Joint Strategic Needs Assessment Briefing Note
Portsmouth City

Mental health

1 Background

Good mental health may have two dimensions:

- Positive mental health which is aided by such elements as life satisfaction, positive relationships or having a purpose in life
- Absence of mental health problems such as depression or psychotic disorder.

2 Social and environmental context

The Community Mental Health Profile shows how Portsmouth compares nationally and locally for indicators measuring mental health risk such as: homelessness, unpaid carers, children in poverty, household overcrowding, domestic abuse and alcohol misuse.[1]

There is a strongly positive correlation (0.8) between deprivation (IMD, 2007) and people aged 18+ years receiving services for mental health problems from Adult Social Care (see Interactive Maps on JSNA website).

People with mental health problems are at increased risk of social exclusion. Two national priorities aim to reduce this risk by improving their access to stable accommodation and paid employment. In 2013/14:

- 57.4% of adults aged 18-69 years on a Care Programme Approach receiving secondary mental health services were in stable accommodation (lower than the percentages for England and higher than for similar local authorities) and
- 2.6% were in paid employment (lower than the England average and the similar local authorities average).[2]

Locally-derived trend data for these measures is available on the JSNA website and differ slightly from Adult Social Care Outcomes Framework (ASCOF) nationally published dataset.

3 Positive mental health

Public Health England's Profile of Health Behaviours in young people in Portsmouth ("What about YOUth?) includes risk factors for mental ill-health. http://fingertips.phe.org.uk/profile/what-about-youth

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[1] Community mental health profile,. http://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders/data Accessed 09 April 2015.
[2] HSCIC Adult Social Care Outcomes 2012/13 http://ascof.hscic.gov.uk/Outcome Accessed 28 May 2014.

The local annual survey of secondary school pupils includes risk factors for mental ill health: http://data.hampshirehub.net/def/concept/folders/themes/jsna/portsmouth-jsna/lifestyles/substancemisuse

A 2014 local survey of children and young people found:

- Most children in Portsmouth aged seven to 18 years are relatively happy with their lives while around 10% to 13% of children have low overall wellbeing (similar to the national average)
- Children's well-being declines with age from school year 5 onwards
- Children who say they are disabled or who have difficulties with learning, and those who are not living with their family have lower than average wellbeing
- Children's levels of happiness with many aspects of their lives are similar in Portsmouth to the national average. However, children in Portsmouth appear to be happier than average with their money/things and their prospects for the future, and less happy than average with their health and appearance
- Children in Portsmouth appear to be relatively happy with most aspects of school life. However, they are slightly less happy than average at school, with their feelings of safety and their relationships with other young people
- Teenage girls appear to be more anxious about their appearance and less happy with how they look than the national average
- Three in ten children in Portsmouth (30%) said that they had been bullied in the last year. Most bullying was emotional/verbal, although over a third (35%) of those that said they had been bullied had experienced physical bullying.[3]

The full report is on the JSNA website. http://data.hampshirehub.net/def/concept/folders/themes/jsna/portsmouth-jsna/the-people-of-portsmouth/demography-children-and-young-people

Relevant Public Health Outcome Framework measures relating to mental health include:

- the Office for National Statistics' subjective well-being measures for people aged 16+years in local authorities in terms of life satisfaction, feeling that life is worthwhile, whether respondents were happy yesterday and whether respondents were anxious yesterday (outcome measure 2.23)
- social isolation experienced by adult social care users and by adult carers (outcome measure 1.18)
- older persons' perception of community safety (outcome measure 1.19).[4]

4   Common mental health disorders

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[3] Portsmouth survey of children and young people, The Children's Society and Portsmouth City Council, 2014. http://data.hampshirehub.net/data/jsna/portsmouth-jsna/the-people-of-portsmouth/demography-children-and-young-people/portsmouth-survey-of-children-and-young-people-measuring-their-wellbeing-2014
[4] Public Health England. Public Health Outcomes Framework. http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/43/ati/102/page/0/par/X25004AD/are/E06000044 Accessed 13 May 2015

Common mental health disorders are mental health conditions that cause marked emotional distress and interfere with daily function – including different types of depression and anxiety, and include obsessive compulsive disorder. The Adult Psychiatric Morbidity Survey 2007 categorises mixed anxiety and depressive disorder; generalised anxiety disorder; depressive episode; all phobias; obsessive compulsive disorder; and panic disorder as common mental health disorders.

Using the overall prevalence rates identified in the Adult Psychiatric Morbidity Survey 2007, about 22,100 Portsmouth residents aged 18-64 years are predicted to be affected by common mental disorders in 2015; and assuming the prevalence rate remains the same, the number is projected to increase to about 22,800 by 2025.[5] The prevalence of common mental health disorders is higher in females compared to males.[6]

The National Institute for Health and Clinical Excellence (NICE) uses a slightly different definition of 'common mental health disorders' in its commissioning tool for improving access to psychological therapies.[7] Common mental health disorders in the NICE commissioning guide are defined as one or more of the following conditions: generalised anxiety disorder, depressive episode (mild, moderate or severe), phobias, obsessive compulsive disorder and panic disorder, plus post-traumatic stress disorder. The Adult Psychiatric Morbidity Survey found that 16.2% of adults aged 16+ years met the diagnostic criteria for at least one common mental health disorder (this excludes post-traumatic stress disorder). NICE's topic advisory group adjusted that figure to include post-traumatic stress disorder and to represent an 18 years or over population, and decided that a prevalence of 17.7% was a reasonable estimate.

In 2014/15, about 11,194 people aged 18+ years (6.4%) were recorded by GPs as having depression with the range at Practice level from 17.2% to 0.7% - lower than the prevalence for England (7.3%).[8]

More information about people newly diagnosed with depression is available via the GP Practice Profiles.[9]

In 2015, it is estimated that about 2,600 Portsmouth residents aged 65+ years have depression of these about 800 residents will have severe depression. By 2025 the predicted numbers of Portsmouth residents aged 65+ years to have depression is about 3,000 and of these about 1,000 residents will have severe depression.[10]

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[5] Adult Psychiatric Morbidity Survey, 2007 and ONS sub-national populations projections via PANSI Database: www.pansi.org.uk Accessed 22 April 2015.
[6] NHS Information Centre. Adult Psychiatric Morbidity Survey, 2007. http://www.hscic.gov.uk/catalogue/PUB02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf Accessed 24 May 2012. Hampshire County Council 2011-based Small Area Population Forecasts.
[7] NICE. CMG41: Commissioning stepped care for people with common mental health disorders. https://www.nice.org.uk/guidance/cmg41 Accessed 24 May 2012.
[8] QOF 2014/15, Quality Management and Analysis System via Health and Social Care Information Centre Compendium of Population Health Indicators centre www.qof.hscic.gov.uk 29 December 2015
[9] QOF via Public Health England. National General Practice Profiles: http://fingertips.phe.org.uk/profile/general-practice/data#mod,1,pyr,2014,pat,19,par,E38000137,are,-,sid1,2000003,ind1,-,sid2,-,ind2,- Accessed 13 May 2015
[10] POPPI Database Accessed 22 April 2015

Public Health England's profile for Common Mental Health Disorders includes information about risk factors, prevalence, services, quality and outcomes.[11]

5 Severe mental illness

In 2014/15, compared to England, Portsmouth CCG had a similar prevalence of people with schizophrenia, bipolar affective disorder and other psychoses (locally about 1,980 people – 0.91% of people of all ages, compared to 0.88% in England).[12]

Public Health England's profile for Severe Mental Illness includes information about risk factors, incidence of psychosis, services for clients and carers and quality and outcomes for the CCG.[13]

6 Services

6.1 Social Care Services

In 2014/15, Adult Social Care provided services for mental health problems to 1,032 clients aged 18+ years (877 clients in 2013/14).

In that year, Adult Social Care provided services in the community for mental health problems to 236 clients aged 18-64 years (1.7 clients per 1,000 residents aged 18-64 years) and to 88 clients aged 65+ years (2.9 clients per 1,000 residents aged 65+ years). In total, Adult Social Care provided services in the community for mental health problems to 324 adults aged 18+ years. Where rates could be calculated, the highest crude rates were in Charles Dickens (57 clients, 3.7 clients per 1,000 population) and Nelson (26 clients, 2.4 clients per 1,000 population) wards.

In 2014/15, 235 people caring for someone with a mental health problem received a needs assessment, review or advice and information.[14]

6.2 Health services

Information about primary care management of people with mental health problems can be found in the GP Profiles http://fingertips.phe.org.uk/profile/general-practice

2014/15 outcomes for people referred to Improving Access to Psychological Therapies is at http://www.hscic.gov.uk/catalogue/PUB19098. (Health and Social Care Information Centre)

Portsmouth has higher rates than England for:

- Hospital admissions for young people aged 10-24 years for self-harm (2010/11 to 2012/13)[15]

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[11] Public Health England. Common mental health disorders profile. http://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders Accessed 13 May 2015

[12] QOF, 2014/15. HSCIC.

[13] Public Health England. Severe mental illness profile. http://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness/data#gid/8000039/pat/6/ati/102/page/0/par/E12000008/are/E06000044 Accessed 13 May 2015

[14] RAP databases, Portsmouth City Council.

- Emergency hospital admissions for intentional self-harm (2013/14) - significantly higher[16]
- Emergency admissions for schizophrenia, schizotypal and delusional disorders (2009/10 to 2011/12) - significantly higher [17]
- Hospital admissions for unipolar depressive disorders (aged 15+ years) (2009/10 to 2011/12) - significantly higher.[18]

7   Mortality

The national suicide prevention strategy[19] sets two overall objectives:

- a reduction in the suicide rate in the general population in England; and
- better support for those bereaved or affected by suicide.

Six key action areas are:

- Reduce the risk of suicide in key high-risk groups[20]
- Tailor approaches to improve mental health in specific groups[21]
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring.

Amongst other aims, the previous mental health target for 2010 (Saving Lives: Our Healthier Nation strategy) was to reduce mortality from suicides and injuries undetermined for persons of all ages by 20% from 1996 (ie 1995-97) baseline.

(NB Statistics are reported for the year the suicide or undetermined death was registered rather than the year of the event.)

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[15] Children's and Young People's Mental Health and Wellbeing, Public Health England http://fingertips.phe.org.uk/profile-group/mental-health Accessed 27 January 2016

[16] Suicide prevention profile, Public Health England http://fingertips.phe.org.uk/profile-group/mental-health Accessed 27 January 2016

[17] Severe mental illness profile, Public Health Englandhttp://fingertips.phe.org.uk/profile-group/mental-health Accessed 27 January 2016

[18] Common mental health disorders profile, Public Health England http://fingertips.phe.org.uk/profile-group/mental-health Accessed 27 January 2016

[19] Suicide Prevention Strategy, September 2012. Department of Health. https://www.gov.uk/government/publications/suicide-prevention-strategy-launched Accessed 18 September 2012.

[20] Described in the Strategy as: young and middle-aged men, people in the care of mental health services, including inpatients; people with a history of self-harm; people in contact with the criminal justice system; specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers (p5).

[21] Described in the Strategy as: Children and young people, including those who are vulnerable such as looked after children, care leavers and children and young people in the youth justice system; survivors of abuse or violence, including sexual abuse; veterans; people living with long-term physical health conditions; people with untreated depression; people who are especially vulnerable due to social and economic circumstances; people who misuse drugs or alcohol; lesbian, gay, bisexual and transgender people; and Black, Asian and minority ethnic groups and asylum seekers (p6).

In 2012/14 Portsmouth's suicide rate for persons aged 15+ years was 13.9 suicides per 100,000 persons aged 15+ years - higher than the England rate (10.6 suicides per 100,000 persons aged 15+ years). The local rate was significantly higher than the England rate in 2011/13.

Between 2009/11 and 2012/14, for persons of all ages, the average number of suicide and undetermined **registrations** in each rolling three year period increased from 18 registrations to 22 registrations. The three year rolling average number of such **events** over those years increased from 16 events to 20 events.

In 2009/11, suicide and deaths from injury undetermined was the fifth leading (broad) cause of death in the 20-64 years old age group in Portsmouth.[22]

Nationally and locally, males have a significantly higher suicide and undetermined injury rate than females.[23]

8   Evidence

NICE has published the following public health advice/guidance relating to mental health and wellbeing:

- Social and emotional wellbeing - early years (PH40)
- Social and emotional wellbeing in primary education (PH12)
- Social and emotional wellbeing in secondary education (PH20)
- Promoting mental wellbeing at work (PH22)
- Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care (PH16).

These can all be accessed via www.nice.org.uk/guidance/phg/published/index.jsp?p=off.

Public health guidance for the following is in development:

- Older people: Independence and mental wellbeing
- Mental health of adults in contact with the criminal justice system.

A range of NICE clinical guidance is also available, including the following:

- Antenatal and postnatal mental health (CG45)
- Common mental health disorders: identification and pathways to care mental health (CG123)
- Service user experience in adult mental health (CG136).

These and others can be accessed via www.nice.org.uk/.

NICE also provides pathway overviews for:

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[22] ONS Public Health Mortality Files via Mortality section of JSNA Portsmouth website: www.jsna.portsmouth.gov.uk accessed 19 March 2014.
[23] Data source from: Health and Social Care Information Centre. © Crown Copyright. Compendium of Population Health Indicators (indicator.ic.nhs.uk) and National Statistics. Ibid.

- Social and emotional wellbeing for children and young people (http://pathways.nice.org.uk/pathways/social-and-emotional-wellbeing-for-children-and-young-people)
- Antenatal and postnatal mental health (http://pathways.nice.org.uk/pathways/antenatal-and-postnatal-mental-health)
- Service user experience in adult mental health services (http://pathways.nice.org.uk/pathways/service-user-experience-in-adult-mental-health-services)
- Promoting mental wellbeing at work (http://pathways.nice.org.uk/pathways/promoting-mental-wellbeing-at-work).

NICE has also published a related quality standard for service user experience in adult mental health (http://guidance.nice.org.uk/QS14) and published a quality standard for the mental wellbeing of older people in care homes http://www.nice.org.uk/guidance/qs50 in December 2013.

NHS Evidence provides topic information on mental health and wellbeing at www.evidence.nhs.uk/public-health/mental-health-and-wellbeing, including guidance, implementation tools, case studies and information for the public.

9   Action
- Local mental health strategy is being developed (2015)
- Relatively lower prevalence of depression may indicate need for case finding
- Relatively high prevalence of severe mental illness – need for appropriate primary care and specialist mental health services
- Investigate role of community support services in meeting needs of people with severe mental illness
- Actions to improve employment and settled accommodation are summarised in a report to improve the outcomes of socially excluded adults.[24]
- The most recent national cross-government strategies, No Health without Mental Health (2011) [25] and Suicide Prevention Strategy (2012)[26], include a range of actions and associated outcome measures**.**

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[24] NatCen. Report for the Social Exclusion Taskforce. Lead professional roles to improve the outcomes of socially excluded adults. http://www.revolving-doors.org.uk/documents/roles-to-improve-outcomes-of-socially-excluded-adults/ Accessed 22 April 2015.
[25] No health without mental health. February 2011. Department of Health. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf Accessed 22 April 2015.
[26] Department of Health. 2012. Ibid.