

Stockport JSNA

joint strategic needs assessment

STOCKPORT METROPOLITAN BOROUGH COUNCIL

healthwatch Stockport

NHS Stockport Clinical Commissioning Group

2015 JSNA

Mental health and wellbeing
April 2016

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Mental health and wellbeing: Key points

Children and adolescent mental health

- **In 2014-15 there were 2,348 referrals to tier 3 Children and Mental Health Services. Research suggests there are 4,000 5 to 16 year olds living in Stockport with a diagnosable mental health disorder.**
- The rate of admission for mental health conditions for 0 to 17 year olds has increased 36% in the last 5 years. Rates of admissions in 10 to 24 year olds for self-harm have fallen in the same period. However both show **significantly higher rates of admission than the England average**. Rates for both are especially **high for females aged 15-19 and for people who live in deprived areas**.
- Taking a snapshot on the 31st March 2015 there were **1,684 children assessed as being in need, a rate of 273.8 per 10,000 children**.
- The Strengths and Difficulties Questionnaire shows that there is borderline concern for looked after children's psychological wellbeing in Stockport.
- 50% of children with a Special Educational Needs Statement have social, emotional and mental health needs. This equates to almost 900 pupils

Wellbeing

- **1 in 4 adults in the UK will suffer from a mental health condition in any given year – in Stockport this equates to 56,300 adults**
- Over 60% of the prevalent population remain unidentified or not seeking treatment and any analysis of this group is difficult as by their very definition they are unknown to services.
- There are approximately **28,000 over 18's in Stockport with below average mental wellbeing**.
- The risk of low mental wellbeing appears to be at the beginning of adulthood and at the very end of life
- There is **a clear deprivation profile for wellbeing**, with rates in the most deprived areas are more than double those in the least deprived.

Depression and Anxiety

- There are **26,000 people registered with a Stockport GP with a history of depression**.
- Those with those aged 25-59 have the highest rates, **peaking for people in their 40s**.
- **Women** are nearly twice as likely to be diagnosed with depression as men and there is also a clear deprivation trend.
- There are 40,000 people registered with a Stockport GP with a history of anxiety – patterns are similar to those with depression and there is a significant overlap in population for that there are 50,000 people who have been diagnosed with either anxiety or depression.
- The number of anti-depressants prescribed has risen by 170,337 items in ten years (76.5%) but the average cost per item has fallen 50%.
- Around 5,000 people in Stockport claim Disability Living Allowance (DLA) because of a mental or behavioural disabling condition. This represents **half of all DLA claimants.**

Mental health and wellbeing: Key points

Improving Access to Psychological Therapy (IAPT)

- In Stockport the rate of referrals to IAPT **has almost doubled from 646 to 1,265 per 100,000** in under 2 years.
- On average around **37% of Stockport referrals begin treatment** (6,000 people) which is comparable regionally and nationally.
- In Stockport the rate of patients completing IAPT **has more than doubled from 188 to 426 per 100,000**. Rates regionally and nationally have risen by 86% and 51% respectively.
- **On average 45% of those beginning IAPT in Stockport complete the therapy**. This a similar ratio to that experienced regionally and nationally. In a rolling year ending quarter 1 2015-16, the numbers represent around **3,400 people completing IAPT in Stockport CCG.**
- Stockport has a similar percentage of recovery rates to the regional average but it is **significantly lower than the England rate.**

Acute Care

- There are over **2,400 people registered with a Stockport GP with a severe mental health disorder**, those in the **most deprived areas are over three times as likely to be experiencing a severe mental health problem** than those in the last deprived areas.
- The average under 75 mortality rate for these people is **3.5 times higher than average**, mainly due to the high levels of smoking in this group.
- There are 2,000 first outpatient psychiatry appointments by Stockport residents a year with women over the age of 70 being the most likely to attend
- Stepping Hill Emergency Department attendances with a psychiatric diagnosis have risen by 94% in seven years to 1,975 in 2014-15.
- Attendances are mainly for deliberate **self-harm or psychiatric illness**. Those aged under 45 are most likely to be attending , especially those **aged 15-24 for self-harm**.
- There are over 1,000 admissions a year for mental and behavioural disorders. Schizophrenic, mood and neurotic disorders make up over or around 50% of these admissions.
- There are 700 hospital admissions a year for deliberate self-harm predominantly from those aged 15-44, the inequality profile shows that rates in the most deprived areas are more than four times higher those in least deprived areas.

Mortality

- Roughly **30 deaths a year occur due to suicide and deaths of undetermined intent** (open verdicts) with those aged 35-44 the key risk group.
- Men are twice as likely to die from a suicide or undetermined intent than females.
- There is a clear deprivation profile rates in the most deprived areas are more than twice as high as those in least deprived areas.

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Mental health and wellbeing: an introduction

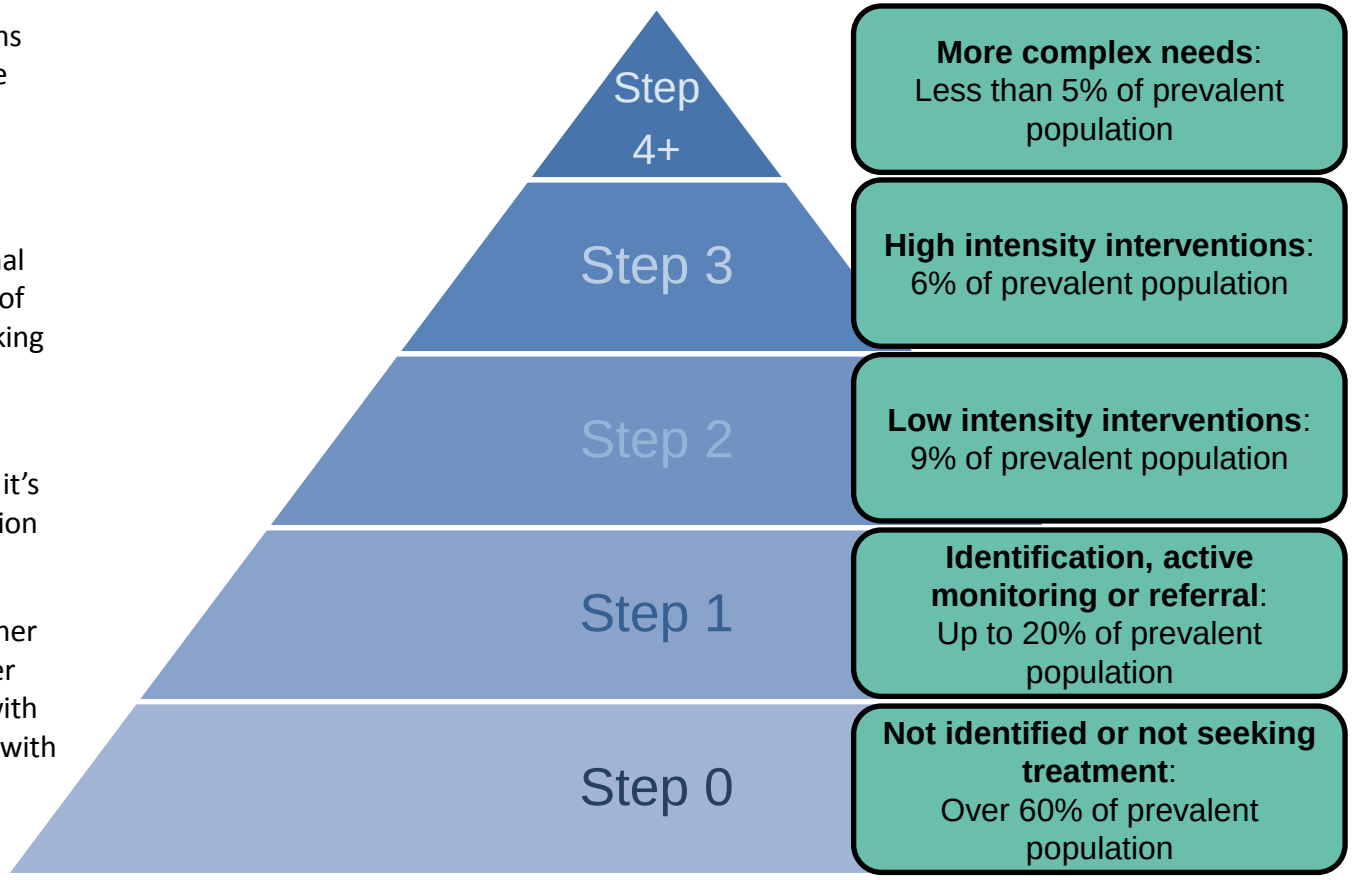
According to the Mental Health Foundation **1 in 4 adults in the UK will suffer from a mental health condition in any given year – in Stockport this would mean 56,300 people.** The vast majority will experience a mild condition, but for a few it will be a significantly debilitating illness. Mental illness impacts not just on the individual but also on family, friends, colleagues and the wider health and social care services. Therefore it is vital that the level of need and current service provision is considered and what might be done to further support the residents of Stockport.

Many people with mental health and wellbeing conditions will not in contact with specialist services, either because they are untreated or unrecognised, or because their condition is managed by their GP without a referral to specialist services or prescribed medication.

The stepped care model (right), developed by the National Institute for Clinical Excellence, estimates that over 60% of the prevalent population remain unidentified or not seeking treatment.

The model's aim is to provide the patient with the least burdensome (to the patient) level of support, evaluating it's effectiveness before considering "stepping up" intervention should the current treatment seem ineffective.

The severity of the condition therefore increases the higher up the pyramid but the greatest number of people cluster towards the bottom. There is an inverse pattern spend with the highest level of investment at the top, helping those with the severest conditions in need of intensive support and treatment. Those with the mild to moderate conditions, where there are more people, has the lowest levels of spend.



The following pages estimate how many people in Stockport are living with a mental health condition and examine long term trends where available. Certain numbers will be estimates.

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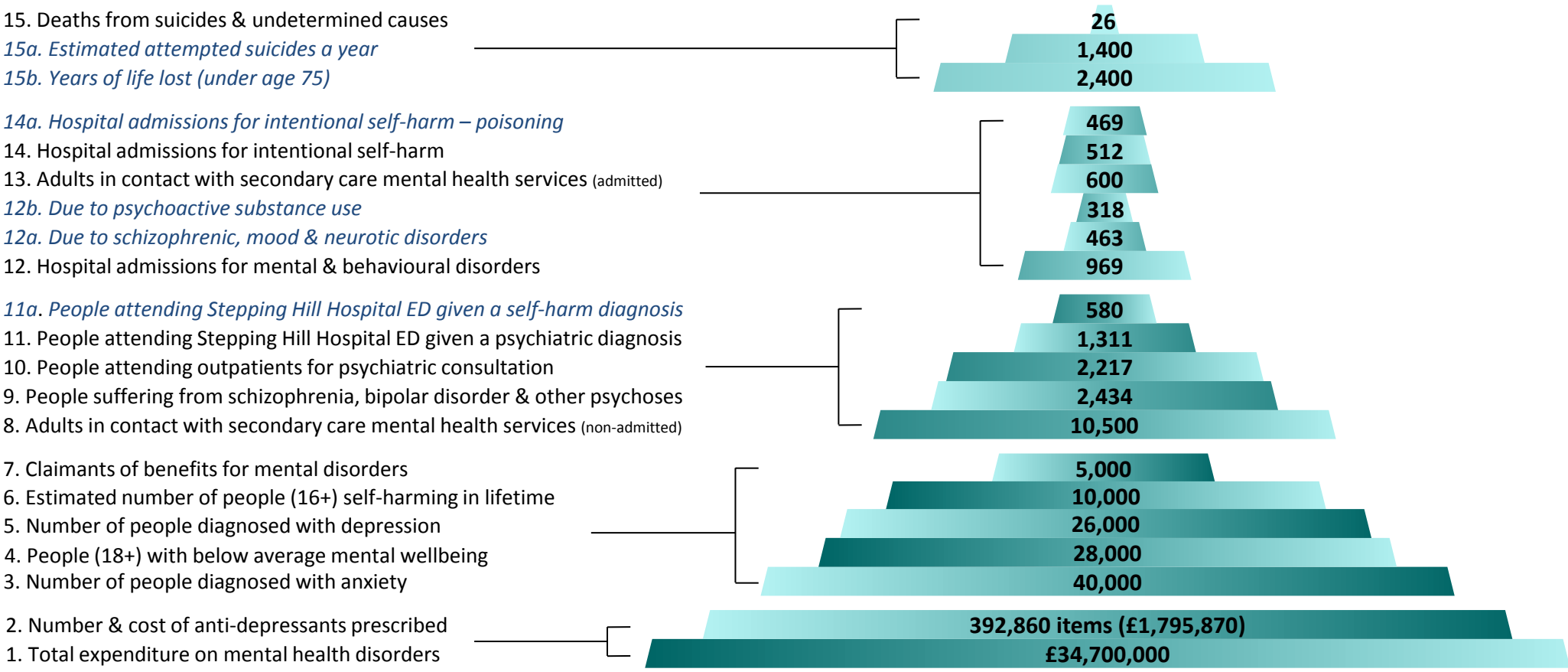
Estimated numbers with mental health needs in Stockport

This presents a summary of estimates of the prevalence of certain mental health needs in Stockport, approximately following the step care model steps 1-5. The following pages then develop these trends in more detail where possible.



1. 2013-14 Programme budget
2. HSCIC Iview 2014-15 financial year
3. Stockport Health Record – August 2015 (age 18+ registered population)
4. Age standardised data from Stockport Adult Lifestyle Survey 2012
5. Stockport Health Record – August 2015 (age 18+ registered population)
6. Adult Psychiatric Morbidity in England 2007: Results of a household survey, HSCIC http://www.hscic.gov.uk/pubs/psychiatricmorbidity07
7. Benefit claimants – Disability Living Allowance by disabling condition (disabling condition being: Learning Difficulties, Psychosis, Psychoneurosis, Personality Disorder, Dementia, Behavioural disorder, Hyperkinetic syndromes, Severely mentally impaired and cognitive disorder) – all ages, February 2015 (66% at working age); NOMIS
8. Mental Health Bulletin: Annual Statistics 2014-15, HSCIC http://www.hscic.gov.uk/pubs/mhb1415
9. Stockport Health Record – August 2015
10. 2014-15 fulfilled first appointment only by Stockport residents – 88% with Pennine Care Foundation Trust
11. Individual residents attending ED in 2014-15 with a psychiatric (10) or self-harm (10a) diagnosis in any field or DSH in any complaint field; 2014-15 (1,975 and 855 total attendances)
12. Individual residents admitted in 2014-15with a primary diagnosis of F00-F99 (11), F20-F48 (11a) and F10-F19 (11b); 2014-15 – 41% of total with Pennine Care
13. See point 8
14. Individual residents admitted in 2014-15 with a diagnosis of X60-X84 (13) or X60-X69 (13a) in any diagnosis field. (662 and 605 total admissions). Where both codes were present the higher code in the diagnosis fields took precedent
15. Public Health Mortality file 2014 (15); Adult Psychiatric Morbidity in England 2007: Results of a household survey, HSCIC http://www.hscic.gov.uk/pubs/psychiatricmorbidity07 (15a); Sum of age of death subtracted from age 75 2012-14 (15b)

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Mental health issues and vulnerable & at risk groups

Some groups face a high risk of mental health issues than others. Although a causal relationship is by no means certain, a strong association between poor mental health and the following groups has been established. The list of vulnerable groups mentioned below is not intended to be an exhaustive list, but rather an indication of the wider issues faced by those with mental health issues.

Carers providing 50 hours or more of care a week have significantly lower mental wellbeing than the Stockport resident average.

Residents who describe their **health as not good** have significantly lower mental wellbeing than the Stockport resident average.

Stockport residents **aged 85 and over** have significantly lower mental wellbeing than the Stockport average.

A modelled estimate suggests that 340-680 women in Stockport will be affected with a mental health problem during pregnancy or in first year after birth.

There are almost 3,000 **children** in need and 1,666 pupils with special educational needs in Stockport.

The average emotional wellbeing score of **looked after children** in Stockport is 14.5 which represents borderline cause for concern.

37.5% of Tameside and Stockport **probation clients** with a disability have a mental illness disability.

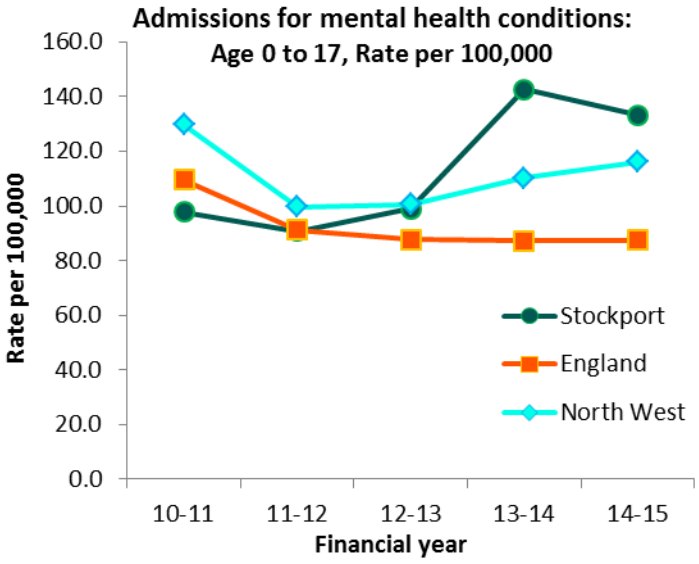
A modelled estimate suggests that over 2,000 **unemployed** residents have low mental wellbeing. 47% of these may be attributable to unemployment.

Individuals who identify as **non-heterosexual** have significantly lower mental wellbeing than the Stockport resident average.

Black and minority ethnic groups combined have significantly lower mental wellbeing than the Stockport resident average.

Below average mental wellbeing is more common in both **asylum seekers and refugees and homeless people** than the Stockport average.

Children's mental health and wellbeing



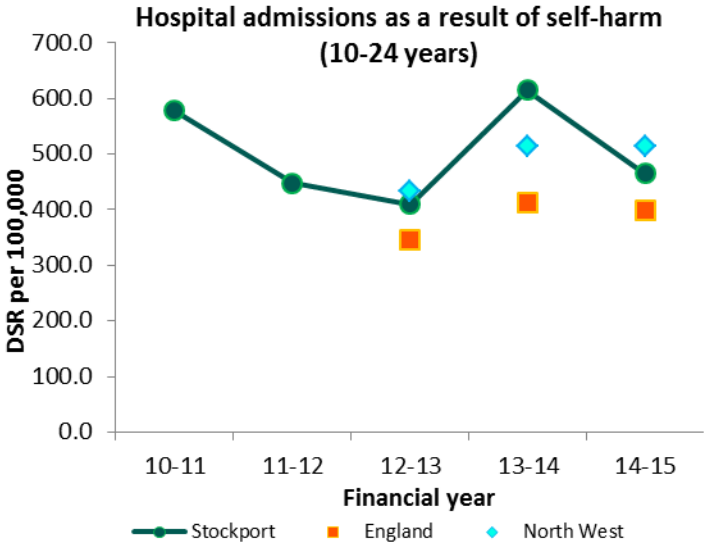
The number of admissions or children aged 0-17 for mental health conditions have risen from around 60 to 80 a year. The main cause for mental and behavioural disorders due to **alcohol use**, accounting for almost a third of all mental health admissions between 2010-11 and 2014-15. The remaining admissions are linked to eating and anxiety disorders as well as depressive episodes. Combined these four diagnoses make up 60% of admissions.

In the last two years Stockport admission rates have become significantly higher than England rates. Rates in Stockport were significantly higher than the North West average in 2013-14 but due to converging trends the rates are now similar in 2014-15.

Teenage girls make up the majority of admissions, with 50% of the admissions in the last 5 years being for girls aged between 13 and 17. Pooling 5 year data shows that **15 to 17 year old girls are almost 4 times as likely to be admitted for mental health conditions than the overall 0-17 average**. Boys aged 15 to 17 are almost 2.5 times likely to be admitted.

Children living in the 20% most deprived areas are significantly more likely to have been admitted in the last 5 years than the overall average . On the other hand those children in the mid-deprived (40-60% deprived) areas are significantly less likely to have been admitted. Children living in the remaining areas show similar rates to the average.

For further analysis (all ages) please see here.



There are around 200 admissions for self harm for those aged 10-24 a year, although numbers fluctuate and were higher in 2010-11 and 2013-14. Typically 80% of admissions related to self-harm by way of poisoning, both legal or illegal drugs or other chemicals and noxious substances. Self harm by sharp object is the other major cause and together with poisoning make up 95% of all admissions.

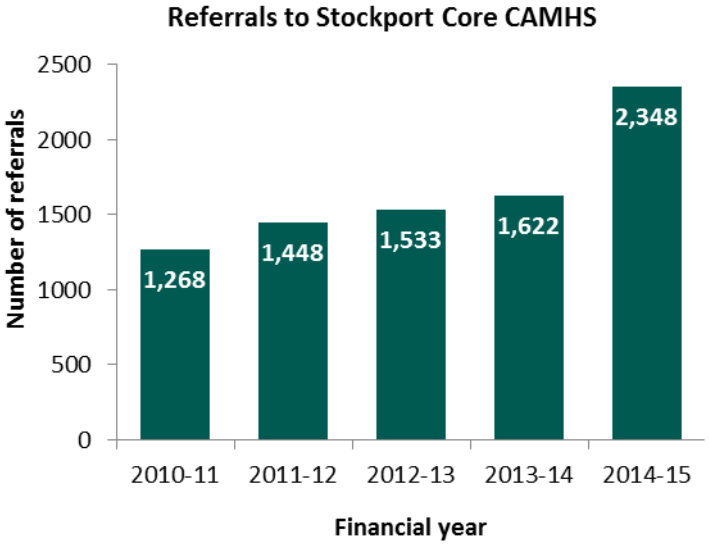
Rates in Stockport have been significantly higher than England for the three years that they are comparable, although rates fluctuate. Stockport rates are similar to the North West.

Females make up around three quarters of all admissions for self-harm in the 10-24 age bracket**.** Girls in the 15-19 age group are over twice as likely to be admitted than the overall average whilst those aged 20 to 24 are 1.5 times as likely.

There is a **strong deprivation profile with regards self-harm admissions** in the 10 to 24 year olds. Those in the most and second most deprived areas are significantly more likely to be admitted. Those in the remaining 60% areas are significantly less likely to be admitted than the overall average.

Further analysis (all ages) is available here

Child and adolescent mental health services



Referrals to hospital based Stockport Child and Adolescent Mental Health Services (core CAMHS) have increased 85% between 2010-11 and 2014-15, and particularly in 2014-15 when the increase was almost 50%, this is likely to be due to changes in recording practice.

Almost 40% of the referrals in 2014-15 were for emotional disorders.

Predicted levels of need in Stockport, based on 2004 ONS research, suggests around 4,000 children aged 5 to 16 are living with a diagnosable mental health disorder, the most common being a conduct disorder. This represents around 10% of the population. However this is likely to be an underestimate given the age of the research. Prevalence increases with age and further estimates of need show that there are **approximately 1,500 children aged 5-10 and 2,500 aged 11-16 with a mental health disorder in Stockport.**

Looked after children are more likely to experience mental health problems than their peers with national estimates suggesting 45% have a mental health disorder. From this we estimate around 270 looked after children in Stockport need a mental health service. In 2014-15 36 looked after children were seen by Stockport CAMHS.

The Strengths and Difficulties Questionnaire (SDQ) is a validated tool providing a brief measure of psychological wellbeing in 2 – 17 year olds in care. The questionnaire is completed by parents / carers and there are also companion versions of the questionnaire which can be completed by teachers and, for 11 – 17 year olds, by young people.

The questionnaire produces an overall score, highlighting a level of risk. A total score of 0 – 13 is considered low risk, 14-16 is considered borderline and a score of between 17 and 40 implies a high risk of the young person experiencing psychological difficulties.

Stockport's 2014-15 score of 14.5 is marginally higher than both England (13.9) and the North West (13.1) and is considered borderline risk. Stockport has a relatively high number of children in residential care and also a high number of older children in care which is believed to contribute to the higher than average scores. Higher than average SDQ scores in Stockport have been a consistent theme in Stockport over several years.

Although Stockport's overall average score is borderline risk, 40% of those completing the questionnaire have scores of 17 or above. This means that **4 in ten children in care are at a high risk of experiencing psychological problems.**

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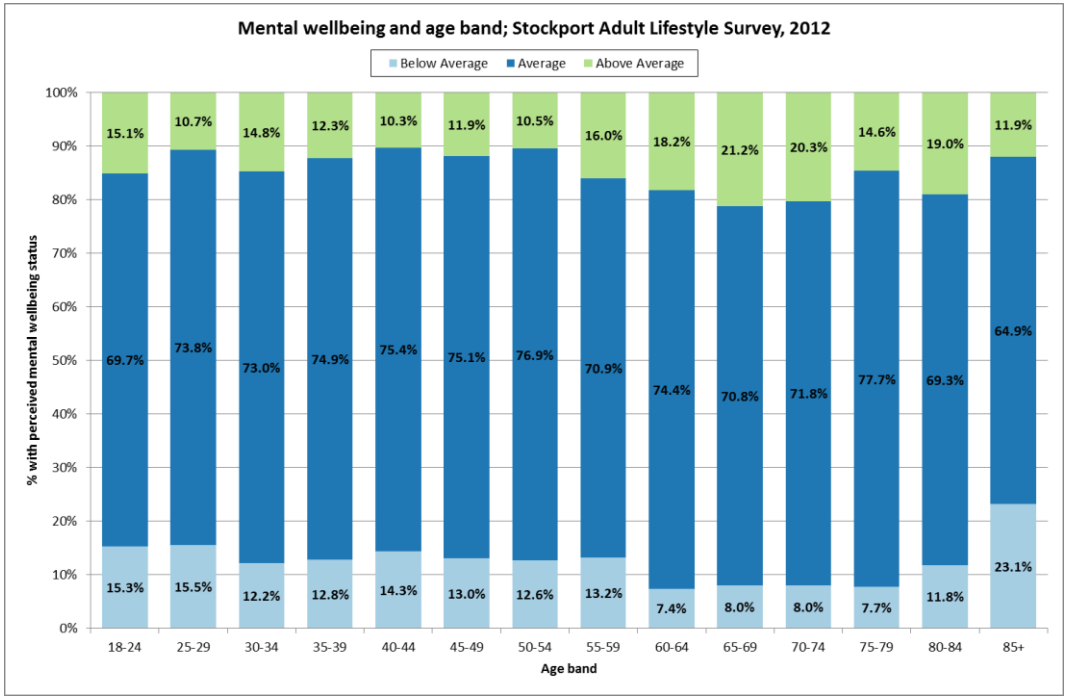
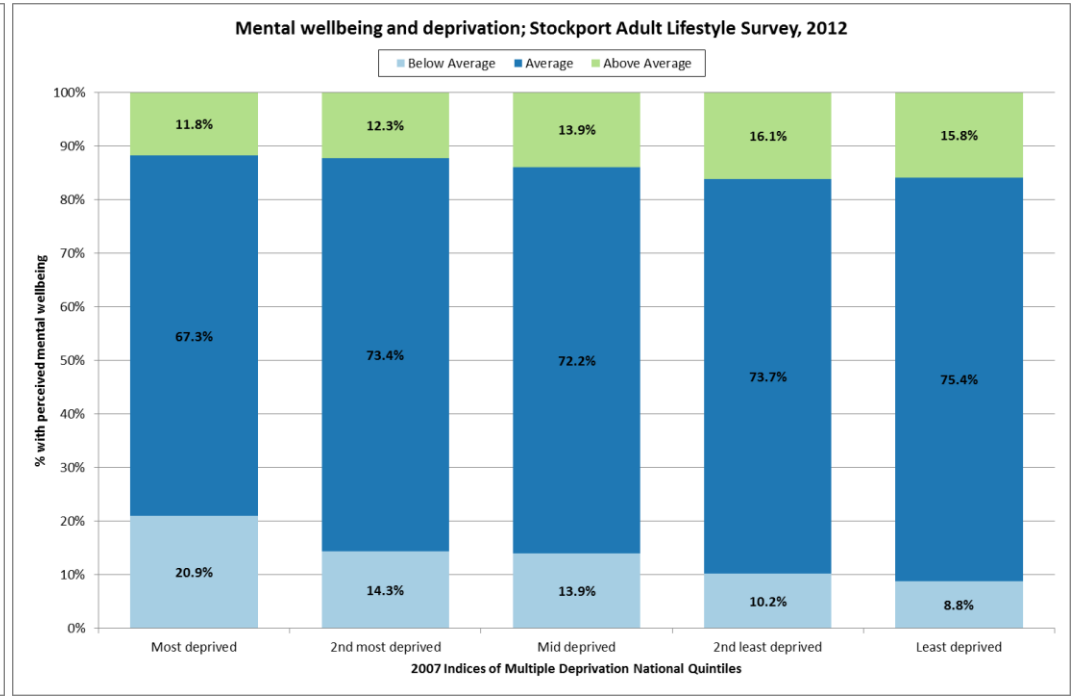
Mental Wellbeing: Stockport Adult Lifestyle Survey 2012





Good wellbeing describes a **person who is feeling good and doing well** – the aim is to maximise the number of people in Stockport who have average or above wellbeing and minimise the number with below average wellbeing. The Stockport Adult Lifestyle Survey 2012 used the seven question version of the WEMWBS (Warwick Edinburgh Mental Wellbeing Scale) in order to assess positive mental wellbeing.

Overall just over 12% of respondents described their mental wellbeing as below average. When age specific rates are taken into account this figure extrapolates around **28,000 over 18s in Stockport with below average mental wellbeing**.

The young in Stockport, aged 18 to 29, have significantly lower mental wellbeing than the average. Moving into middle age between the ages of 30 to 59 there is no significant difference in below average mental wellbeing compared to the Stockport average. As the life stage moves into retirement age between 60 and 79 average mental wellbeing is significantly higher than the average. Those aged over 85 have significantly lower rates. This suggests that there is a **risk of low mental wellbeing at the very end of life as well as the beginning of adulthood.**

There is a **clear deprivation profile** with those in the most deprived areas of Stockport having significantly higher rates of below average mental wellbeing. Conversely those living in the least deprived and second least deprived areas have significantly lower rates. Those in the second most deprived and mid deprived areas have similar rates of below average mental wellbeing to the Stockport average.

There is no significant difference in overall rates of below average mental wellbeing between males and females and therefore has not been highlighted here.

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Mental Wellbeing: Promoting Five Ways to Wellbeing

The **Five Ways** to Wellbeing are a set of evidence-based public mental health messages aimed at improving the mental health and wellbeing of the whole population. These are being used widely across the borough

In addition a programme of mental wellbeing self help information and support is available alongside training programmes to support both staff and public develop their own resilience and confidence to support others.

Stockport Wellbeing Week
5 WAYS • 5 DAYS

Connect 5
Ways to work with mental wellbeing in everyday practice

Connect... With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

Be active... Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

Take notice... Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Keep learning... Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

Give... Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

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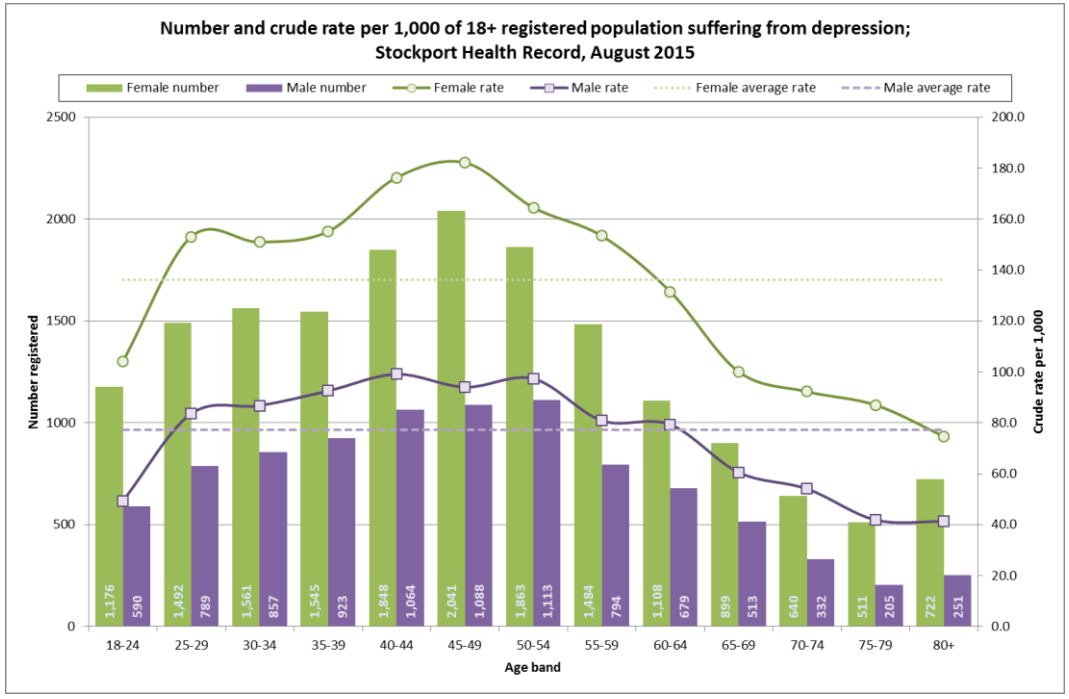
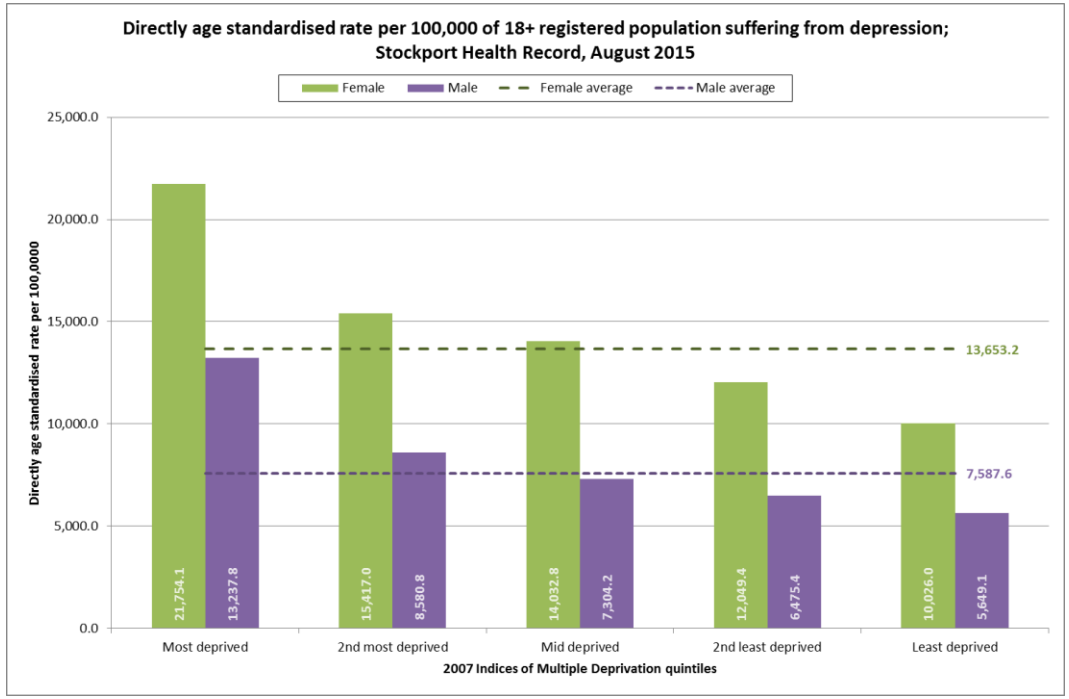
Mental wellbeing: 26,088 with depression





Depression can affect people in different ways, but usually involves feelings of sadness and hopelessness, and loss of interest in activities that a person used to enjoy; these symptoms persist for weeks or months and are bad enough to interfere with daily life.

There are just over 26,000 people registered with a Stockport GP with a diagnosis of depression on their medical record. Women outnumber men by a rate of 1.8 to 1 with almost 17,000 recorded compared to 9,000 men. Both men and women aged between 40 and 54 are the most likely in terms of raw numbers to be recorded depressed with over a third of all diagnosed in each gender in this age grouping.

When the age population structure of all registered patients is taken into account then those suffering with depression becomes a highly diverged condition. In women it is only the age group 60-64 that show no significant difference from the Stockport average. In men it is only those aged 55-64 that are similar to the Stockport average. Those aged 18-24 and over 65 in both genders have significantly lower rates than the Stockport average. **Ages between 25 and 59 for women, and 25 to 54 for men, have significantly higher rates suggesting depression is a condition of the middle age.**

Depression also shows a clear deprivation profile with the rate increasing as deprivation increases. Rates for both men and women in the least deprived areas are over 50% lower than the most deprived rate. Rates on average are around 40% the most deprived rate.

Co-morbidities

- 60% Anxiety
- 32% Current smokers
- 16% Hypertension
- 12% Obesity
- 10% Asthma
- 9% Self harm

A person with **generalised anxiety disorder (GAD)** feels anxious on most days about a wide range of situations and issues, and often struggles to remember the last time they felt relaxed. Patients with a diagnosis of **anxiety number roughly 40,000 -** 15,500 have a diagnosis of both depression and anxiety. Those with anxiety show almost identical trends to those with depression. Combined with anxiety there are roughly 50,000 people registered with either a history of depression, anxiety or both.

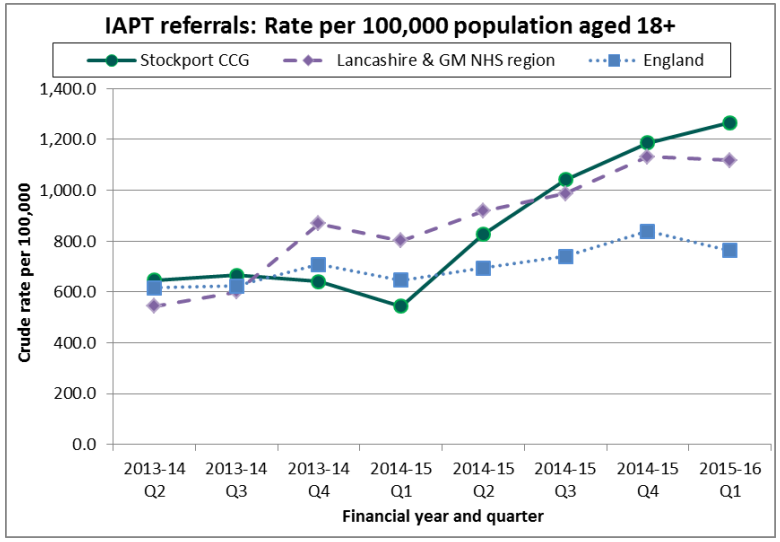
Improving Access to Psychological Therapies (IAPT)

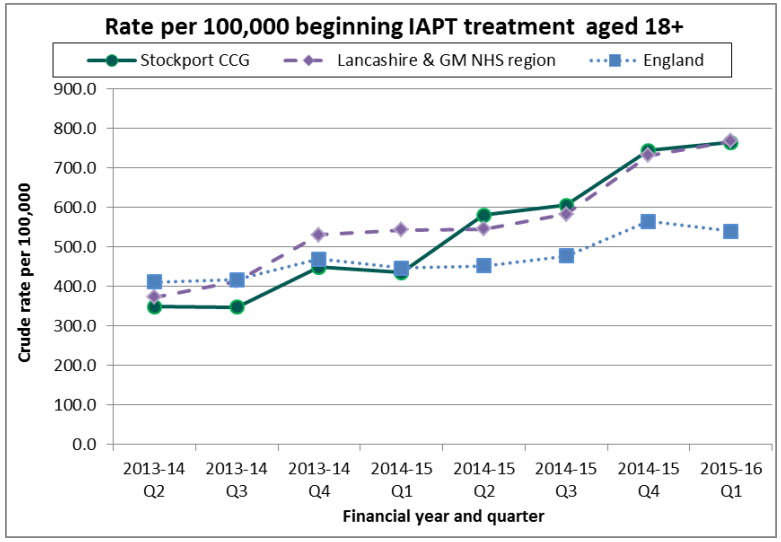
The IAPT programme supports the frontline NHS in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.

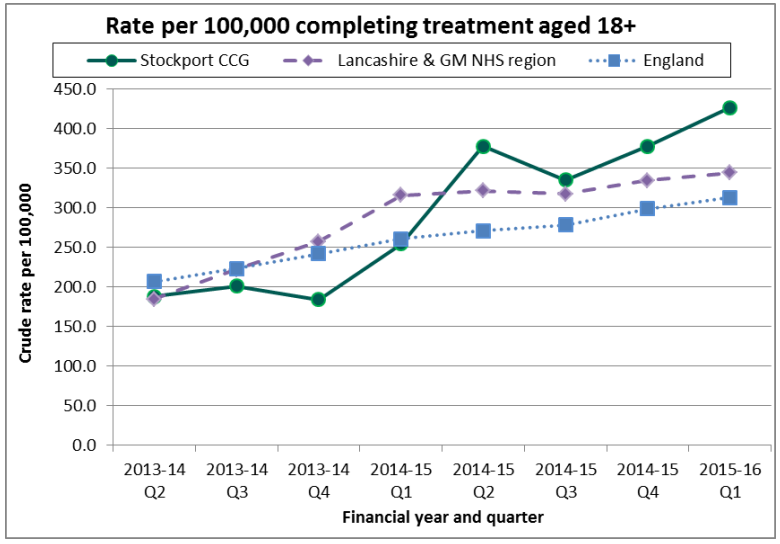
In Stockport the rate of referrals has **almost doubled from 646 to 1,265 per 100,000** in under 2 years. Regionally the rate has more than doubled but nationally there has only been a relatively modest rise in referrals. Referral rates are significantly higher in Stockport than both regionally and nationally.

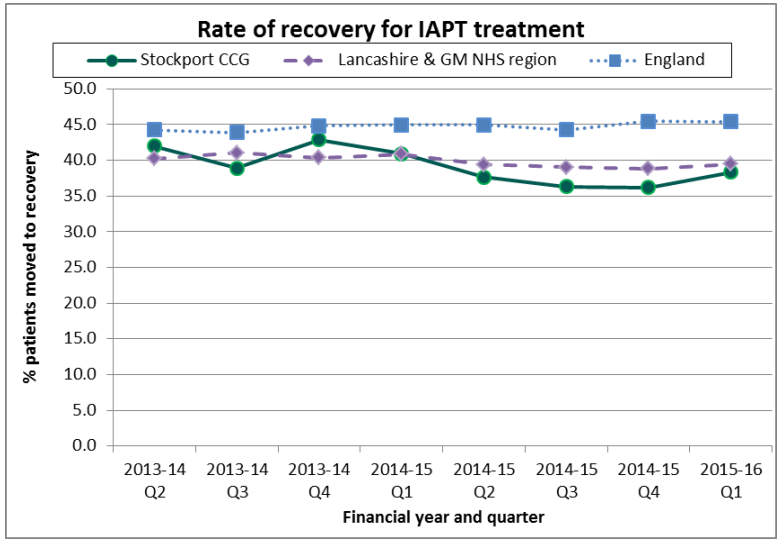
The rate beginning therapy has also doubled locally and regionally whereas rates have increased by over 30% nationally. Rates in Stockport are significantly higher than national but similar to regional levels. **On average around 37% of Stockport referrals begin therapy** (6,000 people) which is comparable regionally and nationally.

The rate of those completing therapy in Stockport has seen a greater increase than regional and national rates. **In Stockport the rate has more than doubled from 188 to 426 per 100,000**. Rates regionally and nationally have risen by 86% and 51% respectively. Rates in Stockport are significantly higher than regionally and nationally. **On average 45% of those beginning IAPT in Stockport complete the therapy**. Again this is a similar ratio to that experienced regionally and nationally. In a rolling year ending quarter 1 2015-16, the numbers represent **around 3,400 people completing IAPT in Stockport CCG**.



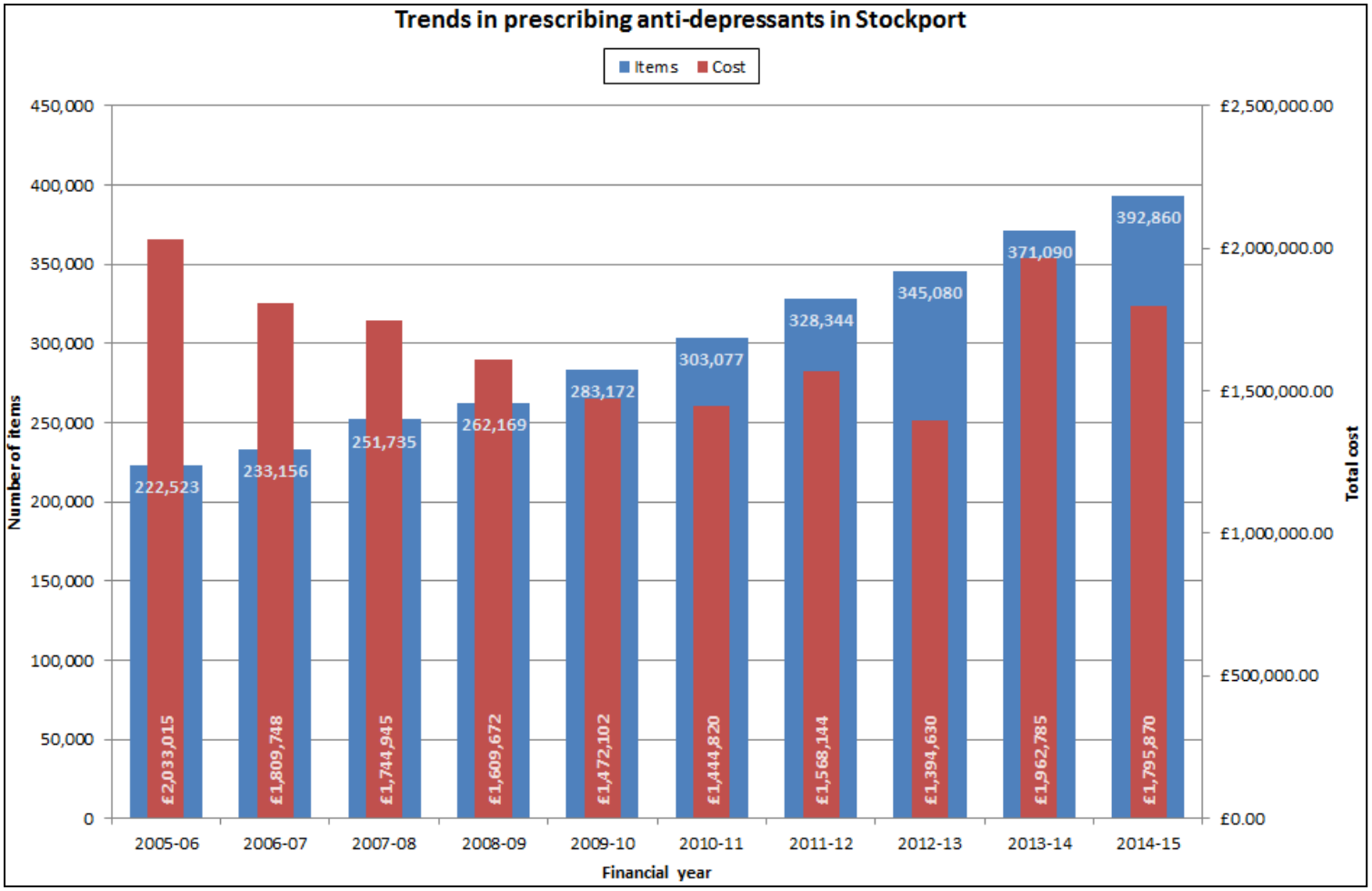






Although not a significant decline the percentage of those patients in recovery in Stockport has fallen by 9% (4 percentage points) in under two years. Regionally there has been a nominal decrease and nationally there has been a similar insignificant increase in the percentage of those in recovery. **Stockport has a similar percentage of recovery rates to the regional average but it is significantly lower than the England rate.**

Anti-depressants: prescribing data



In the ten years between 2005-06 and 2014-15 the number of anti-depressants prescribed has risen by 170,337 items; from 222,523 to 392,860. This is an increase of 76.5% and represents 1.6 items for every person aged 18 and over registered with a Stockport GP. In 2005-06 0.96 items per registered adult were being prescribed and year on year the number has increased by an average of 6.5%.

The average cost per item has fallen from £9.14 to £4.57 as some drugs came off patent; a reduction of £4.52 or 50.0%. This has meant that although the number of items prescribed has increased the actual total cost has decreased by £237,145 or 11.7%. In 2013-14 and part of 2014-15 there was a supply issue with some drugs resulting in a slight rise in costs which are now falling again.

Between 2005-06 and 2014-15 in total 1,252,755 anti-depressant items have been prescribed at a cost of £8,669,481; roughly £6.92 per item and more than 5 items per registered adult.

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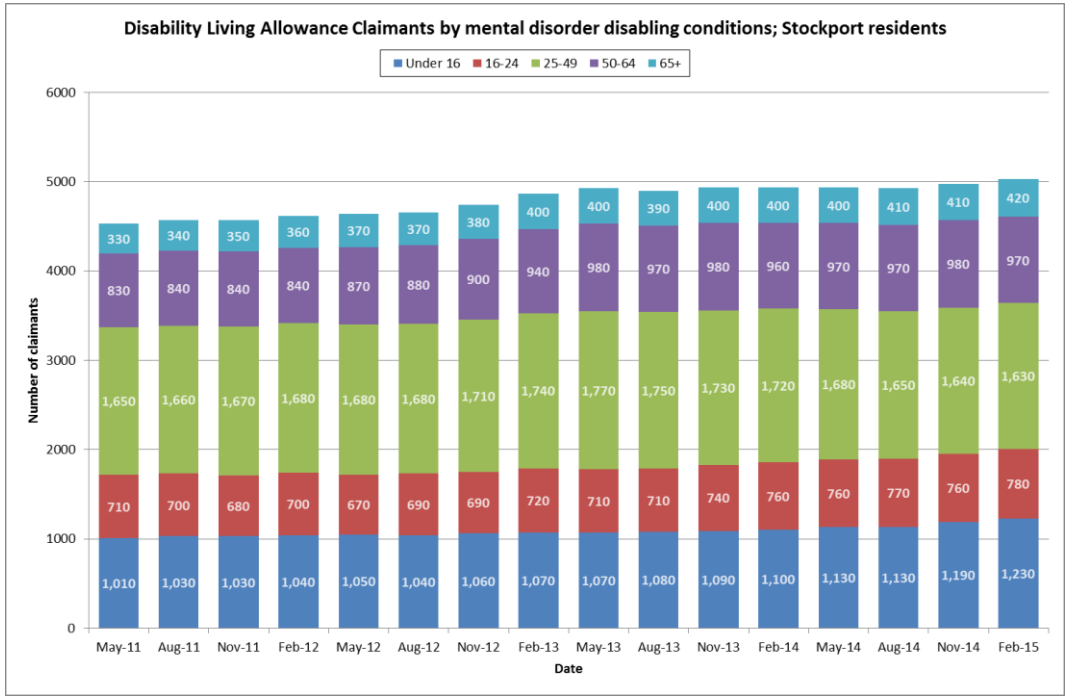
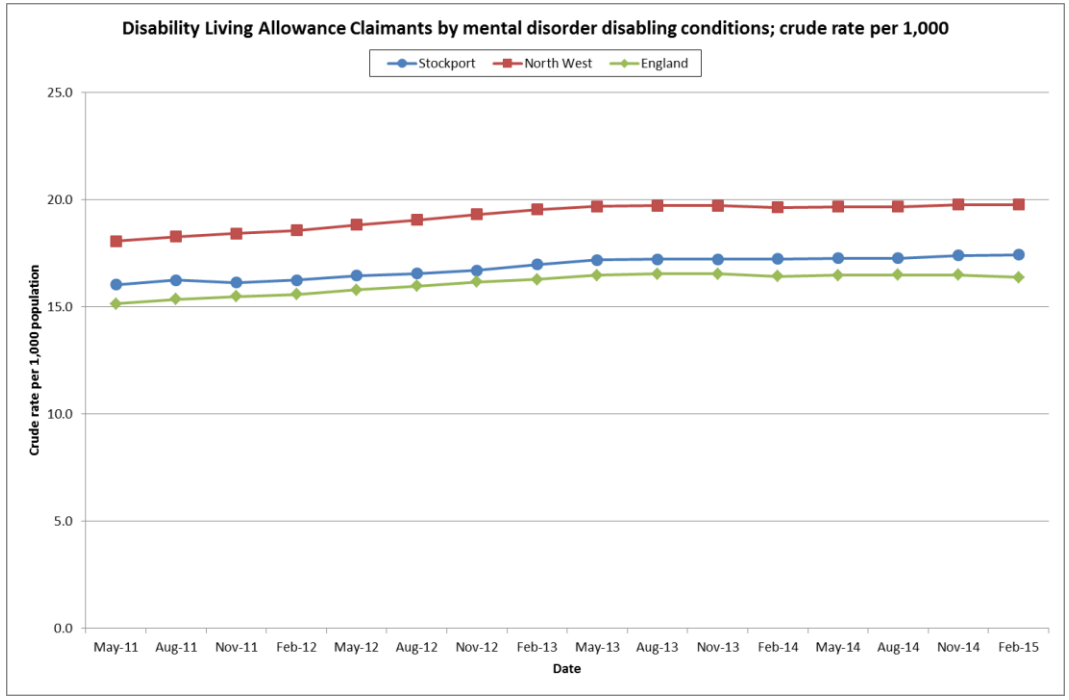
Mental Wellbeing: Benefit claimants





Mental and behavioural disorders are the cause of a half of all claims for disability related benefits.

Benefit claimants of Disability Living Allowance where the disabling condition is a mental disorder have increased 11% between May 2011 and February 2015 from 4,500 to 5,000 people.

The age band that has seen the biggest increase is the 65+ group where numbers have risen from 330 to 420, a rise of 27%. This is however the smallest age group claiming benefits in terms of numbers. The under 16 age group has also seen a rise faster than average as numbers have increased from 1,010 to 1,230, a rise of 22%. The largest age group claiming benefits in terms of numbers is unsurprisingly the widest age band 25 to 49. This age group has seen numbers claiming benefits remain stable between May 2011 and February 2015. The age groups 16 to 24 and 50 to 64 have seen increases in numbers claiming benefits of 10% and 17% respectively between May 2011 and February 2015.

In Stockport there is a ratio of 1.5:1 of male to female claimants as 3,000 males were claiming in February 2015 compared to 2,000 females.

With respect to the North West and England, Stockport has significantly lower rates per 1,000 compared to the North West but significantly higher rates than England. All three areas have seen claimants increase between May 2011 and February 2015. The rate of Stockport claimants has risen 8.8% whilst the North West and England have increased at a similar rate by 9.4% and 8.1%. Around 17 people per 1,000 in Stockport are claiming Disability Living Allowance where the disabling condition is a mental disorder.

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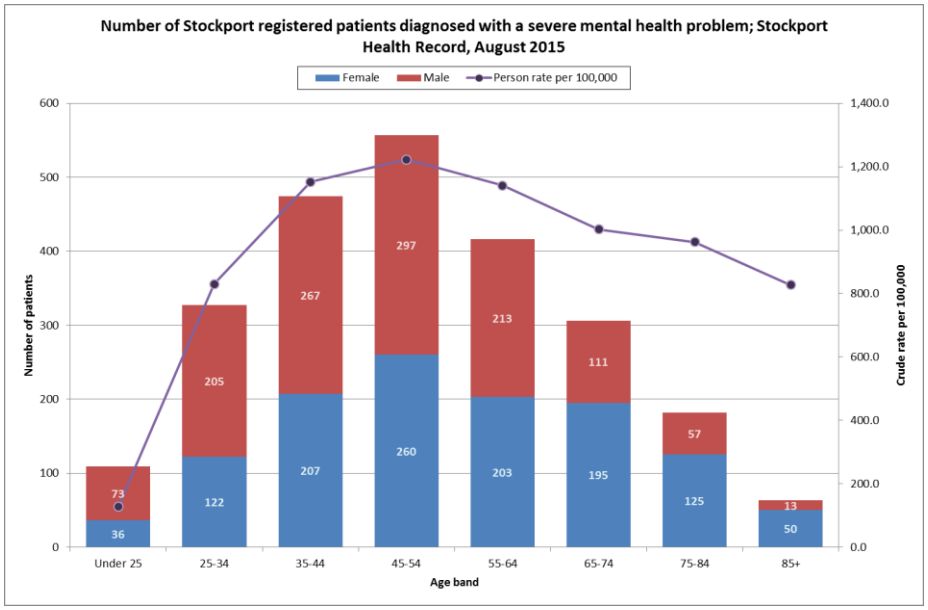
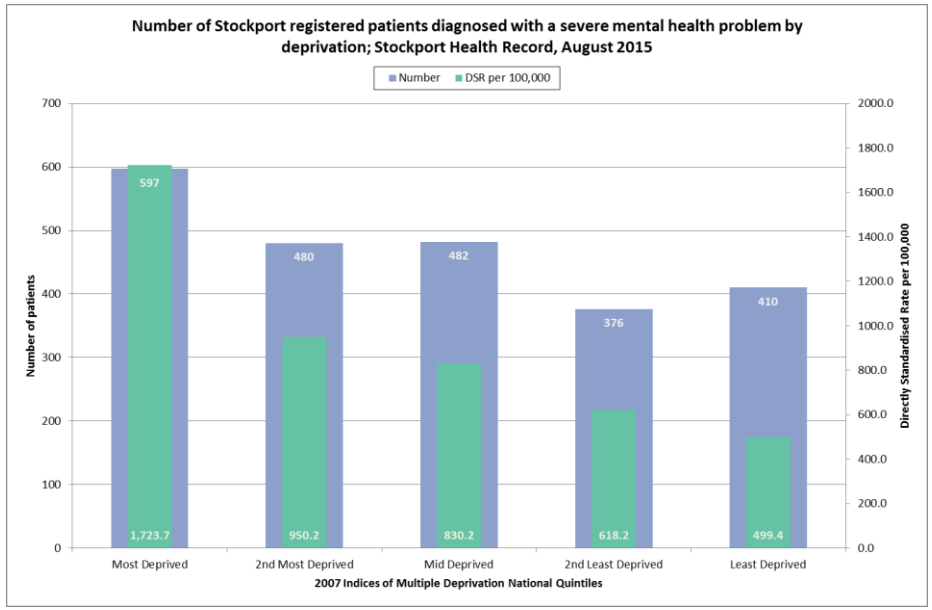
Mental wellbeing: 2,434 diagnosed with a severe mental health problem





Co-morbidities

43% Smokers

39% Anxiety

26% Depression

21% Self harm

18% Obesity

18% Hypertension

12% Diabetes

10% Asthma

According to Stockport Health Record there were 2,434 people registered with a Stockport GP with a diagnosis of a severe mental health disorder. In line with the QoF Indicator definition this includes people with schizophrenia, bipolar affective disorder, other psychoses and other patients on lithium therapy.

Very few people are diagnosed under the age of 25 with 109 people being diagnosed. However apart from that age group severe mental health problems are not particularly age related. Those in the age group 45-54 have the highest number and rate per 100,000 of patients diagnosed. In total 557 patients aged 45-54 have been diagnosed although there are similar rates in the 35-44 and 55-64 age groups.

Although there is no overall difference between the male (817.7) and female (775.9) rate there is significant variation amongst the age groups between the genders. Young males up to the age of 44 have significantly higher rates than comparative females whereas females over the age of 75 have higher rates than the older males.

With regards deprivation, severe mental health problems show a clear profile. Those in the **most deprived areas are over three times as likely to be experiencing a severe mental health problem compared to those in the least deprived areas**. 600 people residing in the most deprived areas have been diagnosed which equates to a directly age standardised rate of 1,724. Those in the least deprived areas have a directly age standardised rate of 499. The directly age standardised rates decrease with every quintile of deprivation grouping.

Analysis of comorbidities shows that people with severe mental health problems are **more than twice as likely to be diagnosed with diabetes** than the population average, which can be linked to antipsychotic medication which can cause weight gain, **obesity** rates are also twice as high as average. People with severe mental health problems are **three times more likely to have other mental health issues** such as depression and anxiety, and are **more than twice as likely as the population average to smoke.**

Around 70,000 antipsychotics were prescribed in Stockport in 2014-15, at a cost of £1.1 million. Over time, as for antidepressants, the volumes of prescribing have increased while the costs have decreased.

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Mental wellbeing: general health of those with severe mental health illness

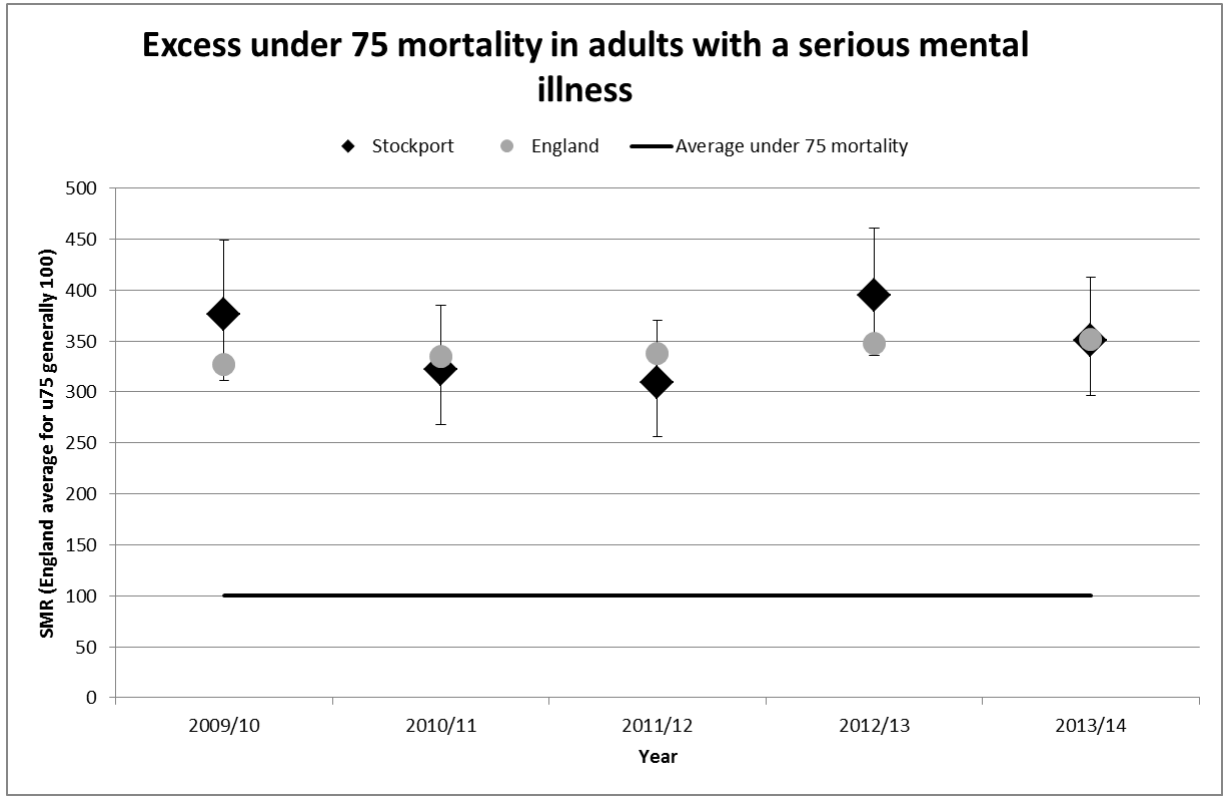
National research has shown that people in contact with specialist mental health services have higher death rates for most causes of death, especially mental and behavioural disorders and diseases of the nervous system such as Alzheimer's disease.

However a much higher level of mortality nationally (considering people between the ages of 19 and 74) also occurred for lifestyle - related diseases, including:

- Nearly four times the general population rate of deaths from diseases of the respiratory system (at 142.2 per 100,000 service users, compared with 37.3 per 100,000 in the general population).
- Just over four times the general population rate of deaths from diseases of the digestive system (at 126.1 per 100,000, compared with 28.5 per 100,000 in the general population).
- 2.5 times the general population rate of deaths from diseases of the circulatory system (at 254.0 per 100,000 compared with 101.1 per 100,000 in the general population).

Within these disease areas specific conditions that accounted for a high proportion of deaths among service users (under the age of 75) were:

- Diseases of the liver; at 7.6 per cent of deaths (1,430 in total)
- Ischaemic heart diseases; at 9.9 per cent of all deaths (1,880 in total)



Although Stockport level analysis is not available below the headline rate, given the proximity to the national rates it would be likely that Stockport experiences the same issues. Therefore lifestyle issues such as smoking, drinking and dieting are probable major causes of early death in those with serious mental illness.

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Mental health pre and post natal

The following is taken from Public Health England's Mental health in pregnancy and the postnatal period, http://www.chimat.org.uk/PIMH_Needs_Assessment

The mental health problems that pregnant women or new mothers can experience are the same as those that can affect people at other times, and they are often similar in nature. However:

- the effect they can have on the foetus, baby, wider family and mother's physical health;
- the fact that problems often are not disclosed, recognised or treated during this period; and
- the fact that there are some mental health problems from which women are at increased risk during this period;

all mean that it is particularly important to address these needs.

It is believed that overall between 10% and 20% of women are affected by mental health problems at some point during pregnancy or the first year after childbirth – in Stockport this would equate to **between 340 and 680 women each year.**

The estimates in the table are based on national estimates of certain mental health conditions applied to local birth rates, and have been rounded up to the nearest five. They do not take into account socioeconomic factors or anything else which is likely to cause local variation.

Estimates of the number of women with mental health problems during pregnancy and after childbirth in Stockport		
Estimated number of women with postpartum psychosis (2013/14)		10
Estimated number of women with chronic Serious Mental Illness (2013/14)		10
Estimated number of women with severe depressive illness (2013/14)		105
Estimated number of women with mild-moderate depressive illness and anxiety (2013/14)	Lower	340
	Upper	505
Estimated number of women with PTSD (2013-14)		105
Estimated number of women with adjustment disorders and distress (2013/14)	Lower	505
	Upper	1,010

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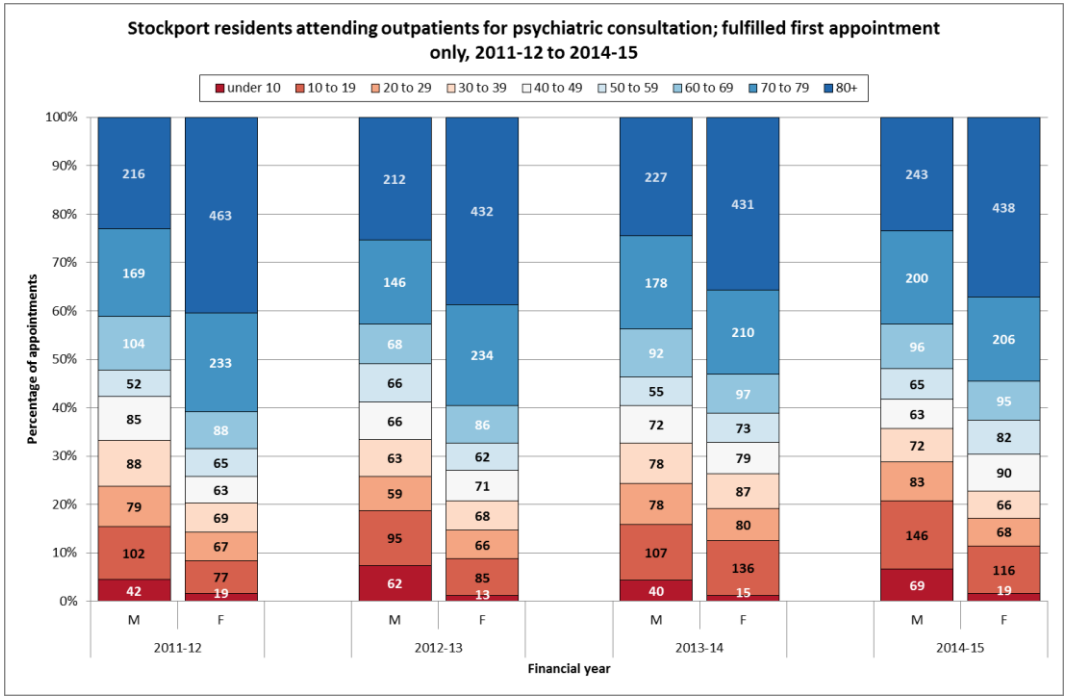
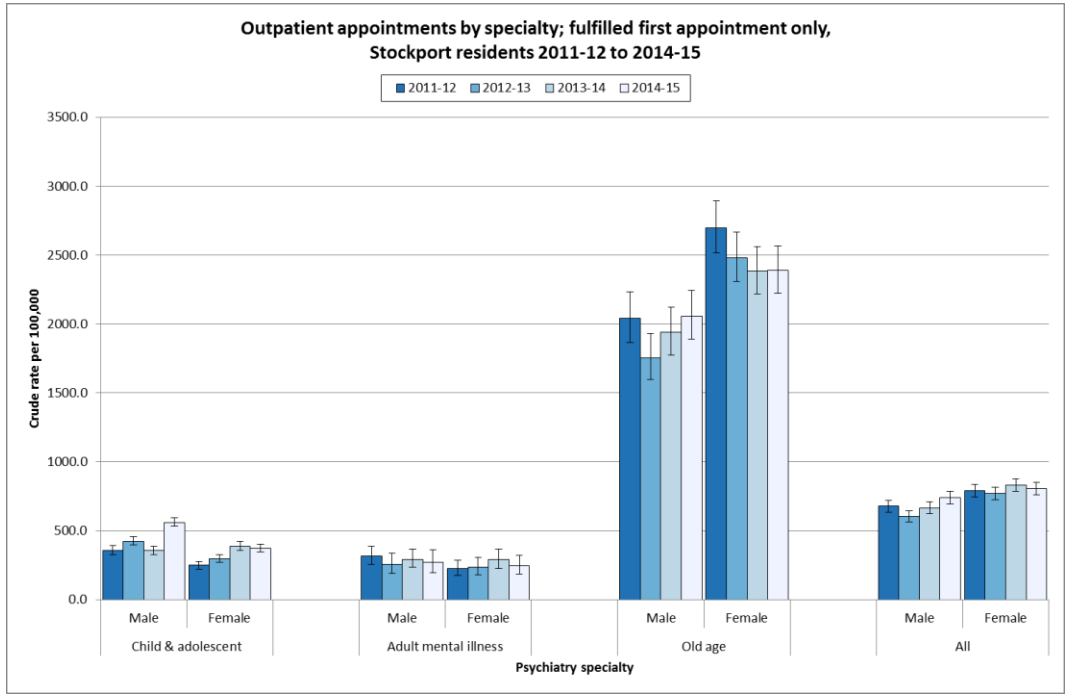
Mental Wellbeing: Outpatients





Between 2011-12 and 2014-15 there have been roughly 2,000 first appointments fulfilled by Stockport residents a year with trends appearing relatively flat. Most appointments come from those aged over 70.

Appointments are somewhat dominated by females with around a 60-40 split in each of the years. However it is really only in older age where women generate more appointments than men. **More than 50% of female appointments come from those aged over 70 in each of the four years, for men it is more like 40%. Up to the age of 70 men in general have more appointments than females.**

Given that the bulk of appointments are in the elderly it is no surprise that the old age psychiatry is the principal specialty. In old age specialty and all appointments females have significantly higher rates than males. In the child and adolescent specialty males have significantly higher rates than females in all years bar 2013-14. In adult mental illness there is very little variation between the genders although males did have higher rates in 2011-12.

Only the child and adolescent and old age specialities have shown any sort of trend. Both male and females in child and adolescent have a slight upward trend where females in old age are showing a downward trend. However with only 4 years of data it may be a brief trend.

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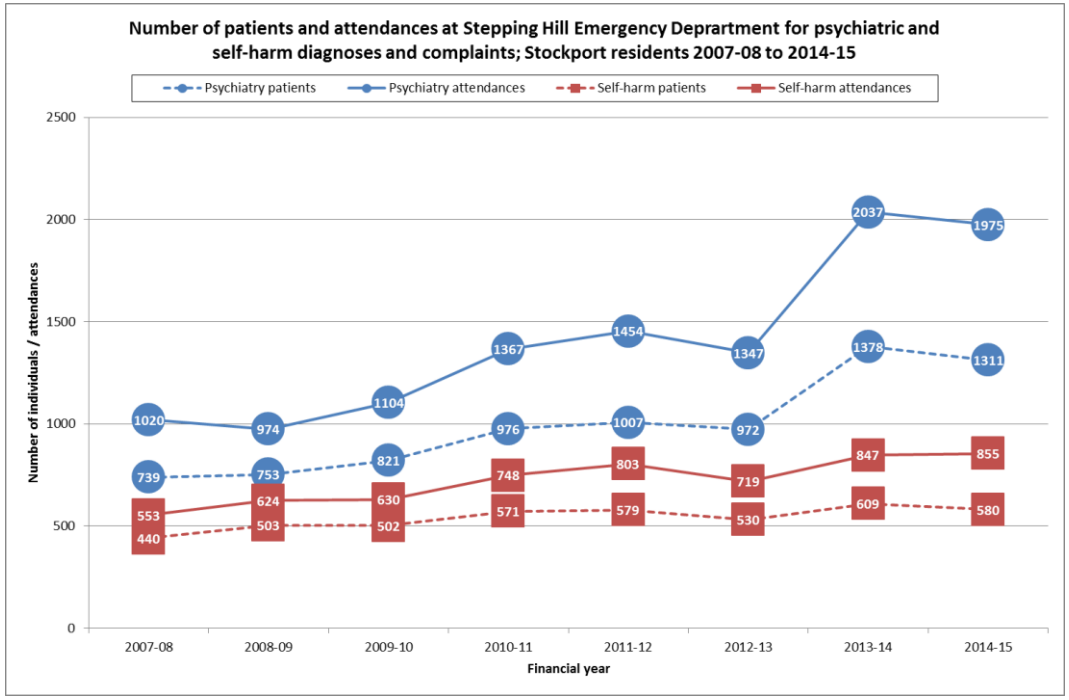
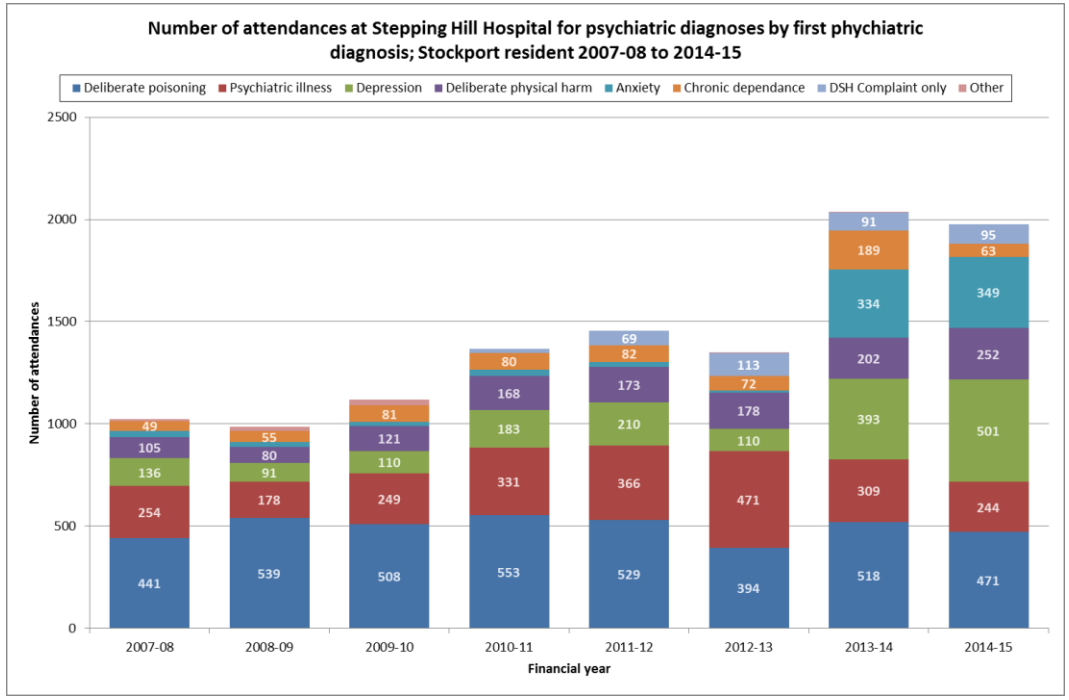
Mental Wellbeing: Emergency Department attendances





Attendances at Stepping Hill Emergency Department (ED) where a psychiatric diagnosis was given in any of the diagnosis fields have seen a rise of 94% from 1,020 in 2007-08 to **1,975 in 2014-15**. The equivalent number of individuals visiting ED has risen 77% during the same period to 1,311 from 739. In 2013-14 there was a sharp rise in psychiatric patients and attendances that is more than likely due to improved coding where patients with depression and anxiety were recorded with that diagnosis where previously they were not.

The number of visits per person has remained relatively stable at between 1.3 and 1.5 visits per person, in other words the increase in attendances has been due to more people attending, rather than high numbers of visits per person. The maximum number of visits by any one individual in a financial year averages out at 17.6 per year between 2007-08 and 2014-15.

Attendances for deliberate self harm have shown similar, albeit less significant increases. The number of individuals attending have gone up 32% whilst the actual number of attendances has increased 55%. Self harm diagnoses are a subset of the broader psychiatric diagnosis category so it is to be expected that they follow similar trends. The maximum number of visits by any one individual in a financial year for self-harm averages out at 14.1 per year.

Attendances for a psychiatric diagnosis are dominated by deliberate poisoning and psychiatric illness. Together they account for, on average, 60% of all mental health attendances at ED. As mentioned above rises in attendances may be due to improved or changes in coding. For example deliberate self harm as a complaint code only appears in the dataset from 2010-11 onwards. Common diagnosis codes for these attendances are lacerations and other.

Similarly anxiety and depression have recently seen large increases in numbers. In between 2007-08 and 2012-13 there were an average of 23 attendances a year for anxiety but since 2013-14 there have been a total of 683 attendances. Depression has gone from an average of 140 attendances a year to an average of almost 450 in the same period.

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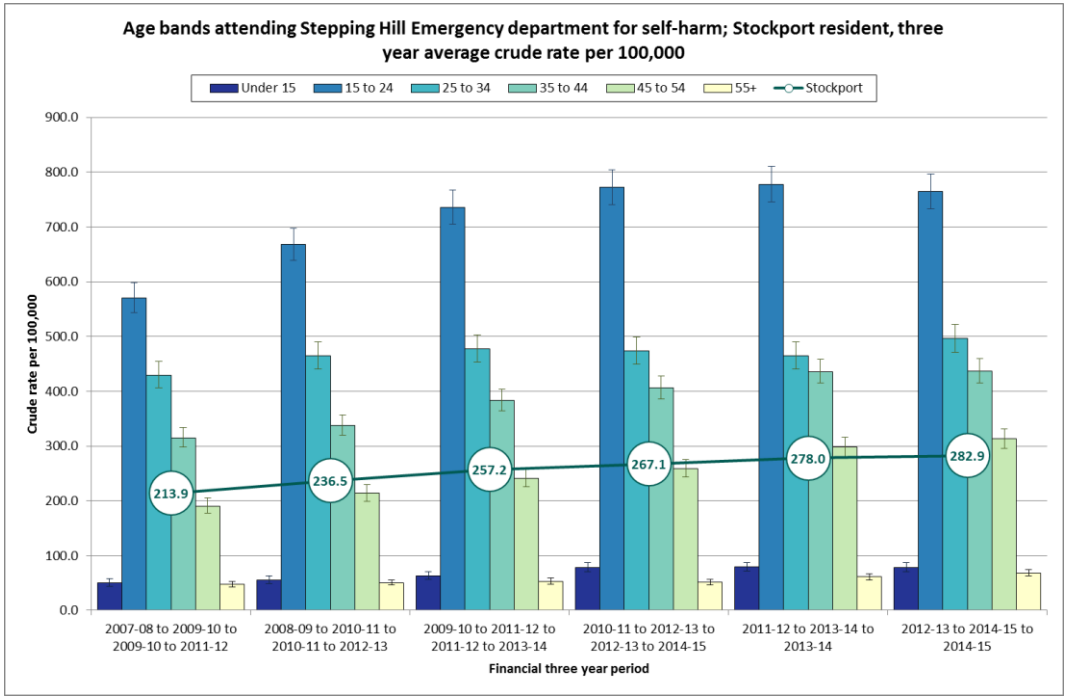
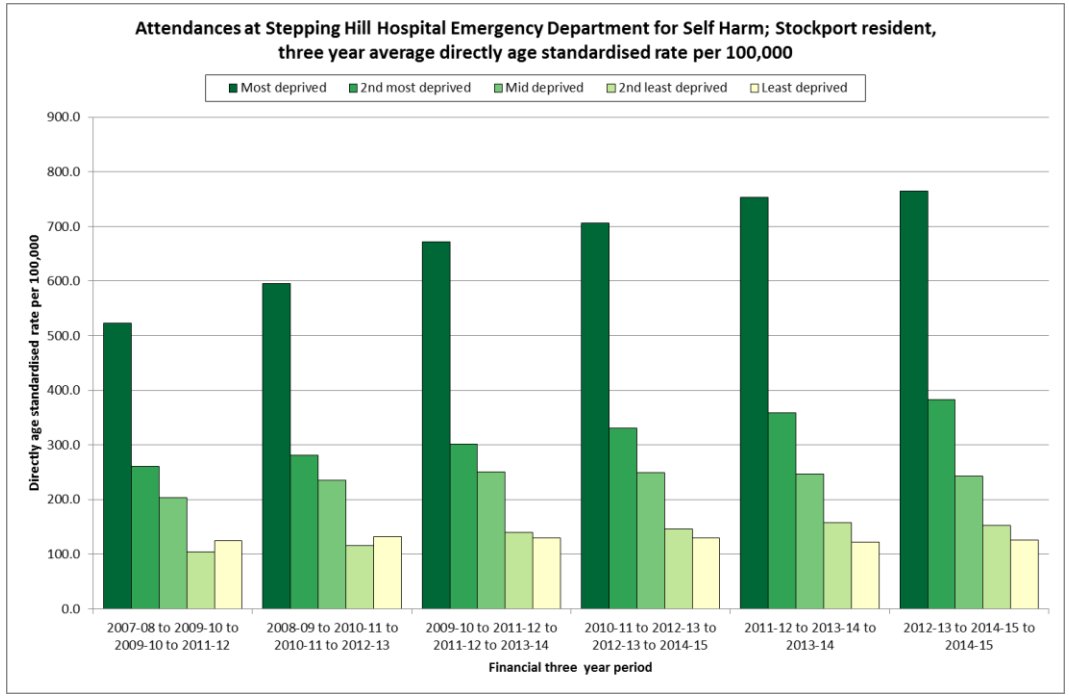
Mental Wellbeing: Emergency Department attendances – self harm





The age profile of those attending ED for self-harm is highly polarised with **15 to 24 year olds being the most likely to attend for self-harm**. Those aged 25 to 44 are also significantly more likely to attend than the Stockport average. Residents aged under 15 and older than 45 are significantly less likely to attend ED due to self-harm . The gender split in attendances is 60-40 in favour of women.

There is a **clear deprivation profile for self-harm attendances at ED** which has been getting wider between 2007-08 and 2014-15. The most deprived areas have seen rates increase by 46% from 523 to 765 per 100,000. Meanwhile rates in the least deprived areas have remained stable around 125 per 100,000. The second least and second most deprived areas have also seen rate rises similar to the most deprived at 47%. Rates in the most deprived areas between 2012-13 to 2014-15 were 6 times that of the least deprived areas. This pattern of deprivation is also experienced in attendances for the broader psychiatric diagnosis with rates in the most deprived areas 6 times that in the least deprived.

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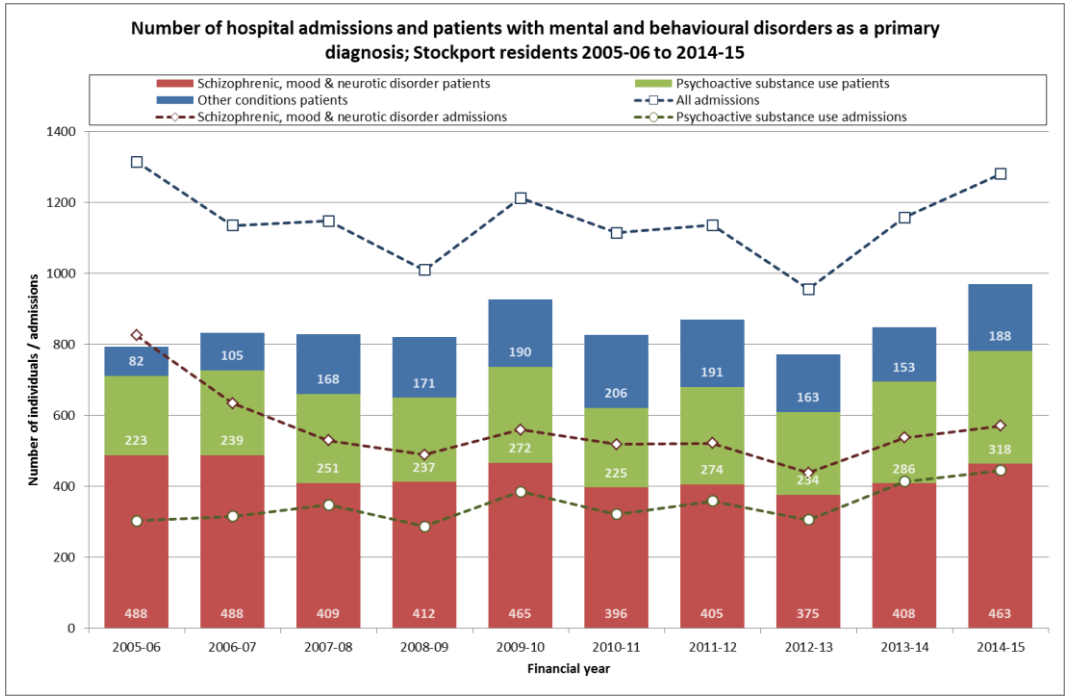
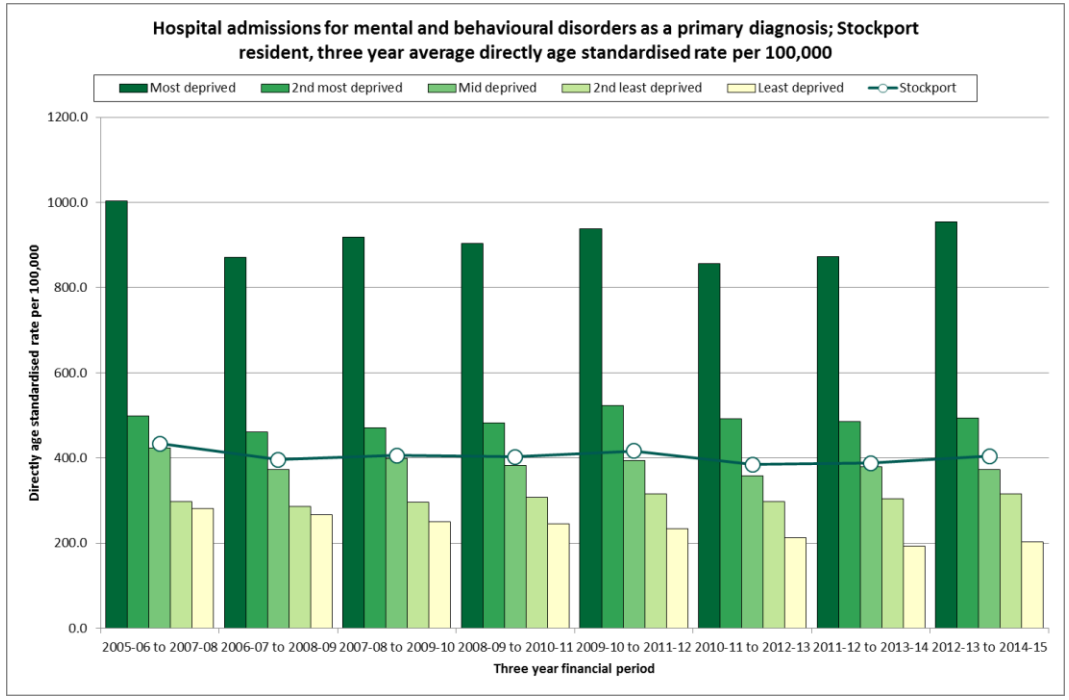
Mental Wellbeing: Hospital admissions for mental and behavioural disorders





The trend in admissions for mental and behavioural disorders has, after a downturn up to 2012-13, seen a recent rise meaning that the overall net effect between 2005-06 and 2014-15 has been relatively flat. The major subsets of this broad diagnosis have followed similar trends. **Overall there just over 1,000 admissions a year from around 850 patients meaning an average of 1.35 admissions per person**. Most admissions are for patients age between 35-49 with relatively few child admissions. The admissions are fairly equal between women and men.

Most admissions come from patients with schizophrenic, mood and neurotic disorders making up over or around 50% of all mental and behavioural admissions although the proportion has been decreasing in recent years. Between a quarter and a third of admissions come from psychoactive substance abuse and this proportion has been increasing.

Looking at directly age standardised rates three year trends shows a less volatile picture with a flat trend. However as deprivation increases so does the rate of admission. **Rates in the least deprived areas are around three quarters lower than the most deprived rate. The average Stockport rate is just over 50% less than the most deprived**. All areas have seen either a flat trend or a reduction in rates with those in the least deprived areas falling the most (28%).

Around 50% of mental health admissions are to Pennine Care, the specialist provider, whereas 40% are admitted to Stockport NHS with the remaining 10% spread over various other sites. Patients with a diagnosis of schizophrenic, mood and neurotic disorders and of adult personality and behaviour tend to be admitted to Pennine Care. 74% and 90% of patients with these diagnoses respectively are admitted to Pennine Care. Stockport NHS mainly admits patients with diagnoses related to psychoactive substance use. 67% of all these admissions are to Stockport NHS and are almost exclusively concerned with alcohol use.

30% of all under 18 admissions in the last ten years have been to specialist care with 20% to Pennine Care and 10% to Central Manchester, which has a specialist children's ward. 61% of admissions have been to Stockport NHS as best practice is to keep children close to home wherever practically and medically possible.

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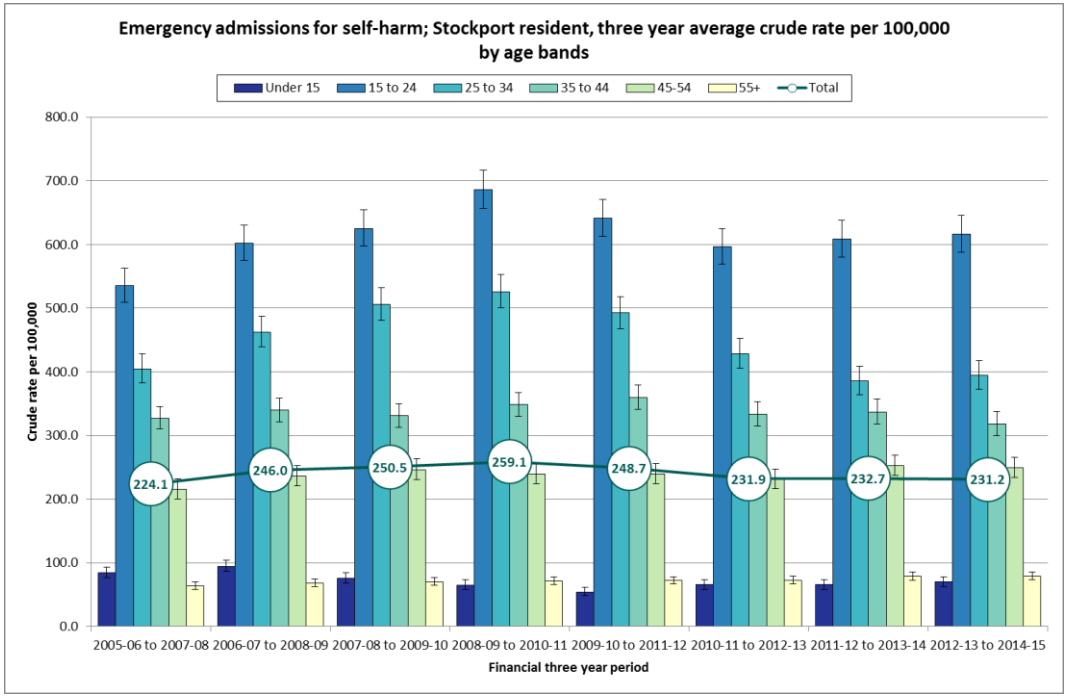
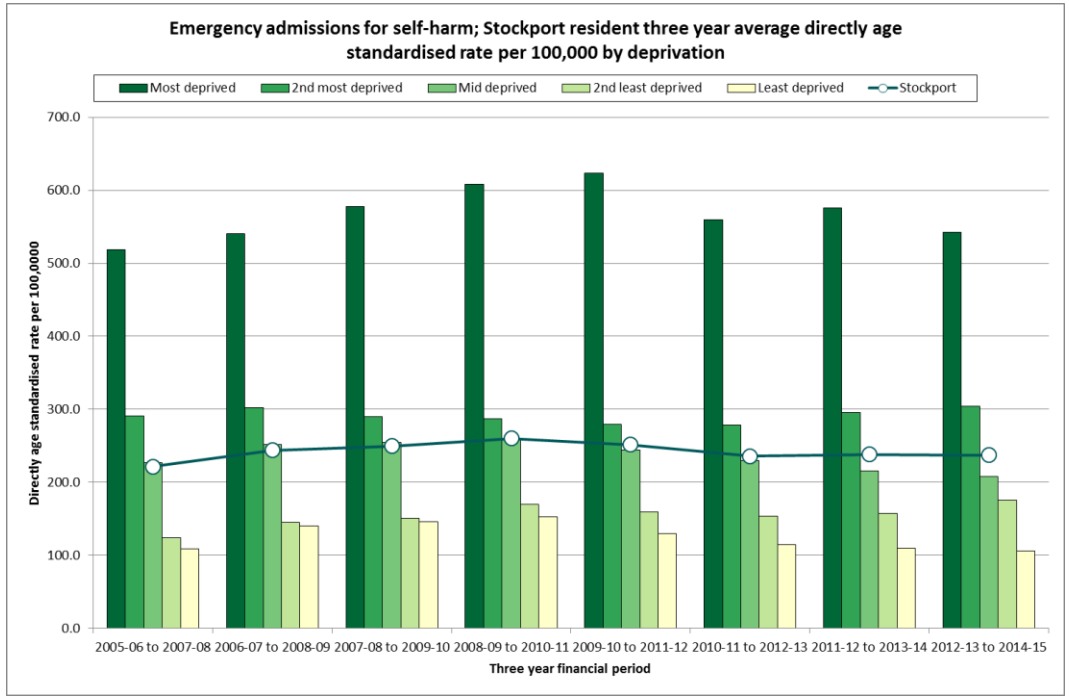
Mental Wellbeing: Hospital admissions for self-harm





There are around 700 hospital admissions for self-harm a year, predominantly from those aged 15-44. Those in these age bandings make up over 70% of all admissions and are significantly higher than the overall rate. Rates at each end of the age spectrum, under 15 and over 55, are significantly lower than the overall rate. Women make up just over 60% of all self-harm admissions

Three year combined periods between 2005 and 2014-15 show that the overall trend has been flat. However certain age groups have seen rates rise. Those aged 15-24 have risen by 15% and, although in comparison much smaller numbers, rates in the 45-54 and 55+ age groups have risen 16% and 24% respectively. Rates in the under 15's have fallen by 17.5% whilst 25-34 and 35-44 rates have remained stable.

Directly age standardised rates show a similar pattern for the overall trend but a stark deprivation profile. **Rates in the least deprived areas are 80% lower than the most deprived areas and overall the rate is 60% lower**. Although overall the trend has been reasonably flat there has been considerable variation within Stockport. Rates in the second least deprived areas, although lower than the average, have risen by 41%. All other areas have risen or fallen around the overall rate.

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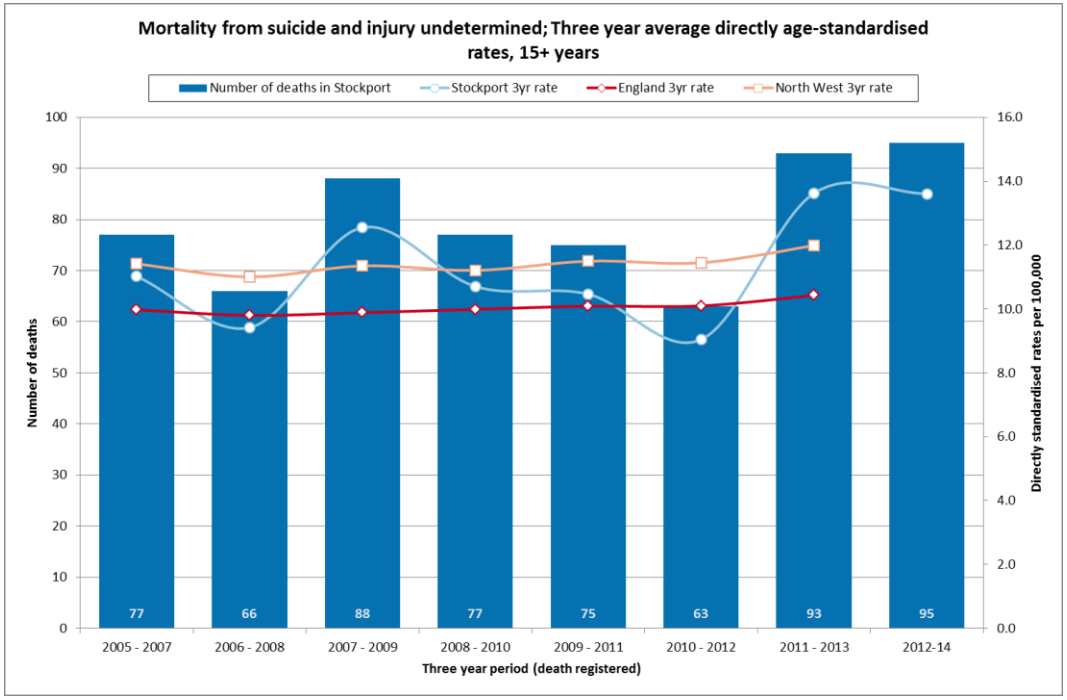
Mental Wellbeing: Suicides

Suicides & undetermined intent age 15+	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Number of deaths occurring	26	25	24	30	25	22	28	30	27	23
Number of deaths registered	37	17	23	26	39	12	24	27	42	26

In the case of deaths by suicide and deaths of undetermined intent (open verdict) year of registration is often different to the year of death occurrence, as the death is usually referred to the Coroner, and registration only takes place once a verdict has been reached. Because of the time frame involved in these procedures, and therefore in classifying these deaths, all official figures use year of registration rather than year of occurrence.

Unfortunately the number of deaths from suicide and undetermined intent vary more by year of registration than by year occurrence, as sometimes cases take a long time and a bunching effect occurs. This means there is more variation in rates year to year in the official statistics than is actually the case.

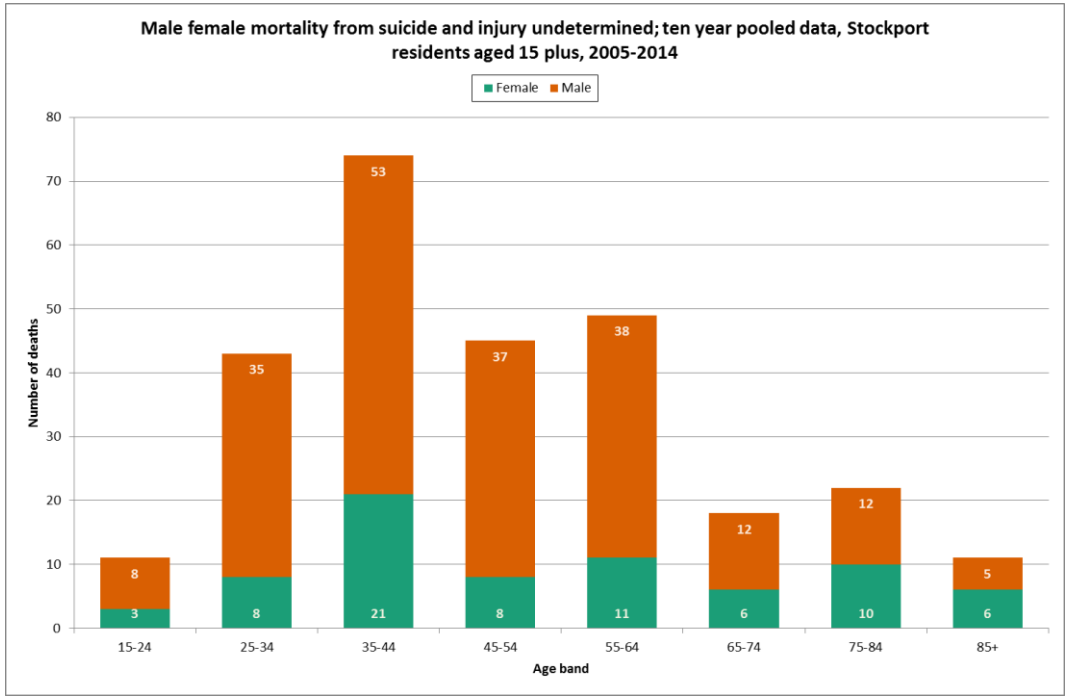
On average between 20 and 30 suicides and deaths of undetermined intent occur for Stockport residents each year. National and regional rates have remained relatively flat whereas the Stockport rate has varied to a greater extent. This is wholly expected given the small numbers involved at a local level.

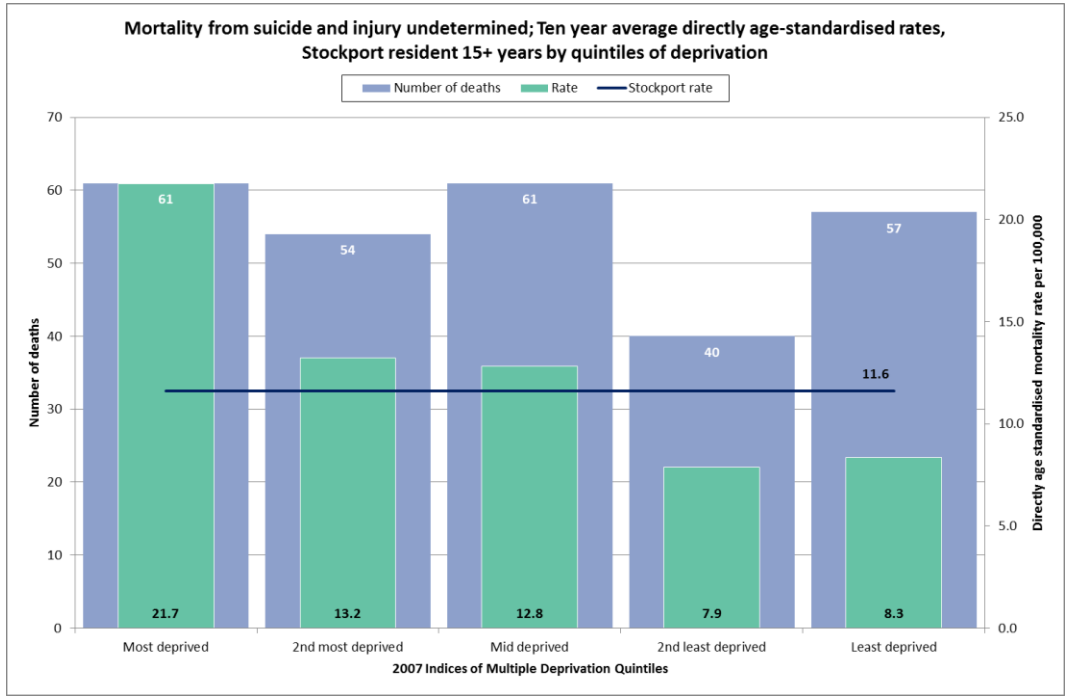


Although there appears to be a recent upswing in the number of suicides and undetermined intent deaths in Stockport this is primarily down to the year 2013 when a high of 42 deaths were recorded. However if the year of death was taken into account the trend would be much flatter. 2014-16 would be the first three year period without the 2013 high numbers of deaths registered.

Because of the small numbers involved and the variation highlighted above, the data on the following page has been grouped into one 10 year period to show a clearer picture.

Mental Wellbeing: Suicides





For both men and women **mortality from suicide and undetermined intent peaks in the age band 35-44**. For men the key risk groups expand beyond that peak into the 25-64 age bands. Women on the other hand have a relatively flat profile outside that one key age band.

Men have at least double the amount of deaths from suicide and undetermined intent than woman in 6 of the 8 age bands recorded above. The ratio is greatest in the 45 to 54 age band where there are over 4.5 times more deaths in males than females. The ratio is at it's lowest in the 85+ age band where slightly more females have died from suicide and undetermined intent than men in the last ten years.

With respect to deprivation there is a clear profile with rates increasing as deprivation increases. **Rates in the most deprived areas are almost twice the average Stockport** rate and over 2.5 times the rate in the least deprived areas. Rates in the 40% least deprived areas are lower than the Stockport average.

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Mental Wellbeing: Community Mental Health Profile – National Benchmarking

Summary for Stockport

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A dark blue circle means that this area is significantly lower than England for that indicator; a pale blue circle means that this area is significantly higher than the England average for that indicator.

- Significantly lower than England average
- Not significantly different from England average
- Significantly higher than England average
- Significance not calculated

England Average: England Lowest | 25th Percentile | 75th Percentile | England Highest

Domain		Indicator	Period	Local value	Eng. value	Eng. lowest	Eng. highest
Levels of mental health and illness	1	Depression: QOF prevalence (18+)	2012/13	7.2	5.8	2.9	11.5
	2	Depression: QOF incidence (18+)	2012/13	1.1	1.0	0.5	1.9
	3	Depression and anxiety prevalence (GP survey)	2012/13	13.2	12.0	8.1	19.5
	4	Mental health problem: QOF prevalence (all ages)	2012/13	0.77	0.84	0.48	1.46
	5	% reporting a long-term mental health problem	2012/13	4.9	4.5	2.5	8.2
Treatment	6	Patients with a diagnosis recorded	2013/14 Q1	5.7	17.8	1.1	63.2
	7	Patients assigned to a mental health cluster	2013/14 Q1	53.7	69.0	1.9	94.8
	8	Patients with a comprehensive care plan	2012/13	86.5	87.3	79.9	95.0
	9	Patients with severity of depression assessed	2012/13	94.8	90.6	77.4	97.8
	10	Antidepressant prescribing (ADQs/STAR-PU)	2012/13	7.1	6.0	2.7	9.0
	11	People with a mental illness in residential or nursing care per 100,000 population	2012/13	23.5	32.7	0.0	124.3
	12	Service users in hospital: % mental health service users who were inpatients in a psychiatric hospital	2013/14 Q3	1.3	2.4	0.7	12.3
	13	Detentions under the Mental Health Act per 100,000 population	2013/14 Q1	17.9	15.5	0.0	44.5
	14	Attendances at A&E for a psychiatric disorder per 100,000 population	2012/13	453.3	243.5	3.0	925.5
	15	Number of bed days per 100,000 population.	2013/14 Q1	4782	4686	685	11073
	16	People in contact with mental health services per 100,000 population	2013/14 Q1	4124	2176	116	5442
	17	Carers of mental health clients receiving of assessments	2012/13	67.2	68.5	0.0	343.4
	18	Spend (£s) on mental health in specialist services: rate per 100,000 population	2012/13	22956	26756	14296	49755
	19	% secondary care funding spent on mental health	2011/12	10.0	12.1	7.1	19.1

Summary for Stockport

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A dark blue circle means that this area is significantly lower than England for that indicator; a pale blue circle means that this area is significantly higher than the England average for that indicator.

- Significantly lower than England average
- Not significantly different from England average
- Significantly higher than England average
- Significance not calculated

England Average: England Lowest | 25th Percentile | 75th Percentile | England Highest

Domain		Indicator	Period	Local value	Eng. value	Eng. lowest	Eng. highest
Outcomes	20	People on Care Programme Approach per 100,000 population	2013/14 Q1	723	531	17	1895
	21	% CPA adults in settled accommodation	2013/14 Q1	62.5	61.0	5.0	94.6
	22	% CPA adults in employment	2013/14 Q1	6.2	7.0	0.0	22.7
	23	Emergency admissions for self harm per 100,000 population	2012/13	211.9	191.0	49.8	595.6
	24	Suicide rate	2010 - 12	7.6	8.5	4.8	19.6
	25	Hospital admissions for unintentional and deliberate injuries, ages 0-24 per 10,000 population	2012/13	139.3	116.0	68.6	201.7
	26	Rate of recovery for IAPT treatment	2012/13	43.5	45.9	22.6	80.3

Indicator Notes
1 % adults (18+) with a record of unresolved depression recorded since 2006 (2012/13) 2 % adults (18+) with a new diagnosis of depression recorded in 2012/13 3 % respondents to the GP survey who reported moderate or extreme anxiety or depression, 2012/13 4 % adults with a serious mental illness (schizophrenia, bipolar disorder or other psychoses, or on lithium therapy), 2012/13 5 % people in people the GP practice survey reporting a long-term mental health problem, 2012/13 6 % patients in contact with mental health services with a diagnosis recorded, Q1 2013/14 7 % patients in contact with mental health services assigned to a cluster, Q1 2013/14 8 % patients with a serious mental illness who have a comprehensive care plan recorded, 2012/13 9 % new depression cases with a severity assessment at outset of treatment), 2012/13 10 Average daily doses of antidepressants prescribed per patient (STAR-PU), 2012/13 11 Mental health clients aged 18-64 receiving community, residential or nursing home care in 2012/13 per 100,000 population 12 Standardised admissions of all people in contact with specialist mental health services/ 100,000 population 2012/13 13 Detentions under the mental health act\100,000 population, Q1 2013/14 14 Attendances at A&E for a psychiatric disorder, 2012/13 15 In-year bed days for mental health\1,000 population, 2012/13 16 17 People in contact with specialist mental health services\100,000 population, 2013/14 Q1 17 Carers of mental health clients aged 18-64 who were assessed during 2012/13 per 100,000 population 18 Spend on all publicly funded mental health services for adults aged 16-64, rate per 100,000 adults, 2010/11 19 Spend for specialist mental health services as a % of all secondary care services, 2011/12 20 People on CPA per 100,000 population 2013/14 Q1 21 % people with mental illness on CPA, aged 18-69, in settled accommodation, 2013/14 Q1 22 % people with mental illness on CPA, aged 18-69, in employment, 2013/14 Q1 23 Directly standardised rate for emergency hospital admissions for self harm, 2012/13 24 to Directly standardised mortality rate for suicide and undetermined injury, 2010-2012 25 Admissions for unintentional or deliberate injuries in <24s, 2012/13 26 % people completing IAPT who have moved to recovery, 2012/13

Stockport benchmarks significantly higher than the England average in 10 of the indicators including depression prevalence, attendances at ED and hospital admissions for self-harm.

Stockport benchmarks significantly lower than the England average in 5 of the indicators including prevalence for a mental health problem and patients with a diagnosis recorded.

Source: Community Mental Health Profile 2014; Public Health England