Shropshire Council

Date: Monday, 14 May 2018

Time: 10.00 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

8 Mental Health Needs Assessment (Pages 1 - 24)

To receive the Mental Health Needs Assessment and understand and consider the issues that are emerging, and identify any specific areas for further Scrutiny at future meetings or for a Task and Finish Group. Report to follow marked: 8

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Shropshire Mental Health Partnership Board

Shropshire Adult Mental Health Needs Assessment

May 2018

Purpose of the Health Needs Assessment

1. To describe the patterns of mental health problems for adults within Shropshire
2. Identify inequalities in Mental Health
3. Determine priorities for the most effective use of resources

Note:

- The focus of the Needs Assessment is adult mental health
- This is because children & young people's needs have been recently considered during the commissioning of the 0 to 25 year Emotional Health & Wellbeing Service

Introduction: What is a mental health problem?

A term used to define poor mental health and negative mental health status.

It includes;

Mental disorders:

- An identified mental health problem
- Can meet the criteria for psychiatric diagnosis
- Or can be recognised but falls short of the diagnostic criteria threshold

Common mental health problems:

- Can lead to long term physical, social or occupational disability if not treated
- High prevalence and greater cumulative cost to society
- Includes anxiety, depression & specific phobias

Severe mental health problems:

- Can produce disturbances in thinking to distort perceptions of reality
- Can involve crisis – unable to cope or be in control of a situation
- Uncommon but high level of service and societal cost
- Includes schizophrenia, bipolar disorder and various behavioural disorders

What is emotional wellbeing?

Defines non-diagnosable positive mental health

It includes

Feeling good:

- Page 4 subjective measures
- Includes happiness and life satisfaction

Functioning well:

- A wide range of psychological wellbeing factors
- Includes self-acceptance, personal growth, life purpose, positive relations with others and control over one's environment

Managing a state of mental wellbeing is associated with positive social outcomes such as;

- Educational success
- Wealth
- Employment
- Acceptance of others
- Compassion
- Self awareness

Risk Impact of poor Mental Health

The majority of mental ill health problems go unrecognised and untreated

People with mental health problems are more likely to experience;

- Physical health problems
- Smoke
- Be overweight
- Use drugs and drink alcohol to excess
- Have a disrupted education
- Be unemployed/have low socio-economic status
- Take time off work
- Fall into poverty
- Be over-represented in the criminal justice system
- Relationship difficulties

- Mental health is the cause of 40% of new disability benefit claims each year in the UK
- 70% of people with severe mental health problems are economically inactive and on disability benefit (compared to 30% of the general population).

Singh, S. (February 2014). Mental Health and Work: United Kingdom Paris: Organisation for Economic Co-operation and Development. Available at: http://www.oecd.org/els/mental-health-and-work-united-kingdom-9789264204997-en.htm

Mental Health during the Lifecourse

Starting Well

Mental health problems often begin early in life

- Over 50% of problems are established by age 14 and 75% by age 24 years

Perinatal mental health illness during pregnancy and during the first year after birth affects up to 20% of women

- If left untreated it can have a significant and long lasting effects on the woman and her family

Living Well

- During adulthood, mental health problems can impact upon an individual's ability to maintain employment, housing and secure family relationships.

Ageing Well

- Depression in older people affects up to 25% of the population and up to 40% of people in Care Homes.
- Dementia affects 1 in 5 5 of people over the age of 80 years, which is of even greater risk in an ageing population.

Methodology

sion Criteria ssed within the ls Assessment	• Analysis of the epidemiology of adult mental health problems in Shropshire • Use of local and national qualitative information related to diagnosis and access to mental health services • Use of qualitative information from adult service users who currently access or who have accessed mental health services in Shropshire • Consideration of co-morbidity of mental and physical health issues • Mental health illness due to psychoactive substance misuse

sion Criteria	• Children and young people aged under 18 years
	• People with learning disabilities
	• Adults where the primary diagnosis is related to autism and conditions such as ADHD
	• Conditions and circumstances where a Strategy is already in place (and can be referenced for production of an overarching Mental Health Strategy)
	  • Alzheimer's and dementia as a dementia strategy was developed in 2017
	  • Carers as an All Age Carers Strategy for Shropshire was developed in 2017
	  • Shropshire CCG and Shropshire Council: Dementia Strategy 2017 - 2020
	  • Shropshire Together All Age Carers Strategy for Shropshire 2017 – 2021

Findings

- In general the mental health of people in Shropshire is better than that of the West Midlands and the England average
- Mapping of the wider determinants risks of poor mental health in Shropshire of; living in social housing/rented accommodation, living alone, being a single parent household, having a lower educational attainment identified the locations of Highley, Ludlow, Market Drayton, Shrewsbury, Oswestry, Wem and Whitchurch as the highest risk localities
- This aligns with the highest prevalence of recorded conditions in Shropshire (as shown below)

Mental Disorder	Highest standardised prevalence density rate per 100,000 people in Shropshire
Common Mental Disorders	Oswestry Town, Wem, Whitchurch, Market Drayton
Severe, enduring MH illness	Wem, West & Central Shrewsbury and South Shrewsbury
Psychotic Disorders	Ellesmere, Oswestry Town, West & Central Shrewsbury and South Shrewsbury.

Client and Provider Experience: Qualitative Feedback

- 9 provider organisations were interviewed (mix of drop-in centres, counselling services, employment services, charities and advice and advocacy services)
- One-to-one interviews with 19 clients (16 women and 3 men)
- In addition - 28 paper questionnaire returns

Overarching Themes

- Access to local secondary mental health services is lengthy and complicated
- Users reported a good service once they found the right support
- Building relationships with professionals is very important to achieve positive outcomes
- Consistency in how support is provided needed to achieve positive outcomes
- Those with stronger family support generally achieve more positive outcomes supporting towards recovery (if recognise signs before crisis)
- Peer support identified as a very supportive way of managing conditions along with counselling and medicatio
- Significant emerging trend of more younger people asking for help
- Complexity of life (wider social problems) main contributing factor to mental wellbeing. For men this included gambling and debt. For women this included relationship problems and issues with abuse.

Client and Provider Experience: Qualitative Feedback

Emerging Trends

- Key reasons why people seek mental health help include Relationship difficulties, Problems at work, Bereavement, Financial (debt, gambling), Abuse, Addiction, Trauma/life events, Childhood trauma
- Trend of increasing older people seeking support - isolation and bereavement, dementia and Alzheimer's
- Children and young people are increasingly seeking mental health services for anxiety and depression from pressures at school, bullying, social media and abuse
- Isolation is a contributing factor not just of older people but amongst single parents (especially in rural locations) and those who work from home
- Increasing number of people from Caring professions seeking help for mental health issues (including teachers, medical professionals and police)

Potential actions from service user feedback

Mental Health provision in Shropshire

- Promoting awareness and responsibility: encourage and empower people to take more responsibility in their own mental health and ask for help before problems escalate
- Having the right capacity: in universal services such as counselling to reduce demand on secondary services as mental health support

Encouraging people to ask for help before crisis

- Address barriers for people who may need support
- Determine where and how information and advice about mental health should be offered.

How to learn from users experiences

- Positive role models on mental health conditions
- Supporting volunteers and carers

Encourage providers to work together to create a unified, consistent, person centred approach to support people with mental health needs

- Concerns with competition between providers competing for funding
- Work with programmes such as Early Help or Social Prescribing
- Create a rapid access to counselling services
- Access to services in rural areas
- Focused local signposting to services

Emotional Wellbeing

People in Shropshire report better emotional wellbeing compared to the West Midlands and England average, with;

- Higher feelings of happiness
- Greater life satisfaction
- More feeling the things they did in their lives were worthwhile
- Fewer reporting feelings of anxiousness compared to England and West Midlands averages

Taken from ONS statistical bulletin: Personal wellbeing in the UK. July 2016 to June 2017
https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/july2016tojune2017

Common Mental Disorders (CMD)

Risk associated with poverty, unemployment, being female, social isolation, ethnic populations and smokers

In Shropshire

- Highest rates for mixed anxiety and depression diagnosis (based on mapping results of the Adult Psychiatric Morbidity Survey (2014) to local population)
- Significantly higher rates for women compared to men
- Higher rates in women aged 25 to 44 years (849 per 100,000 people)
- Highest rates in men aged 15 to 24 years (836 per 100,000 people)
- Most prevalent in deprived areas

Improving Access to Psychological Therapies (IAPT)

APT provides interventions to treat depression and anxiety disorders and is accessed via self-referral or via GP/other services

Key messages (from PHE Fingertips)

Access to Services		
Increasing national and local trend between 2013 and 2017 of people estimated to have depression/anxiety accessing services (statistically similar rates)	Referral rates into IAPT and the rate of people who enter treatment following referral are consistently lower in Shropshire compared to England averages	A consistently higher proportion of people between May 2015 and May 2017 accessed their first treatment within 6 weeks in Shropshire compared to England
Completion and Recovery		
Between 2013/14 and 2016/17, a consistently lower proportion of people complete IAPT treatment in Shropshire compared to the England average	Conversely, since June 2015 a similar to higher proportion of Shropshire clients that completed their treatment have moved onto recovery compared to the England average	69.6% (n=400) clients that completed IAPT treatment achieved reliable improvement in 2017/18 (similar to England average of 66.4%)

Common Mental Disorders (CMD)

Shropshire is performing better than the England average for

- Lower rates of mixed anxiety and depressive disorder (6.6% compared to England 8.9%, PHE 2012)
- Lower rates of all other CMDs including phobias, obsessive compulsive disorder, panic disorder & eating disorders)
- Lower hospital admission rate for depression (20.9 per 100,000 people compared to England 32.1 per 100,000 people)

Shropshire is performing worse than the England average for

- QoF recorded depression prevalence (9.9% compared to England 9.1%, PHE 2016/17 and increasing trend)

Severe and Enduring Mental Illness

Risk associated with ethnicity, economically inactive and social isolation

In Shropshire

- Significantly higher rates of women with non psychotic but severe and complex mental health illness, particularly aged 15 to 24 years
- Similar rates for males and females for ongoing psychotic episodes, with highest female rate aged 45 to 64 years and highest male rate aged 15 to 44 years
- Higher rate of psychotic crisis in males with similar rates between age bands
- 0.36% (n=1,409): estimated prevalence of psychotic disorder in people over 16 years in Shropshire
- Rate of GP prescriptions for psychoses and related disorders is lower in Shropshire compared to England average between 2014/15 and 2107/18

Severe and Enduring Mental Illness

Shropshire is performing better than the England average for

- Lower GP practice registers with recorded severe mental illness prevalence (0.78% compared to England 0.92%, PHE 2016/17)
- Lower rate of people subject to be detained in hospital by the Mental Health Act (9.8 per 100,000 people, n=25 compared to England 38.4 per 100,000 people, PHE Q1 2017/18)
- Incidence of new cases of psychosis is significantly lower than the England average (16.3 per 100,000 people compared to 24.2 per 100,000 nationally)

Shropshire is performing worse than the England average for

- Higher proportion of people with a long term health problem or disability (18.6% compared to England 17.6%, PHE 2011)

Crisis: Suicide

- Suicide is the leading cause of premature death in men under 50 years
- Risk is associated with self-harm history, suicide history in friends or family, substance misuse, unemployment, loneliness, chronic illness, and occupation (including medical, vets, farmers, those in labourer or construction roles)

In Shropshire

- Across Shropshire and Telford & Wrekin there were 95 suicide deaths between 2014 and 2016 (69 men, 27 women)
- The local suicide rate (9.7 per 100,000 in 2013-15) has been statistically similar to the England average rate since 2010/12 and the rate has been reducing in recent years.
- Suicidal thoughts are the predominant reason why people in Shropshire are admitted to a Section 136 Suite (police based place of safety) or access the Shropshire Sanctuary (an out of hours care suite set up by Shropshire MIND and CCG as an alternative to a Section 136)
- A&E attendance for deliberate self harm is strongly associated with those from most deprived parts of Shropshire

Suicide Prevention

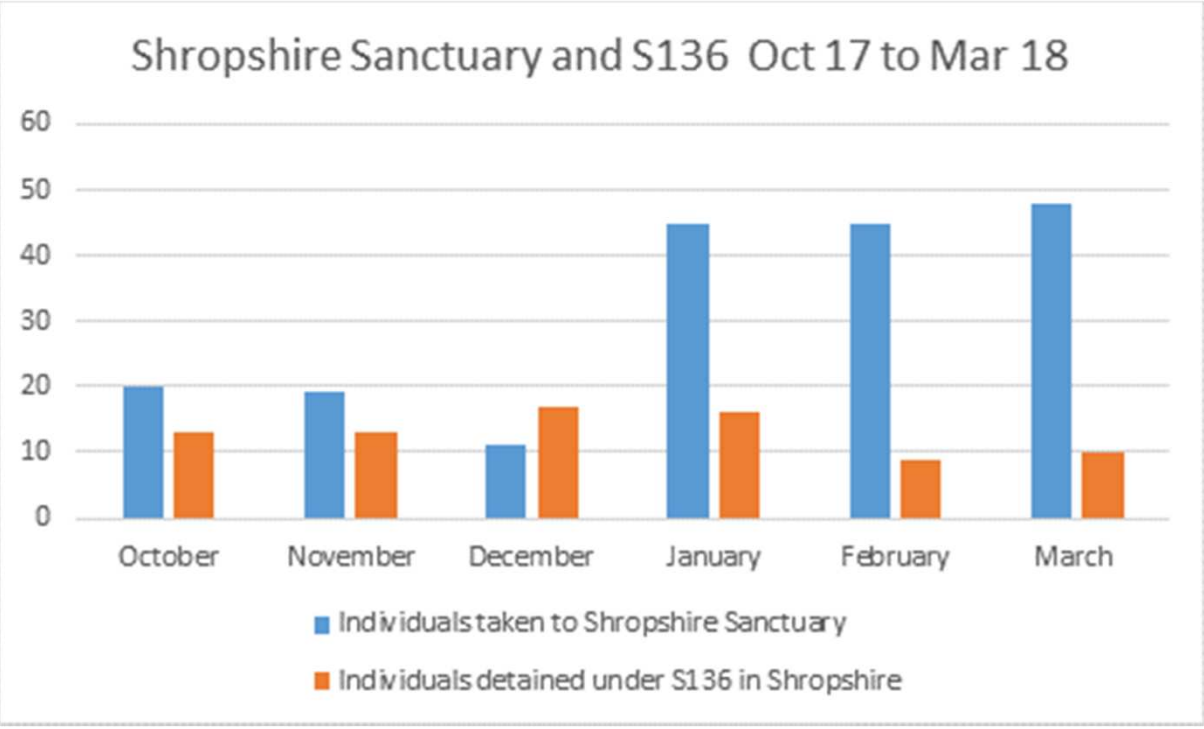
- A joint Shropshire and Telford & Wrekin Suicide Prevention Strategy was launched in September 2017
- The Strategy is being implemented by the multi-agency Shropshire Suicide Prevention Action Group
- Key areas of activity focus includes;
  - **Comms and Media**: raise awareness of risk and co-ordinate messages
  - **Access and Prevention**: reduce risk and promote early intervention
  - **Using data**: to identify those at highest risk and measure impact
  - **Self harm**: to identify those at risk and promote appropriate support
  - **Post Suicide support**: for those affected by a suicide death
  - **Training**: of suicide awareness and sign posting for staff most likely to encounter at risk groups

Shropshire Sanctuary impact on Section 136

- Section 136 is part of the Mental Health Act the police can use to detain a person with a mental illness in a safe place when they are in need of care or control.
- There is 1 Section 136 Suite in Shropshire but demand has outweighed availability of appropriate resource
- The Shropshire Sanctuary was launched in 2017 by Shropshire MIND, Shropshire CCG (supported by other partners) as an alternative to Section 136 and is based at Observer House in Shrewsbury
- The Sanctuary provides a safe, calm, welcoming and reassuring environment to support people to relieve mental distress & anxiety and provides a follow up "check up"

Shropshire Sanctuary impact on Section 136

- Use of the Shropshire Sanctuary has increased significantly since January 2018 and is helping to reduce demands on the Section 136 Suite
- In March: n=10 S136 attendances and n=48 Sanctuary attendances



Dual Diagnosis: Mental Health and Substance Misuse

- The majority of people in substance misuse services are likely to experience problems with their mental health
- National research has identified those with dual diagnosis needs are not always able to access the help they need

Alcohol

he local rates of hospital admissions for mental and ehaviour disorders due to the use of alcohol are onsistently lower than national rates between 2008/9 nd 2014/15

Male rates of admission are higher than females both in hropshire and for England average

8 (11%) of new presentations for Shropshire alcohol misuse services in 2016/17 that also received mental ealth treatment (lower than England average of 21%)

lo difference of presentations by gender

Substance Misuse

- Cannabis is the highest reported drug of dependenc for all age groups based on findings in the Adult Psychiatric Morbidity Survey (2014)
- 51 (17%) of new presentations for Shropshire substance misuse services in 2016/17 that also received mental health treatment (lower than Engla average of 24%)
- Higher rate of females being treated in Shropshire which is similar to the national trend

Co-morbidity: Mental Health and Physical Health

- The Kings Fund estimate over 4m people in England with a long term physical health problem also have a mental health problem
- Estimates from the Adult Psychiatric Morbidity Survey (2014) suggest in Shropshire, 27.7% of people with a mental health disorder have at least one of the following chronic conditions;
  - High blood pressure
  - Asthma
  - Type 2 diabetes
  - Cancer
- The presence of a mental health disorder can make adherence and treatment of a chronic condition more challenging
- The presence of a chronic condition can increase the risk of an untreated mental health disorder more severe

Recommendations

To develop a Shropshire Mental health Strategy using the findings of this Needs Assessment

er identification and recording of tal ill health:
collection across services on issues, cteristics and demographics of clients cularly with emerging ethnic or nt populations)

Data sharing between organisations to improve client experience:
Essential information for analysis of risks, understanding needs, service review and promoting equity for clients across different services and for better targeting of care and prevention programmes

Timely access to mental health services based on need:
Feedback from service users indicators identified access to services can be slow and complicated

ed awareness of and access to ort networks that signpost ces: Improved communication to nunities and between health & social services of the range of mental health ces and support organisations and how cess them (which may also include links primary care via Social Prescribing ors & Community Care Co-Ordinators)

Frequent service user consultation:
Providers to seek feedback from clients who contact or use mental health service and support networks to review, learn & better respond to changes in community mental health needs

Consistent professional training of frontline staff:
For those working across health, social c the voluntary sector and other services are most likely to work with people with mental health needs to promote mental wellbeing to the public and among themselves. This would include upskillin volunteers & support for carers to empo them to have conversations to support mental health & wellbeing.