

Report to Erdington District Committee

District Neighbourhood Challenge Mental Health Report

Date – 28 March 2017

Recommendations:

Committee is asked to:

1. Note the content of this report
2. Approve the specific recommendations contained within the report and propose any additional recommendations desired
3. Agree to receive updates at six monthly intervals through 2017/18

Purpose of the District Neighbourhood Challenge

At its Annual General Meeting in May 2015, Birmingham City Council gave a new responsibility to the ten District Committee's to undertake a "Neighbourhood Challenge." This involves putting the spotlight on a district issue affecting local residents and exploring ways to improve the experiences of local people.

The Erdington District Committee agreed, in July 2016, to use the powers available to it to undertake a second challenge exercise into mental health related issues. The report that follows begins to explore the issues surrounding mental wellbeing and outlines some recommendations applicable locally for the financial year ahead.

The Mental Health challenge exercise is designed to assist elected members to better understand the extent of the problem national and locally and what the district committee can do to support residents who experience mental health problems and their families and also what can be done to support mental health practitioners in the district.

Erdington District will also aim to join up its mental health work with other city and regional initiatives around mental health to ensure any local recommendations are complimentary and take account of wider initiatives.

Mental Health – the National Picture

How common are mental health problems?

1 in 4 people in the UK will experience a mental health problem each year.

Different types of mental health problem.

A survey every seven years is done in England to measure the number of people who have different types of mental health problems each year. It was last published in 2009 and reported these figures:

Depression	2.6 in 100 people
Anxiety	4.7 in 100 people
Mixed anxiety and depression	9.7 in 100 people
Phobias	2.6 in 100 people
Obsessive Compulsive Disorder	1.3 in 100 people
Panic Disorder	1.2 in 100 people
Post traumatic stress disorder	3.0 in 100 people
Eating disorders	1.6 in 100 people

Some problems are asked about over a person's lifetime, rather than each year:

Suicidal thoughts	17 in 100 people
Self harm	3 in 100 people

Estimates for bipolar disorder, schizophrenia and personality disorders are usually described over a person's lifetime rather than each year. Estimates for the number of people with these diagnoses do vary but the most commonly reported figures are:

Bipolar disorder	1 to 3 people in every 100
Schizophrenia	1 to 3 people in every 100
Personality disorder	3 to 5 people in every 100

NOTE: all these surveys report figures for people living at home, so places like hospital and prison are not included. **Statistics obtained from mind.org.uk**

Key National Facts & Trends

In March 2016 the *Mental Health Network* produced a 12 page factsheet detailing key facts and trends related to mental health problems. Some headlines from this factsheet are outlined below:

Investment

- The official survey relating to **investment in adult & older people's MH services** published by the Department of Health for 2011/12 found MH funding had fallen in real terms compared with the previous year by 1% for adults 16-64 and 3.1% for older people's MH services.
- In March 2015, research by Community Care and BBC News found funding for NHS Trusts to provide MH services had fallen 8.25% or £600 million in real terms from

2011 to 2015. (Based on Freedom of Information requests to 56 mental health trusts in England.)

- The King's Fund and Centre for Mental Health estimate that between 12% and 18 % of NHS expenditure on the treatment and management of long term conditions is linked to poor mental health.
- The UK invests £115 million per year on MH research. MH receives 5.5% of the UK health research spend. This represents approximately £9.75 on research per person affected by MH problems.

Trends in Morbidity

- Women are more likely to report ever having been diagnosed with a MH problem (33% compared to 19% of males.)
- People from lower income households were more likely to have ever been diagnosed with a MH problem.
- By 2030 it is estimated that there will be approximately two million more adults in the UK with MH problems than there were in 2013
- 30% of the general population suicides (in 2013) had been in contact with MH services in the 12 months prior to their death.

Service Activity

- Research from Community Care & BBC News found between 2011 and 2015 average referrals to community MH teams increased by 19% and referrals to crisis and home treatment teams increased by 18%
- Analysis of 2014/15 Health & Social Care Information Centre data shows 1,835,996 people were in contact with MH and learning disability services at some point in the year. This was a 5.1% increase on the previous year. This corresponds to approximately 1 person in 28. 54.7% of people were women.
- From the same data 103,840 service users spent time in hospital during 2014/15 which represents a 6% reduction on the previous year. This is a continuation of the trend seen in earlier years. The total time spent in hospital by those 103,840 service users was 8, 523,323 days in the year (82 days each on average.).

Outpatient & Community Services

- Most people in contact with MH and learning disability services (94.3%) during 2014/15 did not spend any time in hospital
- In 2014/15 Improving Access to Psychological Therapy (IAPT) services received 1,267,193 referrals of which 39% were self-referrals. Of all referrals 64% (or 815,665) entered treatment with an average wait of 32 days between referral and first treatment / appointment. Conversely, 1,123,002 referrals ended of which

468,881 finished a course of treatment which typically averaged 6.3 treatment appointments resulting in 60.8% showing reliable improvement.

Primary Care

- Many people with MH problems will be seen by their GP. According to a care Quality Commission report from 2015, at any given time, an average of 1 in 4 patients of a full time GP requires treatment for a MH condition.
- There were nearly 3 million adults on local GP registers for depression in 2013/14 and nearly 500,000 for a serious mental illness.

Mental Health Legislation

- In 2014/15 the Mental Health Act 1983 was used more than 58,000 times to detain people representing the highest year on year increase ever recorded (approximately 10%)
- There were 137,540 Deprivation of Liberty safeguards applications received by councils in 2013/14 the most since the safeguards were introduced in 2009. This is a tenfold increase from the previous year (13,700 applications.)
- 62,645 applications were completed by councils in 2014/15 with 83% granted.

• Service User & Staff Experiences

- More than 13,000 service users responded to the 2015 CQC survey of people using community mental health services across 55 NHS trusts.
 - When asked if the person or people they saw most recently listened carefully to them 70% said they 'definitely' did compared to 73% in 2014
 - 62% said they were definitely given enough time to discuss their needs and treatment compared to 66% the previous year.
 - 73% said they always felt they were treated with respect and dignity compared to 75% the previous year.
- Of those who in the last 12 months wanted or needed support, help and advice:
 - 32% said the MH service definitely gave them help to obtain financial and benefit advice and support
 - 25% said MH service definitely gave them advice or directed them to support for finding or keeping work
 - 33% said MH service definitely directed them to advice and support relating to finding or keeping accommodation.
 - Of those who wanted friends and family involved in their care 55% said that a family member or friend had definitely been involved as much as they would like.
- In the 2015 NHS Staff Survey 59% of staff in mental health or learning disability trusts agreed or strongly agreed they would be happy to recommend the standard

of care provided by the organisation to a friend or relative needing treatment compared to 69% across all NHS trusts.

Children & Young People

- The last national morbidity survey for children and young people's mental health was carried out in 2004. At that time:
 - 10% between 5 years and 16 years were reported as having a clinically diagnosed MH disorder
 - 4% had an emotional disorder – anxiety or depression
 - 6% had a conduct disorder
- In 2013/14 there were 51,000 referrals of 15-19 year olds to psychological therapies with referrals of young women double the number of referrals for young men.
- Around half of 'looked after children' are reported to have emotional or behavioural difficulties.

Stigma

- 'Time to Change's report on 'Attitudes to Mental Illness' 2014 illustrated that attitudes are continuing to change for the better. The number of people acknowledging they knew someone close to them who has had a mental illness increased from 58% (2009) to 65% in 2014. 40% said they would feel comfortable talking to their employer about a MH problem although nearly half (48%) said they would feel uncomfortable showing there is some way to go to improve attitudes.

Employment

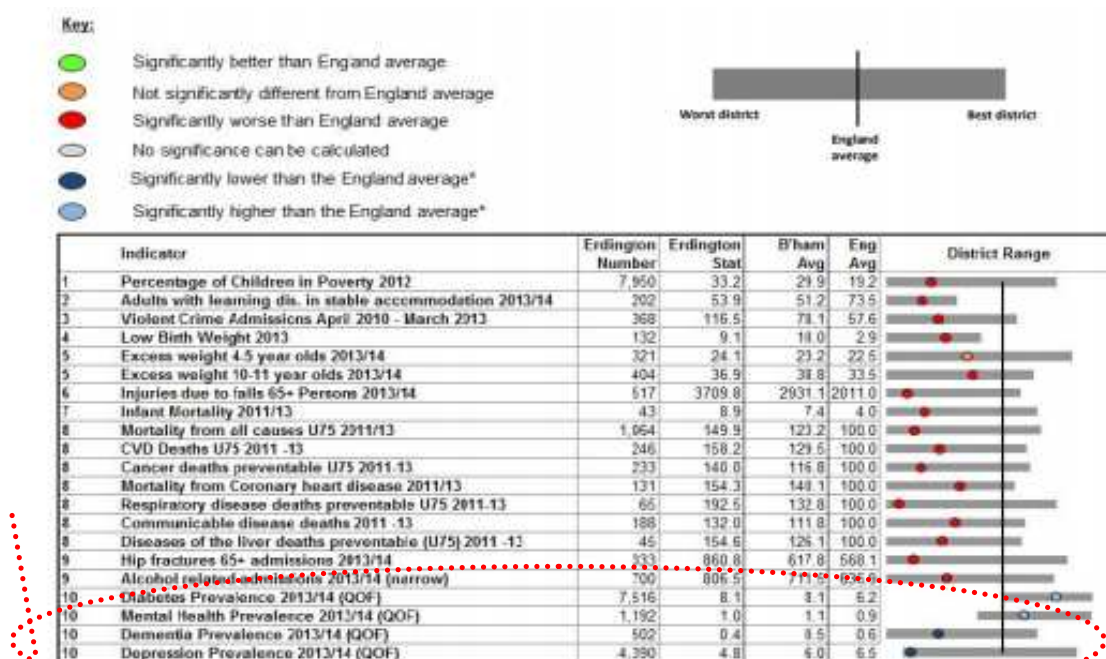
- In August 2015, of 1,941,050 employment & support claimants in England, 48.1% were recorded as having a mental or behavioural disorder (up from 46.9% the previous year.)
- Office for National Statistics report in England, Oct 2014 - Sept 2015 - 64.9% of people with a physical health condition or illness lasting more than 12 months were in work compared to 40% of people with a mental health or learning disability. Similarly, 5% of persons with a physical health condition lasting over 12 months were classified as unemployed compared with 7.6% classified as unemployed with a mental health or learning disability for 12 months or more.

Mental Health - The Erdington District Picture

The following chart shows the prevalence of specified illnesses and diseases with the grey spine (line showing the rate across all districts and the coloured spot signifies where Erdington District sits within the overall district result.

Erdington District

Health indicators – spine chart



Sources of information:

- % of children age under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2012. Department of Work & Pensions**
 - Directly standardised violent crime admission rates per 100,000 population 2010/11 to 2012/13. SUS, Midlands & Lancashire CSU; Public Health Outcomes Framework
 - % of children classed as overweight or obese, National Child Measurement Programme
 - Directly standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population. SUS, Midlands and Lancashire CSU; Public Health Outcomes Framework, (England rates are for 2012/13)
 - The death rate of infants under 1 per 1,000 live births. Office for National Statistics
 - Indirectly standardised mortality ratios for specific conditions included in the Public Health Outcomes Framework, Office for National Statistics
 - Directly standardised admission rates for fractured neck of femur in people aged 65+ / alcohol related conditions per 100,000. SUS, Midlands and Lancashire CSU; Public Health Outcomes Framework (Alcohol attributable England figures for 2012/13)
 - Crude prevalence of diabetes, mental health conditions, dementia and depression, Quality Outcomes Framework
- *Indicators have no polarity - it cannot be determined whether a high value indicates good or poor performance.
 **Any differences between numbers on wards and districts are due to 'rounding' by DWP

For consideration

Based on GP records the prevalence of mental health issues is above the national average for Erdington District residents.

Erdington District

LIFE EXPECTANCY

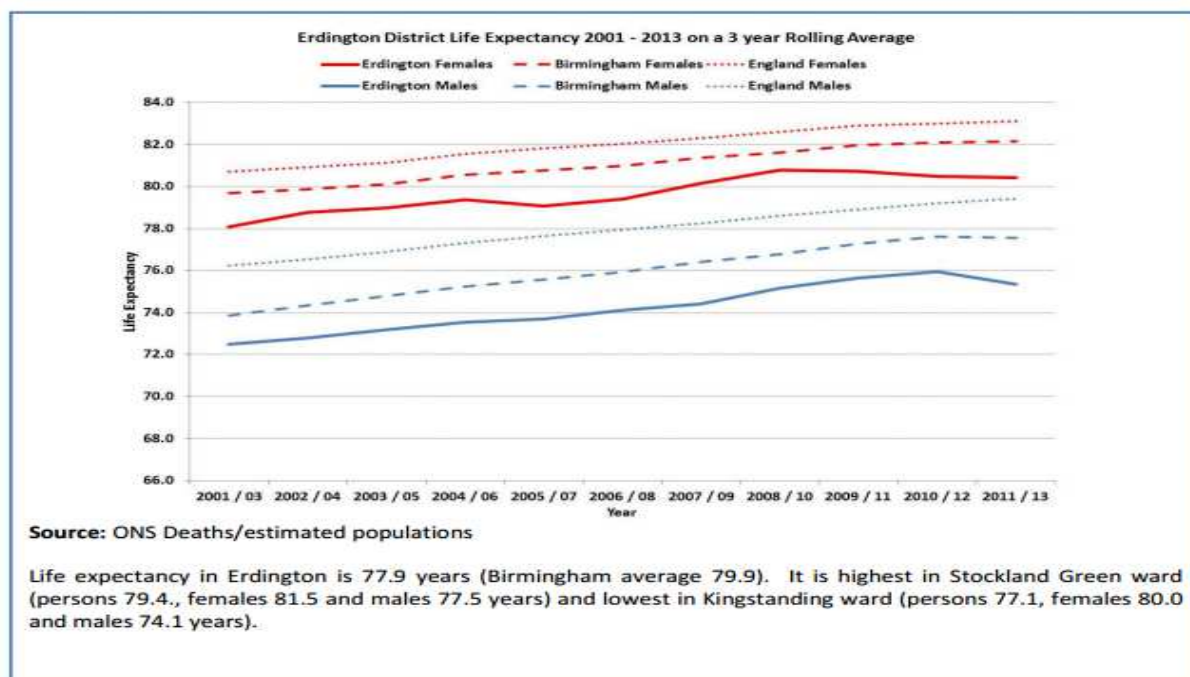
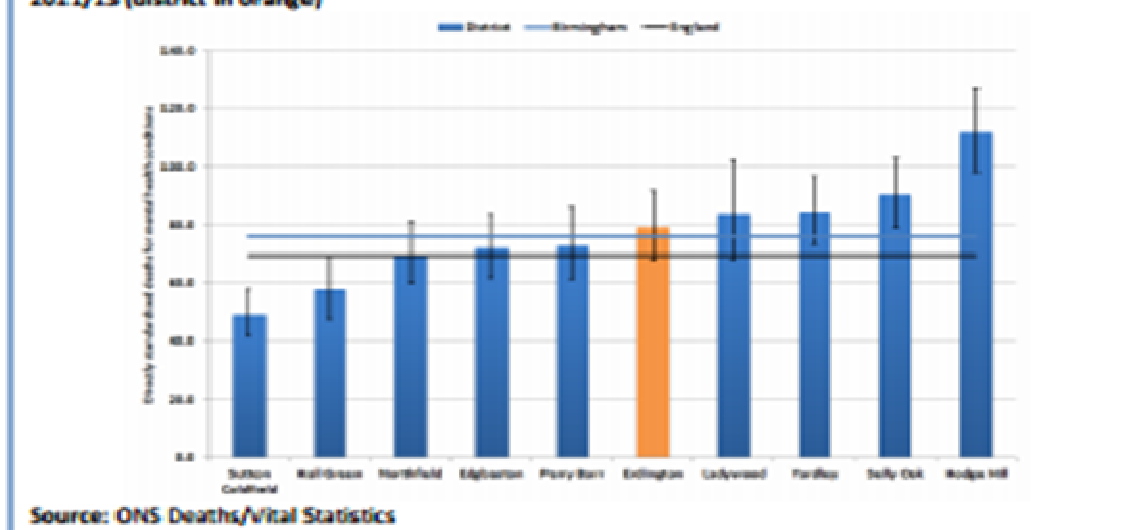


Figure 15: Directly standardised death rates per 100,000 (all ages) from mental health conditions 2011/13 (district in orange)



- People with severe Mental Health problems have an average reduced life expectancy of between 10 and 25 years. It is not generally what appears on an individual's death certificate but poor mental health is more likely to trigger or be accompanied by risk factors such as smoking, physical inactivity, obesity, and the side effects of psychiatric medication.
- Conversely persons with poor physical health including diabetes, hypertension, respiratory diseases and disabilities may be more likely to also experience mental health problems.

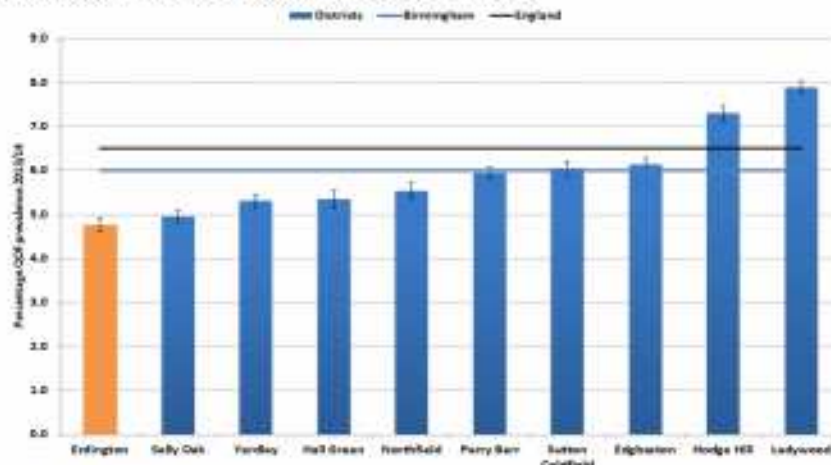
Erdington District:

Prevalence of depression, Number of prescriptions for anti-psychotic drugs

Mental ill health represents 23% of reported ill health in the UK and costs England an estimated £105 billion a year.

Key evidence: No health without mental health (2011) <https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>

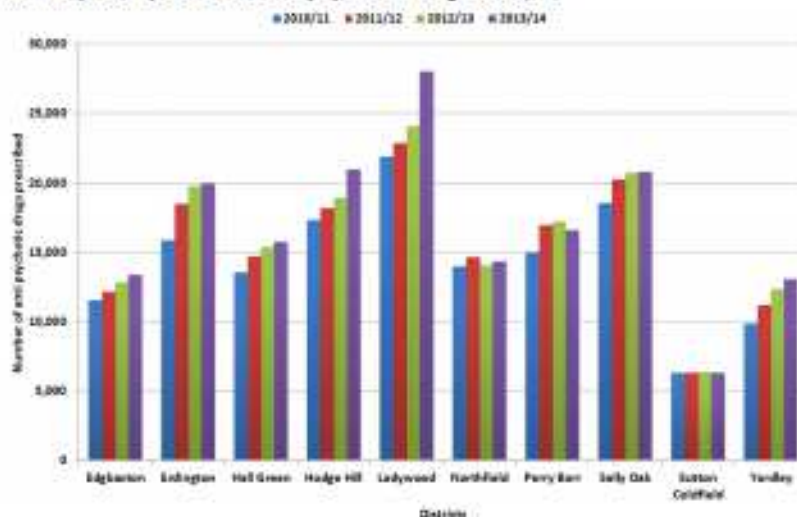
Figure 11: Prevalence of Depression 2013/14 (district in orange)



Source: Quality Outcomes Framework 2013/14

Note: QOF disease prevalence data is collected for GP practices only. Prevalence percentages and 95% confidence intervals for districts are estimated by calculating weighted averages according to the geographical distribution of the whole practice population.

Figure 12: Number of prescriptions for Anti-psychotic drugs 2010/14



Source: Centre for Medicines Optimisation (Keele University)

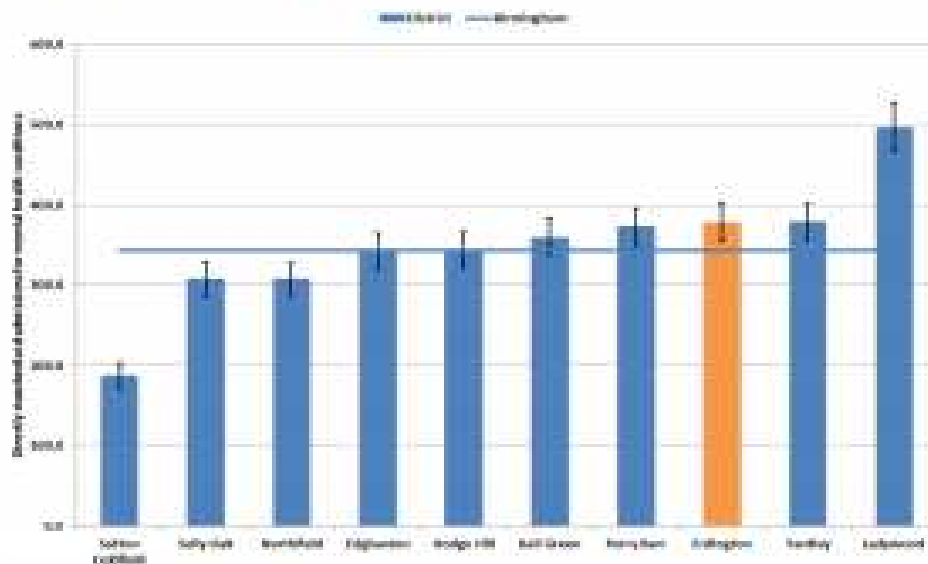
These graphs are drawn from GP's figures and the low incidence of depression in Erdington District (figure 11) may suggest it is under-reported. However, those who do report it are likely to receive prescribed drugs for it (figure 12.)

Erdington District

Hospital Admission rates for Mental Health

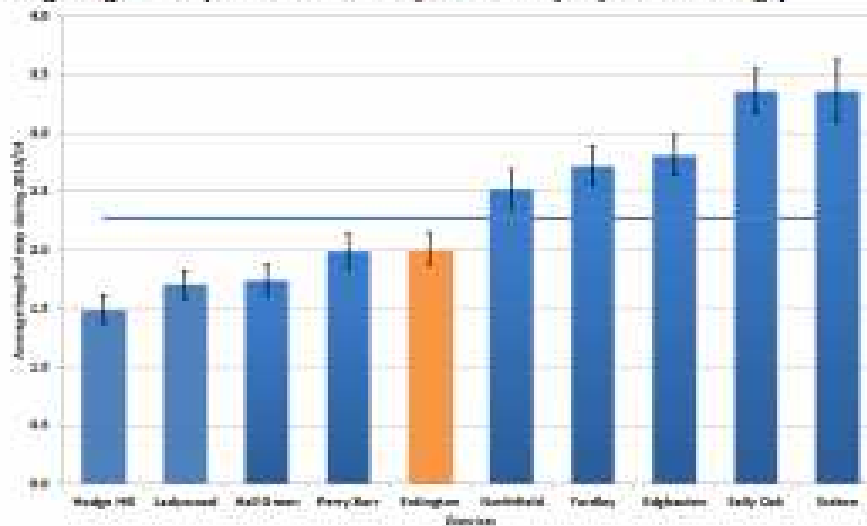
Erdington District is above district average for admissions but below average for the length of stay in hospital.

Figure 13: Admission rates per 100,000 (all ages) for mental health conditions 2011/14 (district in orange)



Source: SUS Midlands and Lancashire CSU

Figure 14: Average length of stay of mental health inpatients 2013/14 (district in orange)



Source: SUS Midlands and Lancashire CSU

Conclusions:

Mental illness is defined by experts as a significant dysfunction in a persons thinking, emotional control and behaviour. The condition often disrupts a person's ability to relate to others and to deal with the demands of life.

Mental disorders directly affect 1 in 4 persons. Additionally, it has an indirect impact on the family and friends of those with the condition. On that basis most of us will be impacted by mental disorder either now or at some point in our lives. Persons in Erdington District experience poor mental wellbeing and are more likely to seek GP's help for poor mental wellbeing than the national average.

Poor mental health affects people of all backgrounds. The severity of symptoms can vary in length and intensity depending on the individual and the particular condition of circumstances. It is not the result of a personal weakness or a character flaw.

Poor mental health and poor physical health or not mutually exclusive. By addressing the whole person, including mental wellbeing, it is more likely that physical health will benefit with less likelihood of smoking, obesity, physical inactivity which frequently accompany poor mental health.

Most mental disorders are treatable. With appropriate medical care individuals can be treated and live productive and rewarding lives. Many people with mental illness refrain from seeking treatment because of the stigma associated with it. So the first step on the road to treatment is to overcome any reluctance to talk to others about mental illness. Treatment may include talking to a trained professional who can help an individual understand his / her illness, assist to resolve practical problems and reinforce the need not to give up on treatment.

Tips for promoting mental wellbeing

1. Follow the treatment prescribed by qualified mental health professionals
2. Maintain a balanced and stable daily routine
3. Stay physically active
4. Get enough sleep
5. Take time each day to relax
6. Eat a nutritious and balanced diet
7. Limit alcohol consumption and drugs not prescribed for you
8. Avoid isolation; spend time with people whom you trust and who care for you.

Recommendations:

It is important to recognise that this district neighbourhood challenge is not a weighty piece of academic research but simply an attempt to better understand the issues around mental health locally and what members may be able to do to support improvements in this field.

The recommendations below take account of the fact there are no financial resources readily available at this time to progress and also very limited human resources to pursue desired actions. On that basis, it is perhaps best that district committee notes other mental health initiatives at a city or regional level and seeks to support such initiatives and influence the outcomes of those so that benefits can be felt within Erdington District and for the benefit of its residents.

Therefore, some specific recommendations are as follows:

Recommendations
<p>1. Explore the potential for committee members to receive mental health first aid training.</p> <p>Jan 18 update: THRIVE lead has asked for one nomination per Ward interested in partaking in mental health 'light' / taster (2 hour) awareness training. This may then lead to Mental Health First Aid training (2 days) and to the identification of mental health champions. Mike Davis to canvass for nominations.</p>
<p>2. Note the contents of the WMCA 'Thrive' study into mental health and seek to support delivery of its action plan with an emphasis on bending outcomes to benefit Erdington District</p> <p>Jan 18 update: Meeting held with WMCA THRIVE lead, Sean Russell in late 2017. He is aware of issues relating to mental health in Erdington and, in his oversight of 21 mental health related projects across the Combined Authority, he will look to see what can be directed toward Erdington including the potential for wellbeing support cafes with specialist support at specific opening hours. Also exploring how to link North Employment Board (mental health sub-group) to the THRIVE agenda given the barriers to employment associated with stress, depression and mental health.</p>
<p>3. Monitor progress & outcomes from two specific scrutiny committee reports into Mental Health & the Criminal Justice System and Homeless Health with a view to learning the lessons for our district</p> <p>Jan 2018 Update: Sean Russell reports an initiative being pursued in 2018 designed to direct offenders toward specialist community provision and support at a local level as a viable alternative to imprisonment for low level offences where the offender is deemed unwell.</p>
<p>4. Use the North Vulnerable Adults sub group (of the North Community Safety Partnership) as a mechanism to raise awareness and progress issues around mental health in Erdington District.</p> <p>Jan 2018 update— Mike arranged a presentation delivered in January from Pam Powis on the work of the Vulnerable Adults Group to the North Employment (mental health sub-group) which</p>

encouraged more participation in the panel meetings and more referrals.

5. Maintain a sub-group of district committee (one per Ward) to consider issues and actions as necessary throughout the coming year.

Jan 2018 update: To date some limited progress has been possible without significant seeking local member support although Mike is aware it will be forthcoming if required.

6. Liaise with the East Community Safety sub-group consisting of housing providers, mental health professionals, council and police looking at links between mental health and ASB and lift and shift outcomes to Erdington District

Jan 2018 update – there has not been a Community Safety Coordinator on the East for some months but this will be resolved this month and this action can be considered with the new appointee.

7. Provide copy of this challenge report to the Birmingham Health & Wellbeing Board seeking its direction in the coming year to compliment any mental health initiatives planned at a pan Birmingham level.

Jan 2018 update: To be provided to THRIVE lead officer Sean Russell and to Wellbeing and Public Health lead Adrian Phillips.

8. It is proposed that committee receives an update report on any progress with these specific recommendations in September 2017 and a final report back in March 2018

Jan 2018 update: timetable has slipped but back on track with this update report..