Adult Mental Health

1. Introduction

The Government's new strategy No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages outlines an overall approach to improving outcomes mental health and wellbeing for people through high-quality services that are equally accessible to all.

One in six adults are estimated to have a mental health problem during their lives; for half of these people the problem will last longer than a year. Over half of all adults with a mental illness will have begun to develop it by the time they were 14 years old.

Mental health problems affecting adults include a wide range of functional and cognitive disorders. Functional disorders range from negative feelings associated with isolation or bereavement, to diagnosed mental health illnesses such as depression, anxiety or more serious illnesses such as schizophrenia. Cognitive disorders mainly include delirium, and dementia.

2. The Local Picture

2.1 Prevalence

Hounslow's prevalence of mental health problems for all adults (including bipolar disorder, schizophrenia and others) is similar to the national average, and is lower than London. The prevalence of depression in Hounslow is lower than both England and London. (Table 1)

Around 0.8% of Hounslow's population has diagnosed psychosis, the same as the England average but lower than inner London boroughs that have greater deprivation, higher numbers of black ethnic groups and higher rates of substance misuse (all risk factors for psychosis)[1]. Hounslow's value of 4.6% prevalence of depression is amongst the lowest in London, and more than half the England average rate. It is unlikely that this represents the true prevalence, predicted to be 11.1%.

There is considerable variance in prevalence of mental health problems between GP practices in Hounslow, which may be explained by differences in practice population demographics, variation in access to health care, variation in recording or diagnosis, or a combination of these factors.

2.2 Outpatient activity

The rate of outpatient attendances for mental health is lower in Hounslow than the averages for both London and England. In 2009/10, there were 3 outpatient attendances per 1,000 population, compared with 22 in London and 30 in England, accounting for differences in the population.

[1] NHS Hounslow/London Borough of Hounslow (2011) Mental Health Needs Assessment.

2.3 Hospital care

Hounslow has the third highest secondary care contact rates in North West London (behind Harrow and Hillingdon). In 2009/10, there were 3 contacts made with hospitals for mental health per 1,000 population, while the average for England was 3.9 per 1,000. High rates of secondary care in Hounslow may be due to a high referral rate by GPs, a low discharge rate back into primary care.

Rates of hospital admission are similar to London and England averages, although there are slightly more overnight beds occupied by mental health patients in Hounslow than in London and England as a whole. (Table 2)

In 2009/10, mental health hospital care in Hounslow was similar to the national and London average for overall access to mental health care, when taking into account differences in the population. Compared with London and England, Hounslow had a lower rate of people eligible for mental health care who were not receiving it (0.8 per 1,000 population in Hounslow, 2.8 in London, 2.0 in England). (Table 3)

2.4 Accommodation

In Hounslow, a much larger proportion of people on CPA (care programme approach: a type of treatment plan for mental health service users) were in settled accommodation compared with London and England. (Table 3)

2.5 Prescribing

Hounslow prescribes more per person (financially and in terms of quantity) on anti-psychotic medication than London and England as a whole. Prescribing rates for depression are similar to London and England. (Table 4)

2.6 Mortality

There is no overall trend in the mortality rate for suicide and undetermined injury, but the rate is consistently higher for males than females, in all years since 2002. (Figure 2, Figure 3) The highest rate of suicide and undetermined injury in Hounslow was amongst 35-40 year olds. (Figure 4)

2.7 Costs

In common with other PCTs, Hounslow's spend on mental health is the highest of any health category, including cardiovascular disease and cancer. Around 94% of expenditure on mental health care is in secondary (hospital) care. In 2009/10, Hounslow PCT's mental health spend was £224 per head of population (weighted for age, sex and deprivation)[2]. By comparison, the average spend in London was £255 per head and the average national spend was £204 per person, while the neighboring Borough of Hillingdon spent £152 per person.

[2] Programme Budgeting Benchmarking Tool – 2009/10 update

3. Strategic Leadership and Collaboration

The Local Implementation Team (LIT), the Joint Primary and Secondary Care Clinicians Group and the Acute Mental Health Group will guide and oversee the 2011/12 plans which aim to improve the quality of care, and ensure that appropriate mental health support is available at every stage of a person's recovery journey. This will include the following:

- Rolling out the Improving Access to Psychological Therapies (IAPT) programme in Hounslow to enable greater access to psychological therapies;
- Providing preventative and rehabilitative community day service resources to adult residents with mental health needs that focus on recovery. The aim is to provide flexible services (in the community as well as in building-based settings), during and beyond the working week, that are holistic in their approach, taking account of residents' need for self-determination and maximising their own choices about their lives;
- Providing community mental health services which are based on needs and informed by regular assessment. Mental Health services will recognise the changing needs of residents and offer an individually tailored packages of evidence-based care, utilising the Recovery Model:
  - The implementation of the Recovery Model will focus not just on treating mental health problems but the wider social outcomes and improvements for people. Putting recovery into action means focusing care on supporting recovery and building the resilience of people with mental health problems, not solely treating or managing their symptoms;
  - The move towards a Recovery Model of secondary mental health care will also enable a movement of patients from secondary to primary care for the management and support of their mental health needs; and
- Ensuring carers' needs and rights are recognised and that access to carers' assessments is universally available in mental health services.

4. Priorities

The priorities for Adult Mental Health in 2011/12 are to:

- Improve access of Primary Care to the necessary advice and support to maintain patients within a primary care setting;
- Improve work with Secondary Care to implement the Recovery Model and reduce the demand for hospital admissions by providing a greater community focus;
- Commission a new model of care for community mental health day centre resources which support the empowerment and recovery of people with mental health problems to live fulfilling and independent lives; and
- Continue to roll out and develop Hounslow's IAPT Programme.

5. Summary of Need

The table summarising the needs in this area has not been completed as it is not considered appropriate for Adult Mental Health.