



Committee and Date
Health & Wellbeing Board
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Item
5
Public

JSNA – MENTAL HEALTH DATA

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1. Summary

1.1 The Shropshire Health and Well-being Strategy has identified 'better emotional and mental health and well-being for all' as one of the five main outcomes. Under this overarching outcome there are two priorities which include:

- Improve the emotional wellbeing and mental health of children and young people, by focusing on prevention and early support
- Making Shropshire a dementia friendly county to enable earlier diagnosis and improved outlook for people with dementia

1.2 It has been decided that a number of outcome theme based Health and Wellbeing Boards will be held in order to address the priorities that have been identified. This report highlights information around the outcome on mental health and wellbeing.

2. Recommendations

- A. The report is for information to support the board in current and future decision making.
- B. Note that there is a lack in local information on mental health and wellbeing and for the board to support future work to obtain data and information to contribute to an evidence base.

REPORT

3. Risk Assessment and Opportunities Appraisal

3.1 There is a risk that obtaining the appropriate information in future may be difficult due to information governance restrictions.

- 3.2 Any analytical work that is undertaken will need to be supported by a resource to ensure that appropriate surveillance and monitoring can be undertaken.
- 3.3 If information can be obtained there is a real opportunity over time to get some local understanding about the extent of mental health and wellbeing issues in Shropshire and how they impact on the population.

4. Financial Implications

- 4.1 Improved information would enable more accurate informed decision making and support for commissioning.

5. Current information on mental health and wellbeing in Shropshire

Self-harm and mental health in young people

- 5.1 The recent child health profile from Chimat includes an indicator highlighting Shropshire as being significantly worse than the national figure for admissions to hospital for Self-harm.
- 5.2 Other than the headline information produced in the report there is little other information on this. A review of the CAMHS service identified some potential gaps in services; however there is no supporting information about what types of young people are accessing services. Similarly it is not known what types of injuries young people are being admitted to hospital for.
- 5.3 The Chimat report also includes an indicator on mental health admissions to hospital in which Shropshire is significantly better than the national figure.

Dementia

- 5.4 Prevalence estimates suggest that there are around 1.5% of the total population with dementia in Shropshire, however for the population aged 65+ years the estimated percentage is 6.9%. As Shropshire's population of people aged over 65 years is projected to increase, it has been estimated that by 2030 around 8.4% of people aged 65+ years will have dementia.
- 5.5 It is estimated that more females aged 65 and over have dementia than males.
- 5.6 It is estimated that over 50% of dementia in Shropshire is not diagnosed, with 0.7% of people being recorded as having dementia.

Suicide

- 5.7 Provisional data for 2009-11 in the Public Health Outcomes Framework shows that there is a significantly higher rate of Suicide in Shropshire

compared to the national figure. Shropshire also has the second highest suicide rate in the West Midlands.

- 5.8 Local information shows that there has been a slight increase in suicide rates from 2004-08 to 2006-10, although this was not significant. Males in Shropshire have a significantly higher suicide rate compared to females. There was no difference in suicide rates between different areas of deprivation.
- 5.9 In terms of location there was no significant difference between former LA districts in Shropshire, however South Shropshire and Shrewsbury & Atcham had slightly higher rates and Bridgnorth had the lowest rates.
- 5.10 The most likely methods for suicide were hanging, strangulation and suffocation, drug related poisoning, drowning and firearms and explosives.

Gaps in information

- 5.11 There are significant gaps in information on mental health in Shropshire, particularly around mental and emotional health in children and young people. As the Chimat report is highlighting higher than national self-harm admissions in Shropshire it is important to understand more about mental health and young people.
- 5.12 A mental health in rural areas survey has also been planned which would give valuable insight into issues that affect people's mental health in Shropshire. This would also enable us to start filling a gap in the evidence base around mental health.

Building an intelligence resource for CYP emotional and mental health needs

- 5.13 By using different sources of information and data an evidence base about children and young people with mental health and emotional needs could be established. This would help to understand the needs of this population locally.
- 5.14 Information and data from various organisations would be required to undertake analysis to get a clear picture of the needs of this population. It would be important to gather information about the local population of children and young people, expected prevalence of mental / emotional health of CYP, information from providers (schools, CAMHS, Vulnerable groups, school nursing, etc) and information from consultations with stakeholders and young people.
- 5.15 It is hoped that a young people's life style survey can be re-instated in order to collect information including questions on mental health and emotional well-being.

5.16 The information obtained could be used to build an evidence base on an area of work that does not currently exist locally and could be included in the JSNA. This knowledge could then be used to support commissioning.

6. Stakeholder Engagement

6.1 Stakeholder engagement has been undertaken by Shropshire Together.

7. Next steps

7.1 If there is support from the Health and Wellbeing Board and data and information can be obtained then analysis can begin and work can commence on establishing an evidence base on CYP mental health and emotional wellbeing locally.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Cabinet Member (Portfolio Holder)

Councillor Ann Hartley

Local Member

All

Appendices

None