Norfolk County Council

Public Health NORFOLK & WAVENEY

Public Health

Mental Health Needs Assessment

2013

Summary

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Introduction

Mental illness affects people in all ages and stages of life, across society, impacting upon family life, friends and relationships, education, finding work, working, caring for others, leisure pursuits and retirement, as well as the impacts purely characteristic of the disorder.

The severity, duration and impact of mental illness varies hugely, and so prevalence data alone for the various disorders will not provide all of the information required to estimate medical and social care needs, or the extra considerations for education, employment, acceptance, understanding and accommodation by society plus the reasonable adjustments that are required for routine services for people who suffer with mental illness. All services need to be flexible so that they can be tailored to the circumstances of individuals.

The data and datasets set out and explored here will contribute to a wider assessment of population-based need which also requires discussion with commissioners, service providers, patients, carers and others to:

- Evaluate existing services,
- Understand capacity and pathways, in relation to evidence of best practice,
- Understand patient perspectives and
- Take account views of patients and their carers on different aspects of care and support.

Where possible we have compared local data to national or regional figures; it will also be useful to compare with situations and services and pathways in other parts of the country, to understand whether our patients and clients get care that is equitable.

Processes of needs assessments are on-going, linking the Joint Strategic Needs Assessments of Norfolk and Suffolk, to reflect the geography of the Norfolk and Suffolk Mental Health Foundation Trust.

Aim

The aims of the mental health needs assessment are:

- To gather information to plan, negotiate and change services for the better and to improve health in other ways.
- To build a picture of current services, i.e. a baseline.
- To encourage discussion on why services might need changing for the better?

Objectives

The objectives of the mental health needs assessment are:

Planning:
The main objective of mental health needs assessment is to help decide what services are required i.e. for how many people, the effectiveness of these services, the benefits that will be expected, and at what cost.

Intelligence:
Provide a baseline of current picture of mental health in Norfolk and Waveney which can then be used to measure the impact of interventions or service development.

Equity:
Reduce health inequalities through early identification and improving the spatial allocation of resources between and within different groups.

Efficiency:
Having assessed needs, measuring whether or not resources have been appropriately directed i.e. Do those who need a service get it? Do those who get a service need it? This is related to audit.

Involvement of stakeholders:
Conducting a mental health needs assessment can stimulate the involvement and ownership of the various stakeholders in the process.

Key findings:

Data from General Medical Practice Quality and Outcomes Framework, plus Data on Incapacity Benefit

- The rate of diagnosed severe mental illness on GP QOF registers across Norfolk and Waveney is eight per thousand (0.8% of all ages), similar to the England average, but higher than for the East of England. Highest rates are recorded in Norwich, and lowest in South and West Norfolk. There are large variations between individual practices.

- The proportion of the local practice populations diagnosed with dementia is greater across Norfolk and Waveney at six per thousand, than seen either nationally or at regional level. There is variation between areas and also between practices.

- In February 2012, there were 10,595 people claiming incapacity benefit across Norfolk and Waveney due to mental illness, 44.7% of all claimants and a rate of 1.9% of working age adults. Norwich had the highest rates, followed by Great Yarmouth and North Norfolk. Data on the top ten highest and lowest wards are available[1].

Estimated Rates of Mental Illness across Norfolk and Waveney by Applying Survey Data

Adults

The most recent population estimates of mental disorders among adults aged 16 - 74 (based on the report of the Adult Psychiatric Morbidity Survey in England, 2007) are:

In the past week

- Common mental disorders, 16.2%.
- Two or more psychotic disorders, 7.2%.
- Post traumatic stress disorder, 3%.

Over the previous year

- Suicidal thoughts, 4.3%
- Made a suicide attempt, seven per thousand.
- Personality disorder: four per thousand.
- Antisocial behavior: three per thousand.
- For any neurotic disorder, prevalence is over 13% of men and nearly 20% of women, translating to 48,300 men and nearly 70,000 women in Norfolk and Waveney, over

[1] http://83.244.183.180/NESS/BEN/iben.htm

118,000 in all. Common mental health disorders can result in sleep problems, fatigue, irritability and worry.

- For personality disorder, we calculate that there are about 31,500 adult sufferers across Norfolk and Waveney.

- For severe mental illness, we have calculated about 3,000 people to be affected.

- For adults with autistic spectrum disorder, we have used data from our previous work in 2012[2]; assuming 1% adults aged 16 - 64 were affected, there were just over 5,000 cases in 2011, about four fifths being male.

Children

- The most recent population prevalence estimates of mental disorders in children aged 5 - 15 years were calculated from a national survey conducted in 2004. Applied to the population of Norfolk and Waveney in 2010/11, about 12,000 children would have been affected with conditions ranging from anxiety and depression, conduct disorders and hyperkinetic disorder, to the less common ones including autistic spectrum disorder, tic disorders, eating disorders and mutism.

- For Attention-Deficit Hyperactivity Disorder (ADHD), prevalence in school children is 3 - 5%: 5,209 – 8,682 children in Norfolk and Waveney.

- For Autistic Spectrum disorder, there may be 1,248 children to age 19, exceeding the estimates for 'classic' autism alone, indicate between 73 and 150 children would be affected.

Eating disorders

For eating disorders, we applied prevalence estimates derived by the third sector organisations, MIND and BEAT, to the populations of Norfolk and Waveney.

- For anorexia nervosa, among young women aged 15 - 30, we estimated 860 sufferers, and across all sexes and ages, 108 new cases per year.

- For bulimia, we estimated 177 new cases per year.

- For an eating disorder 'not otherwise specified', a much higher proportion of people are affected, accounting for 50% of people who present for treatment, but up to 6%, 59,000 people, in our population.

[2] http://www.norfolkinsight.org.uk/Custom/Resources/FinalAutisumdocument18July2012KALHSM.pdf

Projecting Adult Needs and Service Information System (PANSI)

- This national data system has been designed specifically for service planners of adult services and is also based on the Adult psychiatric morbidity survey for England, 2007 and takes account of other data and research to predict the rates and hence numbers of likely sufferers of different mental illnesses by 2030, by applying these to local population projections. The system assumes that 12.5% males and 19% females have a common mental disorder, nearly 7% men and 7.5% females have two or more psychiatric disorders and 0.6% men and 0.1% women have antisocial personality disorder. As the general population size increases, so the numbers with these and other disorders will increase. Predicted numbers, based on these assumptions, have been calculated for each CCG. Across Norfolk and Waveney by 2030, there could be 195,000 people with neurotic disorder, over 52,000 with personality disorder, 37,700 who are alcohol dependent and 35,300 dependent on illicit drugs. Over 30,000 people could have depression, 27,000, dementia, nearly 12 000, autism and about 6,500 with a psychotic disorder.

Findings from the Minimum Mental Health Data Set (MHMDS)

- In 2011/12, 23,987 people were referred to mental health services in Norfolk and Waveney, some more than once, such that there were 33,305 episodes of care, of which just over half were for females. About 40% of these patients were single.

- Almost 70% referrals come from GPs, but there is a wide range of other sources including A&E and self-referral. Referrals are to a wide range of services, most commonly, the Wellbeing service, followed by adult acute services and child and adolescent mental health services.

- 2,401 patients were accepted into the Care Programme Approach for treatment (for severe mental illness) in 2011/12 and 1,572 were admitted to hospital, some more than once, such that in total there were 2,110 hospital admissions, either voluntary or through being sectioned.

Inpatient Admissions in Norfolk and Waveney

- Over two years April 2010 – March 2012, across Norfolk and Waveney, the most common reason for someone to be admitted was for mental and behavioural disorders due to psychoactive substance abuse, accounting for 982 people. A further 385 were admitted with neurotic, stress-related and somatoform disorders, and 355 people were admitted on account of their dementia. 142 people were admitted with 'other organic, including symptomatic, mental disorders' and 119 people were admitted with behavioural syndromes associated with physiological disturbances and physical factors. 101 people were admitted with mood disorders and 93 with schizophrenia, schizotypal and delusional disorders. Among men, admissions become more common with increasing age, rising slowly to a peak among 40 - 54 year olds. Then they drop slightly, followed by a sharp rise among men over the age of 75. The pattern for women is different, as they are more likely then men to be admitted when they are below the age of 25. However, above this age, rates remain similar across the age groups until the age of 75 + when rates also rise sharply, and to a higher level than seen in men. Post code data have shown that admissions were more common among people living in the most deprived areas, although rates across the other areas were relatively evenly spread. Detail is given by clinical commissioning group.

Mental Health Mortality

- Between 2003 and 2011, 4.3% of all deaths in Norfolk and Waveney were attributed to mental and behavioural disorders, giving an average of 408 deaths per year, not including suicides. The most common cause was dementia in older people, but in younger age groups substance misuse was the predominant cause. Data is available by CCG.

Suicide and Injury Undetermined

- Data from the Office for National Statistics show deaths due to suicide or injury undetermined by year. Across Norfolk and Waveney between the years 2000 and 2010, the highest number, 107, occurred in 2004 and the lowest, 61, was seen in 2007. Over the 11 year period, the highest numbers of deaths from these causes were amongst residents of Great Yarmouth and Waveney with the least in the North Norfolk CCG area, and there were nearly 900 deaths in all. The long term trend has been a reducing rate, but this may have now reached a plateau.

- Through applying geo-demographic segmentation, it can be seen that just over half of these suicides took place among residents of isolated communities and nearly 40% among residents of 'small and midsized towns with strong local roots'.

- Numbers of suicides expected for the future, if trends don't change, have been predicted using data on mortality rates between 2006 and 2008. These have highest rates amongst males aged 35 - 64 followed by males aged 18 - 34, and lower rates for females aged 35 - 64, with young women aged 18 - 34 having the lowest rates of all.

Dementia

- Using the NHS tool that has been recently published to estimate true dementia prevalence in England, including those still undiagnosed by their GP, it was estimated that in 2010/11, there were 15,459 sufferers in Norfolk and Waveney. Of these, 4,547 would have been living in residential care, and 10,912 in the community. Data from our GP registers however, document only 6,561 diagnosed cases in total.

- Of the 15,459 cases estimated, according to the tool, 8,482 (55%) would have been mild, 5,023 (32%) moderate and 1,953 (13%), severe. The summed estimates of moderate and severe cases, (6,976), is comparable to the actual numbers that were on the GP registers at the time (6,561), but there is no data to confirm the classification of these. If it is assumed that the 6,561 patients that the GPs had identified were in the moderate and severe categories only, there would remain a further 415 of people in these categories still undiagnosed. In addition, none of the remaining 8,482 who would be categorized as mild would have been on the registers either.

- Work is ongoing to improve access to healthcare for dementia sufferers at an earlier stage in the course the disease, of whom it was estimated there were 8,482 people in 2010/11 with mild disease.

Community Mental Health Profile - Norfolk

- The North East public health observatory has compiled data at county level across a range of measures grouped into five themes: wider determinants of health, risk factors for mental illness, levels of mental health and illness, treatment and outcomes. Using this, population values for the Norfolk population can be compared with regional and England values.

- Indicators used for wider determinants were 16 to 18 year olds not in employment, education or training ('NEET's), violent crime rates, proportions of the population living in the most deprived fifth of geographical areas in England, unemployment, hospital admissions for alcohol attributable conditions and numbers of people in drug treatment. In all these, the Norfolk population overall does better than the average for England (i.e. lower rates), and is similar to or better than regional averages.

- Indicators used to assess risk for mental illness were homeless households, proportion of the population with a limiting long term illness, and both school children and adults actively participating in physical activity. Norfolk has higher rates

of limiting long term illness than the England average and the regional average, but for the others, the population is close to or better than these averages.

- However, looking at the given indicators of mental health and illness, dementia rates, depression rates and learning disability register sizes held in doctors' practices, Norfolk has relatively more people diagnosed than in other parts of the country, particularly for the learning disabilities register, where the proportion of the whole population registered is significantly higher. This is in part due to recent drives to ensure that people's illnesses and disabilities are recognised and recorded.

- Treatments: here the indicators were emergency hospital admissions for mental illness in general, for unipolar depressive disorders, for Alzheimer's and other related dementia and for schizophrenia and delusional disorders. These are all slightly below national averages, close to the regional averages. The average spends for mental health per head is lower than the English average, but higher than that across the region. Population rates of use of adult and elderly NHS secondary mental health services are very close to both the regional and national averages, the numbers of mental health bed days are below the national and regional average and the proportion treated using the Care Programme Approach is significantly below the national average. Contacts with community staff, and total mental health contacts are also a little below the national average.

- In terms of outcomes, emergency bed use is a little below the national average, albeit higher than the regional one, and suicide rates are also slightly below the national average.

Marginalised Population Groups and Mental Illness

The recent government strategies, 'No Health Without Mental Health' and the Suicide Prevention Strategy, both recognise special population groups as being at higher risk of mental illness than the general population, and they set out ways to ensure equity. The key points below highlight some of these groups and the issues.

Prison populations

- There are separate needs assessments available that have been recently updated, for prison populations in Norfolk and Waveney; these can be found on 'Norfolk Insight'. Applying published prevalence estimates for mental illness in prison populations to the numbers of people in the four male prisons in the area, one would expect over 1,700 prisoners to have a personality disorder and over 800 with an antisocial personality disorder. A further 100 are predicted to have a psychotic illness and nearly 300 with major depression.

Gypsy travellers

- Research suggests that rates of anxiety and depression amongst gypsy travellers may be as much as 35%. There were 504 caravans recorded in July 2012, and if each held two adults, over 350 travellers would be suffering from these conditions. It is important that services are provided in a way that is accessible for individuals if they want to use them.

Economic migrants

- The potential has been noted here that people in these communities may be unaware of services, or how to access them even though rates of mental illness are likely to be fairly high in these groups.

Asylum seekers and refugees

- People in these communities are also acknowledged to be at a higher risk of mental illness and services should ensure they are suitable for individuals who stand to benefit from them.

Women with Postnatal mental illness

- In 2011, there were 10,633 births in Norfolk and Waveney. Applying published rates of postnatal depression, it is anticipated that between 1,000 and 1,500 mothers would have been affected, underlining the need for vigilant general health services, and mental health services that are appropriate for this client group.

Homeless people

- Homelessness can be both a cause and a consequence of mental illness and services and approaches need to be tailored accordingly. Addressing homelessness as part of recovery from mental illness is a key part of current mental health strategies.

People with learning disabilities

- Applying to the local numbers of people on the GP learning disabilities registers in 2010/11, published estimates of between 25% and 40% of people aged 18+ with learning disability also having a mental illness, there were between a thousand and 1,600 people affected. Service providers require the capacity and specialist skills to deal with this need.

People with sensory impairment

- Levels of mental ill health are likely to be higher among people with sensory impairment and in order to ensure they have fair access to mental health services, diagnosis needs to be good, and reasonable adjustments made.

Lesbian, gay and bisexual populations

- Possibly less than 1% of the population of the East of England reports being lesbian, gay or bisexual, but the Integrated Household Survey April 2010 to March 2011[3]

[3] http://www.ons.gov.uk/ons/dcp171778_227150.pdf

shows that they are at higher risk of experiencing mental health problems than society in general.

Black Minority Ethnic Groups (BME)

- There is research evidence that patterns of mental illness can be different in BME communities, but it is unclear how this would translate to local populations and groups. Cultural issues can affect access and experience of care.

Carers

- One in 10 people provide unpaid care to family friends or neighbours with long term physical or mental illness, and 3% provide this for more than 50h per week. Nearly a third of young carers care for someone with a mental illness. Carers themselves are at risk of developing mental health problems.

Mental Illness and Alcoholism

- Many people drink above safe limits, and heavy drinking is associated with mental illness and psychiatric morbidity.

Programme Budgeting and Outcomes[4]

- Expenditure per head overall on mental health disorders for 2010/2011 for NHS Norfolk was £199.06, and for NHS Great Yarmouth and Waveney, £199.81 compared to £182.11 for East of England, and £208.97 for England. Therefore, expenditure in the two PCTs was relatively less than England (NHS Norfolk ranked 82, and NHS Great Yarmouth and Waveney ranked 79th out of 152 PCTs).

- For other comparators related to mental health disorders for 2010/11, NHS Norfolk expenditure for substance misuse was equal to England, while it was higher for organic mental disorders, psychotic disorders and child and adolescent mental health disorders, and it had considerably lower expenditure than the England average for the remainder.

  For NHS Great Yarmouth and Waveney, the expenditure was considerably lower than the English average for substance misuse, organic mental disorders, psychotic disorders and other mental health disorders. For child and adolescent mental health disorders and of learning disabilities, expenditure was higher compared to East of England and England averages.

[4] Information on two mental health disorder outcomes are also available within the information produced by the Yorkshire and Humber Public Health Observatory (Y&H PHO) programme budgeting tool, http://www.yhpho.org.uk/default.aspx?RID=49488

Next steps

- Further work should be undertaken, in collaboration with commissioners' e.g.
    - to compare data between different chapters of this report, and other further analysis
    - to include further data sources, e.g. prescription data and data used in commissioning and providing CAMHS services
    - to consolidate latest evidence of best practice for different mental health pathways, including literature review
    - to identify other geographical areas with better outcomes in relation to their local population needs - exploring their local services and pathways
    - to agree and commission specific local data collection projects, e.g. surveys and service user views.

- To agree on best ways to present data to inform commissioning decisions for future commissioning configurations.

- To develop our knowledge and information on IAPT and assess to what extent it reflects population need.

- To make recommendations on future data collections that will better inform future needs analysis work e.g. to identify the real rates of illness within a particular population group locally against published national average rates.

Sources of Data:

- NHS Information Centre (**IC**)
  http://nww.indicators.ic.nhs.uk/webview/
- Eastern Region Public Health Observatory (**ERPHO**)
  http://www.erpho.org.uk/
- Department of Health (**DH**)
  http://www.dh.gov.uk/
- Norfolk Insight
  http://www.norfolkinsight.org.uk/
- Office for National Statistics (**ONS**)
  http://www.statistics.gov.uk/
- Quality and Outcomes Framework (**QOF**) data
  http://www.qof.ic.nhs.uk/
- Projecting Adult Needs and Service Information (**PANSI**)
  http://www.pansi.org.uk/
- Projecting Older People Population Information (**POPPI**)
  http://www.poppi.org.uk/
- Departments for Work and Pensions (**DWP**)
  http://83.244.183.180/NESS/BEN/iben.htm
- NHS Norfolk and Waveney Business Intelligence (**BI**)
  http://www.norfolk.nhs.uk/
- Open Exeter
  https://nww.openexeter.nhs.uk/nhsia/index.jsp
- Mental Health Minimum Data Set (**MHMDS**)
  http://www.mhmdsonline.ic.nhs.uk/
- North East Public Health Observatory (**NEPHO**)
  http://www.nepho.org.uk/
- Yorkshire and Humber Public Health Observatory (**YHPHO**)
  http://www.yhpho.org.uk/default.aspx?RID=49488
- Dementia Partnerships (**Dementia Prevalence Calculator**)
  http://www.dementiapartnerships.org.uk/diagnosis/dementia-prevalence-calculator/

International Classification of Diseases: classification used[5]

Disease or medical Condition	ICD 10 code
Dementia	F00-F03
Other organic, including symptomatic, mental disorders	F04-F09
Psychoactive substance abuse	F10-F19
Schizophrenia, schizotypal & delusional disorders	F20-F29
Mood disorders	F30-F39
Neurotic, stress-related & somatoform disorders	F40-F48
Behavioural syndromes	F50-F59
Disorders of adult personality & behaviour	F60-F69
Mental retardation	F70-F79
Disorders of psychological development	F80-F89
Behavioural/emotional disorders – usual child/teen onset	F90-F98
Suicide	X60-X84
Undetermined injury (included within boarder definition of suicide)	Y10-Y34 excluding Y33.9
International Classification of Diseases: classification used in Singleton's national adult survey	**ICD 10 code**
Any neurotic disorder	F40-F48
* Mixed anxiety/depression disorder	F41.2
* Generalised anxiety disorder	F41.1
* All phobias	F40
* Obsessive compulsive disorder	F42
* Panic disorder	F41.0
Depressive episode	F32-F33
Personality disorder	F60-F69
Probable psychotic disorder	F20-F29, F30-F31

[5] The International Classification of Diseases (ICD 10) classifies some conditions in the mental and behavioural disorders section. However, suicide and undetermined injury are found within another section dealing with external causes of deaths.

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