The Epidemiology of Mental Health and Wellbeing

Why is this important to Bradford District?

Mental health issues will affect about **155,000 people** in our District at some point during a person's life, with approximately 6,200 people being in need of, and in contact with specialist mental health services at any given time.

Mental wellbeing: Wellbeing is a widely used term. There is no universally agreed definition, however, in an attempt to develop a shared understanding, the cross Government Whitehall Wellbeing Working group defined wellbeing as:

'*A positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It requires that basic needs are met, that individuals have a sense of purpose, that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, strong and inclusive communities, good health, financial and personal security, rewarding employment, and a healthy attractive environment*.'

The Office of National Statistics measures wellbeing by asking four questions as part of the Integrated Household Survey. From this survey, estimates of wellbeing for Bradford District can be derived.

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

Table 1: Wellbeing in Bradford District as measured by the ONS wellbeing measure, 2018/19

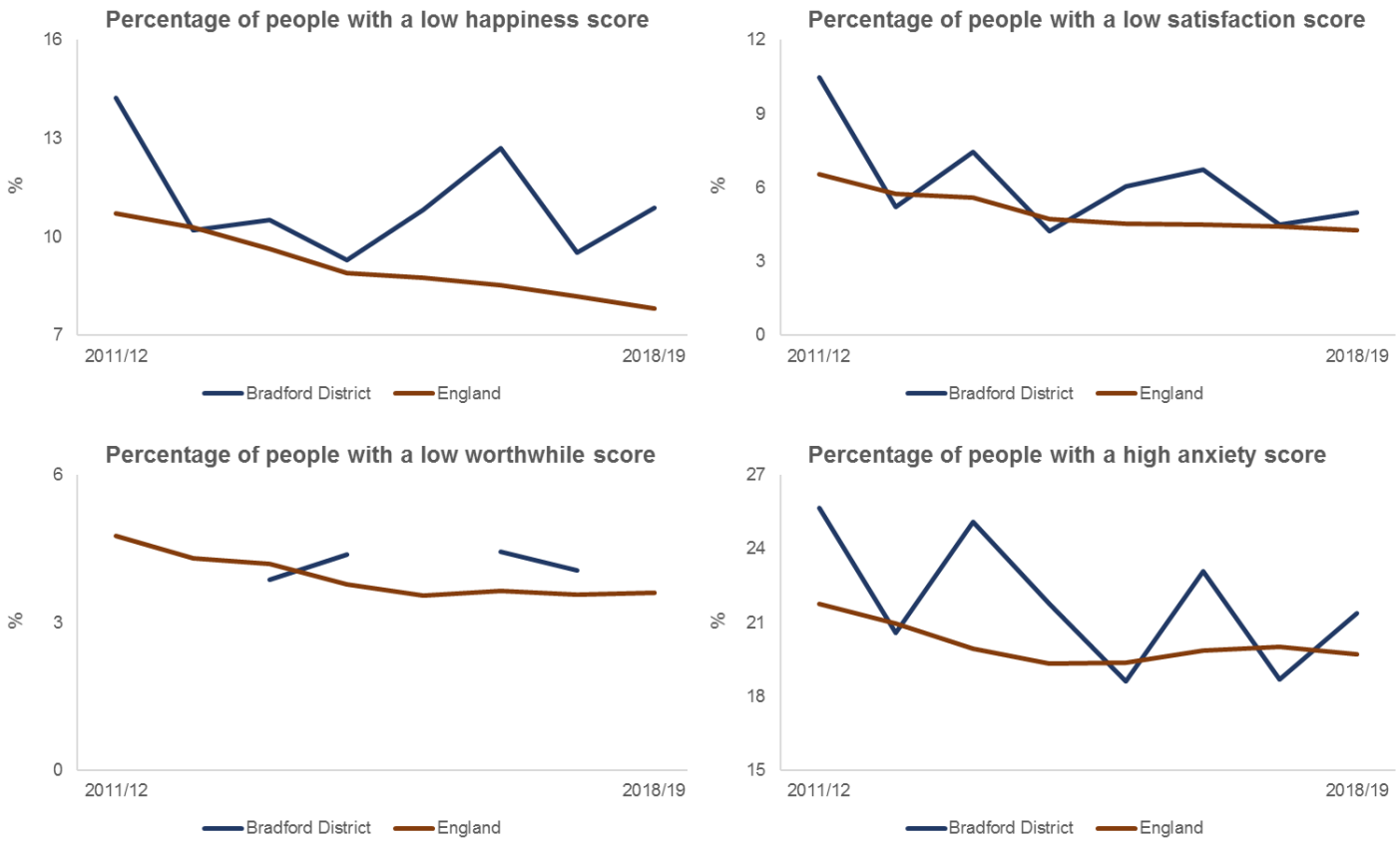
	Bradford District	England
% of people with a low happiness score	10.9%	7.8%
% of people with a low satisfaction score	4.3%	5.0%
% of people with a low worthwhile score	4.1%**	3.6%
% of people with a high anxiety score	21.7%	19.7%

*** data not available for 2018/19 so 2017/18*

Source: Public Health England

Across all measures, the proportion of the population reporting lower levels of wellbeing, is higher in Bradford District than the national average. The difference is most marked in terms of the proportion of people with a low happiness score and the proportion of people with a high anxiety score. Trend data in Figure 1 shows year on year fluctuations in the proportion of people with anxiety, low happiness etc.; this is as expected with survey data, however a number of indicators appear to show an upward trend, indicating that levels of wellbeing may not be improving in Bradford District, as determined by the ONS measures included in the Integrated Household Survey.

Figure 1: Trends over time for ONS wellbeing indicators for Bradford District and England



Source: Public Health England

Common mental disorders: Common mental disorders are described by the Office of National Statistics Psychiatric Morbidity Survey as. *'Mental conditions that cause marked emotional distress and interfere with daily function but do not usually affect insight or cognition. They compromise different types of depression and anxiety*.'

Depression and anxiety are often categorised as common mental disorders. Depression can present with a range of symptoms including low mood, lack of appetite, difficulty sleeping, loss of enjoyment, difficulty moving and thoughts of self-harm or suicide (Halverson, 2015). Depression and anxiety can both recur over time and are, therefore, considered to be episodic in nature.

In 2014/15, NHS England published estimates of the number of people experiencing a common mental disorder in order to inform the planning of Improving Access of Psychological Therapies

(IAPT). Estimates suggested that around **1 in 6 people** in the District aged 16-74 years old experiences a **common mental disorder** at any one time.

More recent and more robust data comes from QOF registers held by GP practices. GPs are incentivised as part of QOF to keep a record of all cases of depression diagnosed over a specific time period (period prevalence), as well as new diagnoses of depression (incidence). QOF registers do not include people with anxiety, unless people also have a diagnosis of depression.

Number of newly diagnosed cases of depression (incidence): In 2018/19 **7,550** people were diagnosed with depression and recorded on a GP register as such across the three CCGs in the District. The incidence rate in Bradford Districts CCG was 1.7% followed by AWC CCG 1.6% and Bradford City CCG had an incidence rate of 1.3%.

Table 2: New cases of depression diagnosed and recorded on a GP register in 2017/18

	Number diagnosed	Incidence (% of persons aged 18 and over)
AWC	1,987	1.6%
City	2,729	1.3%
Districts	4,155	1.7%
England	789,449	1.7%

Source: Quality and Outcomes Framework

Prevalence of depression: QOF registers also provide an estimate of the number of people who have been diagnosed with depression since April 2006. Some of these individuals will have gone on to recover from their episode of depression; however, given the episodic nature of depression, it is likely that a proportion may still experience depression.

Table 3: All cases of depression diagnosed and recorded on a GP register in 2018/19

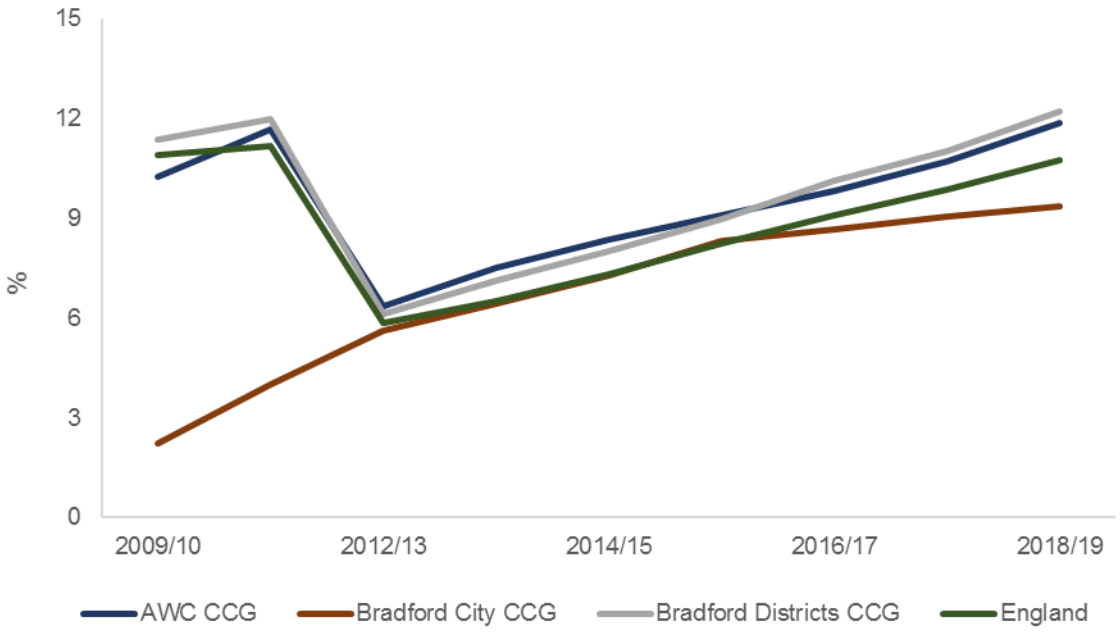
	Number on register	Prevalence (% of persons aged 18 and over)
AWC	15,137	11.9%
City	10,237	9.3%
Districts	29,850	12.2%

Source: Quality Outcomes Framework

The recorded prevalence varies between CCGs: prevalence is highest and above the average for England in Bradford Districts CCG (12.2%), followed by Airedale, Wharfedale & Craven CCG (11.9%),

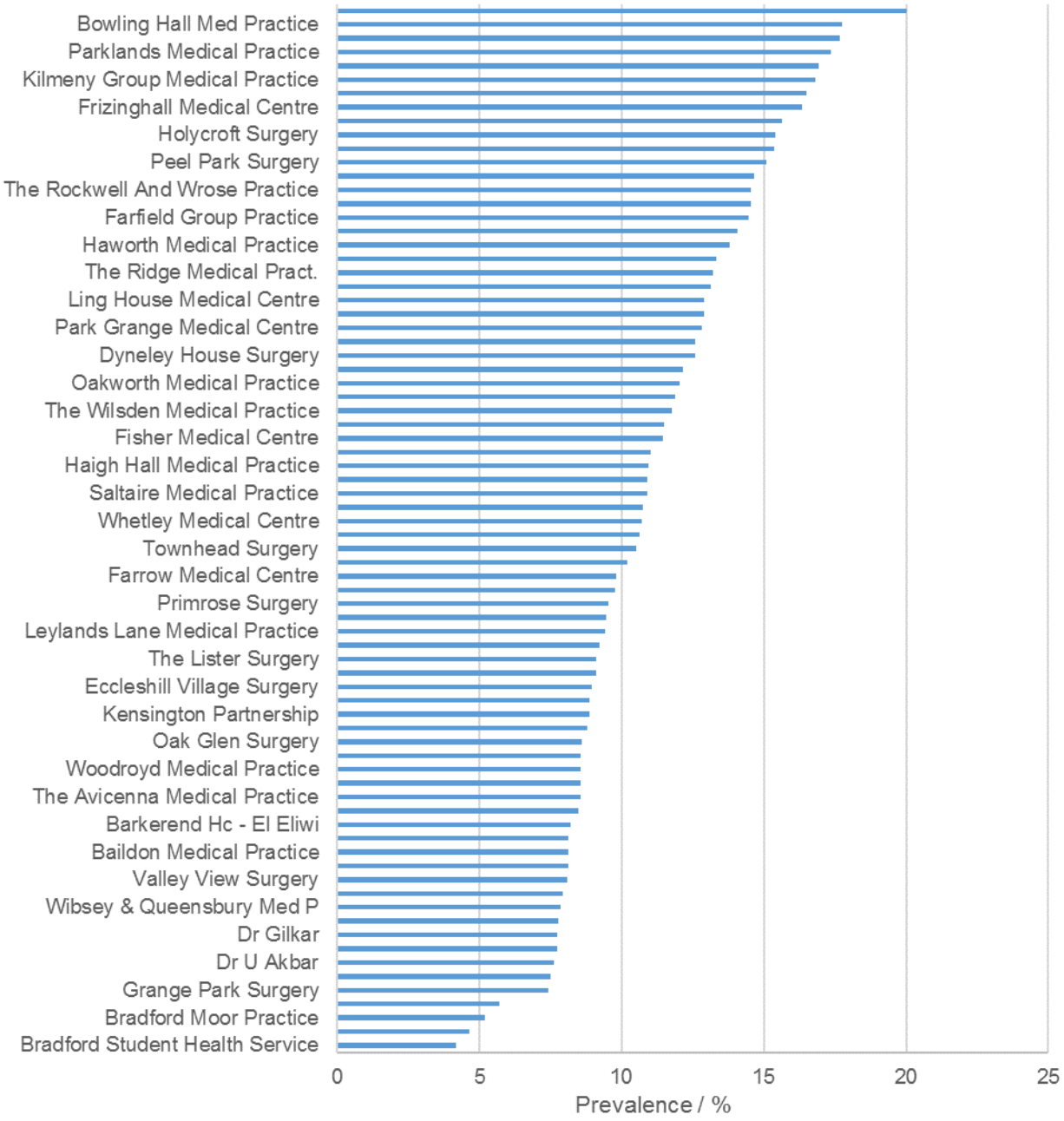
There is significant variation at GP practice level in the QOF reported prevalence of depression. The degree of variation is unlikely to be explained by socio-demographic factors alone – some may be unwarranted and reflect how well practices are diagnosing and recording depression. Prevalence ranges from 3.9% to 19.5% of the population aged 18 or over (**Figure 3**).

Figure 2: Percentage of General Practice register with a diagnosis of depression recorded



Source: Public Health England

Figure 3: Prevalence of depression by GP practice, Airedale Wharfedale and Craven, City and Districts CCGs, 2018/19



Source: Quality and Outcomes Framework

One of the limitations of QOF data is that it only tells us about the number of people who have been diagnosed with depression, rather than common mental disorders in general. Furthermore, the data doesn't tell us about those people who may be experiencing depression, but who have not been diagnosed.

Another source of data on the prevalence of common mental disorders is the GP Patient Survey. According to the GP Patient Survey in 2016/17, **14.9% of respondents reported having anxiety and/or depression**. This is higher than the national figure, at 13.7%, but lower than the regional figures for this, at 15.1%. In another measure, Bradford District's residents have a self-reported wellbeing score slightly lower than the national average, at 70.4% reporting high happiness compared to 74.7% in England and 74.1% in Yorkshire and the Humber. However, the number of people recorded on a GP as having depression is slightly higher in Bradford District than in both

England and Yorkshire and the Humber, at 10.5% compared to 10.3% for Yorkshire and the Humber, and 9.99% for England. This suggests that there are still potentially a large number of people living with **undiagnosed mental health problems**.

The prevalence of common mental disorders is also rising year on year. This could be as a result of improved recognition and diagnosis of mental health problems; however it could also reflect rising need.

Local research from the Born in Bradford cohort study also raised the possibility of **ethnic disparities in the diagnosis and treatment** of common mental disorders. Researchers used questionnaires given to women during pregnancy, and compared these with GP records. They found that women of Black and Minority Ethnic (BME) heritage were twice as likely to have a possible missed diagnosis of depression or anxiety as White British women.

Psychoses: Psychoses are disorders that produce disturbances in thinking and perception severe enough to distort perception of reality. The main types are schizophrenia and affective psychosis, such as bipolar disorder. These conditions can be disruptive to daily living and are most likely to be treated in non-urgent specialist mental health services such as community mental health teams (CMHTs), however at times of crisis they may require treatment as part of an acute pathway.

The Adult Psychiatric Morbidity Survey (APMS) estimates the national prevalence of psychosis to be around 0.4%. Prevalence is slightly higher in women than in men (0.5% compared to 0.3%), and amongst persons aged 35-44 years old. Amongst women there was no variation in prevalence between different ethnic groups, however, amongst males the prevalence was highest in people from Black ethnic groups (3.1% compared to 0.2% in White ethnic groups).

Public Health England produces modelled estimates of the prevalence of psychosis by CCG for adults, based on the results of the Adult Psychiatric Morbidity Survey – a weighting is applied to the APMS estimate which is based on the mental health weighting taken from the CCG allocation formula. There is no statistically significant difference in the modelled prevalence between the three CCGs. Across the three CCGs it is estimated **that just under 2,000 people have psychoses**. This figure differs from the depression prevalence as the depression register includes all mood disorders, not just psychoses.

As with any modelling it is important to note the caveats associated with the modelling process. For a full explanation of the methodology adopted please see: http://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness/data#page/6/gid/8000030/pat/6/par/E12000003/ati/19/are/E38000001/iid/90404/age/164/sex/4

Table 4: PHE modelled estimate of the % of people aged 15+ with psychosis, by CCG

	Modelled prevalence (aged 15+)	Number of people (aged 15+)
AWC	0.40%	524
City	0.47%	279
Districts	0.45%	1,152

Source: Public Health England

As part of the QOF, GPs are required to maintain a register of people with psychosis, bipolar disorder, other psychotic disorders, or people on a lithium prescription. Across the three CCGs, **6,561 people** (all ages) have been **diagnosed with a psychotic disorder**. The recorded prevalence is similar across the three CCGs and is also similar to the overall prevalence in England.

Table 5: All cases of psychosis, bipolar disorder, other psychotic disorders or patients on a lithium prescription, recorded on a QOF register, by CCG 2018/19

	Number recorded on QOF register	Prevalence (% of all ages)
AWC	1,656	1.0%
City	1,669	1.1%
Districts	3,236	1.0%
England	570,675	0.1%

Source: Quality and Outcomes Framework

There is variation at a GP practice level in the QOF reported prevalence of psychotic disorders, although this variation isn't as marked as for depression. The lowest reported prevalence is 0.2%, however, the GP practice with the highest prevalence is 2.1%. Some of this variation is likely to be explained by socio-demographic factors.

Personality Disorders: In the absence of a disease register such as QOF, it is difficult to provide robust estimates of the number of people with a personality disorder in Bradford District. The Adult Psychiatric Morbidity Survey published in 2007 provides an estimate of the number of people with antisocial personality disorder and borderline personality disorder. The Survey suggests that over a one year time period, as many as **0.3% of adults** aged 18 and above **may experience antisocial personality disorder**. In the Survey prevalence was higher in men than women (0.6% compared to 0.1%). The overall prevalence of **borderline personality disorder** was similar to that of antisocial personality disorder at **0.4%** of adults aged 16 and above. Prevalence was slightly higher in women than men, although this was not statistically significant (0.6% compared to 0.3%). Younger women were more likely to have borderline personality disorder than older women, but no association with age was observed in men.

Prevalence estimates from the Adult Psychiatric Morbidity Survey can be applied to the Bradford District and Craven population to give an indication of the number of people with either antisocial personality disorder or borderline personality disorder; however, it should be noted that these figures do not take into account local demographics which may also affect the prevalence of these conditions.

Table 6: Estimated number of people with antisocial or borderline personality disorder, based on the Adult Psychiatric Morbidity Survey

	Antisocial personality disorder		Borderline personality disorder	
Bradford District	Prevalence	Estimated Number of people (aged 15+)	Prevalence	Estimated Number of people (aged 15+)
	0.3%	1,504	0.4%	2,005

Source: Adult Psychiatric Morbidity Survey 2007

Mental health and learning disability

Mental health problems are more common in people with a learning disability than the general population.

A more detailed piece of work is being undertaken to better understand the number and needs of people with learning disabilities who have mental illnesses. This is expected to be published in Winter 2018.

Dementia

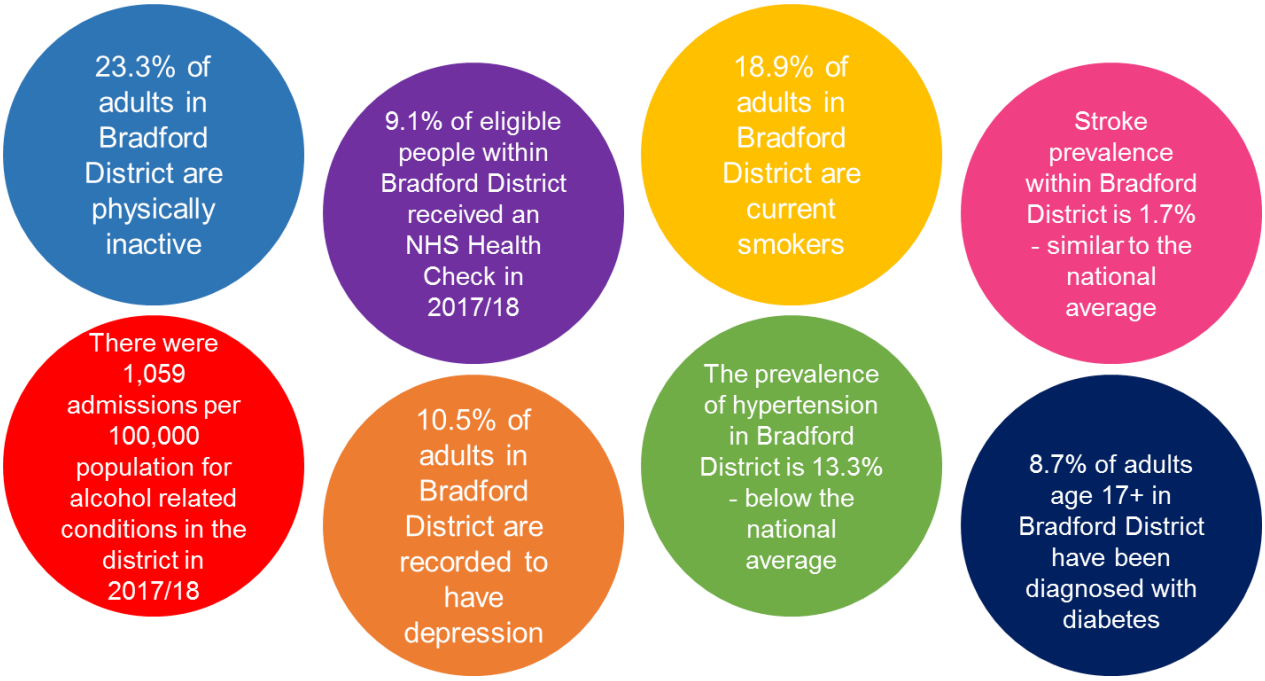
The term Dementia describes a range of conditions caused by physical and chemical changes to the brain, leading to a decline in memory, communication, reasoning, and the ability to carry out routine tasks of living. The most well-known is Alzheimer 's disease. Dementia can occur at any age, however it is far more common in older people. One in six people over 80 and one in 14 people over 65 will develop dementia. The number of older people in our population is rising; therefore the **number of people with both diagnosed and undiagnosed dementia will increase** accordingly. In addition, if we also consider that people with dementia are living longer, all adding to this growing pool of need, it is clear that our services must develop in order to ensure the best quality of life and of care for our people with dementia.

The overall prevalence of dementia in the over 65 population in the UK has previously been thought to be 8.3%, however this estimate has recently been reduced to 6.5%. Applying this figure to the over 65 population in Bradford and Airedale would suggest an overall prevalence of around **5,000** cases in the District.

5.07% of people aged 65+ in the District have been diagnosed and are recorded on a GP register as having dementia; this is equivalent to 4,257 people. This is one of the highest recorded prevalence's in the region, which is, in part, a reflection of our **high diagnosis rate**. It is estimated that **81.1% of cases of dementia are diagnosed**, one of the highest in the region. This is important because a timely diagnosis enables people living with dementia, their carers and health and care staff to plan accordingly, and work together to improve health and care outcomes.

The Lancet Commission on Dementia suggests that as many as **one third of cases of dementia are preventable**. The Blackfriars Consensus publication (2014) states that given the evidence that there may be a vascular component to many dementias, interventions to reduce vascular risk factors such as tobacco use should also help reduce the risk, progression and severity of dementia.

Figure 4 – Statistics for Bradford District for potentially modifiable risk factors for dementia



Source: Public Health England

The above figure summarises some of the potentially modifiable risk factors for dementia. In comparison to England, Bradford District has a higher prevalence of current smokers as well as a higher percentage of adults classed as overweight or obese. There were also more admission episodes for alcohol-related conditions per 100,000 population than the average rate for England. However, for some indicators Bradford District had a more favourable rate than the national average. For example, there were a higher percentage of eligible adults receiving an NHS health check plus a lower prevalence of hypertension. It is, however, important to note that District trends mask variation at a more local level, and we know that some areas of the District have particularly high rates of hypertension.

More information is provided in the detailed Dementia Health Needs Assessment which was published in 2015, and in the epidemiological update published in Winter 2018.

Public Health England also routinely publishes key data on dementia spanning the care pathway. This is available here: https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/0/gid/1938133052/pat/6/par/E12000003/ati/102/are/E08000032

Gaps / challenges / opportunities

- The **prevalence of recorded depression has been increasing over the past few years**. This could reflect improved detection, rising need, or both. If this trend continues, services will also need to expand to meet the needs of the increasing numbers of people with diagnosed mental health conditions.

- As shown by local research into the mental health and care of pregnant women, women from ethnic minority groups may be more likely to have a mental health diagnosis missed. It is likely that this is not only the case for pregnant women, but for other groups too.

- Outcomes for people living with serious mental illness are poor compared to people without one of these conditions, as evidenced by their increased premature mortality (risk of early death). With the success of the Bradford system for physical health checks for these patients, there is an opportunity to reduce this inequality.

- Across Bradford and Airedale, there are numerous excellent services, some District-wide, and others very local. However, a lack of knowledge of these services, particularly small, local provision, may mean that people miss out on things which could be of benefit to them, and GPs and other service providers don't know where or how to direct people.

What are we doing about it and what does the information presented mean for commissioners?

Services in Bradford District for a wide range of mental health needs are available.

- Psychological therapies are provided through MyWellbeing College, which accepts people via both professional and self-referral routes. The College provides a range of resources and services to meet the needs and preferences of different people, including face-to-face, group sessions, telephone support, web-based support, and work books.
- The Early Intervention in Psychosis (EIP) service is aimed at people with a first episode of psychosis up to the age of 65 years. Over 50% of those referred to the service now receive a NICE-approved package of care within two weeks of their referral.
- The community mental health team provide services with the right levels of skill and capacity for an individual's need, with the aim of helping people to stay at home and avoid hospital admissions.
- The proportion of people with serious mental illness accessing the full range of physical health checks in primary care has decreased since last year, especially in the Bradford Districts area. Commissioners are reviewing uptake and efficacy of physical health interventions currently offered to support the reduction of premature mortality among people with serious mental illness. Secondary care teams offer physical health checks to certain people under the care of a mental health team, and to inpatients.
- The First Response service offers a single point of access service, through a single phone number, to people experiencing a mental health crisis. The service operates 24 hours a day, 7 days a week, and offers assessment, specialist advice, and access to further services based on individual need. It is complemented by the safer spaces network, which offers a safe place to go for people in crisis, 24 hours a day.
- Work is on-going via the Mental Wellbeing Strategy to improve the prevention of mental ill health, through working with schools, employers, and organisations coming into contact with potentially vulnerable people.