

Adult Mental Health and Wellbeing

JSNA Report

January 2016

THIS REPORT

This report has been prepared jointly by Knowsley Council, NHS Knowsley Clinical Commissioning Group (CCG) and partners of the Knowsley Health and Wellbeing Board (HWB).

PURPOSE AND SCOPE OF THIS REPORT

Its purpose is to provide an analysis of Adult Mental Health in Knowsley, understanding this area helps the HWB determine the level of priority that the issue should be given in the Borough's Health and Wellbeing Strategy.

The report identifies the extent, variation and trends and covers a wide range of data relating to the Knowsley population. Where possible, the analysis looked at the historical trends to see whether needs had increased or decreased and whether this was part of a sustained trend.

The report also considers the range of services relating to Mental Health as well as considering the evidence alongside national recommendations and ambitions.

QUALITY OF DATA AND INTELLIGENCE AVAILABLE

Data can sometimes lead to constructing misleading pictures, and some data is more vulnerable to misinterpretation than others. Some cautionary notes are included to highlight where data is not always fully complete, up to date, or is perhaps compiled by means of people self-reporting their behaviour.

This is one of a series of reports that comprise Knowsley's Joint Strategic Needs Assessment (JSNA).

CONTACTS

For information about this report please contact:

Ian Burkinshaw, Research & Intelligence Manager, Knowsley Council
Phone: 0151 443 3067 Email: ian.burkinshaw@knowsley.gov.uk

FURTHER INFORMATION

For a PDF copy of this report, and other research intelligence products, visit **Knowsley Knowledge** – the website of Knowsley's JSNA

CONTENTS

	Page
1. INTRODUCTION	4
2. IMPACT ON KNOWSLEY RESIDENTS	4
2.1 Scope and Evidence	4
2.2 The Number and Characteristics of People affected by this Mental Health Issues	5
2.3 Prevalence of Mental Health Conditions	7
2.4 Prescribing Rates	9
2.5 Recording Mental Illness	10
2.6 Contact with Mental Health Services	10
2.7 Emergency Hospital Admissions for Self-Harm	10
2.8 Suicide and Undetermined Injury Mortality	11
3. INTRODUCTION TO DEMENTIA	12
3.1 How Residents, Communities and Stakeholders view this issue	12
4. THE SCALE OF HEALTH AND OTHER INEQUALITIES	14
4.1 Differences between Locations within Knowsley	14
4.2 Differences between Population Groups within Knowsley	14
5. LEVELS OF SERVICE PROVISION	17
5.1 Expenditure on Mental Health	17
5.2 National Priorities	21
6. LINKS TO OTHER LOCAL PRIORITIES	22
6.1 Interdependencies with Council, CCG and Partnership Priorities	22

ADULT MENTAL HEALTH

1. INTRODUCTION

This JSNA provides an overview of mental illness prevalence, treatment and outcomes for Knowsley residents and will help to inform planning across the wider health and social care system. Risks to mental health manifest themselves at all stages in life, but it is the purpose of this report to highlight the issues that impact on mental health and wellbeing in adults, from wellbeing through to common mental illness and severe mental illness. Mental health and wellbeing is also covered in a number of other JSNA topic reports (i.e. children and young people's mental health, carers, learning disabilities, dementia).

2. IMPACT ON KNOWSLEY RESIDENTS

2.1 Scope and Evidence

Mental health is complex and covers a wide range of conditions such as depression, anxiety and obsessive compulsive disorders, through to severe conditions like schizophrenia. Due to the complexities and variations in the types of data it is difficult to determine in some areas the exact prevalence of mental health conditions. The following section of this report tries to understand this to some extent by looking at the existing range of data available to understand the number and characteristics of people affected, the key trends in recent years, and expected future direction of travel in relation to a range of data and intelligence about mental health and wellbeing. It is important to understand the difference between mental health and mental illness. Mental illness encompasses a broad range of mental health problems ranging from common mental disorders (CMDs) such as anxiety and depression to severe forms such as psychosis. However, mental health, or mental wellbeing, is more than the absence of mental illness. It encompasses good mental functioning and how we think, feel and behave.

No Health Without Mental Health¹, the cross government mental health strategy, notes that at least one in four of us will experience a mental health problem at some point in our lives and one in six adults has a mental health problem at any given time. Many of these problems develop early in life, one in ten children (aged 5-15) has a mental health problem and half of all people with lifelong mental health problems have developed them by the age of 14. Evidence suggests that poor mental health and wellbeing is intrinsically linked with an increased risk of physical ill health, drug and alcohol misuse, lower educational attainment and employment levels as well as wider social exclusion. It is also known that there is a direct correlation between higher rates of poor mental health and high rates of poverty and deprivation; the negative impact of poor mental health and wellbeing can be felt across all areas of life.

Mental health disorders do not just affect individuals but also their families, friends and colleagues. Sickness absence due to mental health problems costs the UK economy £8.4 billion a year and also results in £15.1 billion in reduced productivity. Mental ill health is the largest single cause of disability in the UK, representing up to 23% of the total burden of ill health. The total economic cost of mental health problems in England is estimated to be around £105 billion and it has been estimated that cost of health services to treat mental illness could double over the next 20 years.

- Mental illness results in 70 million sick days per year, making it the leading cause of sickness absence in the United Kingdom.
- 44% of Employment and Support Allowance benefit claimants report a mental health and/or behavioural problem as their primary diagnosis.
- More than 75% of adults who access mental health services had a diagnosable condition before the age of 18.

Nationally, there has been concern that the economic conditions and associated pressures on public finances and services will have a long term negative impact on all citizens, including those with issues related to mental health and wellbeing.

In 2012, the Government signalled its intent to address the issue of mental health by creating a public duty to commission appropriate physical and mental health services. Investment in effective treatment for mental health problems can relieve the suffering of individuals and for many transforms their lives and the lives of their families and friends. Good and timely treatment reduces the risk of suicide and self-harm. Prevention and early intervention lead to fewer people being admitted to treatment in restrictive settings and against their wishes.

There is similar concern in Knowsley and, as a result, mental health and wellbeing remains a key priority in the Borough for the Council, Clinical Commissioning Group (CCG) and wider partnership. During 2013/2014, Knowsley's Health and Wellbeing Board commissioned a programme to explore how mental health and wellbeing needs are being met, where the gaps in provision might be and how systems need to change going forward. The findings from this work were published in 'Towards Improved Mental Health and Wellbeing in Knowsley: The Interim Findings of the Mental Health and Wellbeing Programme. Evidence and insight gathered as part of the extensive consultation and engagement for this work has contributed to this assessment, alongside available data and statistics.

2.2 The Number and Characteristics of People Affected by this Issue

2.2.1 Wellbeing

In 2009, in response to the growing need to improve the population's mental wellbeing and understand more about the positive mental wellbeing of people in the region, the former North West Public Health Observatory (NWPHO) was commissioned to undertake the first North West Mental Wellbeing Survey. The results from this survey provided a baseline measure of the

region's mental health and wellbeing, as well as a description of the factors that influence wellbeing¹. The latest survey was undertaken in 2012/13 and so the information provided below is the latest available data. According to the survey, the mean wellbeing score for Knowsley was 26.52 - below that of the regional average of 27.66. Knowsley was also the fifth lowest out of the six local authorities that make up the Liverpool City Region. However the mean score had slightly improved since the 2009 survey where Knowsley scored 26.17.

Figure 1 below highlights the responses of Knowsley residents to seven questions measuring wellbeing which were asked as part of the 2012/13 survey. The questions assess levels of optimism, levels of energy and relaxation, clarity of thought and ability to solve day to day problems. It is evident from the chart below that just over 1 in 10 of Knowsley's residents do not feel optimistic about their future and roughly 1 in 10 said they have been dealing with problems well 'none of the time' or 'rarely'.

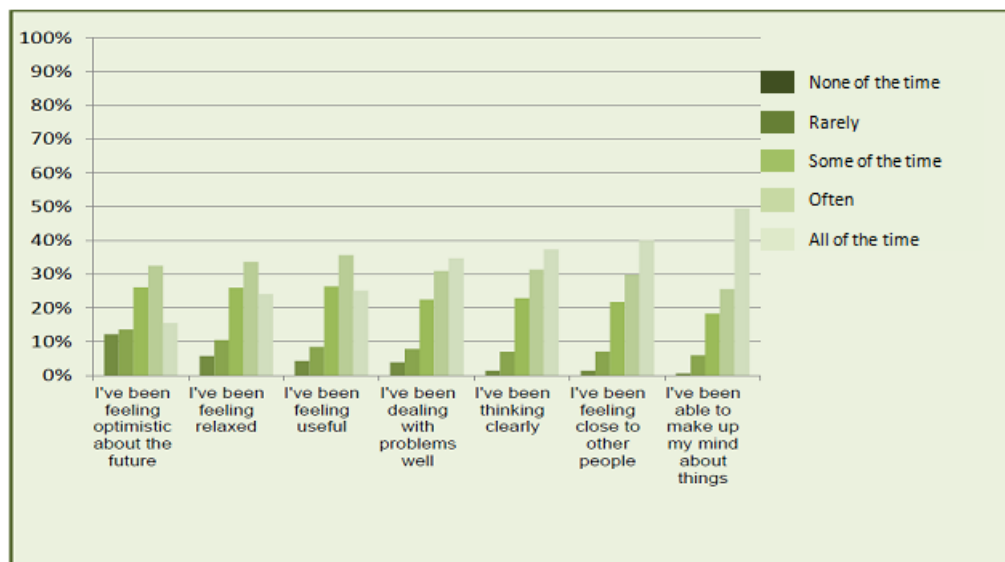


Figure 1 – NW Wellbeing survey 7 question WENWEB for Knowsley 2012/13

Another measure of wellbeing is 'self-reported wellbeing'. This is the level of satisfaction an individual has and is derived from subjective wellbeing questions included in the ONS Integrated Household Survey² and asks:

- 1.) Overall, how satisfied are you with your life nowadays?
- 2.) Overall, how happy did you feel yesterday?
- 3.) Overall, how anxious did you feel yesterday?
- 4.) Overall, to what extent do you feel the things you do in your life are worthwhile?

¹North West Mental Wellbeing Survey, 2012/13, Public Health England:
http://www.nwph.net/Publications/NW%20MWB_PHE_Final_28.11.13.pdf

² ONS Integrated Household Survey – Personal Wellbeing in the UK 2013/14
<http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/personal-well-being-in-the-uk--2013-14/sb-personal-well-being-in-the-uk--2013-14.html#tab-3--Personal-well-being-in-the-UK--2013-14>

Responses are given on a scale of 0-10 where 0 is not satisfied and 10 is completely satisfied. The percentage of those scoring 0-4 are classified as having low satisfaction with their life and can therefore give a subjective idea of wellbeing amongst those surveyed.

According to the results from the last survey (which can also be found in figure 2):

- The proportion of people from Knowsley reporting that they had low levels of satisfaction with their life in 2013/14 was 7.2%.
- This was an improvement from the 10.1% and 9.2% observed in 2012/13 and 2011/12 respectively.
- The proportion of people reporting low satisfaction with their lives in Knowsley was higher than England (5.6%) and the North West Region (7.0%), but was the 2nd lowest in the Liverpool City Region.
- Almost three-quarters (72.9%) of people in Knowsley reported that they had high or very high levels of satisfaction with their lives in 2013/14.
- This more recent data therefore suggests that self-reported perceptions of wellbeing in Knowsley are much higher than the figures recorded from the WENWEB score undertaken the year before.

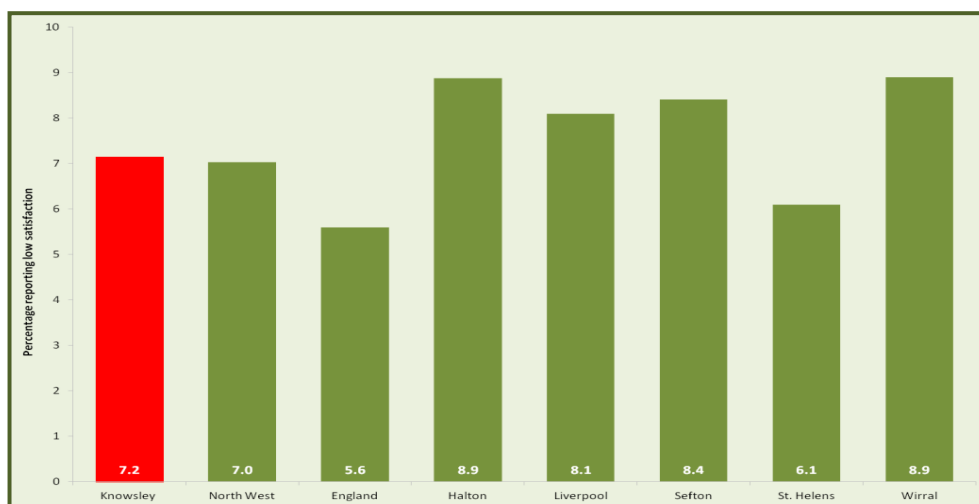


Figure 2 - People with a Low Satisfaction Score, 2013/14 Source: Integrated Household Survey, ONS

2.3 Prevalence of Mental Health Conditions

The prevalence of dementia, depression, learning disabilities and specific mental health conditions can be derived from the number of adult (18+) patients on GP registers for these specific conditions. Some of the key data³ for these conditions shows that:

- The prevalence of specific mental health conditions (*including schizophrenia, bipolar affective disorder and other psychoses*) (0.9%), dementia (0.7%) and learning disabilities (0.7%) on GP registers in

³ Knowsley Public Health Statistical Compendium 2014/15

<http://www.knowsley.gov.uk/pdf/public-health-statistical-compendium-2014-15.pdf>

Knowsley were all below 1% in 2013/14, however the prevalence of depression is significantly higher at 8.7%. This can be seen at figure 3.

- Knowsley had a higher prevalence of depression compared to the North West region (7.4%) and England (6.5%) in 2013/14.
- Knowsley had a higher prevalence of learning disabilities (0.7%) than the North West region (0.5%) and England (0.5%) in 2013/14.
- The prevalence of dementia and mental health in Knowsley during 2013/14 were similar to the North West region and England.

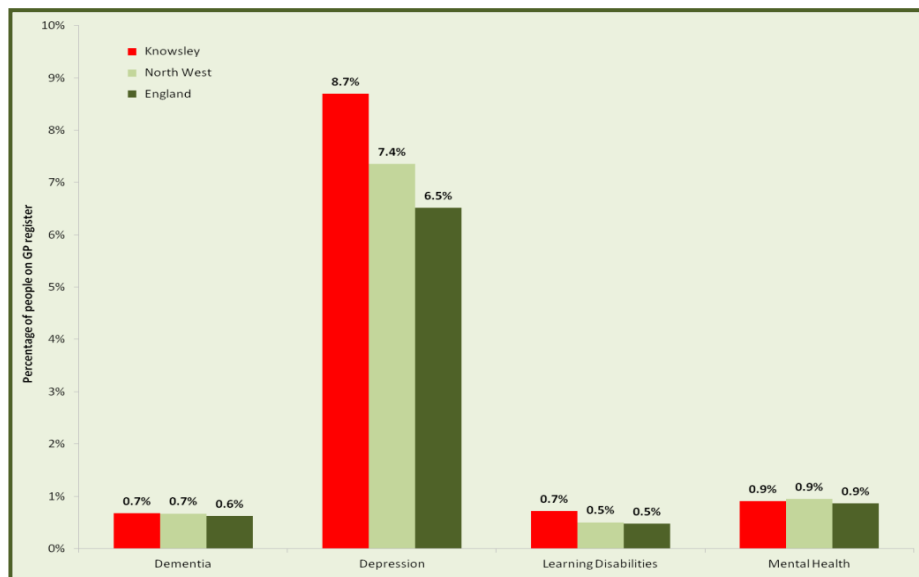


Figure 3 - Prevalence of Mental Health Conditions, 2013/14 - Knowsley Public Health Statistical Compendium

2.3.1 Depression

Major depressive disorder is increasingly seen as chronic and relapsing, resulting in high levels of personal disability, lost quality of life for patients, their family and carers, multiple morbidity, higher levels of service use and associated costs.

According to the Public Health England Community Mental Health Profile 2014⁴ the overall prevalence rate (proportion of people with the condition over a set period) for depression in adults in Knowsley was 5.2 compared to the England rate of 5.8. Similarly the incidence rate (rate of new cases of condition over a set period) in Knowsley for the same year was also lower than the England rate (0.8 compared to 1.0).

However, when compared to depression and anxiety prevalence levels taken from the national General Practice (GP) survey these numbers increase. The previous indicators look at the prevalence and incidence of depression as recorded on GP systems. However, it is estimated that in UK general practices, 50% of attending patients with depressive disorders do not have their symptoms recognised.

⁴ Public Health England Community Mental Health Profile 2014
<http://www.nepho.org.uk/pdfs/cmhp/E38000091.pdf>

Another indicator (also reported in the Public Health England Community Mental Health Profile 2014) examines the prevalence of depression amongst patients responding to a national GP survey and the prevalence identified in this survey is much higher (12% across England and 19.5% in Knowsley). The differences in these two prevalence estimates may be a reflection of under-diagnosis of depression in general practice.

2.4 Prescribing Rates

Guidelines from the National Institute for Health and Care Excellence (NICE) state that antidepressants should be considered for the treatment of all patients with moderate to severe depression. However analysis of prescribing data can be problematic because patients can be prescribed different doses for different periods of time making the data difficult to standardise. Some of the key figures regarding antidepressant prescribing can be found below.

- Antidepressant prescribing was higher than all other areas in the Liverpool City Region except St Helens during 2012/13 (figure 4).
- The level of antidepressant prescribing was also higher than England as a whole and the North of England region.
- Knowsley had the 7th highest levels of antidepressant prescribing in the North of England, out of 68 clinical commissioning group areas.
- During 2014/15, there were 238,000 items classified as antidepressant drugs dispensed in Knowsley, an increase of 5% from 2013/14.
- £933,000 was spent on prescribing these anti-depressant drugs in Knowsley during 2014/15, although the increase in items dispensed wasn't reflected in the costs as there was a reduction of 12% spent from 2013/14.

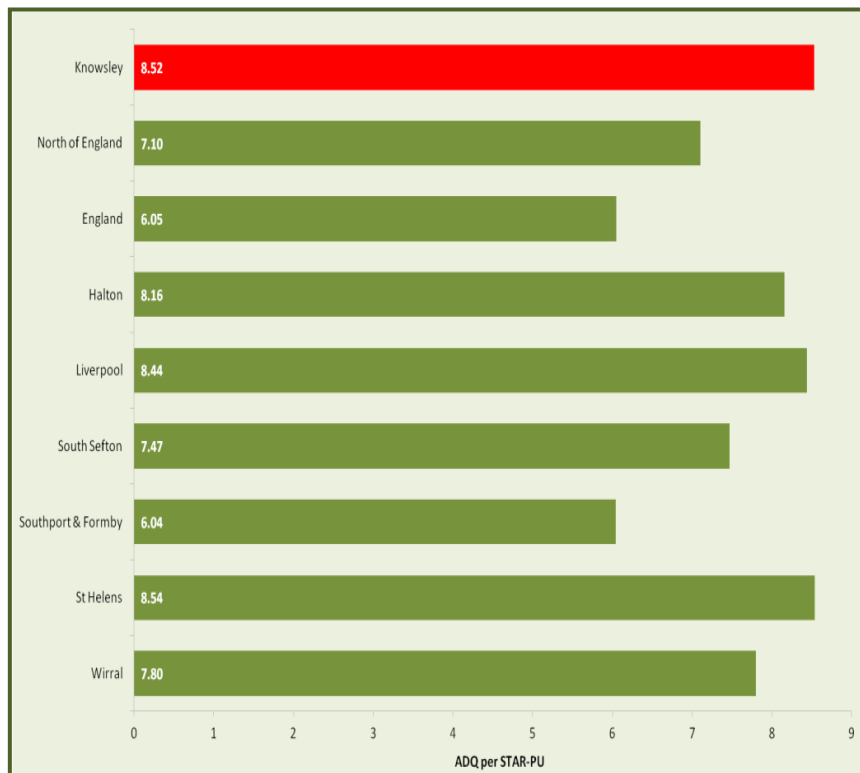


Figure 4 - Antidepressant prescribing, 2012/13 - Source: Mental Health Profiles, Public Health England

2.5 Recording Mental Illness

In 2012/13, 6.3% of patients responding to a national GP survey reported that they had a long term mental health problem compared to the England average of 4.5%.⁵ Whilst this figure may seem low, it is still higher than the England average and may also be a reflection of the likelihood for people suffering with a mental illness to participate in GP surveys.

However this could also indicate under recording of mental illness diagnosis on GP computer systems. Obtaining an accurate diagnosis for a mental illness is not easy, and often a period of time for careful assessment is necessary to ensure that a correct and accurate diagnosis is made. This is important when considering the rate of patients with a diagnosis recorded which according to the latest data⁶ in Knowsley is 9.0 - significantly lower than the England value of 17.8.

2.6 Contact with Mental Health Services

Local activity data suggests that in Knowsley, 3,737 people (per 100,000 population) had contact with mental health services in comparison to the England rate of 2,176 people per 100,000 population⁷. This includes the number of people admitted to NHS funded adult specialist mental health services, regardless of a formal diagnosis. It also includes use of community as well as hospital based services and it can be compared with the levels of health and illness for a CCG to see whether the use of services is relatively high or low, given the recorded prevalence of mental illness.

According to the Public Health Community Mental Health Profile⁸ Knowsley also has a significantly higher number of attendances at A&E for a psychiatric disorder per 100,000 population than the rest of England (603.0 per 100,000 compared to 243.5 in England) and a higher number of bed days used in secondary mental health care hospitals than the rest of England (4,974 days per 100,000 population compared to 4,686 in the rest of England).

2.7 Emergency Hospital Admissions for Self-Harm

Self-harm is an expression of personal distress. It can result from a wide range of psychiatric, psychological, social and physical problems and self-harm can be a risk for subsequent suicide.

- There were 401 emergency hospital admissions for self-harm in Knowsley during 2012/13, giving a rate of 266.0 admissions per 100,000 population (figure 5).

⁵ Public Health England Community Mental Health Profile 2014
<http://www.nepho.org.uk/pdfs/cmhp/E38000091.pdf>

⁶ Public Health England Community Mental Health Profile 2014
<http://www.nepho.org.uk/pdfs/cmhp/E38000091.pdf>

⁷ Public Health England Community Mental Health Profile 2014
<http://www.nepho.org.uk/pdfs/cmhp/E38000091.pdf>

⁸ Public Health England Community Mental Health Profile 2014
<http://www.nepho.org.uk/pdfs/cmhp/E38000091.pdf>

- The rate of emergency admissions dropped by 10% between 2011/12 and 2012/13 in Knowsley, although an increase of 12% was observed from 2008/09 when there were 237.8 admissions per 100,000 population.
- There were approximately 50% more female emergency hospital admissions for self-harm in 2012/13 than male emergency hospital admissions for self-harm.
- The rate of emergency hospital admissions for Knowsley was higher than across the whole of England in 2012/13 (191.0). However Knowsley had the 3rd lowest rate in the Liverpool City Region.
- Out of 68 clinical commissioning groups in the North of England region, Knowsley had the 25th highest rate of emergency hospital admissions for self-harm.

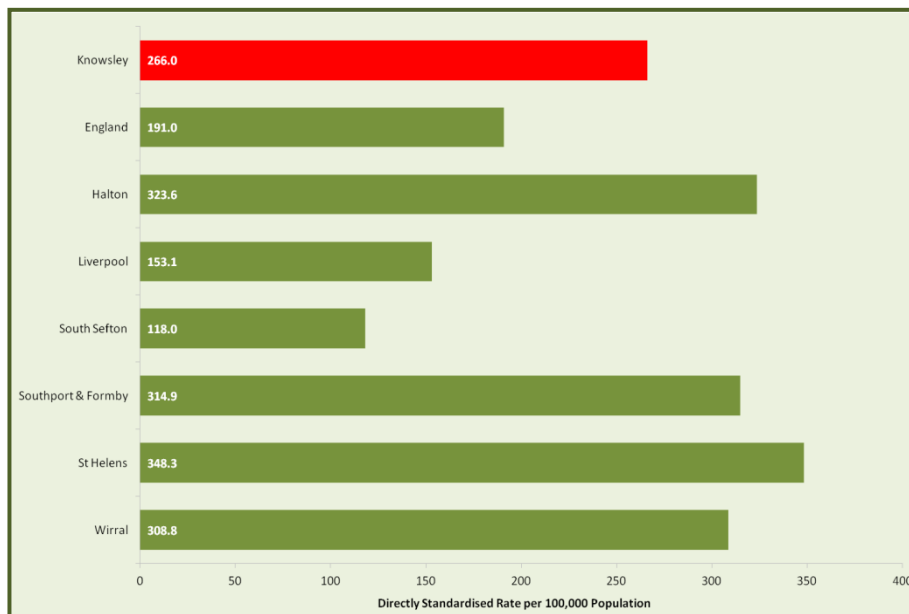


Figure 5 - Emergency Hospital Admissions for Self Harm, 2012/13 - Source: Mental Health Profiles, Public Health England

2.8 Suicide and Undetermined Injury Mortality

It is estimated that around 1 million people⁹ will die by suicide worldwide each year, and a person may be more likely to become suicidal if they have a mental health condition.

- In Knowsley there were 47 deaths from suicide and undetermined injury between 2011 and 2013, approximately 16 per year on average.
- The mortality rate for suicide and undetermined injury in Knowsley for 2011-13 was 11.1 deaths per 100,000 population (figure 6).
- The number of deaths from this cause is relatively small each year, and as a result there is variation in the mortality rate. There has been an increase in the mortality rate in four successive years since 2007-09, however, it is anticipated that there will be a reduction in 2012-14 as there were an unusually high number of suicides in 2011 (26 in total).

⁹ Public Health England Community Mental Health Profile 2014
<http://www.nepho.org.uk/pdfs/cmhp/E38000091.pdf>

- The mortality rate for suicide and undetermined injury in Knowsley for 2011-13 was higher than England (8.8), the North West region (10.1), the Liverpool City region (9.6) but lower than Knowsley's statistical neighbours (11.5).
- In 2011-13, there were 1,336 years of life lost due to suicide and undetermined injury mortality in Knowsley.
- Suicide and undetermined injury mortality was higher for males in Knowsley (20.2) than females (3.3) during 2011-13. This was also true for all comparator areas.
- The rate for suicide and undetermined injury mortality in Knowsley was higher for males than all other comparator areas in 2011-13, however the rate for females was lower than all other comparator areas.

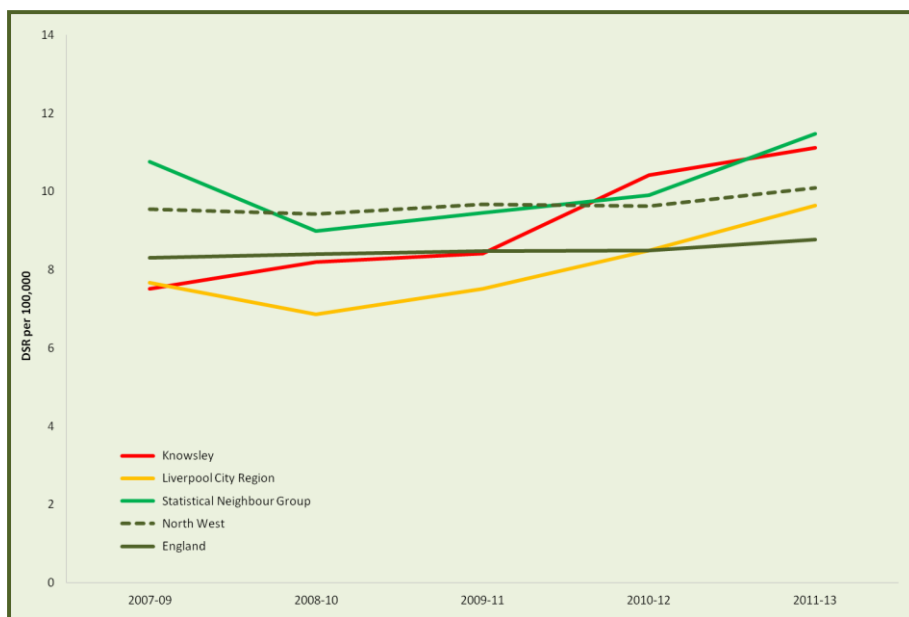


Figure 6 - Suicide and Undetermined Injury Mortality (All Ages), 2007-09 to 2011-13

3. INTRODUCTION TO DEMENTIA

3.1 How Residents, Communities, and Stakeholders View this Issue.

Positive mental health and wellbeing and the factors that contribute to this are important to Knowsley residents as poor mental health and wellbeing leads to a range of issues on the life experiences of all residents.

As part of the major piece of work undertaken during 2013/14 on behalf of Knowsley Council and the Health and Wellbeing Board (referenced earlier in this report), extensive stakeholder consultation was undertaken to gather resident insight and views in order to understand the lived experiences and journeys of local people across the whole of the life course. A wide range of organisations, groups and stakeholders were engaged via a range of different methodologies including workshops, one to one interviews, discussion groups, informal coffee mornings and attending the meetings of different groups and organisations (e.g. service user support groups). Existing insight

was also collated and included where relevant from previous provider evaluations, service reviews and wider consultations.

For the purpose of this JSNA report, some of the key issues have been summarised below.

- Evidence suggests that women are more likely to have been treated for a mental health problem than men. Women are also more likely to report symptoms of mental health problems. In Knowsley common mental health problems are estimated to affect 20% of females compared to 13% of males.
- Caring for someone can be demanding and overwhelming and over time the mental health and wellbeing of some carers can be impacted upon. The 2011 Census found that 5.7m people nationally identified themselves as carers. Locally, 12% of Knowsley residents provide unpaid care. In Knowsley there are more women who provide unpaid care in the Borough than men and those aged 25-49 accounted for the highest proportion in the Borough (38%).
- Physical health and mental health are inextricably linked. Poor mental health is associated with an increased risk of diseases such as cardiovascular disease, cancer and diabetes, while good mental health is a known protective factor. Poor physical health also increases the risk of developing mental health problems. This lack of parity has been highlighted as an issue in Knowsley which should be addressed at a strategic and service user level, with insight suggesting a distinct lack of understanding regarding the links between physical and mental health.
- Nationally and locally, people with learning disabilities and their families feel that they do not always get support to think or talk about their mental health problems in the same way that they would get to with physical health issues. In Knowsley there are currently 636 adults with learning disabilities who receive services from adult social care.¹⁰
- Large numbers of people of all ages pass through the Criminal Justice System (CJS) often without their mental health needs being recognised. This has been highlighted as both a national and local issue, particularly for young people and those with learning disabilities.
- Nationally and locally, it is felt that the allocation of resources is not balanced between preventative and reactive spend (treatment) and that there needs to be a shift towards more preventative interventions and improving wellbeing. The majority of mental illness starts before adulthood so there is a role for universal services and interventions before issues reach crisis point e.g. counselling.
- Local people in Knowsley feel that mental ill health is still met with too much stigma and discrimination.

In July 2015 a stakeholder event around mental health was held involving providers, patient groups and other stakeholders which highlighted some key issues important to patients, namely;

- The difficulty in accessing services, especially for those in crisis

¹⁰ Knowsley Adult Social Care Local Account 2015

- The difficulties in navigating through mental health services.
- The information about services and the signposting contained within that information.
- Issues relating to stigma around mental health services.
- The importance of linking physical and mental health.
- The importance of self help and developing positive well-being
- That early intervention is important, both in terms of support at an early age but also before conditions worsen or move to crisis.
- The use of technology for communication and support is potentially valuable.
- Communication skills for practitioners and those working with mental health patients is important.
- That peer support is a useful means of ensuring good mental health.
- Transition across services, including moving from children and young person's services to adult, is important and it has risks that people fall between services at times of need.

4. THE SCALE OF HEALTH AND OTHER INEQUALITIES

4.1 Differences Between Locations within Knowsley

Local insight has found differences in provision across the Borough. Currently in Knowsley, mental health services for adults are delivered by a range of different providers across a complex system, with provision coming from 5 Boroughs Partnership NHS Foundation Trust and Mersey Care NHS Trust whilst other services are commissioned or provided by Primary Care, the Voluntary Sector and the Local Authority.

Local consultation has found that this can sometimes lead to a lack of communication, consistency and joined up working as there are often variations in service specifications and the type of services provided which can vary between provider and service.

Engagement and feedback from patients and GPs has suggested there are some issues relating to access to services depending on the location within the Borough. This came out as an issue highlighted in the call for evidence as part of the consultation undertaken for the Mental Health and Wellbeing Interim Findings Report.

4.2 Differences Between Population Groups within Knowsley

During adulthood, some of the most influential factors affecting mental health relate to life events and lifestyle, poverty and deprivation (including housing), and employment status and physical health. There is a complex causal relationship between these issues and mental health; they can be the cause and consequence of mental health problems in working age adults. It is also important to consider the wider factors that can have significant impacts on mental wellbeing in adults, such as socioeconomic circumstances.

Some of the key risk groups include:

- **People suffering from Stress, Anxiety and Depression** - All sorts of situations in life can cause stress. For this stage of the life course, the most common involve work, money matters and personal relationships. Stress may be caused either by major upheavals and life events such as divorce, unemployment, moving house and bereavement, or by a series of minor issues.
- **Limiting Long-Term and Physical Health Conditions** - Physical health and mental health are inextricably linked. Poor mental health is associated with an increased risk of diseases such as cardiovascular disease, cancer and diabetes, whilst good mental health is a known protective factor. Poor physical health also increases the risk of people developing mental health problems. However, there is a long standing and continuing lack of parity between mental and physical health which is inequitable and socially unjust. Poor physical health and limiting long-term conditions can also significantly impair mental health in older adults, and mental health problems in old age can increase the risk of developing physical illnesses and can possibly worsen the outcome of already existent physical conditions.
- **Learning Disabilities** - There are around 1 million people with learning disabilities in England and estimates of prevalence of mental health problems vary from 25-40%¹¹. Prevalence of anxiety and depression in people with learning disabilities is the same as the general population, however many people with learning disabilities and their families feel that they do not get support to think or talk about their mental health problems in the same way that they would get to with physical health issues.
- **Those at Risk of Self-Harm** - Research has indicated that those that have previously self-harmed are at a higher risk of going on to actually attempt suicide. In Knowsley the rate of self-harm in 2012/13 was worse than England average (Knowsley rate was 266 per 100,000 whilst the England average was 191 per 100,000 population). Out of these, there were approximately 50% more female emergency hospital admissions for self-harm than males.
- **Offenders** - Large numbers of people of all ages pass through the Criminal Justice System (CJS) often without their mental health needs being recognised. According to the prison reform trust¹² 72% of male and 70% of female sentenced prisoners suffer from two or more mental health disorders. Therefore with a high majority of the prison population having mental health issues who aren't receiving the appropriate care and support they need, the cycle of reoffending becomes almost inevitable. The picture locally is similar, with some professionals highlighting that there is, in parts, very little understanding of mental health within the CJS.
- **Substance Misuse** - If someone has a mental illness along with a substance misuse problem, they are said to have a 'dual diagnosis'. Research shows that substance misuse may cause or increase symptoms of mental illness. However, mental illness may also lead someone to abuse substances. Cannabis is the most commonly used illegal drug in

¹¹ Mental Health Foundation, Mental health in people with learning disabilities, <http://www.mentalhealth.org.uk/our-news/blog/1102-06-23/>

¹² <http://www.prisonreformtrust.org.uk/ProjectsResearch/Mentalhealth>

England, with 6.4% of adults (aged 16 to 59) admitting to use within the last year¹³. Data suggests that 80% of the total drug offences in Knowsley are for possession of cannabis, accounting for 12% of all crime.

- **Military Veterans** - Various social and psychological factors affect the lives of veterans. These may have been caused by events before people entered military service, during service or soon after discharge. They could be a result of previous family, education or social experiences or be a combination of all. Most people who serve in the armed forces do not suffer with mental health difficulties, even after serving in highly challenging environments, but local insight found that there are some people whose needs are not met fully either by the armed forces or by society on discharge.
- **Adults who are Unemployed** - Employment is good for mental health. The positive impact of work on mental health can be attributed to the qualities that are embedded in employment. Being in work provides social identity and status, social contacts and support; a means of structuring and occupying time; activity and involvement; a sense of personal achievement and self-worth, as well as monetary reward. Therefore evidence suggests that being out of work can often be associated with the onset and / or reoccurrence of mental illness.
- **Families in Poverty** - Evidence shows a strong correlation between socioeconomic status and mental health and suggests that poverty is both a detriment to and consequence of mental health problems. Locally, this appears to be the case with insight reflecting the detrimental impacts of welfare reform changes on some of Knowsley's poorest families. The benefits cap and bedroom tax in particular are hitting a small number of residents hard and appear to have increased the prevalence of mental health issues as well as substance misuse and related emotional damage.
- **Dementia** - Dementia is a decline in mental ability which affects memory, thinking, problem-solving, concentration and perception. Dementia occurs as a result of the death of brain cells or damage in parts of the brain that deal with our thought processes. The prevalence of dementia in Knowsley, taken from GP disease registers, was 0.7% in Knowsley (2012/13). However, this figure is likely to be under-reported due to the fact there will be people in the community setting who remain undiagnosed. Knowsley also has a significantly higher number of people with a mental illness in residential or nursing care (55.7 per 100,000 population compared to 32.7 per 100,000 in the rest of England).¹⁴
- **People affected by social isolation** - Adults of any age can be affected by social isolation. For example, social isolation was identified as an issue for unemployed ESA claimants in Knowsley.¹⁵ Social isolation and loneliness is also common amongst older adults as they are more likely to experience bereavement, a drop in socioeconomic status, or a disability. All of these factors can result in isolation, loss of independence, loneliness and subsequent mental health problems, most notably depression and anxiety. Knowsley is working to address this and have identified a number

¹³ Cannabis use in Knowsley – Needs Assessment

¹⁴ Public Health England Community Mental Health Profile 2014
<http://www.nepho.org.uk/pdfs/cmhp/E38000091.pdf>

¹⁵ KMBC, 'Mental health and worklessness in Knowsley.' (2014)

of potential work strands to tackle and prevent social isolation in the Borough.

5. LEVELS OF SERVICE PROVISION

5.1 Expenditure on Mental Health

The current cost of mental ill health to the economy in England has been estimated at £105 billion (of which £30 billion is work related). It is the single largest area of spend in the NHS, accounting for 11% of the NHS secondary health care budget, and it is predicted that treatment costs will double in the next 20 years.¹⁶ Yet despite the associated costs, mental health and wellbeing has not received the same attention as physical health.

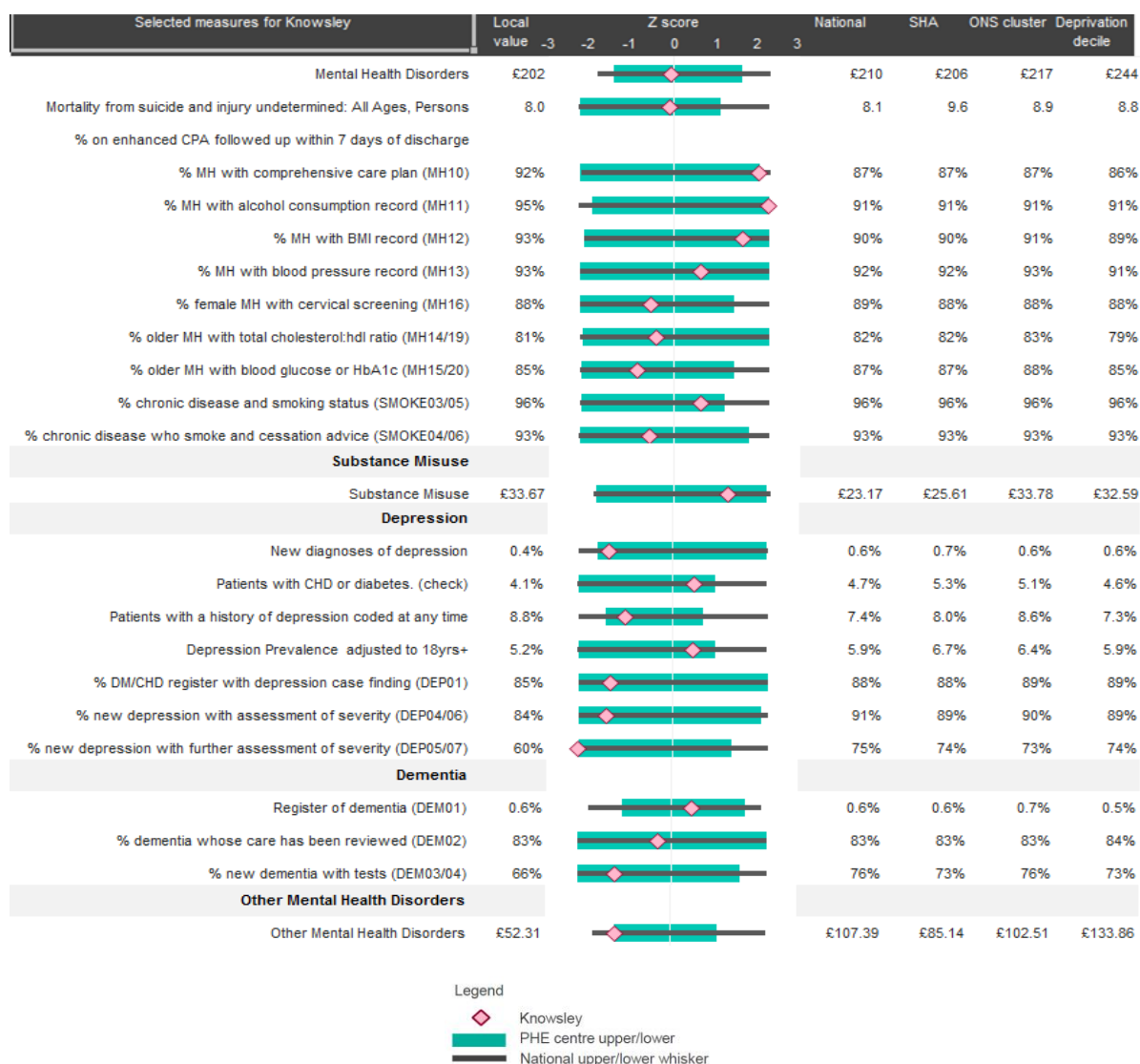


Fig 7: PHE - Spend & Outcomes programme spine chart (Mental Health 2014)

Figure 7 indicates benchmarked expenditure for Knowsley for a range of mental health conditions. Such benchmarking should be treated with some

¹⁶ Community Mental Health Profile 2014, Public Health England: <http://www.nepho.org.uk/pdfs/cmhp/E38000091.pdf>

caution as it reflects both levels of need, resource constraints and spending decisions together so it is difficult to make broad assumptions around such outcomes.

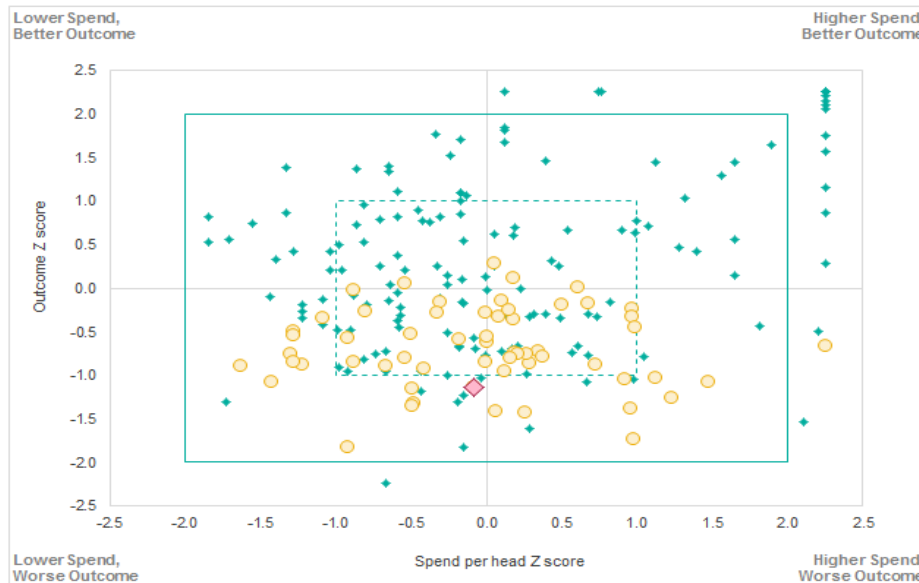


Figure 8: Spend & Outcomes on Mental health Programmes (national Comparative) 2014

The CCG’s position in terms of spend per head of population on mental health programmes in 2014 (latest data available), as shown by the pink diamond in figure 8, does not show any statistically significant variance although outcomes are marginally lower than other communities with deprived areas and poorer health.

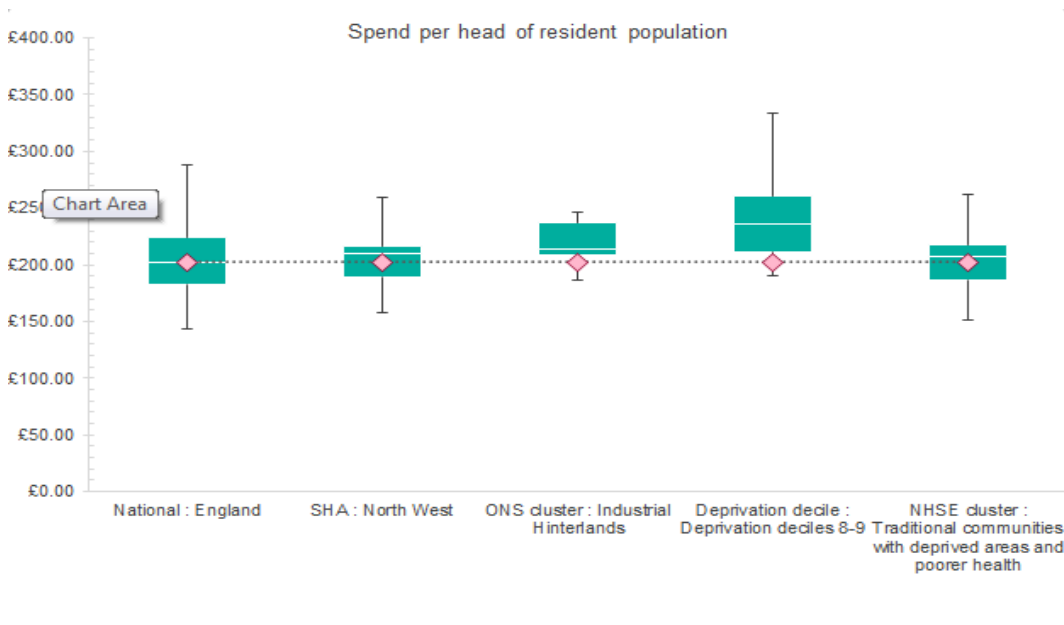


Figure 9: Boxplot comparison showing spend per head of population on MH programmes
Interpreting the chart: In this boxplot, the chosen organisation is represented as a red diamond and the upper and lower quartile boxes represent the middle 50% of authorities' spend. The white line through the middle of the quartile box is the median. The whiskers extend 1.5 x the interquartile range, up to the max/min values. Organisations outside the whiskers are categorised as outliers.

The boxplot above indicates that the CCG is a negative outlier in comparison to its ONS cluster in terms of spend per head of population on mental health

programmes and indeed in comparison to the deprivation deciles, although has similar levels of spend when compared to England as a whole.

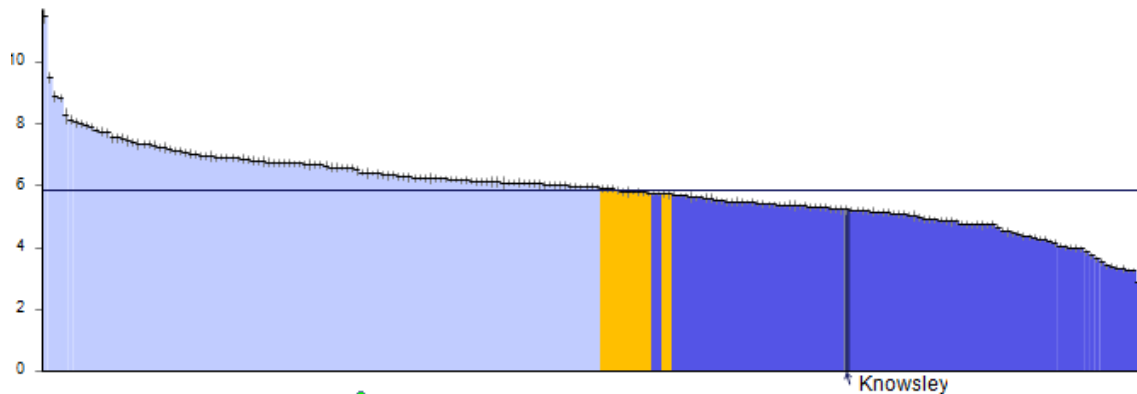


Figure 10: QoF Depression prevalence (18+)

Significantly higher than England value Not significantly different from England value Significantly lower than England value

Major depressive disorder is increasingly seen as chronic and relapsing, resulting in high levels of personal disability, lost quality of life for patients, their family and carers, multiple morbidity, higher levels of service use and many associated economic costs.

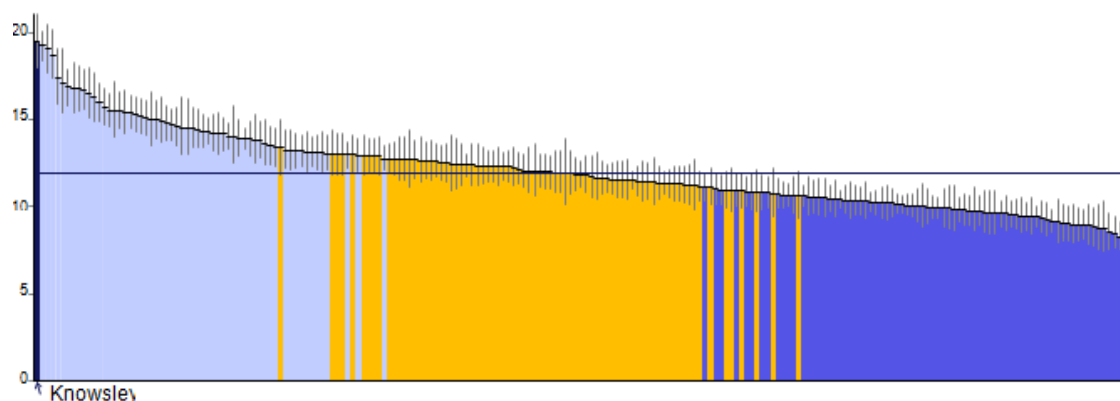


Figure 11: Depression & Anxiety prevalence (GP survey)

Significantly higher than England value Not significantly different from England value Significantly lower than England value

It is estimated that in the UK, 50% of patients attending with depressive disorders do not have their symptoms recognised. The indicators in this profile have looked at the incidence and prevalence of depression, as recorded on GP systems.

In contrast, figure 11 examines the prevalence of depression among patients responding to a national General Practice survey. The prevalence identified in this survey is much higher (12.0% across England as shown by the line), and much higher within the borough of Knowsley - perhaps because patients who have chronic conditions are more likely to respond (although results are weighted for known factors such as age). However, differences in the two prevalence estimates might also reflect under-diagnosis of depression in general practice.

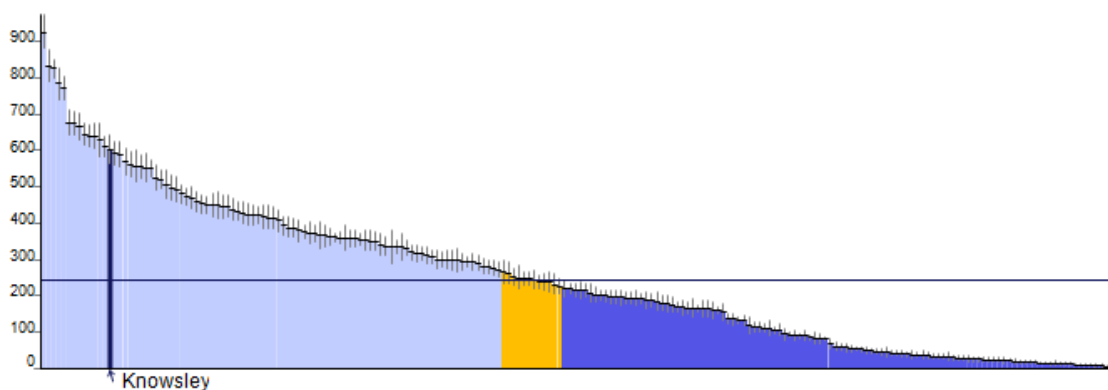


Figure 12: A&E attendances for psychiatric disorders per 100,000 populations

■ Significantly higher than England value ■ Not significantly different from England value ■ Significantly lower than England value

Crisis resolution teams are commissioned to treat people with serious mental health conditions when they experience an acute and severe psychiatric crisis, however many such episodes also result in contact with police services or attendance at hospital A&E departments. Mental health problems are also associated with physical health problems, which may result in hospital visits. The impact of mental illness upon A&E departments may be significant with liaison psychiatry services being an option to ensure those with such needs have them addressed.

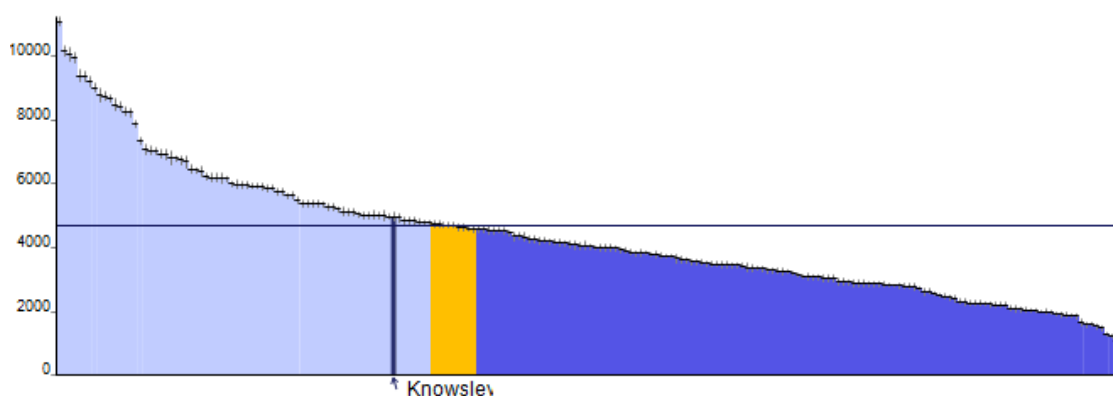


Figure 13: Number of bed days per 100,000 populations

■ Significantly higher than England value ■ Not significantly different from England value ■ Significantly lower than England value

Commissioners have a requirement to understand the need and the demand for mental health services in order to plan effective treatment. The indicator above shows Knowsley’s use of the most intensive service, beds in mental health trusts. It shows a comparatively average use of bed days in secondary mental health care hospitals as recorded by the Mental Health Minimum Dataset per 100,000 residents.

5.2 National Priorities

No Health Without Mental Health, published by the Government in 2012, set out six shared high-level mental health objectives for mental health in England;

i. **More people will have good mental health**

More people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well.

ii. **More people with mental health problems will recover**

More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

iii. **More people with mental health problems will have good physical health**

Fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health.

iv. **More people will have a positive experience of care and support**

Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected.

v. **Fewer people will suffer avoidable harm**

People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service.

vi. **Fewer people will experience stigma and discrimination**

Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.

6. LINKS TO OTHER PRIORITIES

6.1 Interdependencies with Council, CCG and wider Partnership Priorities and Strategies

Mental Health is a key priority for Knowsley, it links through to almost all areas of service provision, including key priorities such as;

- Reducing emergency admissions to hospital
- Providing services in community settings
- Reducing unnecessary prescribing
- Safe supported discharge
- Supporting carers
- Psychological impact Long term conditions
- End of life care and bereavement
- Housing
- Social Care
- Alcohol and Substance Misuse
- Criminal Justice
- Economic strategies and employment

This list is not exhaustive

References:

- 1: [No Health Without Mental Health \(Department of Health \(2011\) Available at: https://www.gov.uk/government/publications/the-mental-health-strategy-for-england](https://www.gov.uk/government/publications/the-mental-health-strategy-for-england)