

7.5.9 Mental health (adults)

Brighton & Hove JSNA

Why is this issue important?

Mental health problems are common:

- One in four British adults experiences at least one diagnosable mental health problem in any one year, and one in six experiences this at any given time.¹
- One in ten new mothers experiences postnatal depression.²
- One in 100 people has a severe mental health problem.²
- Stress and other mental health problems are the leading cause of long-term absence (four weeks or longer) from work.¹

Mental health problems are associated with a range of adverse outcomes:

- Men with mental disorders on average live 20 years less, and women 15 years less, than the general population.¹
- Poor physical health is a significant risk factor for poor mental health and poor mental health is associated with poor self-management of long-term conditions and behaviour that may endanger health such as drug or alcohol abuse.²
- Up to 70% of people with medically unexplained symptoms are also living with depression and/or anxiety related conditions.³
- The cost of mental illness to the UK economy is significant, up to £100 billion per year.¹
- Social inequalities may both cause and be caused by mental ill-health. People with better mental health are more likely to stay in education for longer, to be in employment, to be in good physical health, to have longer life expectancy, and to feel more integrated into their communities.¹
- There is a significant overall treatment gap in mental health: about two thirds of people with mental illness receive no treatment at all.⁴

- Government policy is for mental health to be given equal weight to or parity with physical health.²
- Mental illness still carries considerable stigma: *Would you tell?*, a report published by Rethink Mental Illness in 2013, found that only a third of people would tell their boss and only three quarters would tell their friends if they were diagnosed with schizophrenia.
- The 2015 British Social Attitudes Survey found that workplace attitudes have improved recently, but there is still considerable stigma attached to mental ill health in personal contexts such as marriage and childcare.⁵

Key outcomes

- *Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation (PHOF, ASCOF, NHSOF)*
- *Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (PHOF, ASCOF)*
- *Excess under 75 mortality rate in adults with mental illness (PHOF, NHSOF)*
- *Improving experience of healthcare for people with mental illness (NHSOF)*

Impact in Brighton & Hove

Prevalence

An estimated 39,798 people aged 18-74 years in the city have common mental health disorders (CMHDs) (17%).^{6,7,8}

⁴ McManus S, Fuller E. Adult Psychiatric Morbidity Survey: State of Mental Health and Wellbeing, England, 2014. NatCen for Social Research, 2016. <http://www.natcen.ac.uk/our-research/research/adult-psychiatric-morbidity-survey/> [Accessed 31/10/2016]

⁵ Public Health England. British Social Attitudes: Attitudes to mental health problems and mental wellbeing: Findings from the 2015 British Social Attitudes survey. Available at: <http://www.bsa.natcen.ac.uk/media/39109/phe-bsa-2015-attitudes-to-mental-health.pdf> [Accessed 04/11/2016]

⁶ Based on application of the 17.2% CMHD Profile Tool estimated prevalence for 16-74 year olds to ONS 2012 population projections for 18 and over.

⁷ Public Health England. Common Mental Health Disorders profile. Available at: <http://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders/> [Accessed 30/08/2016]

⁸ CMHDs include: depression, anxiety, panic disorder, obsessive compulsive disorder, phobias and post-traumatic stress disorders.

¹ Annual Report of the Chief Medical Officer. Public Mental Health Priorities, Investing in the Evidence. 2013.

² Department of Health. The mental health strategy for England. 2011. Available at:

<https://www.gov.uk/government/publications/the-mental-health-strategy-for-england> [Accessed 30/08/2016]

³ Faculty of Public Health & Mental Health Foundation. Better mental health for all. 2016.

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Local prevalence of mental illness continues to be generally higher than England. The percentage of people aged 18 or over on a GP register for depression was 8.6% in 2014/15 in Brighton & Hove, significantly higher than England (7.3%).

The percentage of people of all ages on a GP register for Severe Mental Illness is 1.18% in Brighton & Hove, again significantly higher than the average for England, at 0.88% (2014-15). Severe mental illness includes schizophrenia, bipolar affective disorder and other psychoses.

Similarly, GP surveys (2014-15) show significantly higher proportions of patients reporting depression and anxiety (15.5% Brighton & Hove, 12.4% England) and reporting a long-term mental health problem (8.3% Brighton & Hove, 5.1% England).⁶

Treatment

Mental health services: 5,907 people used the community based Wellbeing Service in 2015, representing 16% of the prevalent population aged 16-74 years.⁹ Use of hospital mental health services is generally significantly higher than average:

- The rate of hospital admissions for unipolar depressive disorders was 42.8 per 100,000 aged 15 or more in Brighton & Hove, compared to 32.1 in England (2009-12).
- The rate of emergency admissions for neuroses was 30.7 per 100,000 in Brighton & Hove, compared to 21.7 in England (2009-12). Error! Bookmark not defined.
- Emergency admissions for schizophrenia were significantly higher than the national average, at 71.0 per 100,000, compared to 57.0 for England (2009 – 12).⁷
- The rate of attendances at A&E for psychiatric disorders was 422.5 per 100,000 in Brighton & Hove, significantly higher than 243.5 for England (2012-13).
- The percentage of mental health service users who were inpatients in a psychiatric hospital was significantly higher at 3.3% in Brighton & Hove, compared to 2.6% in England, for Quarter 2 of 2015-16.

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The latest information on the experience of community mental health services is from the 2015 National Community Mental Health Survey.

The scores are the average scores for four questions asked on a scale of 0-10 (where 10 is the best score): Thinking about the last time you saw this NHS health worker or social care worker for your mental health condition:

- Did the person or people you saw listen carefully to you?
- Were you given enough time to discuss your needs and treatment?
- Did the person or people you saw understand how your mental health needs affect other areas of your life?

Patients of Sussex Partnership NHS Foundation Trust scored, on average, 7.2 points.¹⁰

Mental health and substance misuse (drug and/or alcohol): Brighton & Hove has a significantly higher rate of admission to hospital for mental and behavioural disorders due to alcohol, at 134 per 100,000, compared to 87 per 100,000 in England (2013-14).

However, the city has significantly lower proportions of people in contact with alcohol misuse services who are also in contact with mental health services: 11% compared to the 20% for England. Similarly, it has a lower proportion of people in contact with substance misuse services who are also in contact with mental health services, at 14% compared to the 21% in England (2014-15).¹¹

Outcomes

The percentage of adults in contact with secondary mental health service who live in stable and appropriate accommodation is lower than the average for England in 2014-15 (Table 1).

The percentage point gap in the employment rate for those in contact with secondary mental health service and the overall employment rate is also higher in Brighton & Hove, at 69.0, than the rate for England at 66.1 in 2014-15. Error! Bookmark not defined.

¹⁰ CQC Community Mental Health Survey 2015

<http://www.cqc.org.uk/content/community-mental-health-survey-2015> [Accessed 07/11/2016]

¹¹ Public Health England. Co-existing substance misuse and mental health issues profile. <http://fingertips.phe.org.uk/profile-group/mental-health>

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Table 1: The percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation, Brighton & Hove and England, 2014-15

	Brighton & Hove	England
Persons	44.7%	59.7%
Male	43.6%	58.4%
Female	45.9%	61.3%

Source: Public Health England⁸

However, the excess under-75 mortality ratio¹² in adults with serious mental illness in 2013-14 was better at 332.6 in Brighton & Hove compared to 351.8 in England. Error! Bookmark not defined.

Wider determinants

Public Health England lists 22 risk factors for common mental health disorders, including deprivation, unemployment, less healthy lifestyle choices, unpaid caring roles and domestic abuse. Risk factors for which Brighton & Hove has significantly higher rates include homelessness, household overcrowding and living in rented accommodation; high population turnover; and high proportions of looked after children and care leavers.⁶

The Health Counts survey 2012 included questions that screened for depression. It showed that 38.5% of respondents were identified as at raised risk of depression, similar to surveys in 2003 and 1992. The risk of depression was significantly higher in people who: are single, divorced or separated; rent their home; or are out of work. In general, there are no significant differences between localities or wards within the city, though Queen's Park ward shows a significantly higher risk. The risk is significantly lower for people who own their home; live as a couple, in a civil partnership or are married; and are educated to degree level or above.¹³

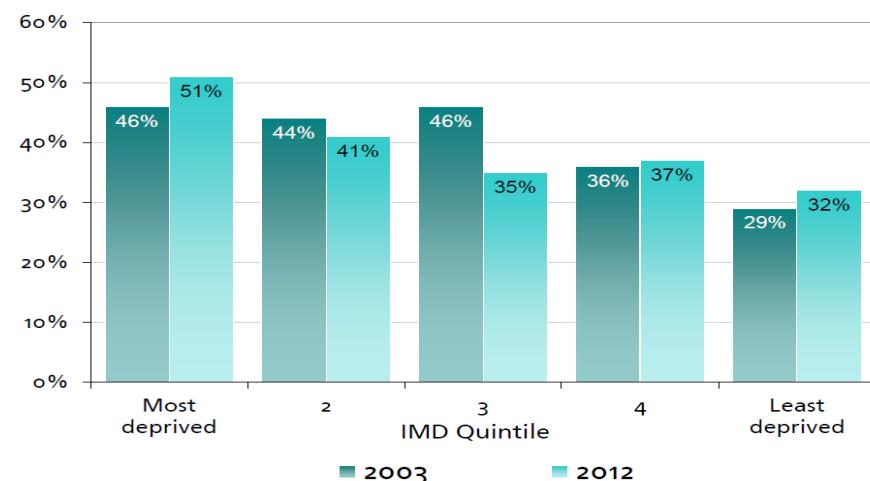
The percentage of people at risk of depression is highest in the most socio-economically deprived.⁸

Inequalities

Women are more likely to suffer from depression and from anxiety: prevalence rates have consistently been found to be between 1.5 and 2.5 times higher in women than men for both.^{14,15}

Women are also likely to report more severe symptoms of CMHD. Over the past 20 years, an increasing proportion of women have reported mental disorder symptoms.⁴

Figure 1: Percentage of responders at risk of major depression by deprivation quintile, 2003 and 2012



Source: Health Counts survey 2012

Some groups within the population are identified nationally as having a higher risk of developing mental problems and/or not accessing primary care mental health services: people who identify as lesbian, gay, bisexual or transgender (LGBT), homeless people, some BME communities, gypsies and travellers, victims of violence, offenders and those with alcohol or substance misuse problems.²

Across England, BME groups are more likely to be diagnosed with a mental illness than those who are White British, with new psychosis diagnoses up to seven times higher in Black Caribbean groups.¹⁶ People in the Black ethnic group also have lower

¹⁴NICE. Guidelines: Depression: the treatment and management of depression in adults. 2009. Available at: <https://www.nice.org.uk/guidance/cg90/evidence/full-guidance-243833293> [Accessed 31/10/2016]

¹⁵NICE. Guidelines: Generalised anxiety disorder and panic disorder in adults: management. 2011. Available at:

<https://www.nice.org.uk/guidance/cg113/evidence/anxiety-full-guidance-136340461> [Accessed 31/10/2016]

¹⁶Raleigh VS, Irons R, Hawe E, et al. Ethnic variations in the experience of mental health service users in England: results of a national patient survey programme. Br J Psychiatry. 2007;191:304-312.

¹²This is the ratio of observed deaths in those with secondary mental health services to the expected number of deaths based on age-specific mortality rates in the general population of England

¹³NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey. 2012. Available at: <http://www.bhconnected.org.uk/content/surveys> [Accessed 30/08/2016]

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treatment rates.⁴ It appears from recent local data from the mental health trust that admission rates for BME groups are no higher than for the total population.

Friends, Families and Travellers reported that 65% of their clients in the city had stated they had mental health issues on their monitoring system.¹⁷

Count Me in Too found that 79% of the city's LGBT population reported some form of mental health difficulties.¹⁸ A local survey of young people attending Allsorts Youth, a service for young LBG&T people, confirms high levels of self-harm and suicidal thoughts among this group.

Up to 40% of older people in care homes are affected by depression.¹⁹ A lower proportion of over 65s (4%) are referred to the Wellbeing Service, than any other age group.²⁰

The Wellbeing Service receives less referrals and records fewer finished appointments for people who are unemployed, in receipt of benefits or have a long-term physical condition (8%) than for the employed or those actively seeking work (85.6%).¹⁸

The number of people sleeping rough in the city has been increasing²¹. Service providers report that a significant proportion of rough sleepers have mental health problems. Brighton & Hove has a significantly higher rate of statutory homeless households than England: 3.4 per 1,000 households in 2014-15, compared to 2.4 per 1000 for England.⁶

The 2012 Health Counts survey indicates that carers are at greater risk of major depression than all respondents.¹¹

Where we are doing well

A recent needs assessment for Improving Access to Psychological Therapies (IAPT) services has been

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used to inform an invitation to tender for a new IAPT contract from spring 2017.

A locally commissioned service for Severe Mental Illness has been developed, and the 'cluster' arrangements for GP surgeries should increase access to the enhanced service, including improved physical healthcare.

Strong local voluntary sector provision continues to offer a diverse range of services for communities of interest as well as geographic communities.

Support from the voluntary sector includes support with money given to 151 people with mental health problems in Brighton & Hove in 2015-16, by Money Advice Plus. 53% of these people were identified as at risk of financial abuse. Mental health problems can be both a cause and consequence of financial exclusion.²²

The Brighton & Hove Recovery College had 459 students registered on its courses in Spring 2016. 82% of responding students felt more or partly ready to return to education following attendance on the courses and 78% felt more or partly ready to return to work.²³

Predicted future need

2011 Census data provides information about demographic groups at higher risk of mental illness in the city, which helps to predict future need.

The proportion of young adults in the city is increasing, which may lead to a higher prevalence of mental illness. Nationally, young women have emerged as a high-risk group, with high rates of common mental health disorders, self-harm, post-traumatic stress disorder and bipolar disorder.⁴

The proportion of one person households in Brighton & Hove (36%) is higher than for England (30%). This proportion has been falling, except among those aged 65 and over. Social isolation is associated with higher risk of depression, especially in older people.²⁴

Homelessness is strongly linked with mental ill-health; with changes to housing and other benefits we are likely to see an increase in levels of rough

¹⁷ May 2016. Call for evidence JSNA 2016. Friends Families and Travellers.

¹⁸ Browne K. Lim J. Count Me In Too: Mental health additional findings report. May 2008. Available at:

http://about.brighton.ac.uk/cupp/images/stories/projects/c-k-e/LGBTU/CMIT_MentalHealth_Report_Final_29.5.08.pdf [Accessed 30/08/2016]

¹⁹ NHS England. The Five Year Forward View for Mental Health. Report from the independent Mental Health Taskforce to the NHS in England. February 2016. Available at: <https://www.england.nhs.uk/mentalhealth/taskforce/> [Accessed 30/08/2016]

²⁰ Brighton & Hove City Council and NHS Brighton and Hove. Common Mental Health Conditions needs assessment. June 2016

²¹ Brighton & Hove City Council. Rough Sleeping Strategy. 2016. <https://www.brighton-hove.gov.uk/content/housing/general-housing/rough-sleeping-strategy> [Accessed 31/10/2016]

²² Money Advice Plus. Call for evidence. JSNA 2016.

²³ Southdown Recovery Services. SPFT. Brighton & Hove Recovery College, Annual Report. 2016.

²⁴ Graham CC et al. Management of depression in older people. London: RCGP; 2011.

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sleeping and difficulties with housing, with associated mental health problems.

By 2020, the number of people aged 65 years or over with depression is projected to rise from around 3,300 to 3,450 and with severe depression to from 1,050 to 1,100.²⁵

What we don't know

Some additional demographic details about service users would be useful for service planning: for example, reporting on parental status would improve our understanding about children and families at greater risk of poverty or disadvantage. Fuller understanding of the impact of mental ill health and use of services by different BME communities would also be useful.

Key evidence and policy

Five Year Forward View for Mental Health. A report from the independent Mental Health Taskforce to the NHS in England, 2016; and the associated Implementing the Five Year Forward View for Mental Health, 2016.¹⁹

Better Mental Health for All. Faculty of Public Health & Mental Health Foundation. 2016.
http://www.fph.org.uk/better_mental_health_for_all

Closing the gap: priorities for essential change in mental health. Department of Health. 2014.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf

No health without mental health: a cross-government mental health outcomes strategy for people of all ages. HM Government. 2011.²

NICE has published extensive evidence on mental health and illness, including quality standards for depression and for service user experience in adult mental health, and pathways for antenatal and postnatal mental health, depression, generalised anxiety disorder, panic disorder, post traumatic stress disorder and self-harm.

<https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/mental-health-and-wellbeing>

Recommended future local priorities

1. Look to improve access rates to IAPT and recovery rates, in line with rising national targets.²⁶
2. Early interventions in psychosis are being delivered promptly to people with a new diagnosis.²⁷ Further development will be needed to meet new national standards.
3. Monitor and increase access to physical healthcare and health promotion interventions for people receiving treatment for mental ill-health.
4. Develop plans to reduce difficulties in transition from child to adult services, for example through commissioning an all-ages primary mental health care service.
5. Monitor any inequalities in access to mental health support and services.
6. Continue to invest in emotional wellbeing and the wider determinants of positive mental health.
7. Continue to implement the dual diagnosis strategy, ensuring that people in alcohol or substance misuse services also access mental health services if needed.

Key links to other sections

- Emotional health and wellbeing – children and young people
- Happiness and wellbeing
- Substance misuse and alcohol
- Suicide prevention
- Dual diagnosis

Last updated

November 2016

²⁶ NHS England. Implementing the Five Year Forward View for Mental Health. 2016. Available at: <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf> [Accessed 30/08/2016]

²⁷ NHS RightCare. Commissioning for Value Focus Pack, Mental health and dementia. May 2016. Available at: <http://ccgtools.england.nhs.uk/cfv2016/mh/atlas.html> [Accessed 04/08/2016]

²⁵ Oxford Brookes University and Institute of Public Care. Projecting Older People Population Information System (POPI). Available at: <http://www.poppi.org.uk> (Registration required) [Accessed 30/08/2016]