

ADULTS AND HELTH **SCRUTINY PANEL:** MENTAL HEALTH AND July 2013 WELLBEING

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Outline

Why mental health matters? – local impact and national context

Mental health in Haringey – wider determinants that impact on mental health, assessing the overall need and describing demographics, current service use and activity

Next steps – what actions we are going to take in the short term and in the longer term

Discussion – what would be useful to focus on in more in-depth O&S



Why mental health matters



Burden of mental illness locally

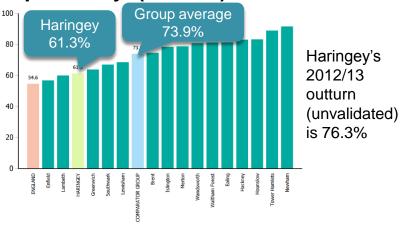
Children and young people

Working age

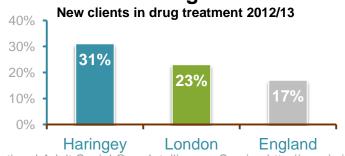
Older people

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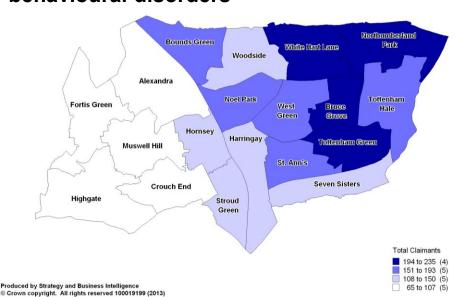
% Adults in contact with secondary mental health services living independently (2011/12)



% clients in drug treatment with dual diagnosis



Employment and Support Allowance claimants whose condition is "mental and behavioural disorders"





Source: National Adult Social Care Intelligence Service http://nascis.ic.nhs.uk

Burden of mental illness locally

Children and young people

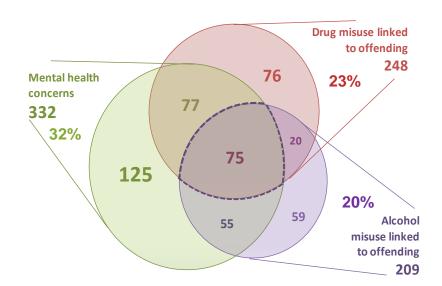
Working age

Older people

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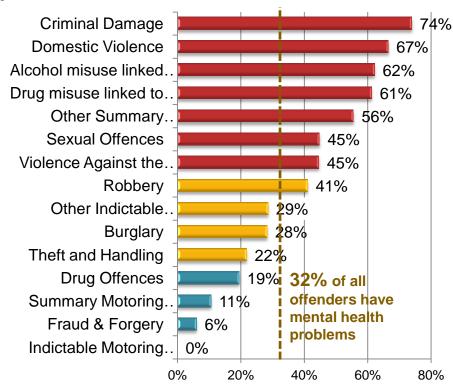
Key issues linked to offending

(of the 1062 statutory offenders commencing probation Sep-Aug 2011/12)1



207 offenders (19.5%) had mental health problems *and* substance misuse problems

Percentage of offenders with mental health problems (probation commencements Sep-Aug 2011/12)





Source: London Probation

Anti-social behaviour

Children and young people Working age Older people

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The Haringey Community Safety Partnership has improved the identification and management of vulnerable victims, including those with mental health issues, to ensure they receive the extra support necessary. This has lead to:

- significant reductions in ASB in some locations, specifically by those identified with mental health issues.
- One location recorded 352 fewer calls, down to 41 this year. Another location with a similar issue has seen 81 fewer calls for the same period.
- Substantial reductions have also been seen from St. Ann's Hospital
- Closer liaison between the Trust and the Police Mental Health Team has resulted in call volumes falling significantly from 218 to 47 this year.



Burden of mental illness locally

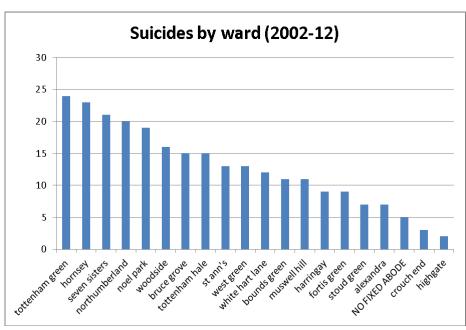
Children and young people

Working age

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- Haringey's suicide rate is higher than London and England and especially for men;
- About 26 Haringey residents commit suicide each year;
- The highest numbers of deaths by suicide are in men aged 25-44
- In the last 10 years, 62% of suicides were people born in the UK compared to 34% born abroad (Afro-Caribbean, Eastern European);
- The majority of those who committed suicides were employed followed by 11% retired; 47% were single and 17% were divorced;
- 4.8% cases for whom information was available were known to a GP. Around three quarters had no contact with mental health services in the previous 12 months but 11% had diagnosis of mental disorder

Source: Coroners Suicide Audit data Produced by Public Health Directorate

Why mental health matters - nationally

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Mental Illness cost society about 100bn, 30bn is work related

1 in 6 people will experience mental health problems at some point, 1 in 100 will have severe MH problems

MH is the largest single cause of disability, it presents 23% of the total burden of ill health

Improved mental health and wellbeing is associated with:
better educational achievements, employment rates, improved life expectancy, reduced crime and violence, positive economic regeneration

9 out of 10 people with MH problems reported being stigmatised

50% with lifetime illness experience symptoms before age of 14, 3/4 by their 20s

Mental health currently does not get enough attention and funding

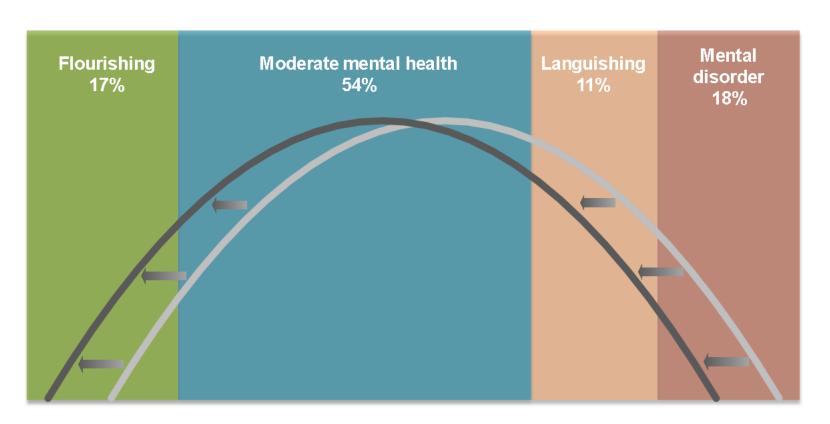






Population approach to mental health

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From children to older people: impact across the life course

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Influencing factors

- Lone parent
- Illness disability
- Emotional wellbeing and attachment
- Income/Employment in family

Conditions

- · Conductive disorder
- Emotional disorder
- Hyperkinetic disorder (ADHD)
- Less common disorders (e.g. eating disorder)

Wider consequences

- Crime and antisocial behaviour
- Poor educational attainment
- · Family breakdown

Children and

young people

- Childhood experience
- Employment
- Housing
- Relationships
- Deprivation
- Density

- Psychotic disorders
- Non-psychotic (depression, anxiety, personality disorders)
- Dual diagnosis

- Crime and antisocial behaviour
- Domestic violence
- Unemployment
- Homelessness

Working age

- · Physical illness and disability
- Loneliness
- Retirement

- Organic disorder (Dementia)
- Other cognitive impairment
- Depression

- Isolation
- · Antisocial behaviour

Older people

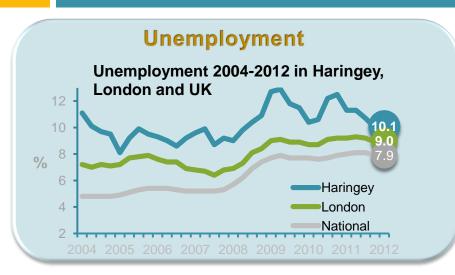


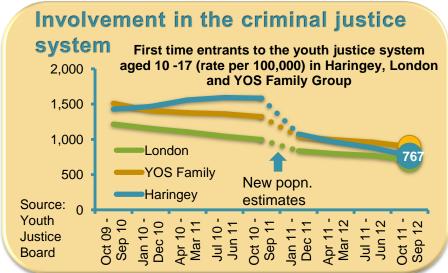
Children and young people



Key influencing factors for mental health in children and young people children and young people people children and young people children and young

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Family environment

10,647 Ione parent households with dependent children. Higher proportion of households with dependant children are lone parent households (34% compared to 28% in London)

7,338 households with dependant children with no adults in employment. Higher proportion of households with dependant children have no adults in employment (23% compared to 18% in London)

Source: 2011 Census

Disability

11,258 0-19 year olds have a long-standing disability (6,155 boys and 5,103 girls)

The level of need in Haringey (CYP)

Children and young people

Working age Older

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Prevalence estimates of all children 5-16 years of age with mental health problems in Haringey (Inner London prevalence)

| Condition | Prevalence | Estimate (3160) |
|------------------------------|------------|--------------------|
| Emotional disorder | 3.1% | 1139 |
| Conduct disorder | 4.5% | 1653 |
| Hyperkinetic disorder (ADHD) | 1.8% | 661 |
| Less common disorder | 0.7% | 257 |

Source: Office for National Statistics, 2012. Green, H. et al (2004).

The number of young people in Haringey rose by over a tenth between 2001 and 2011 (12%, N=5012). However the proportion of CYP of the total population decreased (1%)

Boys are more likely to have conduct and hyperkinetic disorders and girls more likely to have emotional problems

Prevalence estimates for Looked After Children 2012

575 children as of 31st March 2012

| Condition | Prevalence | Estimate (255) |
|-----------------------|------------|-------------------|
| Emotional disorder | 11.7% | 67 |
| Conduct disorder | 37% | 212 |
| Hyperkinetic disorder | 7.3% | 29 |
| Less common disorder | 3.7% | 21 |

Source: Meltzer et al, 2003



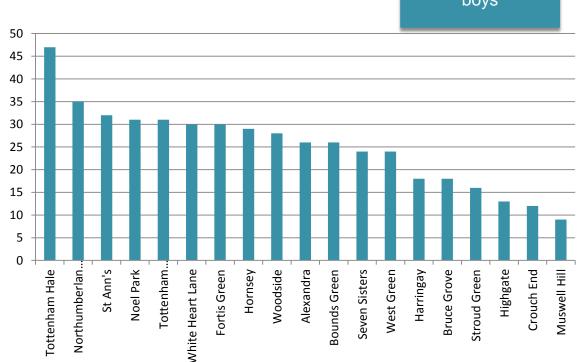
Children with statement for special educational Children needs in Haringey Working and young

people

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(2013, Haringey) 83% of children with autism are boys



The most common primary diagnosis was autism (35%) followed by moderate learning difficulties (21%) and emotional, behavioural and social difficulties (12%)



Access to mental health services (CYP)

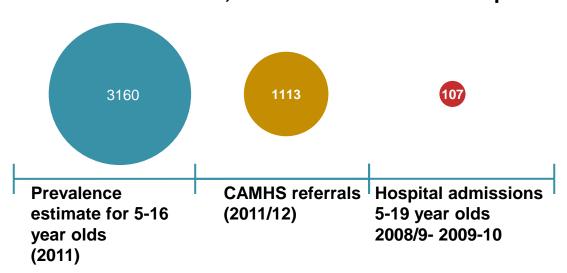
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Working age

Older

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Prevalence estimates, CAMHS referrals and hospital admissions



CAMHS REFERRALS

27% were Black British followed by White British (15%) and Turkish (7%)

Largest group aged 14-17 (40%) followed by 5-10 (31%) and 11-13 (23%). 6% <5y

The majority of referrals come from the east of the borough (30% reside in N17, 19% in N15 and 18% in N22). There are higher numbers of young people in these areas, but they are overrepresented in referrals.



Source: Public Health, 2011 Haringey Needs Assessment and Census 2011

Economic case for early prevention

Children and young people

Working age

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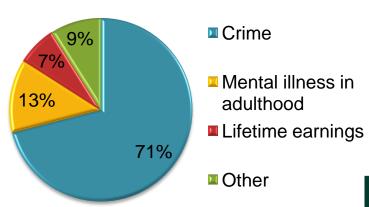
Long-term outcomes associated with conduct disorder

| | Crime (OR) | Smoking (OR) | Drug (OR) | Depression (OR) | Suicide (OR) |
|-----------------------------|---------------|-----------------|--------------|--------------------|-----------------|
| No problem (50%) | 1 | 1 | 1 | 1 | 1 |
| Some conduct problems (45%) | 1.95 | 1.24 | 1.51 | 1.24 | 1.69 |
| Conduct disorder (5%) | 4.13 | 1.59 | 2.59 | 1.57 | 3.00 |

Boys are more likely to have conduct disorders than girls

Lifetime cost of conduct disorders

Associated saving in lifetime cost is approx. £230,000 per conduct disorder case prevented



Source: Friedli L and Parsonage M (2007) Mental health promotion: building an economic case



People of working age and older people



Key influencing factors for mental health in working age and older people and young

Working age

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Marital status

33% of people are married compared to 39% in London and 46% in England and Wales.

Statutory homelessness 5.04 per 1,000 Source: DCLG

Living alone

A lower proportion of people over 65 live alone (7.8% compared to 9.6% in London)

However, a higher proportion of all people live alone in (24% compared to 22% in London and 18% in England and Wales)

Unemployment

85 out of 1,000 people of working age in Haringey are unemployed compared to 59 per 1,000 in England.



The level of need in Haringey (Adults)

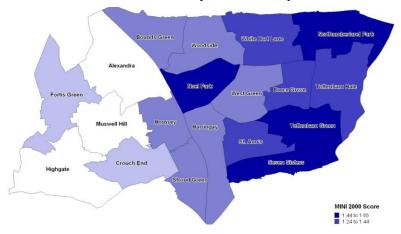
Children and young people

Working age

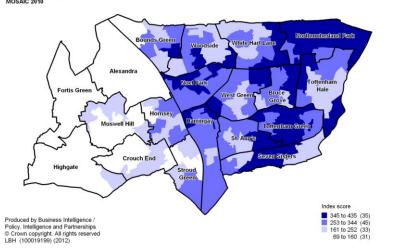
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Mental Health Needs Index (Mini 2000)



Index score of how likely people are to suffer from Schizophrenia 100 = National Average, Higher score = More likely Haringey Super Output Areas



Estimated prevalence of non-psychotic disorders in Haringey

| Condition | Estimated number of people locally |
|------------------------------|------------------------------------|
| Mixed anxiety and depression | 15, 962 |
| General anxiety | 10, 072 |
| Depression | 6, 667 |
| All phobia | 4, 159 |
| OCD | 2, 941 |
| Panic disorder | 1, 593 |
| Total | 34, 485 |

Source: Mental Health Observatory, NEPHO

5 in 1,000 people over 16 years of age live with psychotic disorder. Estimated 1000 people locally



Access to mental health services: non-psychotic

disorders - depression

Children and young people

Working age

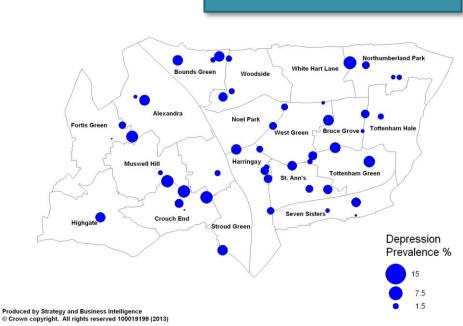
Older people

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Diagnosed depression in primary care (15, 849)

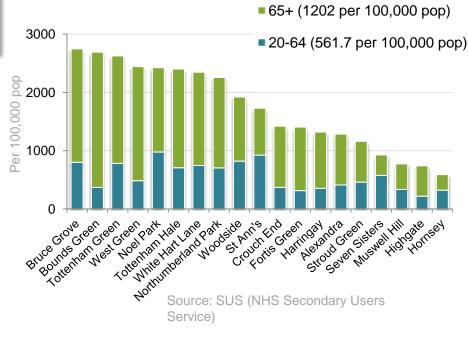
% of registered patients, Haringey July 2012

6,295 cases in west (9%) 9,540 in east (6.7%)



Depression related hospital admissions by ward (1,147)

Hospital admissions 2011/12 Haringey (Excluding BEH MH Trust)





Source: QoF 2012

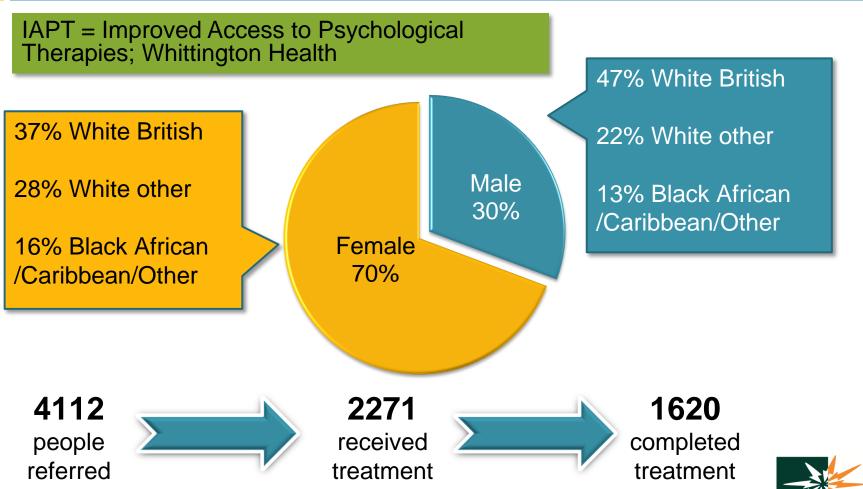
Access to services: IAPT services for mild to moderate depression and/or anxiety Children Working and young

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age

Older people

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Access to mental health services: Children psychotic disorders and young

people

Working age

Older people

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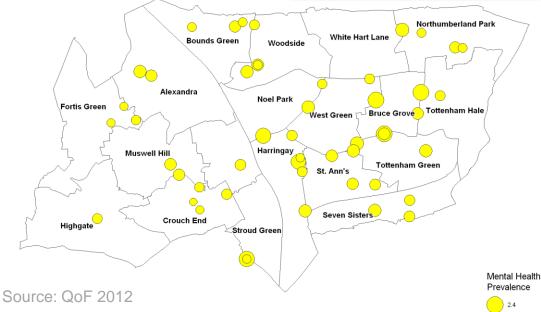
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Diagnosed psychotic disorders in primary care

(3,381) % of registered patients, Haringey July 2012

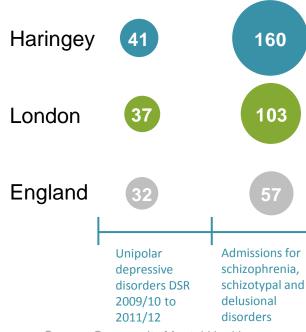
Mental Health Prevelance by GP practice **Quality and Outcomes Prevalence Data** July 2012

917 cases in west (1.2%) 2,462 in east (1.7%)



Hospital admissions (DSR)

2009/10 to 2011/12 **Excluding BEH MH Trust**



Source: Community Mental Health

Profile 2013

1.2

Access to mental health services: dementia

Children and young people

Working age

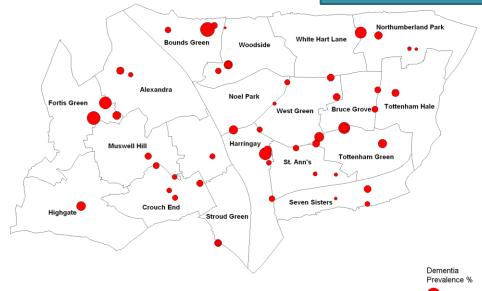
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Dementia diagnosed in primary care (684)

% of registered patients, Haringey July 2012

Dementia Prevelance by GP practice Quality and Outcomes Prevalence Data July 2012 255 (0.29%) in west, 429 (0.30%) in east



Total number of people on QoF register is 684 against estimated prevalence of 1387 (49%)

The proportion of people aged 65+ has fallen from 9.8% to 8.8% between 2001 and 2011 but the total number has increased by 2,604.

Produced by Strategy and Business Intelligence





Access to BEH Mental Health Trust: hospital admissions

Children
and young
people

Working age

Older people

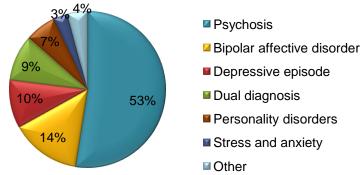
HaringeyStat

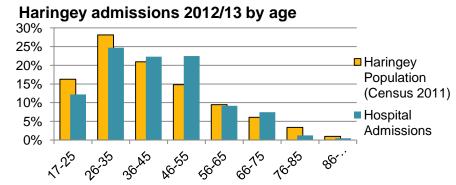
632 admissions for approx. 480 patients

Average length of stay was 40 days

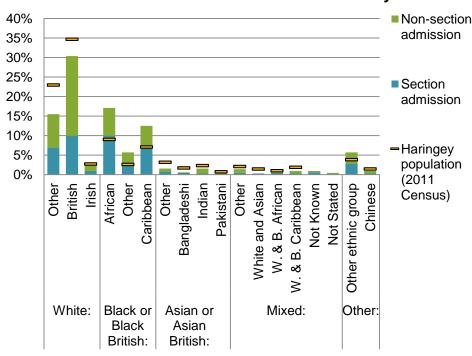
44% of admissions under MHA Section were for people from Black or Black British origin compared to 28% of other admissions

Most common diagnoses





Haringey admissions 2012/13 by Mental Health Act status and ethnicity





Source: BEH MH Trust, produced by Public Health Directorate

Access to BEH Mental Health Trust:

outpatient, day care and community activity

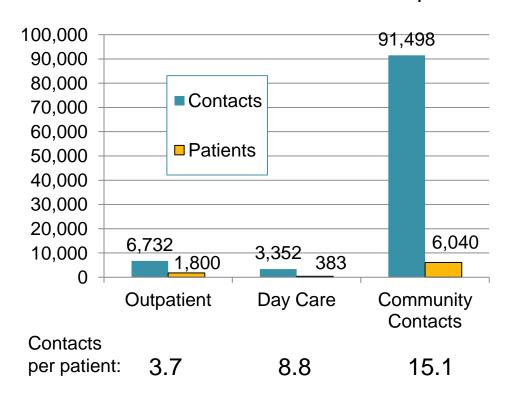
Children and young people

Working age

Older people

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Number of contacts vs. number of patients



Source: BEH MH Trust Produced by Public Health Directorate

DAY CARE

9% new cases and 91% follow-up

Most common diagnoses were psychosis (50%) and depression (7%).

Large proportion (17%) did not have specific diagnoses

OUTPATIENT CONTACTS

5% new cases and 95% follow-up

Most common diagnoses were psychosis (67%), dementia (7%), depression (6%) and dual diagnosis (4%).

Access to community care services

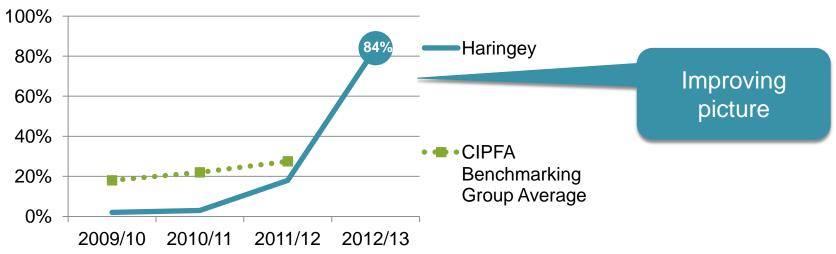
Children and young people

Working age

Older people

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% Mental Health service users on Self Directed Support ("Personal budgets")



There were 309 MH clients aged 18-64 receiving self directed support in 2012-13 compared to 61 in 2011-12. This represents a 406% increase



Access to residential care and supported accommodation

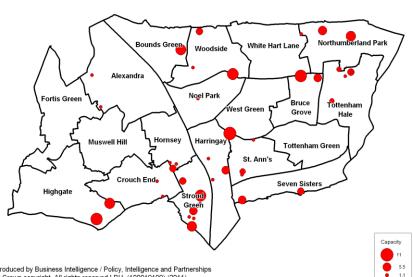
and young people

Working age

Older people

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Mental health supported housing providers by capacity (2011)

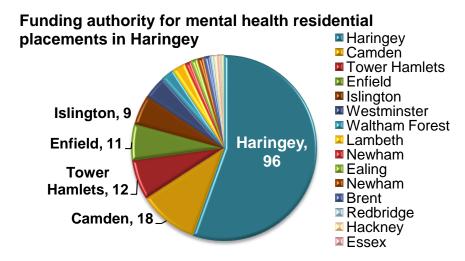


95% of known capacity utilised

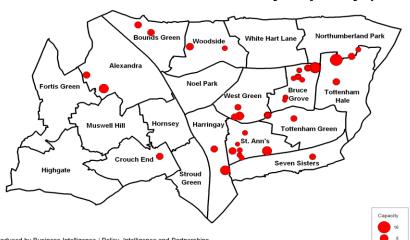
Produced by Business Intelligence / Policy, Intelligence and Partnerships

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225 beds available, only 100 used by LBH



Mental health residential homes by capacity (2011)



Produced by Business Intelligence / Policy, Intelligence and Partnerships © Crown copyright. All rights reserved LBH (100019199) (2011)

Supported accommodation

Children and young people

Working age

Older people

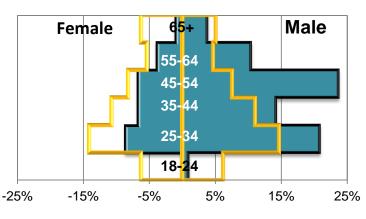
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Supported Housing (Housing Related Support)

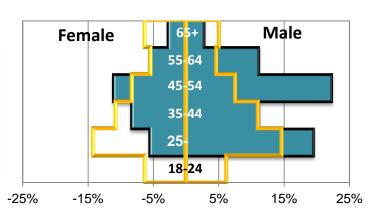
Over 100 units, running at nearly 100% capacity

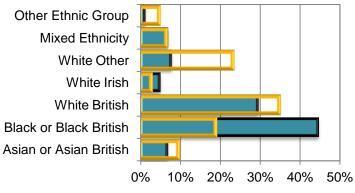
Supported Living (private providers, places funded by Haringey Adult Services)

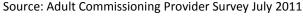
77 units, Haringey Adult Services uses about 95% of known capacity.

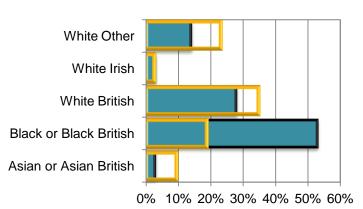












Agreed Action Points



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- 1. Children and Adolescent Mental Health Pathway (CAMHS): to look at the current pathway with a specific focus on referrals from community services and general practice, Tier 1 and Tier 2 services
- 2. Strengthen data sharing and improve intelligence across the partnership with a specific focus on young people and offenders
- 3. Explore strategies to direct young people with MH problems away from the criminal justice system
- 4. Consider how accessible our services are to men and tackle stigma
- 5. Improve our alignment of resources for MH and explore opportunities for joint commissioning
- 6. Supported housing and severe mental health problems: east and west difference

