5.3.05 Mental Health

Introduction: why is this important?

Almost one in four adults experiences a mental health problem in their lifetime. For some, mental health problems are treated and never return. However, for some people, mental health problems last for many years, especially if not treated properly. Mental health is greater than just the absence of mental illness, and includes the notions of positive self-esteem, coping mechanisms and the importance of empowerment and control. There is a large range of mental health disorders, including common mental health problems such as anxiety, depression, phobias and panic disorders, and less common, but severe mental health problems such as schizophrenia and bipolar affective disorder. Personality disorders are common mental health problems, affecting how people think, feel or relate to others. They range from mild to severe, and affected people may have periods of time without the disorder.

People from marginalised groups are at particularly high risk of developing a mental illness. Those groups include carers, people who have experienced abuse as children, carers, people who identify as lesbian, gay, bisexual or transgender, Black and Minority Ethnic individuals, those with learning disability, prisoners and homeless people. Men and women have different risks for different conditions.

There is a complex relationship between physical and mental health. Poor physical health may contribute to mental health problems, and people with mental health problems are at greater risk of worse physical health. People with schizophrenia and bi-polar disorder live, on average, 25 years less than the general population. Prevalence of diabetes, cardiovascular disease and respiratory disease are also higher than in the general population. This is due to a number of reasons including lifestyle (such as smoking, diet, etc.), side effects of medications and higher rates of alcohol and substance misuse. For example, almost half of all tobacco consumption and deaths due to smoking occur in people with mental disorders. People with mental illness may also experience barriers accessing health services. These may include difficulties in seeking help, communicating problems, and physical problems being overlooked due to a focus on their mental health diagnosis.

Around 75% of suicides are men and in almost all cultures, with suicide rates rising with age. The highest rates of suicide in the UK are among people aged over 75 and it remains a common cause of death in men under the age of 35. People with a diagnosed mental health condition are at particular risk. Around 90% of suicide victims suffer from a psychiatric disorder at the time of their death. Certain factors are known to be associated with increased risk of suicide. These include:

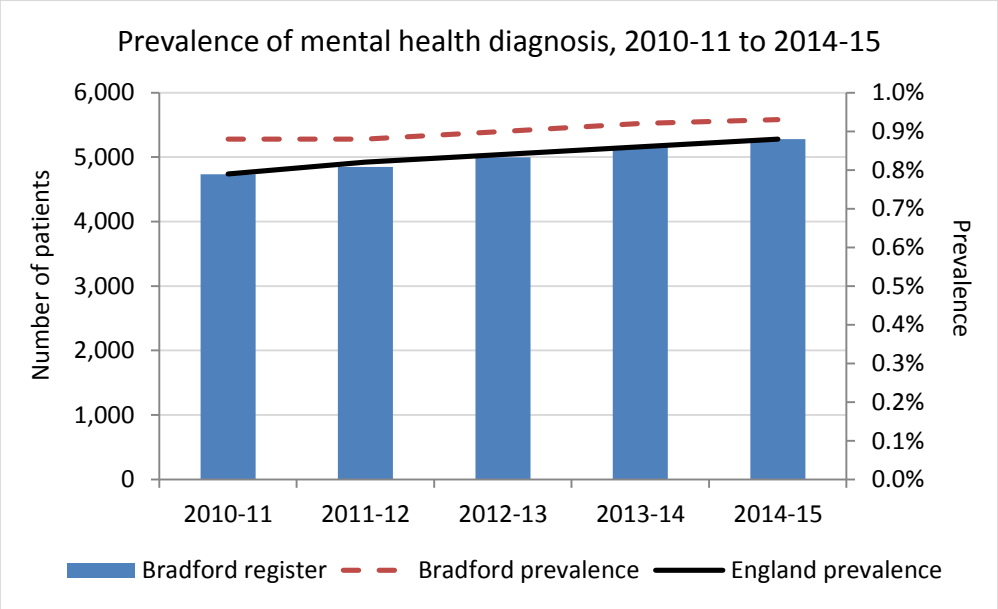
- drug and alcohol misuse
- unemployment
- social isolation
- poverty
- poor social conditions
- imprisonment
- violence
- family breakdown

For older people, poverty, poor quality housing, social isolation, depression and physical health problems are factors which can increase the risk of suicide.

What do the facts and figures tell us?

Prevalence of mental health

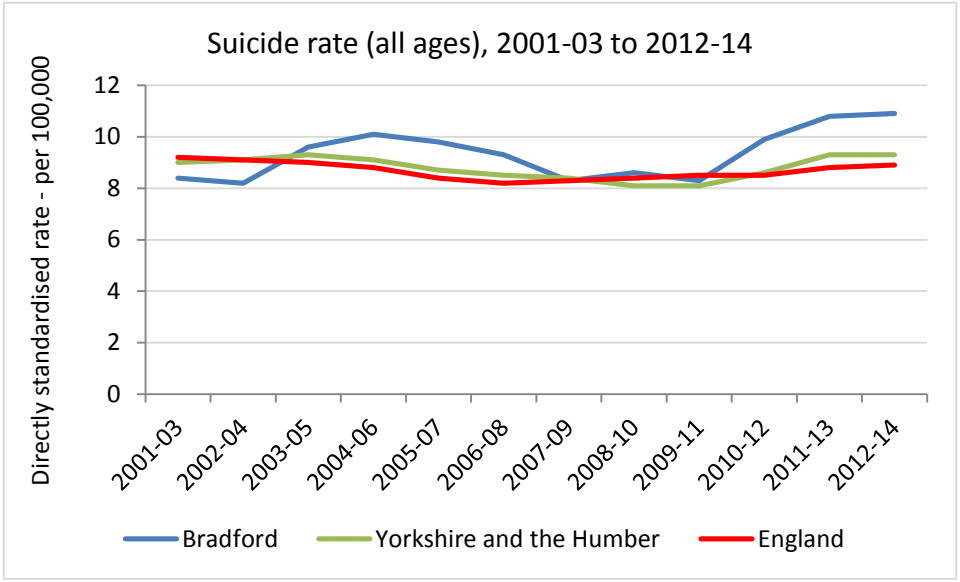
The number of patients who are registered with a mental health diagnosis has increased year on year since 2010-11 and as of 2014-15 there are 5,200 patients registered with a mental health diagnosis in Bradford District. Prevalence of mental health is currently 0.93% for Bradford District, currently above the average for both England (0.86%) and Yorkshire and the Humber (0.84%).



Source: Quality and Outcomes Framework

Suicides

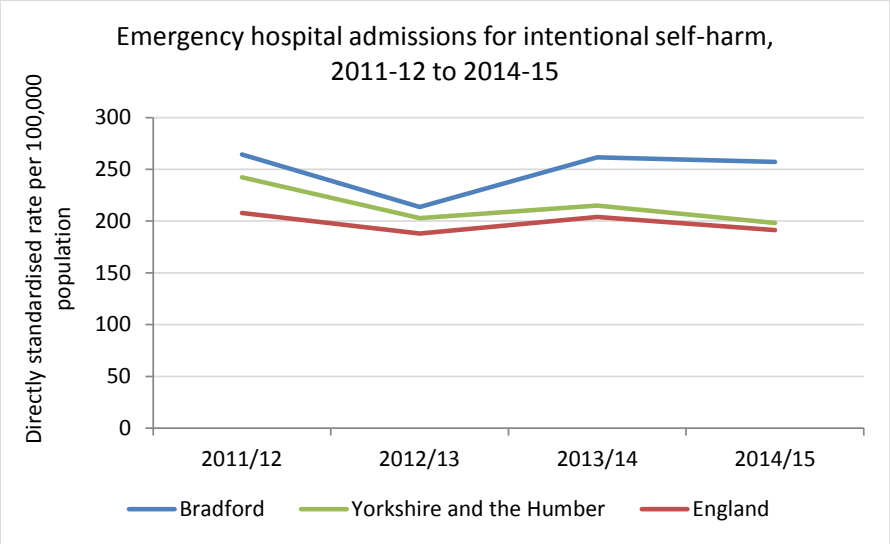
Bradford District has one of the highest suicide rates for all ages in the country and the second highest suicide rate in Yorkshire and the Humber. Between 2012-14 there were 156 suicides recorded (on average 39 per year), with a suicide rate of 10.9 deaths per 100,000 population compared to the England average of 8.9 deaths per 100,000 population and 9.3 deaths per 100,000 population for Yorkshire and Humber.



Source: Public Health Outcomes Framework

Admissions for intentional self-harm

Over the last 4 years there have been on average of 1,300 emergency hospital admissions due to intentional self-harm in Bradford District. Apart from a fall in 2012-13 admission rates have remained relatively similar. In 2014-15 the admission rate for emergency hospital admissions for intentional self-harm were 257 per 100,000 population above the average for England (191 per 100,000 population) and for Yorkshire and the Humber (198 per 100,000 population)



Source: Health and Social Care Information Centre

What strategies, policies and best practice have been developed locally and nationally?

National

The 2011 Government Strategy "No health without mental health" set out the main national ambitions in relation to mental health – to improve people's mental health and increase recovery from mental health problems, improve the physical health of people with mental health problems, improve the experience of care and support, and decrease avoidable harm, stigma and discrimination. This strategy also placed an emphasis on parity of esteem for mental and physical health: the idea of "valuing mental health equally with physical health". The Health and Social Care Act has also enshrined in law the Secretary of State's responsibility to improve the mental health of the population.

The Five Year Forward View for Mental Health was published in February 2016 by the independent Mental Health Taskforce to the NHS in England. This report made the case for transforming mental health care in England, and set out three "priority actions" for the NHS:

1. A 7 day NHS – right care, right time, right quality
2. An integrated mental and physical health approach
3. Promoting good mental health and preventing poor mental health– helping people lead better lives as equal citizens

The subsequent publication "Implementing the Five Year Forward View for Mental Health" describes how this transformation should be delivered, and focuses on:

- Children and young people's mental health
- Perinatal mental health
- Adult mental health: common mental health problems
- Adult mental health: community, acute and crisis care
- Adult mental health: secure care pathway
- Health and justice
- Suicide prevention

The government's 2012 suicide prevention strategy highlights six key areas for action:

1. Reduce the risk for suicide in key high risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by a suicide
5. Support the media in delivering sensible and sensitive approaches to suicide and suicidal behaviour

6. Support research, data collection and monitoring.

In January 2013 the All-Party Parliamentary Group on Suicide and Self-Harm Prevention published their report recommending that local authorities should be required by government to develop a suicide prevention plan, led by the director of public health or a senior member of the public health team. The plan should also include provision for the prevention of self-harm and for dealing with people bereaved by suicide.

Local

A comprehensive Mental Wellbeing Strategy for Bradford is currently being developed by a partnership of the three CCGs, NHS providers, local authority and third sector providers. This strategy will place a strong emphasis on wellbeing and the prevention of mental illness, and will also cover the whole range of mental health services for all ages and all levels of need. There is on-going, significant engagement from service users throughout the strategy development process.

The mental wellbeing of children and young people is addressed through the Future in Mind transformation plan for Bradford. This is a five-year strategy with associated funding which focuses on resilience, prevention and early intervention services; access to services and support; care for the most vulnerable; transparency and accountability and workforce development. This plan is endorsed by the all ages Mental Wellbeing Strategy.

In Bradford, work to reduce the number of suicides has also been prioritised, and now sits as the third priority in the District's Crisis Care Concordat action plan. Partners in the district, including the hospital and mental health trust, CCGs, local authority, MIND, Samaritans, WY Police and WY Fire and Rescue - meet regularly as part of a Suicide Prevention Group. During 2015-16 the group has updated the comprehensive audit of deaths by suicide in Bradford from 2013 and have reviewed the national and international evidence for effective prevention. This is now leading to the formulation of a Suicide Prevention Action Plan which will set out our approach to reducing suicide rates in the district. This will be completed in early 2017.

What challenges have been identified in a local context?

Several challenges have been identified locally with respect to the identification and treatment of mental illness:

- there is significant variation in diagnosis and treatment between practices and between CCGs
- outcomes are poor in terms of mortality from suicide and injury, premature mortality in adults with serious mental illness and higher rates of admission for intentional self-harm;
- there is a predicted increase in the number of children with mental health problems over the coming years. This is in part due to an increase in the child population, particularly in deprived areas. In turn, this is likely to lead to an increase in the number of adults with mental illness.

What do our stakeholders tell us?

In February 2016 the Building Resilience and Wellbeing Zero Suicide event was held in Bradford bringing together partners from across West Yorkshire to work on regional plans to reduce the number of suicides within mental health settings. This will involve a regional commitment to 'Zero Suicide'. Feedback included:

- So many suicides are unexpected and very difficult to predict - don't just concentrate on people in contact with services, as they are often the easiest to reach but only a small proportion of the population
- It is the wider determinants of health (housing, poverty, employment, education) which have most effect long term to reverse the trends

There have been a number of consultation and engagement exercises to inform and shape the Mental Wellbeing Strategy for Bradford. Feedback from people with lived experience of Mental Illness, their families, and the professionals and volunteers who care for them includes:

- The need for early help and identification of those who might be at higher risk, e.g. older people, pregnancy and young families, those with physical health conditions
- The needs of vulnerable groups must be taken into account when designing and commissioning services, e.g. older people from BME communities, LGBT people, Gypsy Travellers, asylum seekers
- Access to services should be easy, with information available for those with no internet or low literacy, processes for self-referral, and services which are local
- Service quality should be high, so that people feel comfortable, have as much treatment as they need, develop a good relationship with the practitioner, and have their voice listened to
- The needs of carers and families should be addressed
- There should be good communication within healthcare teams
- Treatment should be holistic and address factors affecting mental health, such as housing, employment, drugs, alcohol. This involves mental health services working in partnership with other services and organisations to address these needs
- GPs would like a general advice helpline and information and contact details for community groups

Recommendations: What do we need to do? How do we ensure this remains a priority?

- The Mental Wellbeing Strategy for Bradford will be finalised, and action plans developed to implement the aims of the strategy. This will be done in co-production with service users, families, carers and other stakeholders
- The Future in Mind plans will continue to be developed and implemented
- The Suicide Prevention Action Plan will be implemented from 2017
- Continued consultation with service users and stakeholders will take place, to ensure that services remain fit for purpose, particularly where changes to services have taken place
- Collection of data regarding mental health and suicide will be undertaken to assess the outcomes of the Mental Wellbeing Strategy and the Mental Health and Suicide Action Plans
- Joint working between stakeholders including primary care, secondary and specialist care, social care, the criminal justice system, the local authority, the voluntary sector, service users, and their families, will continue to be developed

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