

Leicestershire Joint Strategic Needs Assessment 2015

Chapter 6: **Mental health**



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CONTENTS

CONTENTS	2
CHAPTER 6 - MENTAL HEALTH	3
1. Mental health of children	4
2. Mental health of adults.....	6
3. Mental health issues specific to ageing	11
REFERENCES.....	16

List of Tables

Table 1: PANSI data on mental health conditions in adults aged 18-64 years, Leicestershire, 2014 and 2030 ¹⁷	7
Table 2: POPPI data on mental health conditions in older adults aged 65 years and over, Leicestershire, 2014 and 2030 ²⁹	13

List of Figures

No table of figures entries found.

CHAPTER 6 - MENTAL HEALTH

The World Health Organization defines mental health as:

"A state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"¹

The prevalence of mental health problems in England is significant; at least one in four people will experience a mental health problem at some point in their life and at any one time, one in six adults have a mental health problem.²

Mental health problems are much more common in people with physical illness. People with diabetes, hypertension and coronary artery disease have double the rate of depression compared with the general population.³ They are also at risk of developing vascular dementia.³ Those with chronic obstructive pulmonary disease, cerebro-vascular disease and other chronic conditions have triple the rate of depression.³ People with two or more chronic physical conditions are seven times more likely to have mental health problems.³ Suffering from physical and mental health problems can delay recovery from both conditions.³ Furthermore, those with mental disorders consume 42% of all tobacco consumed in England.⁴

The 2011 mental health strategy paper 'No health without mental health' sets out six objectives to improve mental health outcomes for individuals and the population as a whole.⁵ These objectives are shared across all organisations involved in improving mental health and are: ⁵

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

Mental health is a key priority for the Better Care Together 5-year strategy.⁶ The aim is to deliver high quality safe mental health services, which are more joined-up across the primary care and secondary care interface, which is based on best practice, is easily accessible to those in need, and which reduce duplication and maximises productivity.

1. Mental health of children

Research tells us that a good level of mental health and emotional wellbeing for children and young people acts as a strong protector, enabling them to thrive and achieve throughout their childhood and into their adulthood. Mental health problems that occur in children and young people can be ongoing into adulthood. It is known that 50% of mental illness in adult-life (excluding dementia) starts before age 15 and 75% by age 18.⁷ In addition, there is an increased likelihood of physical health problems associated with mental health.

Furthermore, there are strong links between mental health conditions in children and young people and social disadvantage, with children and young people in the poorest households three times more likely to have a mental health problem than those growing up in better-off homes.⁸ It is also associated with increased risk taking behaviour, such as increased rates of smoking, consumption of alcohol and drug misuse; discrimination and stigma further compound inequality.

1.1. Evidence of Need

- In 2013, 8.7% of children aged 5-16 were estimated to have a mental health disorder. The most common problems in Leicestershire were conduct disorders, emotional disorders and hyperkinetic disorders.⁹
- In 2012/13, 68 children were admitted to hospital for mental health problems. Leicestershire has a rate of 50.6 per 100,000 aged 0-17 years, a significantly better rate of mental health admissions for children aged under 18 years than the England average (87.6 per 100,000 population).
- Almost 1,000 children in Leicestershire were admitted to hospital for self-harm between 2010/11 - 2012/13. Despite this, the rate in Leicestershire of 264.6 per 100,000 aged 10-24 is significantly better than the England average (352.3 per 100,000).

1.2. Service Review

Mental health problems in children and young people are associated with excess costs estimated as being between £11,030 and £59,130 annually per child.¹⁰ These costs fall to a variety of agencies (e.g. education, social services and youth justice) and also include the direct costs to the family of the child's illness.

The cost of not intervening to ensure (or improve) the social and emotional wellbeing of children and their families are significant for them, their families and the wider society.¹¹ For example, by the age of 28, the cumulative costs for public services are

much higher when supporting someone with a conduct disorder, compared to providing services for someone with no such problems.¹²

CAMHS

Child and Adolescent Mental Health Services (CAMHS) in Leicestershire and Rutland consists of two generic community teams (city and county) and several specialist teams supporting particularly vulnerable children. The service is delivered by Leicestershire Partnership Trust as part of the block contract with the local Clinical Commissioning Groups (CCGs). Local CAMHS services are organised on a four tier model ranging from universal services (Tier 1), through targeted early intervention (Tier 2), to specialist and very specialist mental health services (Tiers 3 and 4). Referrals to the service are received from a variety of sources including GPs, educational psychologists, and community paediatricians. Urgent referrals will be assessed within 24 hours and routine referrals within 13 weeks. The CAMHS community teams are also responsible for delivering and contributing to training for staff in community settings (such as schools and social care) with regard to mental health awareness and referral care pathways.

It has been estimated that the service will support around 3,700 children during 2014/15. There has been a recognisable increase in referral rates since 2012/13, with an annual increase of around 20% observed year on year. The budget has increased by 10% over the same period and NHS Benchmarking and CHIMAT data indicate that Leicester, Leicestershire and Rutland (LLR) is in the lower quartile for funding for CAMHS.

Departmental performance data shows that waiting times for assessment by the Leicestershire and Rutland CAMHS was 8.7 weeks during Q1 2014/15, which represents a slight reduction on the year end position in 2013/14. Work is ongoing to reduce waiting time for CAMHS – a delay in assessment has obvious consequences for other elements of care and support planning for children and young people.

Access to Improving Access to Psychological Therapy (IAPT) services has been extended to young people and preventive wellbeing work is being delivered in schools.

1.3. Gap Analysis

- The rate of hospital admissions for self-harming in Leicestershire has improved year on year since 2008/09 – 2010/11, from significantly worse than

the England average to performing better than the England average in 2010/11 – 2012/13. It must be understood if the decline in the admission rate is a true reflection of a decrease in the prevalence of self-harming in young people or if fewer young people are being admitted to hospital for this issue.

- In 2012/13, the spend on child and adolescent mental health disorders for Leicestershire was £16.24 per head of resident population. This is similar to the England value of £12.78 per head of population.¹³
- There are issues with waiting times for IAPT for all clients groups, and the demand for IAPT services for young people outstrips the currently available supply

1.4. **Recommendations**

It is recommended that:

- Commissioners support the work of the BCT strategy to develop improved Child and Adolescent Mental Health Services (CAMHS) pathways and interfaces with non-specialist services.
- Commissioners continue to work towards reducing waiting times for assessment by CAMHS.
- Commissioners continue to monitor and review demand for IAPT services for young people.
- Commissioners develop clear pathways for transition from children's services to adult services.
- Commissioners develop appropriate adolescent services.

2. **Mental health of adults**

The prevalence of mental health problems in England is significant; at least one in four people will experience a mental health problem at some point in their life and at any one time, one in six adults have a mental health problem.²

At different points during the life course, mental ill-health may be more or less likely to occur, for example incidence of psychosis peaks in early adulthood and depression is the most common mental health problem in older people.

2.1. Evidence of Need

Prevalence

- In 2012/13 in Leicestershire, 21,922 people within the registered population aged 18 and over were diagnosed with depression (7.4%). This is significantly higher than the England average (5.8%).¹⁴
- In 2012/13 in Leicestershire, 2,499 people within the registered population were diagnosed with a mental health problem (0.66%). This is significantly lower than the England average (0.80%).¹⁴
- The estimated prevalence of panic disorder for people aged 16-74 in 2012 was 0.43% (2,056 people).¹⁵
- The estimated prevalence of eating disorders for people aged 16 and over in 2012 was 6.6% (31,852 people).¹⁵
- The estimated prevalence of psychotic disorder for people aged 16 and over in 2012 was 0.32% (986 people).¹⁶
- The proportion of people reporting a long-term mental health problem in 2012/13 was 4.4% (251 of the 5,764 people who completed the survey). This is similar to the England average (4.5%).¹⁴

Future trends

Table 1 shows estimates of the numbers of adults aged 18-64 years predicted to have certain mental health conditions. Over the period 2014 – 2030, the numbers are not predicted to rise or fall.

Table 1: PANSI data on mental health conditions in adults aged 18-64 years, Leicestershire, 2014 and 2030¹⁷

	2014	2030	% change 2014-2030
Adults with a common mental disorder	64,449	64,427	0%
Adults with a borderline personality disorder	1,802	1,802	0%
Adults with an antisocial personality disorder	1,398	1,394	0%
Adults with psychotic disorder	1,601	1,601	0%
Adults with two or more psychiatric disorders	28,810	28,785	0%
Adults predicted to commit suicide	31	31	0%

	2014	2030	% change 2014-2030
Adults predicted to be survivors of childhood sexual abuse	46,060	46,060	0%

Risk factors

- Self-reported wellbeing scores for Leicestershire for 2012/13 are presented below. These values are all similar to the England averages.¹⁵
 - 4.7% reported a low satisfaction score,
 - 4.8% reported a low worthwhile score,
 - 8.9% reported a low happiness score, and
 - 21.0% reported a high anxiety score.
- 11.0% of adults in 2011 reported their relationship status as separated or divorced (58,648 people). This is lower than the England average of 11.6%.¹⁵
- The rate of reported domestic abuse incidence has risen from 16.0 in 2010/11 to 22.3 per 1,000 population in 2012/13 (Leicester, Leicestershire and Rutland data). The rate in 2012/13 is significantly worse than the England average (18.8 per 1,000 population).¹⁵

Mortality and suicide

- The suicide rate for the period 2011-13 was 8.8 per 100,000 population (169 suicides). This is similar to the England average of 8.8 per 100,000 population.¹⁴
- The mortality ratio for excess under 75 mortality in adults with serious mental illness decreased from 489.7 in 2009/10 to 384.5 in 2012/13. The 2012/13 value is similar to the England average (347.2).¹⁶

It is recognised that pregnancy, and the year after birth, women can be affected by a range of mental health problems, including anxiety and depression. These are collectively known as perinatal mental illness and can affect approximately 10% of women.¹⁸ If left untreated, such illness can have a devastating impact on women and on family life at a crucial time. Children are also affected by their mother's ill health with research suggesting that babies can go on to develop significant behavioural, social or emotional difficulties as they grow up. These sorts of difficulties can impact on future life chances and may mean that children cannot fulfil their potential. Recent

work to develop a pathway to address perinatal illness has been agreed locally and between health and social care partners. Taking a proactive early intervention approach to ensuring good perinatal mental health is key in ensuring that children get the best start in life.

2.2. Service Review

Use of services

- The rate of emergency hospital admissions for intentional self-harm was 122.5 per 100,000 population in 2012/13 (812 admissions). This is significantly better than the England average (188.0 per 100,000 population).¹⁶
- The rate of hospital admissions for unipolar depressive disorders over the period 2009/10 – 2011/12 was 27.8 per 100,000 population. This is significantly better than the England average (32.1 per 100,000 population).¹⁵
- 80.9% of patients on lithium therapy had levels in the therapeutic range in 2013/14 (293 patients). This is similar to the England average (81.3%).¹⁶
- Patients with serious mental illness achieved physical health check scores of 78.9 in 2013/14. This is an increase from 69.7 in 2012/13.¹⁶
- The rate of detentions under the Mental Health Act for April – June 2013 was 7.4 per 100,000 population (22 detentions). This is significantly lower than the England average (15.5 per 100,000 population).¹⁴
- The rate of carers of mental health clients receiving assessments was 42.1 per 100,000 population in 2012/13 (126 carers). This is significantly lower than the average rate for England (68.5 per 100,000 population).¹⁴

Cost effectiveness

Mental ill health represents up to 23% of the total burden of ill health in the UK and almost 11% of England's annual secondary care health budget is spent on mental health.¹⁹ Estimates have suggested that the cost of treating mental health problems could double over the next 20 years.²⁰ In 2008, more than £2 billion was spent annually on social care for people with mental health problems.¹⁹

Estimates for 2009/10 put the costs of mental health problems in England at £105 billion, of which around £30 billion is work related.²¹ The cost to the UK economy of sickness absence due to mental health problems is £8.4 billion a year and this sickness absence results in £15.1 billion in reduced productivity.²²

Mental health problems add considerably to the costs of the education, criminal justice systems and homelessness services. These problems are also the most common reason for incapacity benefit claims – around 43% of the 2.6 million people on long-term health-related benefits have a mental or behavioural disorder as their primary condition.²³

Social Care

There are three social work teams in Leicestershire: one in the north of the county, one in the south of the county, and a third team which provides countywide specialist mental health support (eg forensic social work, crisis resolution, Aspergers Syndrome) plus specific services for carers of people with mental health problems, and a specialist review team.

The council also has an in-house short-term re-ablement service, the Inclusion Support Service supports people recovering from mental health difficulties to re-access the community. In 2014/15, the service supported 770 people, and at 01st April 2015 there were 105 people on the waiting list.

- In 2014/15, a total of 522 people aged 18 to 64 were recorded as using long-term social care support (8.7% of all social care support users).
- There will also be a further number of people across all ages over 18 who access preventative mental health services commissioned by the local authority, who are not included in the above as they do not also access formal social care support.

A review of preventative mental health services in 2013 resulted in the remodelling and recommissioning of social drop-ins, with the aim of addressing inequity of provision with particular reference to BME and rural communities, and other hard to reach groups. The new service removed upper age limits; its oldest service user now is aged 85. Drop-in use by BME service users has increased by 11% in the first 6 months of operation.

The local mental health trust (Leicestershire Partnership NHS Trust) has recently commissioned crisis support services which comprise a telephone helpline, a face to face service and a crisis house offering short term support as an alternative to hospital admission.

2.3. Gap Analysis

The rate of Leicestershire people in contact with mental health services was 2,085 per 100,000 population during April – June 2013 (6,154 people). This rate is significantly lower than the England average (2,176 per 100,000 population).¹⁴ Reviewing this alongside the prevalence of depression, which is higher than the England average, and the prevalence of dementia which is similar to the England

average, it suggests that mental health service contacts should be higher than they are.

In April – June 2014, the gap between the employment rate of those with mental health disorders and the overall population was 28.2%.¹⁵ There is, therefore, a need to ensure adequate services are in place to enable people with mental health problems gain employment.

The CCG Indicator Outcomes Set²⁴ has further emphasis on recovery from mental illness and reducing the rates of readmission. NHS West Leicestershire and NHS East Leicestershire and Rutland had indirectly age-sex standardised ratios of unplanned readmissions to mental health services within 30 days of a mental health inpatient discharge similar to England of 111.7 and 88.5 respectively (55 and 35 readmissions respectively) for October 2013 – September 2014.²⁵

However, there were significant differences in the values for indirectly age and sex standardised ratio of emergency alcohol-specific readmissions within 30 days of a previous discharge following an alcohol-specific admission for the period April 2011 to March 2014. NHS West Leicestershire with a significantly better value of 69.9 (67 readmissions) and NHS East Leicestershire and Rutland with a significantly worse value of 134.3 (119 readmissions).²⁵ In 2012/13, the spend on mental health disorders for NHS East Leicestershire and Rutland and NHS West Leicestershire was £183 and £186 per head of resident population respectively. These values are similar to the England value of £202 per head of population.¹³

2.4. Recommendations

It is recommended that:

- Commissioners work together to implement the BCT 5- year strategic plan to improve outcomes for people with mental ill-health.
- Commissioners work together to reduce inequalities in access to mental health services in different communities.
- Plans are put in place to raise awareness of mental health issues.

3. Mental health issues specific to ageing

Promoting mental health and wellbeing in later life benefits the whole of society by maintaining older people's social and economic contributions, minimising the cost of care and improving the quality of life. Mental health is a cross cutting condition and many people with long-term physical health conditions will also have psychological and emotional needs resulting from the burden of physical illness. Planning to

support patients holistically will help long-term outcomes both in terms of their mental health and their physical health issues.

Conservative estimates suggest that mental health problems in older people are widespread, occurring in about 40% of people visiting their GP, 50% of general hospital inpatients and 60% of people who live in care homes. Mental health illnesses that affect older people range from depression to dementia, schizophrenia or other conditions.²⁶

Depression is the most common mental health problem in older people. An estimated 10–16% of people over 65 have depression and 2–4% have severe depression.²⁷

Dementia affects 1 in 20 people aged over 65 and 1 in five over 80.

According to NICE, five key factors that affect the mental health and wellbeing of older people are:

- discrimination (for example, by age or culture);
- participation in meaningful activity;
- relationships (e.g. bereavement);
- physical health (including physical capability to undertake everyday tasks); and
- poverty.

3.1. Evidence of Need

- In 2012/13 in Leicestershire, 3,778 people within the registered population were diagnosed with dementia (0.56%). This is similar to the England average (0.60%).²⁸
- In 2013/14 in Leicestershire, 4,170 people within the registered population were diagnosed with dementia (0.6%). Again, this is similar to the England average (0.6%).²⁸ This represents an increase of 10% in the number of people recorded with dementia, a reflection of the local work that has happened within CCGs to improve diagnosis and recording of dementia. The number of adults with early onset dementia is predicted to rise from 178 in 2014 to 190 in 2030, with a peak of 198 in 2025.¹⁷

Future trends

Table 2 shows estimates of the numbers of older adults aged 65 years and over predicted to have certain mental health conditions. Over the period 2014 – 2030, the numbers are predicted to rise substantially – with the numbers of those with depression predicted to rise by 74% by 2030, and those with depression and severe depression predicted to rise by 43% and 49% respectively.

Table 2: POPPI data on mental health conditions in older adults aged 65 years and over, Leicestershire, 2014 and 2030²⁹

	2014	2020	2030	% change 2014-2020	% change 2014-2030
Older adults with dementia	8,881	10,767	15,411	21.2%	73.5%
Older adults with depression	11,214	12,819	16,048	14.3%	43.1%
Older adults with severe depression	3,554	4,069	5,283	14.5%	48.6%

3.2. Service Review

Better dementia diagnosis will improve the lives of people with the condition and give them, their carers and professionals the confidence that they are getting the care and treatment they need.

The benefits of early diagnosis will be to greatly enhance the lives of patients. Most people want a diagnosis, for many to help them (and their carers) plan for the future. An earlier diagnosis can lead to:

- a better quality of life for both the person with dementia, and carer;
- the right support for carers/families, at the right time;
- a reduction in the risk of misdiagnosis and inappropriate management;
- delaying a move to a care home, enabling people to remain in their own home, for longer;
- ensuring people have access to services and medication that will enable them to live well, for longer; and
- planning for future care and support needs, including, end of life care.

A range of schemes are being introduced across Leicestershire and Rutland to support patients living with dementia:

- Services have been commissioned from the Alzheimer's Society to provide support for patients both whilst in hospital and in the community as well as for carers.
- New community services have been commissioned from the Alzheimer's Society where they will be working with those living with dementia, accompanying people to help them attend activities, and offering emotional support, information and guidance on living well with dementia both in group and one to one settings.
- There is support for carers, with programmes aimed at family members who support a person with a recent diagnosis of dementia, including a specific programme for South Asian families.
- A scheme is also being rolled out across Leicestershire and Rutland to increase the rate of early diagnosis of dementia. Medication which can aid people living with dementia can now be prescribed by the GP when previously it was only available from hospitals, which allows patients and their carers to manage their medicines more easily.
- There were 1229 people aged 65 and over with a primary need of mental health, accessing long-term social care in 2014/15 (7.9% of the total social care cohort of people aged 65 and over). This includes functional mental health need as well as dementia.

Dementia is a key work area within the Better Care together programme.

Preventative services (social drop-in, Inclusion Support Services) have been extended to include people over 65 with functional (non dementia) mental health illness.

3.3. Gap Analysis

Nationally it is recognised that the recording of dementia diagnoses on GP registers does not reflect the true population prevalence of dementia and CCGs have been set targets nationally to improve dementia recording. NHS England have agreed a national ambition for diagnosis rates that, by 2015, two-thirds of the estimated number of people with dementia in England should have a recorded diagnosis, with appropriate post diagnosis support in place.

The data above estimates that the actual number of people living with dementia in Leicestershire is over 8,880 people and with 4,170 people on GP registers with a recorded diagnosis of dementia there is still a significant amount of work to do to

identify all people with dementia, particularly those patients that would benefit from early diagnosis.

There are a significant number of older people in Leicestershire who are predicted to have depression (over 11,000 people) with nearly a third of these predicted to have depression. Depression is a significant issue in older people and more needs to be done to understand and address their needs.

3.4. Recommendations

It is recommended that:

- Commissioners work together to continue to monitor and improve rates of dementia diagnosis in the community.
- Commissioners work together to provide integrated care for people with dementia.
- Local planning and commissioning recognises the prevalence of other mental health conditions in older people and the relationship this have with other physical disabilities/ long term conditions.

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