%	6	20%	5	9%
Not so good	5	5%	1	3%	4	7%
Not good at all	23	23%	13	43%	11	20%
Unsure	1	1%	-	-	-	-
Prefer not to say	1	1%	-	-	-	-
Not known	31	31%	5	17%	15	27%
<b>Grand Total</b>	<b>99</b>	<b>100%</b>	<b>30</b>	<b>100%</b>	<b>56</b>	<b>100%</b>

	Overall		Aged 65+		Ethnic minority	
	n.	%	n.	%	n.	%
<b>Financial situation</b>						
Very comfortable (I have more than enough money for living expenses, and a LOT spare to save or spend on extras)	4	4%	2	7%	-	-
Quite comfortable (I have enough money for living expenses, and a LITTLE spare to save or spend on extras)	22	22%	5	17%	15	27%
Just getting by (I have just enough money for living expenses and little else)	25	25%	12	40%	16	29%
Really struggling (I don't have enough money for living expenses and sometimes run out of money)	12	12%	4	13%	11	20%
Prefer not to say	7	7%	6	20%	-	-
Not known	29	29%	1	3%	14	25%
<b>Grand Total</b>	<b>99</b>	<b>100%</b>	<b>30</b>	<b>100%</b>	<b>56</b>	<b>100%</b>




**healthwatch**  
Tower Hamlets


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