Mental Health Needs Assessment: Quick Notes

Contents

1. Purpose:

- Describe patterns and emerging trends of mental health illness for adults within Shropshire
- Identify inequalities in Mental Health
- Agree priorities and recommendations to consider for the production of a Shropshire Mental Health Strategy

2. Topics not included within the Health Needs Assessment

As there has already been work to design a Strategy or for commissioning services in recent time, the following topics have not been discussed within this Mental Health Needs Assessment. It is however, recommended they be included within a Shropshire Mental Health Strategy.

- Children and Young People (under 18 years)
- Alzheimer's and dementia
- Carers

In addition, the Mental Health Partnership Board agreed that the following factors would be considered separately to the Mental Health Needs Assessment due to the nature of their physiology;

- People with learning disabilities
- Adults where primary diagnosis is related to autism and ADHD conditions

3. Recommendations

1. Develop and implement a Mental Health Strategy
2. Better identification and recording of mental ill health
3. Data sharing between organisations to improve client experience
4. Prioritise timely access to mental health services based on need
5. Raised awareness of and access to support networks that signpost services
6. Frequent service user consultation
7. Consistent professional training of frontline staff

4. Why Mental Health is Important

- Links with good physical health (evidence has found associations of people with poor long term mental health are more likely to smoke, be overweight, misuse substances, fall into poverty, be unemployed and be over-represented in the criminal justice system)
- Social participation & developing personal relationships
- Ability to cope with normal stresses of life
- Education & training success
- Ability to fulfil potential
- Nurturing resilient communities
- The majority of mental health problems go unrecognised and untreated

5. Financial Implications

- Mental health is the cause of 40% new disability benefit claims each year in the UK
- 70% of people with severe mental illness are economically inactive and on disability benefit (compared to 30% of the general population)
- Common Mental disorders cost on average (Manchester New Economy Unit Cost Database);
    - NHS: £1,219 per person per year (£29.8m p/yr in Shropshire)
    - Local Authority: £135 per person per year (£3.3m p/yr in Shropshire)

- Dementia costs on average;
    - NHS: £2,048 per person per year (6.7m p/yr in Shropshire)
    - Local Authority: £14,388 per person per year (£46.7m p/yr in Shropshire)

6. Risk Factors

Children & Young People Estimated 4,000 children with a MH disorder in Shropshire • Conduct • Emotional disorder • ADHD	• Having a learning disability • Looked after children • Homeless or sleeping rough • Parental unemployment • Lone parenthood • Adverse childhood experience (neglect, substance misuse, parental mental illness, divorce, bullying, bereavement)	Support services include; • GPs • Health visitors • School nurses • Child and Adolescent Mental Health Services (CAMHS) • 0 to 25 year Emotional Health & Wellbeing service
Adults	• Loneliness & isolation (lack of support networks) • Stress • Relationship difficulties • Being a carer • Substance misuse • Bereavement • Low socio-economic status • Homelessness • Stigma and discrimination • Language barrier • Being a refugee • Having a long term chronic physical health condition (such as cardiovascular disease or diabetes)	Range of services. Formal MH services provided by SSSFT commissioned by Shropshire CCG Dual diagnosis substance misuse and mental health commissioned by Shropshire Council Range of voluntary sector and partnership support.

7. Emotional Wellbeing and Life Satisfaction in Shropshire

- Estimates of wellbeing have been identified by the Office for National Statistics "personal wellbeing in the UK; July 2016 to June 2017).
- The findings state for Shropshire that;
    - Life satisfaction, feeling worthwhile and feeling happy were all higher compared to the England average
    - Feeling anxious was lower compared to the England average

8. Mapping Risk of Poor Mental Health using Wider Determinants Data

- Available prevalence data for the risk factors where research has identified stronger association with poor mental health outcomes was mapped onto a geographical image of Shropshire, to identify potential hidden populations at greater risk of poor mental health.
- These risk factors include; living in social housing or rented accommodation, living alone, being a single parent household and lower level of education success (based on key stages 2 and 4 outcomes, secondary school absence, further education, adult skills and English language proficiency).

- Locations where they highest prevalence of these risk factors overlapped were;
    - Highley
    - Ludlow
    - Market Drayton
    - Shrewsbury
    - Oswestry
    - Wem
    - Whitchurch

9. Qualitative Feedback

- One-to-one interviews were carried out between May and July 2017 with people who had used mental health services within Shropshire to identify their experiences, thoughts and feelings of those services. This was undertaken by Shropshire Council Business Design team.
- Interviews were undertaken with 19 clients (16 women and 3 men) of a range of ages between early 20's to late 60's.
- An additional paper survey was produced and shared for those who wanted to participate but felt un able to be interviewed, with a greater focus on targeting men (through support with provider organisations). In totality 25 paper surveys were completed.
- Nine local provider organisations were also interviewed to provide their perspective of changing patterns of demand, system challenges and to identify what is working well.

- ***Key findings from this research include;***
    - Access to secondary mental health services can be lengthy and complicated
    - Services were reported as "good" once the right support was found
    - Building relationships with professionals was seen as most important in achieving sustainable positive outcomes (maintaining consistency with the person providing support and dates of meetings)
    - Trend of more children and young people asking for mental health support for anxiety, depression, school pressures, bullying and social media abuse
    - Trend of more older people with concerns for isolation, bereavement and dementia
    - Key risks associated for males included gambling and debt
    - Wider risks for all people included isolation, relationship difficulties, work difficulties, financial problems, abuse, addiction, being a Carer and life event or childhood trauma

- ***Findings suggested some potential system improvements as follows;***
    - Community Mental Health Team staff to shadow each other and have regular good practice reviews to share learning
    - Greater involvement with service users to evaluate services and design new pathways
    - Ensure interventions/counselling are tailored to the individual rather than an "off the shelf" approach – provision and discussion of options available
    - GPs/GP practices to have better training/resources on mental health issues and local support services
    - Clearer and easier access points for people with mental health concerns to find information and advice – this could help promote awareness and empower individuals to take more responsibility for their own mental health
    - Opportunity to address mental health issues in the workplace and working with the private sector to develop a model of support

10.Common Mental Disorder (CMD) in Shropshire

- Include anxiety, depression, panic disorders, phobias, obsessive compulsive disorders
- Often associated with physical and social problems but not usually affecting insight or cognition
- Generally less disabling compared to psychiatric disorders however, the higher prevalence results in greater cumulative cost to society
- National findings from the Adult Psychiatric Morbidity Survey (APMS, 2014) indicate;
    - Women have a significantly higher rate of diagnosed CMD compared to men
    - There has been a slight but steady increase in the proportion of women with CMD symptoms since 2000 however, the rate has been stable for men

- Collection of Mental Health data for statistical comparison is still developing. If an assumption that responders to the APMS follows a similar pattern for people in Shropshire (using the rates from the APMS applied to Shropshire age/gender demographics), than the following trends for CMDs can be extracted;
    - The highest rates of CMDs are reported for women aged 16 to 24 years however, the highest expected numbers of women with a CMD are aged 45 to 54 years followed by 55 to 64 years
    - The highest rate of CMDs for men are aged 25 to 34 years, however, the highest number is for men aged 45 to 54 and aged 55 to 64 years.
    - The most common CMD for both women and men across all adult ages is mixed anxiety and depression and generalised anxiety disorder.

- Public Health England Health Profiles suggests the following trends;
    - Prevalence of mixed anxiety and depressive disorder estimated at 6.6% of the general population aged 16 to 74 years (2012). This equates to roughly 15,000 people.
    - Prevalence of CMDs are much lower in comparison and include phobias (1.08%), obsessive compulsive disorders (0.12%), panic disorders (0.65%)
    - Prevalence of eating disorders (6.5%) is a similar rate to mixed anxiety and depression and includes all people over aged 16 years.
    - Each of these CMDs factors is a lower rate compared to the England average.
    - QoF recorded depression prevalence for those registered with a GP suggests an increasing prevalence of depression in Shropshire (9.9% in 2016/17, n=24,470) which is significantly higher compared to the England average.
    - Referral rates into IAPT (Improving Access to Psychological Therapies) have been consistently lower in Shropshire compared to the England average.

- Data from the Mental Health provider (SSSFT) identified the following themes from clients accessing services;
    - Women are most likely to be treated for a CMD, with a statistical higher proportion aged in the 25 to 44 year range.
    - Significantly higher rates of males are treated in the 15 to 24 year age band compared to other males.
    - Deprivation is a key risk factor associated with a CMD.
    - Similar rates of CMDs are prevalent between rural and town areas but lower in urban areas

11. Severe and Enduring Mental Illness in Shropshire

- Rates of severe mental illness are lower compared to CMDs, however, the impact can be more complex.
- In Shropshire there are significantly higher rates of women with non psychotic but severe and complex mental ill health, with a peak identified in the 15 to 24 year group.
- Shropshire GP registers have a lower prevalence of recorded severe mental illness compared to the England average based on the Public Health England Health Profiles.
- Data from the Mental Health provider (SSSFT) identified the following themes from clients accessing services;
    - Women are most likely to be treated for severe but non psychotic illness, particularly the 15 to 24 and 25 to 44 year ranges.
    - The highest rates of diagnosis are associated with people the most deprived socio-economic localities.
    - Significantly higher rates are severe mental illness is associated with living in a town compared to rural or urban areas.

Psychotic Disorders

- Psychotic disorders produce disturbances in thinking and perception which are severe enough to distort perceptions of reality. This includes schizophrenia and affective psychosis.
- Although psychotic illness is relatively uncommon there is a resulting high level of service and societal cost.
- The estimated prevalence of psychotic disorders is 0.36% (n=1,409, 2012) for people aged over 16 years.
- The Adult Psychiatric Morbidity Survey (2014) identifies the following national themes for psychotic disorders;
    - There was no difference in the prevalence of a psychotic disorder by age or gender
    - In both men and women, the highest prevalence was in those aged 35 to 44 years
    - Higher risks were identified in black men compared to men from other ethnic groups

- If the findings from the APMS are applied to the Shropshire demographics for age and gender it can be assumed that;
    - The peak prevalence for numbers of men and women estimated to have a psychotic disorder are in the age bands 35 to 44 years and 55 to 64 years.
    - When considering the proportions of *probable* psychotic disorder, the peak rate for females is in the 45 to 54 year group.

- Public Health England Health Profiles identify that the incidence of new cases of psychosis is significantly lower than the England average.
- Data from the Mental Health provider (SSSFT) identified the following themes from clients accessing services;
    - Men have a higher rate of psychotic crisis with no significant differences between the age bands.
    - There are strong associations between the areas with the highest rates of severe mental illness and living in the most deprived locations (except for those who had experienced a first episode of psychosis where the least deprived areas had a higher association).

12. Crisis

- A mental health crisis is where a person feels unable to cope or be in control of a situation
- It is associated with extreme emotional distress or anxiety, inability to cope with day-to-day life or has thoughts about suicide, self-harm or experience hallucinations.
- Demand for Section 136 has been high in Shropshire (where under the Mental Health Act an individual considered to be suffering from mental health illness can be taken to a place of safety by a police officer)
- During July to August 2016, there were 47 people identified under a Section 136 admitted to the Suite.
- Suicidal thoughts was the primary reason for use of a Section 136 although most people identified were not admitted to the Suite.
- During 2016/17 the Shropshire Sanctuary (developed by Shropshire MIND and CCG) was created to provide an alternative to Section 136 for people in crisis/mental distress, after hours.
- Use of the Shropshire Sanctuary has increased significantly since January 2018 and is helping to manage demand on the Section 136 Suite. In March 2018, there were 10 attendance for Section 136 Suite and 48 for the Sanctuary.

13. Self Harm and Suicide

- The rate of suicide in Shropshire is not significantly different compared to the England average based on latest data from the Public Health England Health Profiles.
- Between 2013 and 2015 there were 131 deaths recorded as suicide across Shropshire and Telford & Wrekin, of which 100 were men and 31 were female.
- National evidence has identified that;
    - Men are at significantly higher risk of suicide with suicide being the leading cause of death in men aged under 50 years. There has however, been an increasing trend in female suicides in recent years.
    - Greater risk of suicide is associated for people with a history of self-harm, mental ill health, substance misuse, time spent in prison or those with a chronic illness.
    - There are occupational risks associated with suicide particularly for medical professionals, vets, farmers and those in the lowest skilled occupations such as males in labouring or construction roles.
    - Suicide rates for children and young people in England are low with a total of 145 between 2014 and 2015. There were no reported C&YP suicide deaths in Shropshire between the latest audit period of 2013 and 2015.

- A Shropshire and Telford Suicide Prevention Strategy and Action Group has been established to progress this work.

14. Dual Diagnosis: Substance Misuse

- National research has identified that the majority of people in substance misuse services are likely to experience problems with their mental health. In suicides of people experiencing mental health problems, 54% also have a history of problems with drugs and alcohol.
- Research has also found that people with drug/alcohol dependency who demonstrate mental health conditions are not always able to access the help they need (particularly where exclusion of support from mental health services is due to their substance misuse).

Alcohol

- The Adult Psychiatric Morbidity Survey (2014) identifies the prevalence of harmful alcohol consumption in England for Adults to be at 16.6%.
- Hazardous drinking has become less common in 16 to 24 year olds (reducing from 6.2% in 2007 to 4.2% in 2014) it has become more common in 55 to 64 year olds (increasing from 1.4% in 2007 to 2.8% in 2014).
- The APMS (2014) identify risk factors for hazardous drinking to be; white British men/women, adults under 60 years who live alone and people in receipt of Employment and Support Allowance (ESA).
- PHE Health Profiles identify that admission episodes for mental and behavioural disorders due to alcohol use are significantly lower in Shropshire for both men and women compared to the England averages between 2008/09 and 2014/15 (latest reporting period).
- 11% (n=38) of new presentations for Shropshire alcohol misuse services in 2016/17 were also receiving mental health treatment (lower than the England average). There was no difference in gender accessing services (however, nationally females were more likely to access services)

Drug Misuse

- If the findings from the APMS (2014) are applied to the Shropshire population, there is an estimated 9,700 people locally who have some form of drug dependence.
- Following this assumption, cannabis may be expected to be highest use substance across all age groups, followed by cocaine (highest usage in the 16 to 34 years group) and heroin/methadone (most common in the 25 to 44 year group).
- 17% (n=51) of new presentations to Shropshire drug misuse services in 2016/17 were also receiving mental health services (lower than the England average). A greater proportion of Shropshire females access these services (similar to the national trend).

Young People

- There were no young people accessing substance misuse services with a mental health need in 2016/17 however, in the previous year 26% of young clients (n=9) required both services. This is higher than the England average but small numbers involved make accurate comparisons challenging.
- Due to associated vulnerabilities between substance misuse services, mental health and self-harm it is important that pathways work effectively between treatment services and other specialist services (such as child mental health services and children's social care work)

15. Co-Morbidity Physical and Mental Ill Health

- Over 4 million people in England are estimated to have a long term physical problem and a mental health problem, with many of the risk factors for both overlapping.
- People with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people, with two-thirds of these deaths from avoidable physical illnesses such as heart disease and cancer. This may in part be associated with the higher rates of people with a mental health problem who are also smokers and demonstrates a clear inequality.
- Evidence has found that there are often difficulties for people with mental health problems to access physical healthcare support. In turn, people with long term illnesses suffer more complications if they also develop mental health problems, with depression increasing the risk of non-compliance with treatment programmes.

- There is no accurate local data which quantifies the number of people within Shropshire with both a long term illness and mental health problem.
- The Adult Psychiatric Morbidity Survey (2014) found that just over a quarter of respondents have at least one of the following chronic conditions;
    - High blood pressure
    - Asthma
    - Diabetes
    - Cancer
- The APMS also identified an association between common mental disorders and chronic physical conditions with over a third of those with a more severe CMD reporting a chronic physical condition, compared to a quarter of those with few or no CMD symptoms.

16. Mental Health Services

- Shropshire CCG commission South Staffordshire and Shropshire NHS Foundation Trust (SSSFT) to provide Mental Health and Learning Disabilities
- SSSFT services include;
    - Adult and older people's Mental Health Services
    - Emotional Health and Wellbeing (for 0-25 year olds)
    - Community Adult learning Disabilities
    - Improving Access to Psychological Therapies
- Shropshire Sanctuary

Voluntary and Community Services

Focus	Organisation within Shropshire
Advocacy	Age UK
	Healthwatch Shropshire
	SIAS (Shropshire Independent Advocacy Service
	PCAS (Peer Counselling and Advocacy Service)
	POhWER (Independent Mental Capacity Advocacy)
Autism	A4U
Bereavement	Cruse
Counselling	Confide
	Green Oak
Disability	Disability Network
Domestic Abuse / Violence	Shropshire Domestic Abuse Service
	West Mercia Women's Aid
Ex-service people	Walking with the Wounded
	Combat Stress
Homelessness	The Ark
Mental Health	Mind
Money problems / debt	StepChange
	Citizens Advice Bureau
	Barnabas
Older Men	Men in Sheds
Older People	Age UK
Self-harm	Sapphire
Rape and Sexual Abuse	Axis
	The Glade
People with suicidal thoughts and people in need of emotional support	Samaritans

Appendix: About the Adult Psychiatric Morbidity Survey

- The APMS provides data on the prevalence of both treated and untreated psychiatric disorder in the English adult population (aged 16 and over).
- The latest Survey carried out in 2014, was published in September 2016. It has carried out every 7 years since 1993 by the Office for National Statistics.
- A stratified, multi-stage probability sample of households for the general population living in private households in England is carried out. An initial interview with the whole sample was undertaken, followed up with a structured assessment carried out by clinically trained interviewers with a subset of participants.
- In the 2014 Survey, 7,528 responders had an initial interview (response rate of 57% of total invited). Following this, 630 participants were invited for the second stage interview (where a specific mental disorder had been identified within phase one).