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CONTENTS

The Overall Mental Health Burden.....	4
Affective disorders.....	11
Bipolar Disorders	18
Psychotic Disorders	21
Personality Disorders.....	23
Suicide	25
Dementia	25
Next Steps	26
Appendix A - Mental Health taxonomy	27
Appendix B - Data sources.....	28
Appendix C – Psychiatric morbidity SURVEY	29
Appendix D – Prescribing.....	30

INTRODUCTION

This epidemiological analysis is part of a programme of Health Needs Assessments (HNAs) undertaken by the Public Health team at NHS Bradford & Airedale. The aim is to cover all major health areas, for example Sexual Health, Cardiovascular Disease, Diabetes and Mental Health.

These HNAs are based on a new model derived from the “process” focused JSNA approach. This is a move away from the production of a single document which is updated after a number of years to a “live” model where the product is hosted on the Bradford Public Health Observatory and regularly updated

The HNAs are strategic in that they identify areas in need of development and attention, and make needs-based recommendations which are agreed by a sponsoring Partnership Board and generate a prioritised work programme which promotes equitable access to evidence-based services. This new methodology was presented to Clinical Executive in January 2009 and agreed as a model that the tPCT would utilise.

Epidemiological analysis is the first part of health needs assessment and is followed by analysis of local services and review of guidance and literature in order to identify gaps and to inform commissioning strategies and plans that are based on the best available evidence.

The main purpose of this report is to help NHS Bradford & Airedale to develop commissioning plans for the prevention and treatment of mental illness in both the Primary and Secondary care settings. It outlines the patterns of mental illness across the Bradford District, with additional activity data supplementing population level statistics. The process which will be followed to complete the needs assessment as part of the strategic approach across the District is described towards the end of the report

This report draws on a number of data sources and describes the burden of mental health in six categories; the overall mental health burden, affective disorders, bipolar disorders, psychotic disorders and personality disorders. Sections on suicide and dementia are also included as well as an appendix containing definitions and further data. An attempt has been made in each section to describe the burden of mental health for children and young people, adults of working age and older people separately.

Please note: By necessity this report has accessed a wide range of epidemiological and demographic data sources. Where discrepancies in estimates of prevalence exist, these are due to the use of different data sources and should be interpreted in the context of the samples and methods used – please seek advice from Public Health if necessary. Summary estimates are provided for overview.

It should also be noted that data gaps have necessitated local statistical manipulation of figures to derive estimates.

THE OVERALL MENTAL HEALTH BURDEN

An estimated 43,000 people of working age are affected by depression or anxiety in Bradford and Airedale and an estimated 8,500 suffer from schizophrenia or a bipolar disorder during their lifetime. 11,000 children have a diagnosable mental illness.

Broad Epidemiological Perspective	Corresponding Epidemiology in Bradford & Airedale
Adults	
20% of working-age women are affected by depression or anxiety	29,420
7% of working-age men are affected by depression or anxiety	13,000
3% of women can be assessed as having a personality disorder	5,950
5% of men can be assessed as having a personality disorder	9,500
1.9% have a psychotic disorder such as schizophrenia or bipolar affective disorder during their lifetime	8,530
Children (0-15yrs)	
10% of children have a diagnosable mental health condition	11,310

Source: Estimated from New Horizons and ONS mid 2008 population estimates

Epidemiological summary of Mental Health in Bradford District

Age group	Affective disorders	Bipolar Disorders	Psychotic Disorders	Personality Disorders	Dementia
Younger People					
Prevalence (5-16)	1,979	1,560	1,047	5,878	-
Hospital admissions per year (0-18)	7	3	11	4	-
Adults of working age					
Prevalence	60,551	5,380	1,731	15,648	-
Hospital admissions per year (19-69)	307	176	460	133	13
Older people					
Prevalence	7,600	4,080	272	1,912	5,283
Hospital admissions per year (70+)	58	22	10	10	81
All					
Disease registers (QoF)	32,111 (depression)	2,589 (mental health)	1,898 (mental health)	-	2,409 (dementia)
Prescribed items (2009/2010)	378,000 (antidepressants)	15,000 (antimanic)	78,000 (anti-psychotic)	-	12,000 (dementia drugs)
	138,000 (hypnotics and anxiolytics)				

Source: Estimated or derived from various sources.

Hospital admissions are estimated due to uncoded data for some patients. Total hospital admissions includes other categories not otherwise listed (drug and alcohol dependence). See appendix A for prescribed drugs by disorder and BNF category. Mental health disease registers (QoF) include both schizophrenic and bipolar patients so an estimate of each disease has been made at a ratio of 0.55%:1.3% using lifetime prevalence figures.

QOF data represent the observed level of illness as recorded in Primary Care. The actual prevalence will be higher than this as many cases are undiagnosed

Children

The 1999 ONS survey of the mental health of children and adolescents (aged 5-15 years) in Great Britain looked at four main mental health categories: emotional disorders and depression (i.e. common mental health problems); conduct disorders (i.e. behavioral problems); hyperkinetic disorders (e.g. hyperactivity); and less common disorders (including psychotic disorder, eating disorders, development disorders etc). This survey found that one in ten children and young people had a diagnosable mental disorder.

From the results of this survey it was estimated that approximately 7,600 children between 5 and 15 yrs have a mental health disorder (4,650 boys and 2,850 girls) in Bradford District. The main types of mental disorders in children were conduct disorder (generally viewed as a personality disorder) and attention deficit hyperactivity disorder (ADHD or hyperkinetic disorder).

Estimated number of children with a mental health disorder (Bradford and Airedale)

Age Range		Number of Children	Prevalence	Number with a mental health disorder
5-10 years	Female	21,057	5.1	1,074
	Male	22,048	10.2	2,249
	All 5-10	43,105	7.7	3,319
11-15 years	Female	17,501	10.2	1,785
	Male	18,195	13.1	2,384
	All 11-15	35,696	11.7	4,176
5-15 years	All	78,801	9.6	7,565

Source: CAMHS Needs Analysis Review 2007

Prevalence of specific mental health disorders for children (2004 ONS survey)

Age	Boys (%)		Girls (%)		All 5-16 year olds (%)
	5-10 year olds	11-16 year olds	5-10 year olds	11-16 year olds	
Conduct disorder	6.9	8.1	2.8	5.1	5.8
Hyperkinetic disorder	2.7	2.4	0.4	1.4	1.5
Emotional disorder	2.2	4	2.5	6.1	3.7
Less common disorders	2.2	1.6	0.4	1.1	1.3
Any disorder	10.2	12.6	5.1	10.3	9.6

Source: Mental Health of Children and Young People in Great Britain, ONS 2004

Research into the mental health needs of young offenders has identified levels of mental health need in a third, with high levels of unmet need (Chitsabesan et al 2006). This same study identified 20% of young offenders as having a learning disability around 30% as having a borderline learning disability.

Hospital admissions for mental health disorders

Data were collected from Bradford District Care Trust coded by treatment function, primary diagnoses, age group and month of admissions.

Sixty percent of admissions at Bradford District Care Trust did not have a diagnoses code so it has been necessary to estimate total admissions by age and disorder type. For this we have assumed the proportion of missing diagnoses is constant across disorder type but varies slightly by age group (derived from actual data). In addition, the Trust's coding system was changed during April/May 2009 causing a 40% drop in the number of coded cases entered onto the system. For these two reasons we have only included a basic breakdown of admissions and these data must be seen as provisional. Further analysis of admissions by month and diagnoses will be added once data problems are resolved.

During 2008 and 2009 (combined) there were 3,291 admissions. The majority of the admissions are for 'Adult Mental Illness' (84%) and 'Old Age Psychiatry' (14%). There were also small numbers of admissions with Child and Adolescent Psychiatry, Forensic Psychiatry and Learning Disability treatment function.

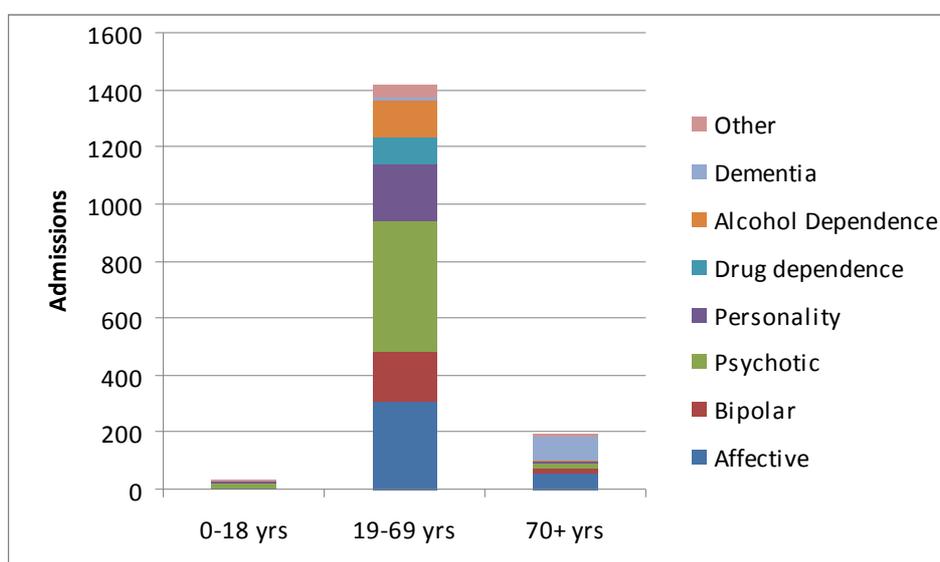
Between them, psychotic disorders (n=485 per year) and affective disorders (371) account for half of all annual admissions to Bradford District Care Trust

An estimated third of the annual admissions (n=11 per year) for children and adolescents were for psychotic disorders with affective (7) and drug dependence (6) the other main reasons for admission. Psychotic disorders account for third of annual admissions for adults of working age (n=460) with affective disorders (307) the second largest group. There were also significant numbers of admissions for drug (98) and alcohol (129) dependency. Unsurprisingly for older people, dementia is the largest diagnosis type accounting for over 40% of admissions, with affective disorders comprising a further 30%.

Estimated Annual Hospital Admissions at Bradford District Care Trust (2008 and 2009)

Age	Affective	Bipolar	Psychotic	Personality	Drug dependence	Alcohol Dependence	Dementia	Other	Total
0-18 yrs	7	3	11	4	6	0	0	1	33
19-69 yrs	307	176	460	193	98	129	13	39	1415
70+ yrs	58	22	10	10	0	7	81	10	197
Total	371	201	485	208	104	137	88	50	1644

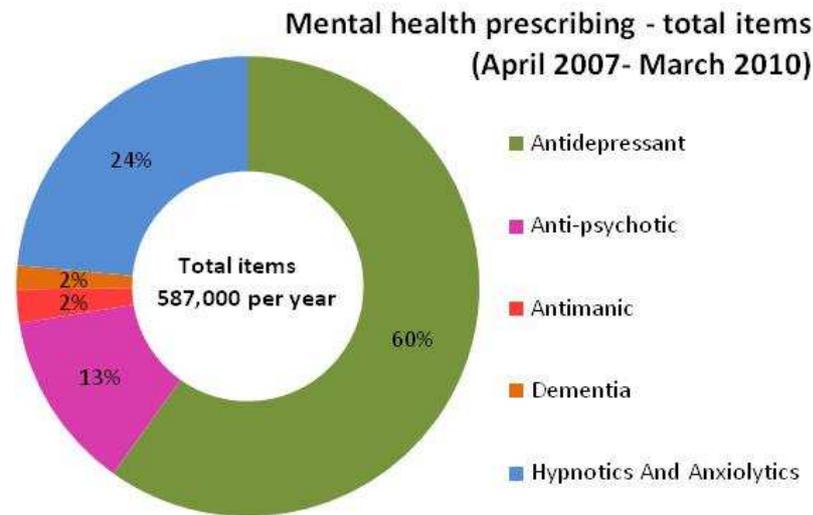
Estimated admissions per year for Bradford District Care Trust



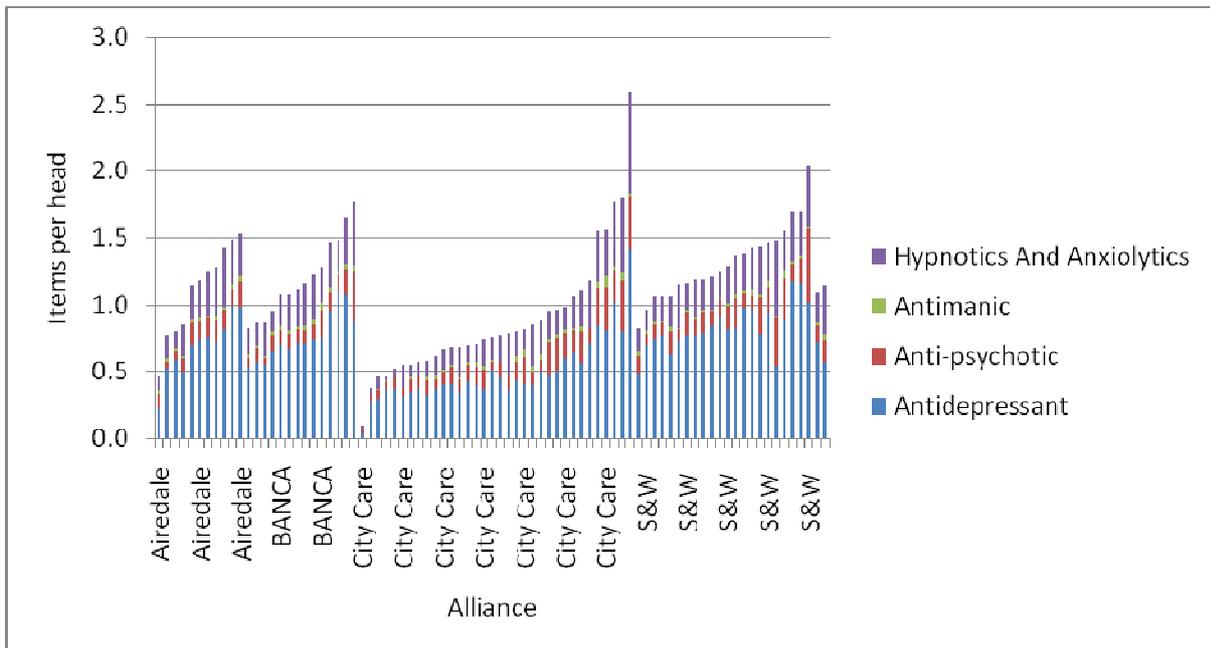
Prescribing

The number of prescribed items relates to the number of ingredients dispensed, not the number of products written on a prescription. The number of items prescribed is used as a measure of volume but an item may represent any number of tablets. It is known that there is a wide variation in the quantities per item prescribed by practice (Bogle, BMJ, 94).

There are 587,000 prescribed items per year in Bradford District related to mental health disorders, at a cost of £5.9 million p.a. Antidepressants comprise more than half of prescribed items and there is substantial variation in prescribing practice across the city (discussed later).



Prescribed items per head of population for mental health disorders. Practice variation by Primary Care Alliance (2009/2010)



The Mental Health Minimum Dataset

The Mental Health Minimum Dataset (MHMD) brings together administrative and clinical information about people using specialist NHS mental health services for adults and older people. It describes a complete spell of care, from the initial referral to final discharge. There are still concerns with the coverage, completeness and quality of the dataset so data are published as experimental analyses.

12,300 people are in contact with NHS adult and elderly secondary mental health services in the District. Many of these people will have had more than one episode of care during the year or received care from more than one provider. The rate of access to mental health services for adults is below our PCT peers and England for older people but above the England average for adults of working age. In Bradford patients are more likely to be admitted than those in contact with services in similar PCTs or in England as a whole.

Bradford District Care Trust admitted 2,400 patients during 2008/2009 with an average of 200 beds occupied per day and average stay of 30 days (note some patients will have been admitted on more than one occasion hence the total admissions figure is significantly higher). Approximately 1,400 people were detained under the Mental Health Act 1983. The proportion formally detained for at least one day is similar to our PCT peers but above the national average.

The Care Programme Approach (CPA) supports people with long term mental health needs. Of the 12,300 people in contact with NHS adult and elderly secondary mental health services in the District, 18% received the enhanced CPA reserved for those with more complex mental health care needs. Almost two thirds of those in need receive either enhanced or standard CPA in Bradford compared to a third in our peers and England as whole.

There were 152,000 contacts with members of the Community Mental Health Team (CMHT) and attendances at outpatient clinics. The majority of these contacts are with community psychiatric nurses (85,000) or social workers (35,000). Our PCT differs from England in that we have a lower proportion of psychiatrist/psychologist/psychotherapist contact (Bradford 14%, PCT Peers 24%).

Summary of the Mental Health Minimum Dataset for Bradford and Airedale 2008/2009

Service		Bradford and Airedale		PCT Peers *	England
		Number	Rate/ 100,000	Rate/100,000	Rate100,000
Rates of access (per 100,000) to NHS mental health services; 2008-2009	18-64yrs		3,025	3,164	2,564
	64+yrs		3,734	4,850	4,324
		<i>Number</i>	<i>%</i>	<i>%</i>	<i>%</i>
Number of people using (in contact with) NHS mental health services	Admitted	1,422	12%	8%	8%
	Only non-admitted	10,456	85%	85%	84%
	No care	419	3%	7%	8%
	Total	12,297	100%	100%	100%
Number of inpatients detained in hospital (under the Mental Health act 1983)	Formally Detained	525	37%	38%	32%
	Informal	897	63%	61.9%	68%
	Total	1,422	100%		
Care Programme Approach (CPA)	Enhanced CPA	2,181	18%	15%	14%
	Standard CPA	5,471	44%	19%	21%
	No CPA	4,665	38%	66%	65%
	Total	12,317	100%	100%	100%
Inpatient activity - BDCT	Admissions	2,403			
	Discharges	2,377			
	Activity by average no. of beds occupied each day	200			
Outpatient and community activity	Psychiatrist contacts	13,542	9%	15.5%	14%
	CPN contacts	84,831	56%	51%	52%
	Psychologist contacts	5,971	4%	6%	7%
	OT contacts	8,824	6%	10%	12%
	Physio contacts	2,443	2%	2%	1%
	Psychotherapist contacts	1,509	1%	2.5%	2%
	Social worker contacts	34,913	23%	13%	12%
	Total	152,033	100%	1%	1%

* PCT peers are other PCTs with similar population structures and demographics to Bradford and Airedale
 CPN (Community Psychiatric Nurse), OT (Occupational Therapist)

The MHMD also shows that In Bradford District 10,440 people claim mental health incapacity benefit. This is 3.5% of the working age population, compared to 1.7% nationally.

AFFECTIVE DISORDERS

Children

There are an estimated 1,979 children with emotional or common mental health problems (other than psychotic or personality disorders).

Prevalence of childhood emotional and common mental health disorders

	Boys		Girls		All 5-16 year olds (%)
	5-10 year olds	11-16 year olds	5-10 year olds	11-16 year olds	
Prevalence (%)	2.2	4	2.5	6.1	3.7
Estimated number	450	808	496	1224	1979

Source: *Mental Health of Children and Young People in Great Britain, ONS 2004*

Adults of working age

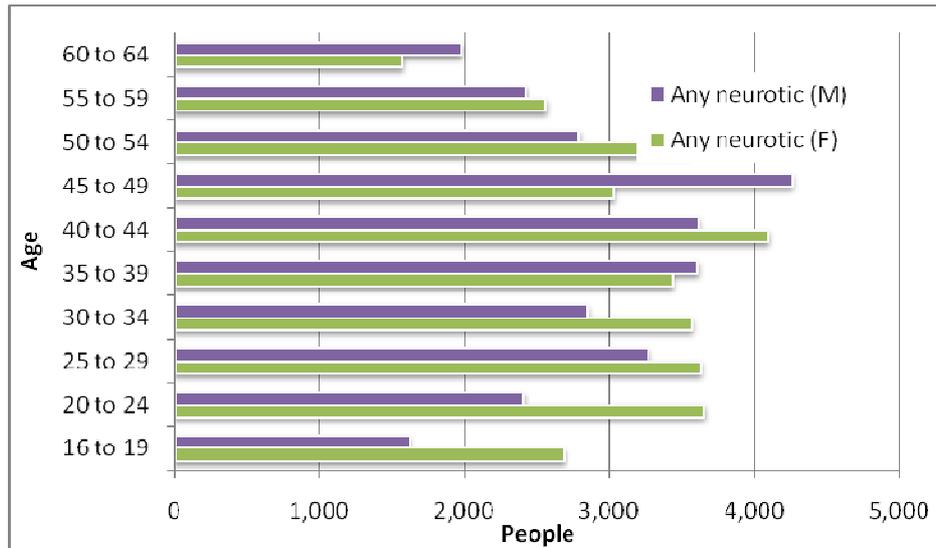
The National Psychiatric Morbidity Survey (PMS) provides estimates of different conditions by age, sex and region. From these data we can estimate local numbers for Bradford and Airedale. Neurotic disorders, now commonly referred to as affective disorders, affect an estimated 65,000 people of working age in Bradford and Airedale. The main types of disorders in adults are anxiety (18,000) and mixed anxiety-depression (33,000), but other major groups are phobias (8,000), obsessive compulsive (4,000) and panic disorders (3,000).

In general, prevalence of affective disorders is higher for women than men. For females, prevalence is highest between ages 20 and 54 years, for men 35 to 50 years. Women of working age are more likely to suffer from mixed anxiety/depression and obsessive compulsive disorder whilst men have a higher prevalence of depressive episodes (particularly aged 35-50 years) and phobias.

See Appendix C for a complete age/ sex breakdown

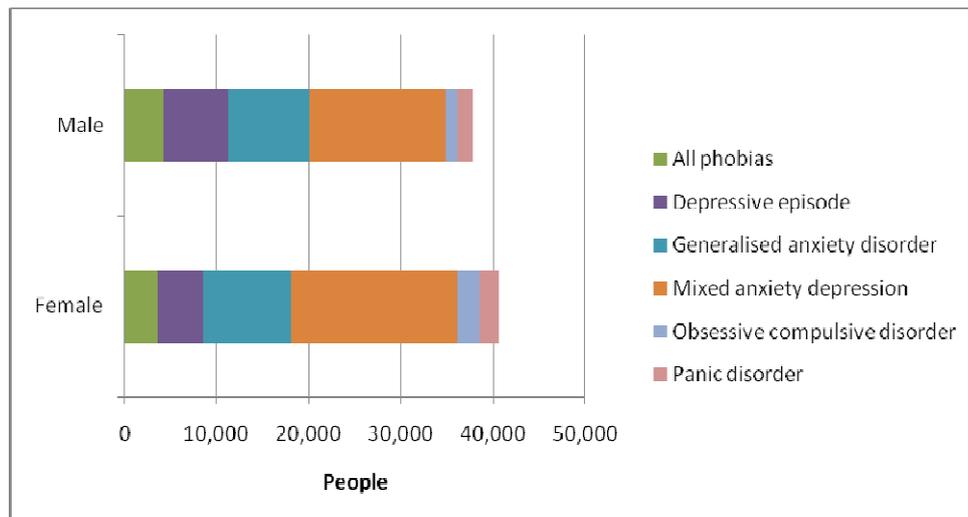
Estimated numbers of people with affective (neurotic) disorders, by age and sex (Bradford and Airedale)

Age group	Population (F)	Population (M)	Any neurotic (F)	Any neurotic (M)
16 to 19	13,817	14,285	2,685	1,617
20 to 24	18,016	18,949	3,651	2,405
25 to 29	16,764	16,540	3,629	3,262
30 to 34	17,120	16,639	3,570	2,846
35 to 39	17,473	17,768	3,430	3,609
40 to 44	17,400	16,881	4,094	3,613
45 to 49	15,643	15,725	3,029	4,256
50 to 54	13,921	13,984	3,544	2,790
55 to 59	14,029	13,551	2,559	2,419
60 to 64	10,161	10,163	1,566	1,977
Total	154,344	154,485	31,758	28,793



Estimated numbers of people by type of affective disorder (Bradford and Airedale)

	Any neurotic	All phobias	Depressive episode	Generalised anxiety disorder	Mixed anxiety depression	Obsessive compulsive disorder	Panic disorder
Female	34,416	3,529	4,914	9,549	18,155	2,409	1,971
Male	30,041	4,174	7,048	8,845	14,760	1,386	1,599



Source: Psychiatric Morbidity Survey (2000). Numbers estimated for Bradford District

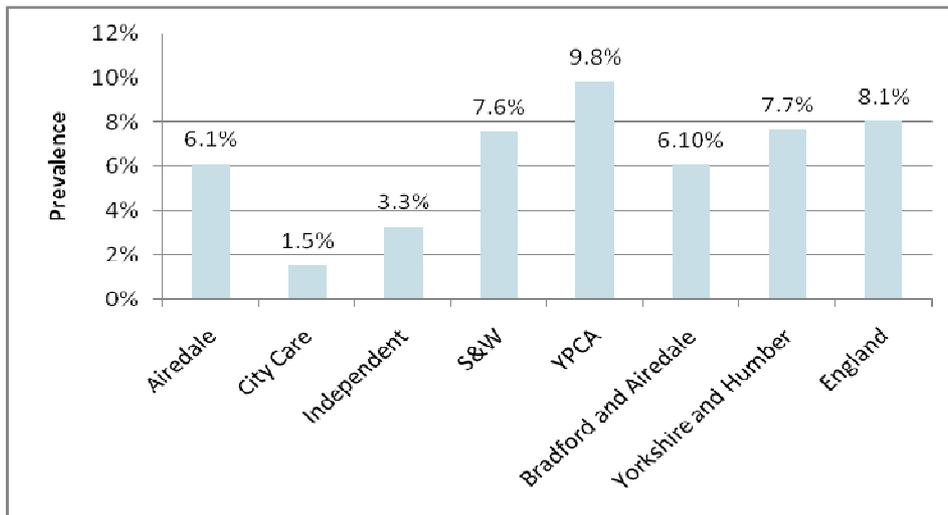
Ethnicity: In general, people from minority ethnic groups living in the United Kingdom are more likely to be diagnosed with mental health problems, admitted to hospital and experience a poor treatment outcome. These differences may be partly due to a combination of poverty, cultural attitudes and a failure of mainstream mental health services to meet the needs of ethnic communities. There may also be low levels of reported and diagnosed mental health disorders due to negative stigma. This results in low engagement with health care services and potentially long periods of untreated illness.

The Psychiatric Morbidity Survey found that rates of affective disorders were 15-20% higher within the South Asian population of England. Particular high rates were observed for obsessive compulsive

disorder in women and depressive episodes for both sexes of the South Asian population. Black groups had generally lower prevalence rates for affective disorders than the general population.

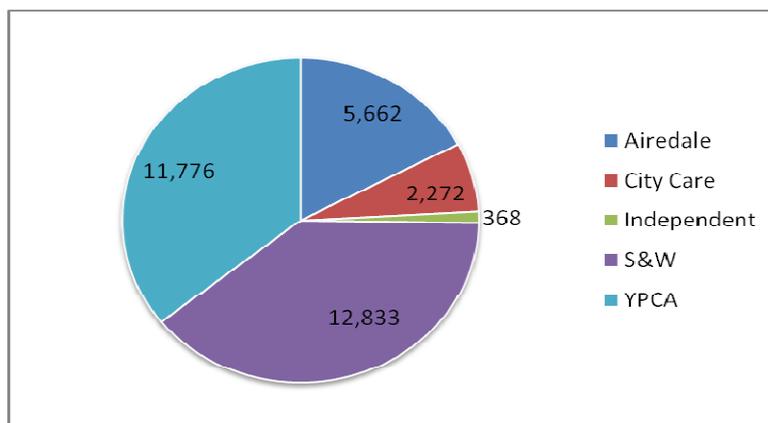
In addition to estimates from the PMS, **GP registers (QoF)** provide data about the number of patients diagnosed with depression.

Prevalence of depression measured through disease registers (QoF) by GP Alliance



In 2008/2009 there were 32,111 patients with diagnosed depression on GP depression registers. This is 6.1% of total patients on lists compared to 7.7% in Yorkshire and Humber and 8.1% in England. The difference is surprising given Bradford’s relatively deprived population. The low City Care alliance prevalence of 1.5% is particularly concerning as this would be expected to be at or above the Bradford average.

Numbers of patients on GP depression registers by GP Alliance

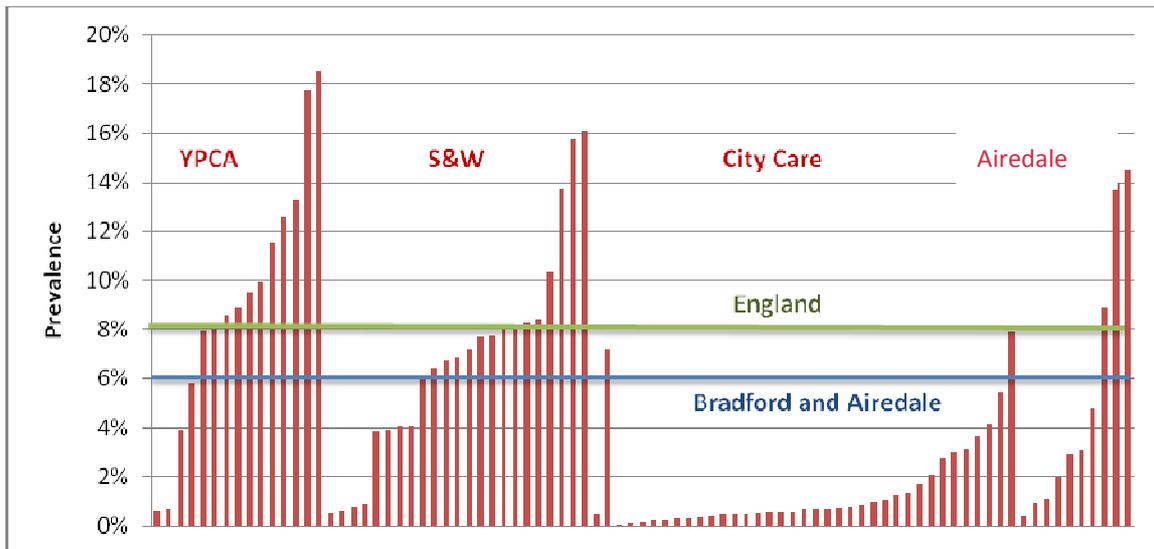


Three quarters of patients on depression registers are registered with YPCA/BANCA and S&W Alliances that comprise only half the total population.

The numbers of patients with undiagnosed depression are potentially highest in City Care where approximately two third of practices have a registered prevalence below 1%.

The socio-economic deprivation of a practice catchment area is a predictor of the prevalence and persistence of depressive symptoms (Ostler et al 2001). High levels of unemployment and single parent households are strong individual predictors of depression.

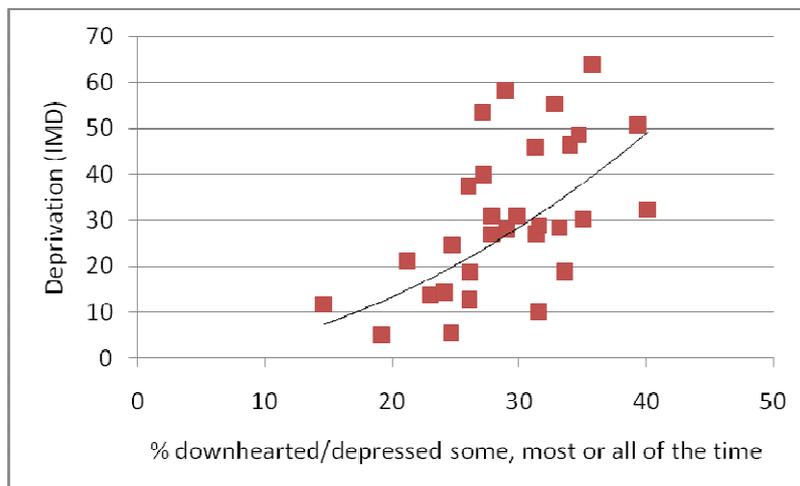
QOF Prevalence of depression by GP Practice



Newly diagnosed patients with depression should all have an assessment of severity at the outset of treatment using a validated assessment tool. In Bradford and Airedale during 2008/2009 3,456 patients have been newly diagnosed and 3,253 (94%) were assessed. The 204 patients that were not assessed were distributed across the 4 Alliances as follows: Airedale, 21 patients; City Care, 37; S&W, 98; YPCA, 48.

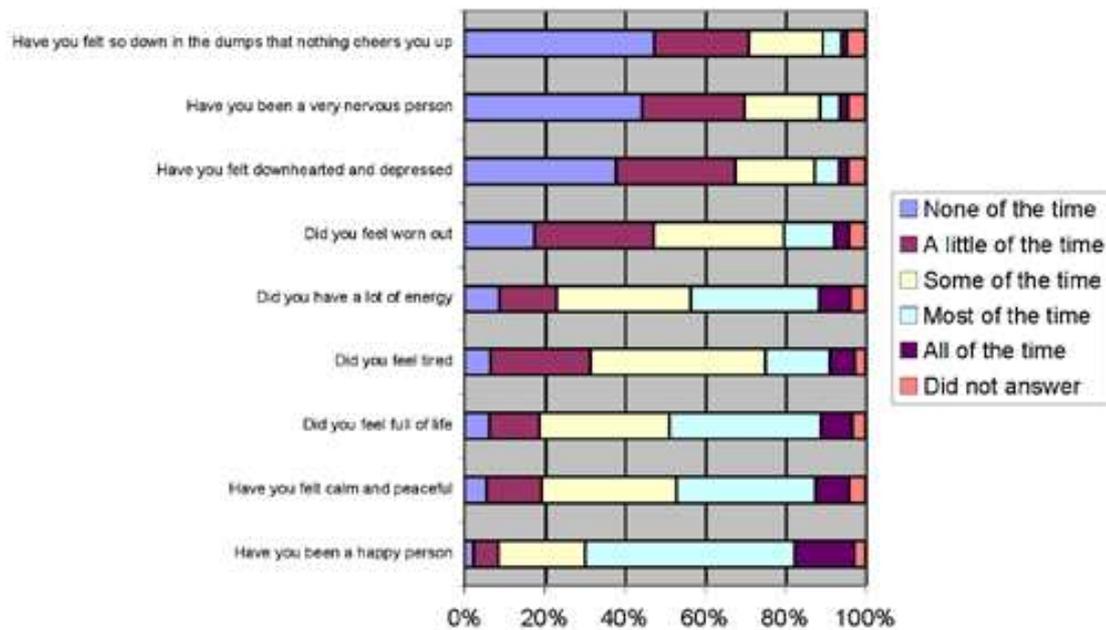
Bradford District Adult Lifestyle Survey was conducted in 2007/2008 and collected detailed information about lifestyle and self reported mental health and well being from a sample of over 6,000 residents. This revealed that 72% of residents did not feel down hearted or depressed, but 28% do some, most or all of the time. Residents from City and South and West Alliance areas were slightly more likely to report feeling downhearted and depressed – 31% in City; 32% in South and West. There was substantial variation within those that feel depressed some or most of the time, varying from 19% in Wharfedale ward to 40% in Tong and Royds wards. Although wards with high deprivation have varying levels of self reported depression, less deprived areas generally have the lowest reported depression rates.

Relationship between self reported depression and deprivation (Bradford and Airedale wards)



The proportion of people feeling downhearted and depressed some, most, or all of the time is highest in the younger age groups; 32% of the 25-34 year compared to 21% of those aged 65+.

Self reported mental health and well being of Bradford and Airedale residents



A satisfaction scale was used to measure satisfaction with 'life as a whole' and various aspects of life. Respondents to the survey were most satisfied with the well-being of their children, and their personal relationships with family, and least satisfied with their 'financial situation', their physical health, and their leisure time. Examining 'satisfaction with your financial situation' in greater detail shows that:

- Levels of satisfaction are lowest in the South and West Alliance area
- Younger people are more likely to have lower levels of satisfaction with their financial situation
- Those from South-Asian ethnic groups have higher levels of satisfaction with their financial situation than those from the White group.

Although the sample size is small, residents from the Black ethnic group record the lowest levels of satisfaction.

Social Marketing tools help us to understand more about the social fabric of our neighborhoods. They help identify potential health issues by classifying the population in terms of general lifestyle and behaviours ('geodemographic groups'). An indication of local depression prevalence is presented below from Health Acorn data. This shows higher estimated prevalence particularly within Bradford City centre (BD1), surrounding postcode areas and in Keighley, with a total of 45,000 people at risk from depression.

Acorn Profile Health Indicators – Likelihood to Suffer from Depression (2007)

Postcode	Number	Population	%	Index Av=100
BD1	615	3,984	15.4%	143.1
BD3	3,322	28,426	11.7%	113.5
BD4	3,251	29,245	11.1%	110.0
BD5	3,109	26,047	11.9%	116.6
BD7	3,085	32,650	9.4%	104.9
BD20	2,307	36,119	6.4%	84.2
BD6	2,683	29,440	9.1%	99.1
BD8	2,837	25,826	11.0%	109.3
BD9	2,317	25,910	8.9%	98.8
BD10	2,222	25,395	8.7%	100.0
BD11	731	10,714	6.8%	85.5
BD12	1,358	16,475	8.2%	94.7
BD13	1,808	24,433	7.4%	92.0
BD14	672	8,737	7.7%	92.1
BD15	1,309	15,606	8.4%	97.4
BD16	1,697	25,065	6.8%	87.9
BD17	1,121	17,073	6.6%	84.5
BD18	2,319	26,637	8.7%	98.9
BD19	1,612	21,316	7.6%	92.0
LS29	1,646	31,059	5.3%	76.0
BD21	2,633	25,246	10.4%	106.8
BD22	2,447	30,411	8.0%	96.0
Bradford	45,103	515,814	8.7%	100

Antidepressant drugs are used to treat patients with moderate to severe depression. Ideally, these patients should be treated with psychological therapy in addition to drug therapy. Antidepressants cost the tPCT £5.5million per year. They comprise 60% of the total items prescribed for mental health conditions and 36% of the overall cost. Although the drugs bill has decreased over the last four years, the numbers of items prescribed is rising (with a 25% rise since 2007) and reached 620,000 in 2009/2010, more than one item for every person in Bradford and Airedale. The rise has been observed nationally and antidepressant prescribing has doubled in the UK since the 1990s, caused by increases in the average number of prescriptions issued per patient and the proportion of patients receiving long term treatment (M Moore et al, BMJ, 2009).

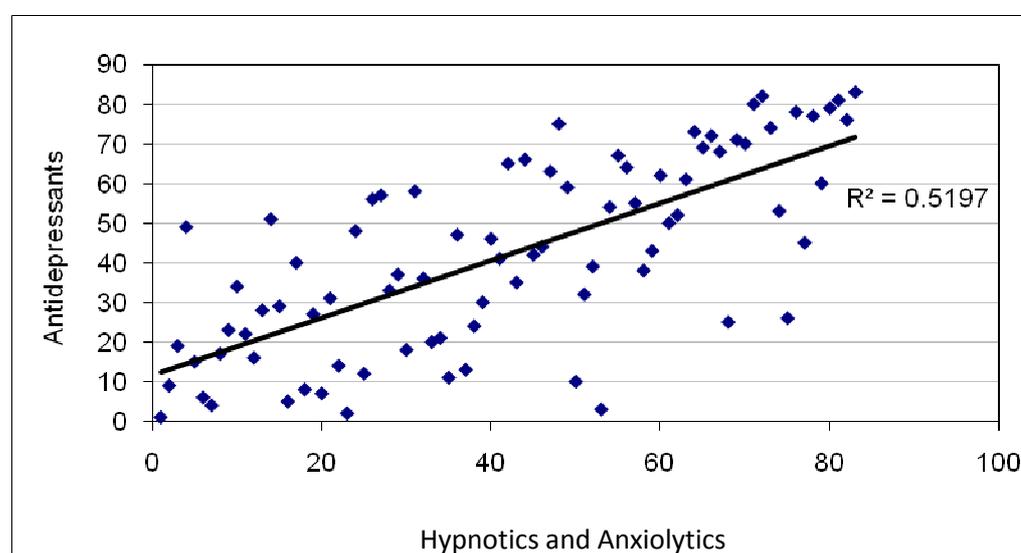
Hypnotics and Anxiolytics are prescribed for a variety of affective disorders in adults, including anxiety and stress related symptoms, and will induce night time sleep or sedate when given during the day. Dependence and tolerance occurs with these drugs and they should only be prescribed in short courses. Hypnotics and anxiolytics account for 138,000 items per year at a cost of just over £500,000 p.a. Prescribing trends have remained relatively stable over the last 4 years and account for 24% of mental health drugs prescribed and 10% of the cost locally.

City Care Alliance has the lowest number of items and cost per patient for antidepressants (£2.14 per head of population) and hypnotics and anxiolytics (£0.86). For hypnotics and anxiolytics, prescribing rates and cost are broadly similar across other alliances.

S&W alliance has the highest number of items per patient for anti-depressants, although Airedale and YPCA/BANCA alliances have higher costs per patient, suggesting variation in the type and quantity of drugs prescribed by GPs (Appendix D).

There is variation in antidepressant prescribing patterns between practices ranging from 0.04 items per head (£0.26) to 1.4 items per head (£6.10). Hypnotics and anxiolytics range from 0.03 items per head (£0.08) to 0.8 items (£3.30).

Below practices have been ranked from 1 to 83 in terms of prescribing per head of population. There is a strong relationship between prescribing of antidepressants and 'hypnotics and anxiolytics' at practice level.



Detailed prescribing data are contained in Appendix D.

Older people

The National Psychiatric Morbidity Survey provides the following estimates of older people with affective (neurotic disorders).

Age group	Population (F)	Population (M)	Any neurotic (F)	Any neurotic (M)
65 to 69	9,984	9,038	1,519	604
70 to 74	9,337	7,354	1,139	643
75+	18278	15507	2514	1180
Total	37,599	31,899	5,172	2,428

Source: Psychiatric morbidity survey (2000). Numbers estimated for Bradford District

BIPOLAR DISORDERS

The lifetime prevalence of bipolar I disorder is approximately 1.3% although the prevalence of bipolar spectrum disorder, including bipolar I, bipolar II and cyclothymia is between 2.6% and 6.5%. Bipolar spectrum disorders often go unrecognized and undiagnosed because of the wide range of symptoms seen in patients.

Estimated number of Bradford and Airedale residents with Bipolar 1 disorder

	Males	Females	All
0-16	790	770	1560
17-64	3370	2010	5380
>65	2050	2030	4080
Total	6210	4810	11020

Source: www.bipolar-foundation.org/index.aspx?o=1285

Children

Both children and adolescents can develop bipolar disorder. It is difficult to recognize and diagnose because it does not always fit the symptom criteria established for adults. Also symptoms can resemble or co-occur with those of ADHD or other conditions. Symptoms of bipolar disorder may be initially mistaken for normal behaviours of children and adolescents. Lifetime prevalence of bipolar disorder is similar to that of adults.

There are an estimated 1,560 children under 17 with bipolar I disorder in Bradford District (790 boys and 770 girls).

Adults of working age

Bipolar 1 disorder has a lifetime prevalence of approximately 1.3% in adults (Kleinman L et al, 2003). The incidence in men and women is equal and the average age of onset is usually early adolescent to early twenties. There are an estimated 5,380 adults of working age with bipolar I disorder in Bradford District.

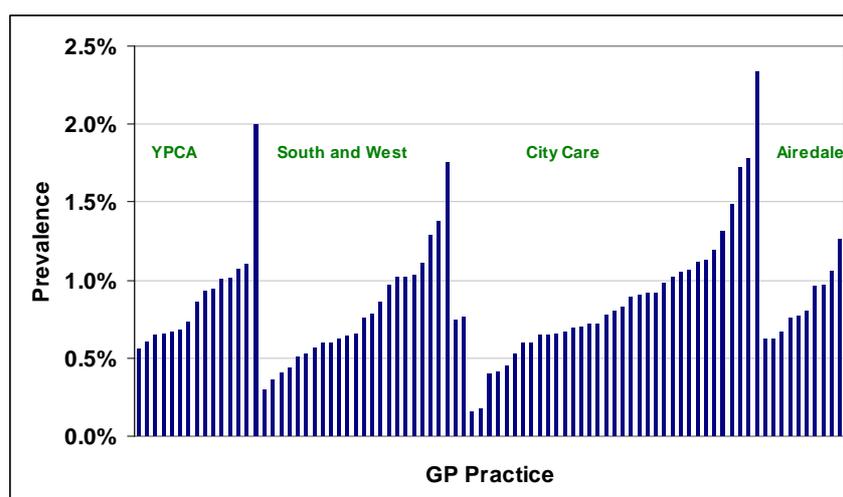
As part of the Quality and Outcomes Framework (QoF), GP practices are required to produce a register of patients with particular mental health disorders including schizophrenia, bipolar disorder and other psychoses. The overall prevalence in Bradford and Airedale is 0.83% (4,478 adults), slightly above 0.73% for Yorkshire and Humber and 0.75% for England. This raised level may be explained by Bradford's relatively deprived population that, compared nationally, may be expected, at the population level, to generally suffer higher levels of bipolar and psychotic disorders.

Patients on Mental Health Registers with schizophrenia, bipolar disorder and other psychoses

<i>Alliance</i>	<i>Patients on MHR</i>	<i>List size</i>	<i>Prevalence</i>
Airedale	821	92,679	0.89%
City Care	1240	147,981	0.84%
Independent	85	11,225	0.76%
S&W	1272	169,905	0.75%
YPCA/BANCA	1069	119,554	0.89%
Bradford and Airedale	4487	541,344	0.83%
Yorkshire and Humber	39308	5,416,151	0.73%
England	406075	54,310,660	0.75%

Prevalence is similar in all Alliances although highest in Airedale and Northern Bradford (YPCA/BANCA). There is substantial variation in prevalence between practices, with the greatest variation occurring between practices in the City Care and South and West Alliance which show the largest health inequalities.

Prevalence of patients on mental health registers by GP Practice



The QOF also records the details of the following treatment for those on the Mental Health Register:

- The percentage of patients on the register who have a comprehensive care plan documented in the records agreed between individuals, their family and/or carers as appropriate (MH06).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who do not attend the practice for their annual review who are identified and followed up by practice team within 14 days of non attendance (MH07).
- The percentage of patients with schizophrenia and bipolar affective disorder and other psychoses with a review recorded in the previous 15 months. In the review there is evidence that the patient has participated in routine health promotion and prevention advice appropriate to their age and health status (MH09).

Of the 13 practices achieving less than 90% of mental health reviews for patients (MH09), 9 are in City Care Alliances. Patients within these practices are also less likely to have a comprehensive mental health care plan (MH06) or be followed up for non-attendance of 15 months reviews (MH07).

Within the District, over 93% of patients on the Mental Health Registers do receive reviews (MH09). In 2008/2009, there were 257 patients who did not receive reviews in the previous 15 months, 41% of which are registered with City Care practices, as follows:

Review and care plan status of patients on the mental health register (schizophrenia, bipolar disorder and other psychoses)

Alliance	Patients without a recorded review in the prev 15 months	Patients not followed up for non-attendance of review	Patients without a care plan documented
Airedale	43		82
City Care	106	20	208
Independent	2		9
S&W	56	3	119
YPCA/BANCA	50	2	125
Grand Total	257	25	543

At a practice level there is no relationship between the recorded prevalence of schizophrenia, bipolar disorder and other psychoses and either deprivation or the percentage of patients of South Asian origin. In addition, no relationship exists between any of the care indicators (MH06, 7 or 9) and either deprivation or South Asian ethnicity.

Antimanic drugs such as Lithium are used to control acute attacks and prevent recurrence of episodes of mania or hypomania. They are used for long term treatment of bipolar disorder. Prescribed antimanic drugs account for 2% of the mental health prescribing volume (14,000 items p.a) at a cost of £60,000 p.a. There is a rising trend in prescribed items with a 25% increase in the last 4 years.

Prescribing of antimanic drugs per head of population is similar in all alliances although prescribing costs per head are notably higher in BANCA alliance (£0.16 compared to £0.12 for the District).

GP patients on the Mental Health Register - Patients on lithium therapy

Alliance	Patients on lithium therapy
Airedale	130
City Care	72
Independent	22
S&W	116
YPCA	158
Grand Total	498

Older people

There are an estimated 4,080 older people with bipolar I disorder in Bradford District.

PSYCHOTIC DISORDERS

Children

Prevalence of less common disorders (including psychotic disorder, eating disorders, development disorders)

	Boys (%)		Girls (%)		All 5-16 year olds (%)
	5-10 year olds	11-16 year olds	5-10 year olds	11-16 year olds	
Prevalence	2.2	1.6	0.4	1.1	1.3
Estimated numbers	450	323	79	221	1047

Source: Mental Health of Children and Young People in Great Britain, ONS 2004

Adults

There are an estimated 1,700 adults of working age and 270 older people with schizophrenia in Bradford District.

	16-64yrs	65+yrs
Female	797	153
Male	895	115
All adults	1731	272

Source: Psychiatric morbidity survey (2000). Numbers estimated for Bradford District

The prevalence of schizophrenic disorder includes schizophrenia, schizophreniform disorder and various personality disorders (schizoaffective disorder, schizoid personality disorder, schizotypal personality disorder). Approximately half of schizophrenic disorders are a type of schizoid or schizoaffective personality disorder, covered in other sections.

Prevalence of schizophrenic disorder disorders and schizophrenia for adults

Diagnosis	Prevalence per 100,000 adults (95% CI)	
	One year	Lifetime
Schizophrenic disorder	600 (380 to 910)	1450 (80 to 2370)

Estimated numbers of adults with schizophrenic disorder disorders in Bradford District

Diagnosis	Numbers for Bradford adults (+16yrs)	
	(95% CI)	
	One year	Lifetime
Schizophrenic disorder	2332 (1477 to 3537)	5635 (311 to 9211)

Source: EM Goldner et al. Prevalence and incidence studies of schizophrenic disorders: a systematic review of the literature. Canadian Journal of Psychiatry 2002 47: 833-843.

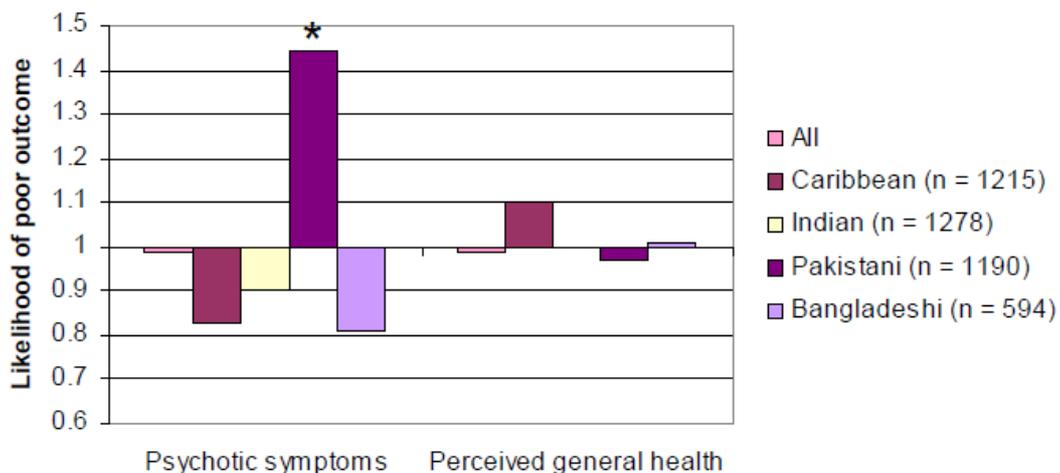
Antipsychotic drugs are used to calm disturbed patients with schizophrenia, brain damage, mania, toxic delirium, or agitated depression. They relieve psychotic symptoms such as thought disorder, hallucinations, and delusions, and prevent relapse. Approximately 74,000 items of antipsychotic drugs

are prescribed every year, at a cost of £2.5 million. Although they represent only 13% of the total prescribed items, due to their high costs they account for 43% of the cost of mental health prescribing. There has been a 15% rise in the number of anti-psychotic items prescribed in the last 4 years.

Anitpsychotic drug prescribing rates and cost per head of population are similar across the 4 alliances. South and West alliance has the highest prescribing rate (0.16 items per head) with Airedale alliance the highest cost per head (£5.19). There is a huge range in prescribing of anitpsychotic drugs between practices ranging from 0.02 items per head (£0.41) to 0.6 items per head (£11.40).

Ethnicity: African Caribbean people are 3 to 5 times more likely to be diagnosed and admitted to hospital for schizophrenia than other groups. Evidence is inconclusive as to whether South Asian groups have higher rates of schizophrenia than whites, although they have better rates of recovery from schizophrenia possibly due to higher levels of family support.

Concentration of ethnic populations or 'ethnic density' is positively associated with indicators of social cohesion, close-knit communities and respect of ethnic differences. In terms of mental health and well being, ethnic minorities may derive some benefit from living in ethnically dense areas. The fourth National Survey of Ethnic Minorities suggested a protective element of ethnic concentration against psychotic symptoms.



Source: Fourth National Survey of Ethnic Minorities, 1993-1994

Neighbourhood ethnic density and health: evidence and explanatory pathways. Stafford M, Becares I, Nazroo J. People Like Us Conference 2010.

Analysis of GP patients on the mental health register with schizophrenia and other psychoses is included in the bipolar section.

PERSONALITY DISORDERS

Children

Attention deficit disorder is twice as likely to be diagnosed in boys than in girls. Symptoms can persist into adulthood in up to 50% of cases. Conduct disorders are more common in boys than girls. In Bradford District there are an estimated 7,600 children with mental health disorders between the ages of 5 and 15 years

Prevalence of Childhood Personality Disorders

	Boys (%)		Girls (%)		All 5-16 year olds (%)
	5-10 year olds	11-16 year olds	5-10 year olds	11-16 year olds	
Prevalence					
Conduct disorder	6.9	8.1	2.8	5.1	5.8
Hyperkinetic disorder	2.7	2.4	0.4	1.4	1.5
Estimated number					
Conduct disorder	1410	1636	555	1023	4670
Hyperkinetic disorder	552	485	79	281	1208

Source: Mental Health of Children and Young People in Great Britain, ONS 2004

Adults of working age

Approximately 16,000 adults of working age are estimated to have a personality disorder in Bradford and Airedale. Obsessive Compulsive Personality Disorder is the most common type (6,800 people). Note that these calculations are based on clinical interviews conducted by GPs with approximately 600 people. As such the estimates below represent a rough guide rather than a precise estimate.

Estimated numbers of people with specific personality disorder by age + gender in Bradford District

Type of personality disorder	Female				Male				All adults			
	16-34	35-54	55-74	All	16-34	35-54	55-74	All	16-34	35-54	55-74	All
Obsessive-Compulsive	-	527	1630	2312	1554	1706	1247	4622	1524	2235	2911	6757
Avoidant	136	988	88	1245	636	1115	-	1778	831	2104	86	2845
Schizoid	407	-	969	1423	565	131	873	1600	970	131	1883	2845
Paranoid	204	329	-	534	636	1378	83	2133	831	1709	86	2489
Borderline	340	461	-	711	141	1574	-	1778	416	1972	-	2489
Antisocial	340	0	-	356	565	1115	-	1778	970	1183	-	2134
Dependent	-	-	44	0	353	-	-	356	416	-	0	356
Schizotypal	68	66	44	178	-	0	-	0	139	131	86	356
Histrionic	-	-	-	-	-	-	-	-	-	-	-	-
Narcissistic	-	-	-	-	-	-	-	-	-	-	-	-
Any personality disorder	1154	1911	2775	6047	3673	3805	2202	9601	4710	5785	4965	15648

Source: Psychiatric Morbidity survey 2000 (from clinical interviews). Estimates are based on 2007 mid year population estimates

Older people

Type of Personality Disorder	Estimated number
Obsessive-Compulsive	1121
Avoidant	33
Schizoid	725
Paranoid	33
Borderline	
Antisocial	
Dependent	0
Schizotypal	33
Histrionic	
Narcissistic	
Any personality disorder	1912

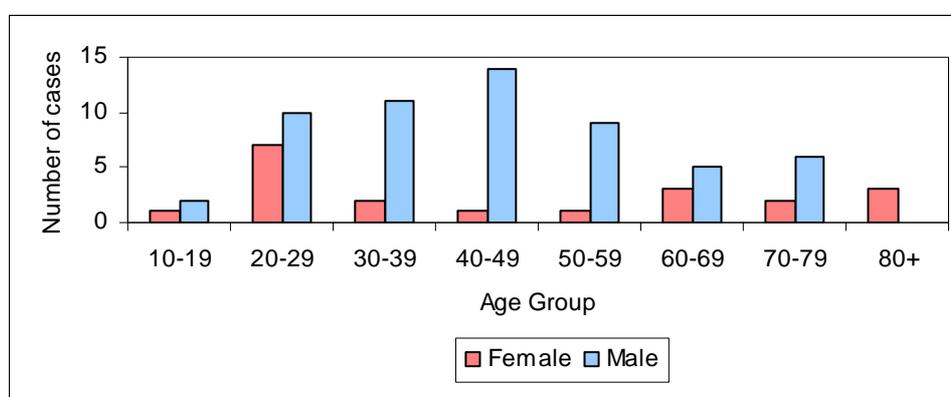
Source: Psychiatric Morbidity survey 2000 (from clinical interviews). Estimates are based on 2007 mid year population estimates

SUICIDE

There were 77 recorded suicides in Bradford District between 2007 and 2008 (30 in 2007, 47 in 2008). Suicide rates in Bradford for both men and women are below the national average.

Men comprise 74% of all suicides in Bradford. The most common age for men to commit suicide in Bradford is between 20 and 59yrs compared to 20-29yrs in women. The majority of suicides in Bradford are white males. Suicides of South Asian men account for 7.8% and South Asian women account for 5.2% (below their population proportion). There is no correlation between deprivation and number of suicides. The most common method of suicide in both men and women is hanging/strangulation and these normally take place in the home address. There is no seasonal variation.

Number of suicides by age group, 2007-2008



Rates of completed suicide are very low in children and rise after the age of 11 with boys being more at risk. Attempted suicide and self harm is more common with girls with a 2-3% and 11.2% prevalence respectively. Studies suggest that around 2-4% of adolescents will attempt suicide, and 7.6 per 100,000 fifteen to nineteen year olds will contemplate suicide (YoungMinds 2002). This equates to between 730 and 1460 per year locally. The actual annual number of suicides or undetermined deaths for those aged between ten and nineteen has been under 5 per year between 2002 and 2006.

DEMENTIA

A more detailed assessment of dementia is being undertaken as part of the district-wide partnership approach to older people's mental health.

NEXT STEPS

This report will now be used to inform the process of development of a Mental Health Strategy for Bradford and Airedale. This will be as part of a four part process as outlined below

1. Analysis of need and service provision with gap analysis and use of evidence and guidance to identify approaches to address these
2. Assessment and application of published clinical and strategic guidance on mental health and well-being. This will include national mental health strategy and guidance from the National institute for Health and Clinical Excellence including Technology Appraisals, Clinical Guidelines and Public Health Guidelines
3. Focused review of published research literature as required
4. Engagement with partners including clinicians in Primary and Secondary Care

APPENDIX A - MENTAL HEALTH TAXONOMY

Affective disorders

Manic depression and bipolar disorders are included in the bipolar disorder grouping.

Other affective disorders: Milder depression, Dysthymia, Anxiety, Obsessive compulsive disorder, Phobias, Attention-deficit, Hyperactivity disorder, Body dysmorphic disorder / Bulimia nervosa and other eating disorders , Cataplexy, Fibromyalgia, Hypersexuality, Impulse-control disorders, Kleptomania , Narcolepsy,

Obsessive-compulsive disorder, Panic disorder, Posttraumatic stress disorder, Premenstrual dysphoric disorder.

Bipolar disorders (mood disorders)

Manic depression, Bipolar I, Bipolar II, Cyclothymia, Mania or milder Hypermania.

Psychotic Disorders

Schizophrenia, Abnormal thinking and perceptions, Delusions and hallucinations, Delusional disorders, Schizoaffective disorder, Brief psychotic disorder.

Personality disorders

Paranoid, Schizoid, Dissocial, Emotionally Unstable, Histrionic, Anankastic, Anxious (avoidant), Dependent personality, Narcissistic, Passive-aggressive Personality disorders.

APPENDIX B - DATA SOURCES

Summary of data sources						
Age group	Source	Indicators				
		General	Affective disorders	Bipolar Disorders	Psychotic Disorders	Personality Disorders
Younger People	Mental Health of Children and Young People in Great Britain, ONS 2004					Personality disorder type (age/sex)
	CAMHS Needs Analysis Review 2007	All Mental Health Disorders (age/sex, 5-15yrs)				
	Child Health Equity Audit (Bradford and Airedale)					Personality disorder type (age/sex)
	Psychiatric Morbidity survey 2000		Phobias, Depressive episode, Generalised anxiety disorder, Mixed anxiety depression, Obsessive compulsive disorder, Panic disorder for 16-19rs M.F		Psychotic Disorders (16-19yrs M.F)	
	National Indicator set	Contact with CAMHS (NI51)				
	Children and Young Peoples lifestyle survey	Pending				
Adults of working age	Quality and Outcomes Framework (QoF)	Mental Health Register (schizophrenia, bipolar disorder and other psychoses) by practice (MH06,07,09)	Depression (QoF DEP 01 and 02)	Lithium therapy treatment (QoF MH 04 and 05)		
	Suicide Audit	Separate report				
	Bradford District Care Trust	In-patient activity	In-patient activity	In-patient activity	In-patient activity	In-patient activity
	Bradford District Lifestyle Survey		Self reported depression			
	Psychiatric Morbidity Survey 2000 (MHO)		Phobias, Depressive episode, Generalised anxiety disorder, Mixed anxiety depression, Obsessive compulsive disorder, Panic disorder by age group M.F		Psychotic Disorders by age group M.F	Obsessive-Compulsive, Avoidant, Schizoid, Paranoid, Borderline, Antisocial, Dependent, Schizotypal, Histrionic, Narcissistic by age group M.F
	Mental Health Observatory (MHO) MINI estimates	Admissions for schizophrenia and affective disorders by ward	Admissions for affective disorders by ward		Admissions for schizophrenia by ward	
	Health Acorn		Suffer from depression (postcode district)			
	GP MIQUEST data	Pending	Pending	Pending	Pending	Pending
	Mental Health Minimum Dataset	Numbers accessing mental health services				
	National Indicator set	Learning difficulties (NIs 145,146), Contact with services (NIs 149,150)				
	Community Mental Health Profile (MHO)	Disability living allowance, disability benefit, common mental illness				
	Prescriptions	PCT prescribing database	PCT prescribing database	PCT prescribing database	PCT prescribing database	PCT prescribing database
Older people	Quality and Outcomes Framework (QoF)	Dementia (QOF DEM02)				
	Psychiatric Morbidity Survey 2000 (MHO)		Phobias, Depressive episode, Generalised anxiety disorder, Mixed anxiety depression, Obsessive compulsive disorder, Panic disorder by age group M.F		Psychotic Disorders by age group (65-74yrs M.F)	
	GP MIQUEST data	Pending	Pending	Pending	Pending	Pending

APPENDIX C – PSYCHIATRIC MORBIDITY

Estimated local prevalence of affective / neurotic disorders

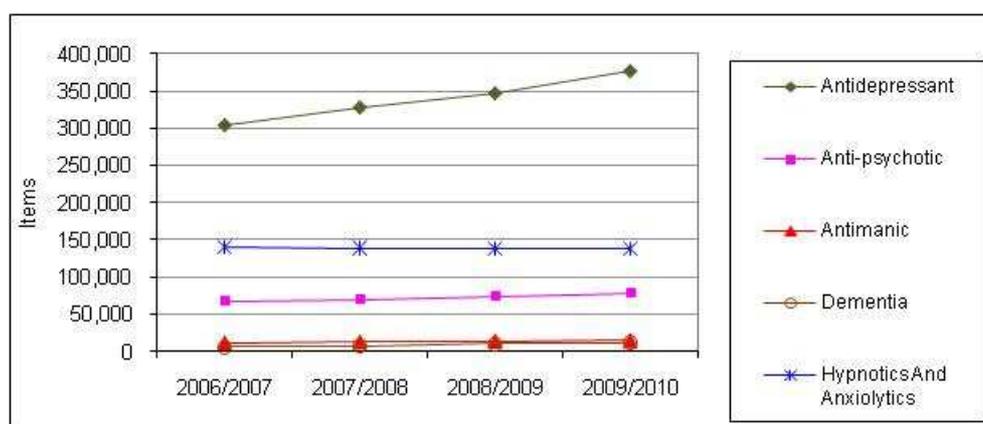
Sex	Age group	Population 16-74	Any neurotic		All phobias		Depressive episode		Generalised anxiety disorder		Mixed anxiety depression		Obsessive compulsive disorder		Panic disorder	
			No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
F	16 to 19	13,817	2,685	194.3	271	19.6	368	26.6	184	13.3	1,641	118.8	125	9.1	134	9.7
F	20 to 24	18,016	3,651	202.7	242	13.4	596	33.1	376	20.9	2,281	126.6	313	17.4	0	0.0
F	25 to 29	16,764	3,629	216.5	403	24.0	344	20.5	965	57.6	2,083	124.2	268	16.0	322	19.2
F	30 to 34	17,120	3,570	208.5	353	20.6	509	29.8	813	47.5	1,895	110.7	225	13.2	167	9.8
F	35 to 39	17,473	3,430	196.3	579	33.2	683	39.1	1,161	66.4	1,563	89.5	322	18.4	172	9.9
F	40 to 44	17,400	4,094	235.3	494	28.4	453	26.1	1,369	78.7	2,148	123.5	320	18.4	143	8.2
F	45 to 49	15,643	3,029	193.7	327	20.9	440	28.1	1,041	66.6	1,494	95.5	241	15.4	232	14.8
F	50 to 54	13,921	3,544	254.6	359	25.8	464	33.3	1,259	90.4	1,718	123.4	100	7.2	346	24.8
F	55 to 59	14,029	2,559	182.4	188	13.4	652	46.5	1,009	71.9	1,032	73.6	246	17.5	233	16.6
F	60 to 64	10,161	1,566	154.1	156	15.4	144	14.2	570	56.1	871	85.7	158	15.6	0	0.0
F	65 to 69	9,984	1,519	152.1	124	12.4	101	10.1	457	45.8	811	81.3	51	5.2	116	11.6
F	70 to 74	9,337	1,139	122.0	35	3.8	159	17.0	344	36.8	616	66.0	38	4.1	107	11.5
M	16 to 19	14,285	1,617	113.2	151	10.6	230	16.1	283	19.8	937	65.6	112	7.9	93	6.5
M	20 to 24	18,949	2,405	126.9	613	32.4	262	13.8	248	13.1	1,034	54.5	320	16.9	190	10.0
M	25 to 29	16,540	3,262	197.2	317	19.2	789	47.7	645	39.0	1,949	117.9	114	6.9	169	10.2
M	30 to 34	16,639	2,846	171.0	529	31.8	358	21.5	1,069	64.3	1,262	75.8	116	7.0	173	10.4
M	35 to 39	17,768	3,609	203.1	535	30.1	1,149	64.7	1,167	65.7	1,946	109.5	125	7.0	116	6.5
M	40 to 44	16,881	3,613	214.0	359	21.3	911	54.0	1,215	72.0	1,938	114.8	133	7.9	110	6.5
M	45 to 49	15,725	4,256	270.6	784	49.8	1,250	79.5	1,705	108.4	1,732	110.1	139	8.8	226	14.4
M	50 to 54	13,984	2,790	199.5	324	23.2	810	57.9	1,031	73.7	1,126	80.5	86	6.2	147	10.5
M	55 to 59	13,551	2,419	178.5	291	21.4	541	39.9	678	50.0	1,075	79.4	132	9.7	321	23.7
M	60 to 64	10,163	1,977	194.5	220	21.6	650	63.9	499	49.1	959	94.3	109	10.7	54	5.3
M	65 to 69	9,038	604	66.8	0	0.0	33	3.6	159	17.6	413	45.7	0	0.0	0	0.0
M	70 to 74	7,354	643	87.5	52	7.1	66	9.0	147	19.9	390	53.1	0	0.0	0	0.0
Bradford Total		344,542	64,457	187.1	7,704	22.4	11,963	34.7	18,393	53.4	32,915	95.5	3,795	11.0	3,570	10.4

Source: Estimating from the Psychiatric Morbidity Survey 2000. National rates applied to the local population.

APPENDIX D – PRESCRIBING

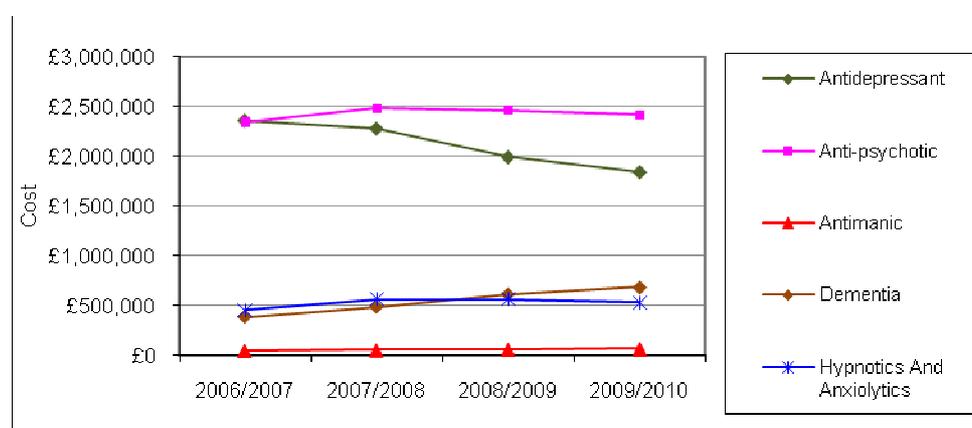
Items prescribed by year in Bradford and Airedale (2007-2010)

Items	2006/2007	2007/2008	2008/2009	2009/2010*
Antidepressant	304,413	328,515	347,616	377,578
Anti-psychotic	67,464	69,770	73,445	77,772
Antimanic	11,724	12,852	13,834	14,717
Dementia	5,780	7,427	10,080	11,865
Hypnotics And Anxiolytics	140,520	139,066	137,722	137,753
Total	529,901	557,630	582,697	619,685



Cost of items prescribed by year in Bradford and Airedale (2007-2010)

Cost (£)	2006/2007	2007/2008	2008/2009	2009/2010*
Antidepressant	£2,356,464	£2,275,537	£1,991,183	£1,841,891
Anti-psychotic	£2,342,227	£2,480,632	£2,460,620	£2,414,685
Antimanic	£47,179	£53,030	£59,894	£66,214
Dementia	£384,798	£486,713	£614,095	£683,437
Hypnotics And Anxiolytics	£453,368	£564,957	£565,470	£529,620
Total	£5,584,036	£5,860,869	£5,691,263	£5,535,848

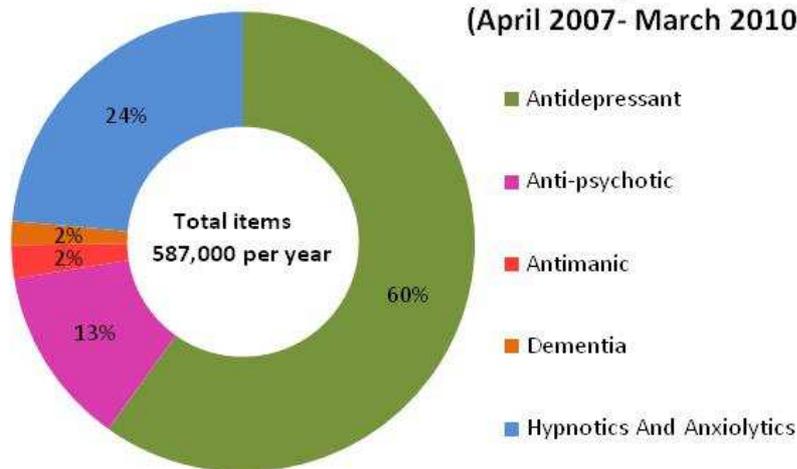


* Total figures for 2010 adjusted for missing February data.

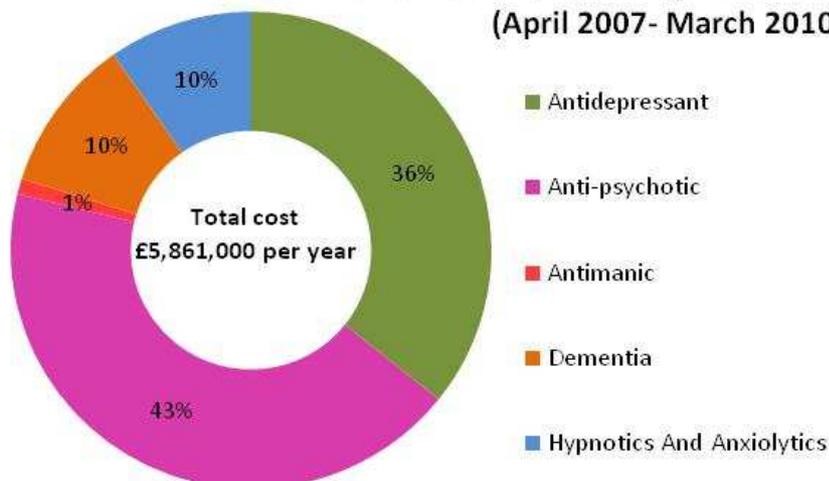
Annual items prescribed and total costs for Bradford and Airedale (2007-2010)

Items	Annual items	%
Antidepressant (BNF 4.1)	351,236	60%
Anti-psychotic (BNF 4.2.1 & 4.2.2)	73,662	13%
Antimanic (BNF 4.2.3)	13,801	2%
Dementia (BNF 4.11)	9,791	2%
Hypnotics and Anxiolytics (BNF 4.1)	138,180	24%
Total	586,671	100%
Cost (£)	Annual cost	%
Antidepressant	£2,036,204	36%
Anti-psychotic	£2,451,979	43%
Antimanic	£59,713	1%
Dementia	£594,749	10%
Hypnotics And Anxiolytics	£553,349	10%
Total	£5,695,993	100%

Mental health prescribing - total items
(April 2007- March 2010)



Mental health prescribing - total cost
(April 2007- March 2010)



Items prescribed and total costs per patient by GP Alliance for Bradford and Airedale (2009-2010)

Items 2009/2010

Alliance	Population	Antidepressant		Anti-psychotic		Antimanic		Dementia		Hypnotics And Anxiolytics	
		Number	Per patient	Number	Per patient	Number	Per patient	Number	Per patient	Number	Per patient
Airedale	99,688	69,688	0.70	13,517	0.14	2,835	0.03	1,261	0.01	28,220	0.28
BANCA	120,766	91,497	0.76	16,043	0.13	3,963	0.03	2,606	0.02	32,631	0.27
City Care	149,299	71,812	0.48	21,105	0.14	3,529	0.02	1,813	0.01	30,202	0.20
Independent	13,030	8,687	0.67	1,745	0.13	441	0.03	557	0.04	3,638	0.28
S&W	162,941	135,893	0.83	25,361	0.16	3,949	0.02	5,627	0.03	43,063	0.26
Bradford	545,724	377,578	0.69	77,772	0.14	14,717	0.14	11,865	0.02	137,753	0.25

Cost 2009/2010

Alliance	Population	Antidepressant		Anti-psychotic		Antimanic		Dementia		Hypnotics And Anxiolytics	
		Cost	Per patient	Cost	Per patient	Cost	Per patient	Cost	Per patient	Cost	Per patient
Airedale	99,688	£ 432,051	£ 4.33	£ 517,375	£ 5.19	£ 13,075	£ 0.13	£ 111,036	£ 1.11	£ 105,217	£ 1.06
BANCA	120,766	£ 467,534	£ 3.87	£ 439,888	£ 3.64	£ 19,373	£ 0.16	£ 157,848	£ 1.31	£ 125,643	£ 1.04
City Care	149,299	£ 318,868	£ 2.14	£ 646,656	£ 4.33	£ 15,700	£ 0.11	£ 94,054	£ 0.63	£ 128,360	£ 0.86
Independent	13,030	£ 46,521	£ 3.57	£ 50,504	£ 3.88	£ 1,643	£ 0.13	£ 34,122	£ 2.62	£ 14,869	£ 1.14
S&W	162,941	£ 576,917	£ 3.54	£ 760,262	£ 4.67	£ 16,423	£ 0.10	£ 286,378	£ 1.76	£ 155,530	£ 0.95
Bradford	545,724	£ 1,841,891	£ 3.38	£ 2,414,685	£ 4.42	£ 66,214	£ 0.12	£ 683,437	£ 1.25	£ 529,620	£ 0.97

Practices with the highest prescribing per head by drug type

Anti-psychotic	Antimanic	Hypnotics And Anxiolytics	Antidepressant	Dementia
BEVAN HOUSE FOUNTAINS HALL MEDICAL PRACTICE PEEL PARK SURGERY	FARROW MEDICAL CENTRE THE HEATON MEDICAL PRACTICE	FOUNTAINS HALL MEDICAL PRACTICE PEEL PARK SURGERY BEACON RD SURGERY	FOUNTAINS HALL MEDICAL PRACTICE ROOLEY LANE MED. CENTRE	WILSDEN MEDICAL CENTRE COWGILL SURGERY
DR LH GOLDMAN & PARTNERS BEACON RD SURGERY FARROW MEDICAL CENTRE THE HEATON MEDICAL PRACTICE LCD BRADFORD	PEEL PARK SURGERY LITTLE HORTON LANE MEDICAL CENTRE-MALL LEYLANDS MEDICAL CENTRE DR LH GOLDMAN & PARTNERS VALLEY VIEW SURGERY LCD BRADFORD ILKLEY & WHARFEDALE MEDICAL PRACTICE	KENSINGTON ST HC - WILSON DR LH GOLDMAN & PARTNERS BEVAN HOUSE FARFIELD GROUP PRACTICE LCD BRADFORD ROOLEY LANE MED. CENTRE ILKLEY & WHARFEDALE MEDICAL PRACTICE	ROYDS HEALTHY LIVING CTRE DR JA BIBBY'S PRACTICE ASHCROFT SURGERY BEVAN HOUSE KENSINGTON ST HC - WILSON HAWORTH MEDICAL PRACTICE SILSDEN GROUP PRACTICE LOW MOOR SURGERY	FARROW MEDICAL CENTRE ILKLEY & WHARFEDALE MEDICAL PRACTICE LCD BRADFORD DR MICALLEG & PRTRNS LOW MOOR SURGERY THORNBURY MEDICAL PRACTICE DR SHM HAMDANI THE WILLOWS MEDICAL CTR.
CARLTON MEDICAL PRACTICE KENSINGTON ST HC - WILSON	DR A MASOOD			

BNF categories used for prescribing classification

- 4.1 Hypnotics and anxiolytics
 - 4.2.1 Antipsychotic drugs and 4.2.2 Antipsychotic depot injections combined
 - 4.2.3 Antimanic drugs
- 4.3 Antidepressant drugs
 - 4.1.1 Drugs for dementia