



Haringey

Clinical Commissioning Group

Community Mental Health Profile 2014

Good mental health is vital for us all to live happy, productive and fulfilled lives. These Mental Health Profiles provide a brief overview of mental illness prevalence, treatment and outcomes for Clinical Commissioning Groups, and for Health and Wellbeing Boards, to inform planning across the wider health and social care system. All indicators in this profile are at CCG level, but for the first time, they are supplemented with practice-level data where available.

Due to the general complexity of obtaining high quality data, indicators do not give definitive measures. They should be used together with local knowledge and experience of practice to stimulate discussion about identifying areas worthy of further investigation. It is also useful to know the source of the data used and understand how the indicator was calculated; this information is available through the online tool.

These profiles have been designed so that users can print out just the first two pages to give a brief summary, using the longer report as necessary.

Context

No Health Without Mental Health (DH, 2011), the cross-government mental health strategy, notes that at least one in four of us will experience a mental health problem at some point in our lives and one in six adults has a mental health problem at any given time. One in ten children (aged 5-15) has a mental health problem and half of all people with lifelong mental health problems have developed them by the age of 14.

Mental health disorders do not just affect individuals but also their families, friends and colleagues. Sickness absence due to mental health problems costs the UK economy £8.4 billion a year and also results in £15.1 billion in reduced productivity. Mental ill health is the largest single cause of disability in the UK, representing up to 23% of the total burden of ill health. The total cost of mental health in England is estimated to be around £105 billion and it has been estimated that cost of health services to treat mental illness could double over the next 20 years.

Summary for Haringey

Number of practices: 51

Average list size: 5,699

Total CCG population: 290,649



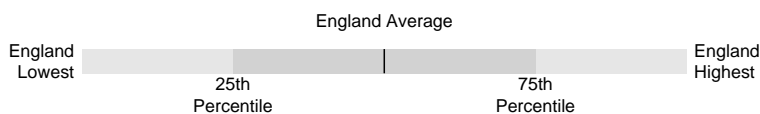
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Summary for Haringey

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



| Domain | Indicator | Period | Local value | Eng. value | Eng. lowest | England Average | Eng. highest |
|-------------------------------------|---|------------|-------------|------------|-------------|--|--------------|
| Levels of mental health and illness | 1 Depression: QOF prevalence (18+) | 2012/13 | 3.7 | 5.8 | 2.9 | ● | 11.5 |
| | 2 Depression: QOF incidence (18+) | 2012/13 | 0.7 | 1.0 | 0.5 | ● | 1.9 |
| | 3 Depression and anxiety prevalence (GP survey) | 2012/13 | 12.0 | 12.0 | 8.1 | ● | 19.5 |
| | 4 Mental health problem: QOF prevalence (all ages) | 2012/13 | 1.28 | 0.84 | 0.48 | ● | 1.46 |
| | 5 % reporting a long-term mental health problem | 2012/13 | 4.3 | 4.5 | 2.5 | ● | 8.2 |
| Treatment | 6 Patients with a diagnosis recorded | 2013/14 Q1 | 29.1 | 17.8 | 1.1 | ● | 63.2 |
| | 7 Patients assigned to a mental health cluster | 2013/14 Q1 | 73.8 | 69.0 | 1.9 | ● | 94.8 |
| | 8 Patients with a comprehensive care plan | 2012/13 | 85.7 | 87.3 | 79.9 | ● | 95.0 |
| | 9 Patients with severity of depression assessed | 2012/13 | 90.1 | 90.6 | 77.4 | ● | 97.8 |
| | 10 Antidepressant prescribing (ADQs/STAR-PU) | 2012/13 | 3.9 | 6.0 | 2.7 | ○ | 9.0 |
| | 11 People with a mental illness in residential or nursing care per 100,000 population | 2012/13 | 0.0 | 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 | 3.5 | 2.4 | 0.7 | ● | 12.3 |
| | 13 Detentions under the Mental Health Act per 100,000 population | 2013/14 Q1 | 32.9 | 15.5 | 0.0 | ● | 44.5 |
| | 14 Attendances at A&E for a psychiatric disorder per 100,000 population | 2012/13 | 44.0 | 243.5 | 3.0 | ● | 925.5 |
| | 15 Number of bed days per 100,000 population. | 2013/14 Q1 | 7347 | 4686 | 685 | ● | 11073 |
| Outcomes | 16 People in contact with mental health services per 100,000 population | 2013/14 Q1 | 2548 | 2176 | 116 | ● | 5442 |
| | 17 Carers of mental health clients receiving of assessments | 2012/13 | 137.0 | 68.5 | 0.0 | ● | 343.4 |
| | 18 Spend (£s) on mental health in specialist services: rate per 100,000 population | 2012/13 | 33167 | 26756 | 14296 | ○ | 49755 |
| | 19 % secondary care funding spent on mental health | 2011/12 | 14.9 | 12.1 | 7.1 | ○ | 19.1 |
| | 20 People on Care Programme Approach per 100,000 population | 2013/14 Q1 | 851 | 531 | 17 | ● | 1895 |
| | 21 % CPA adults in settled accommodation | 2013/14 Q1 | 67.6 | 61.0 | 5.0 | ● | 94.6 |
| | 22 % CPA adults in employment | 2013/14 Q1 | 3.7 | 7.0 | 0.0 | ● | 22.7 |
| | 23 Emergency admissions for self harm per 100,000 population | 2012/13 | 93.3 | 191.0 | 49.8 | ● | 595.6 |
| | 24 Suicide rate | 2010 - 12 | 9.4 | 8.5 | 4.8 | ● | 19.6 |
| | 25 Hospital admissions for unintentional and deliberate injuries, ages 0-24 per 10,000 population | 2012/13 | 78.1 | 116.0 | 68.6 | ● | 201.7 |
| | 26 Rate of recovery for IAPT treatment | 2012/13 | 40.4 | 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

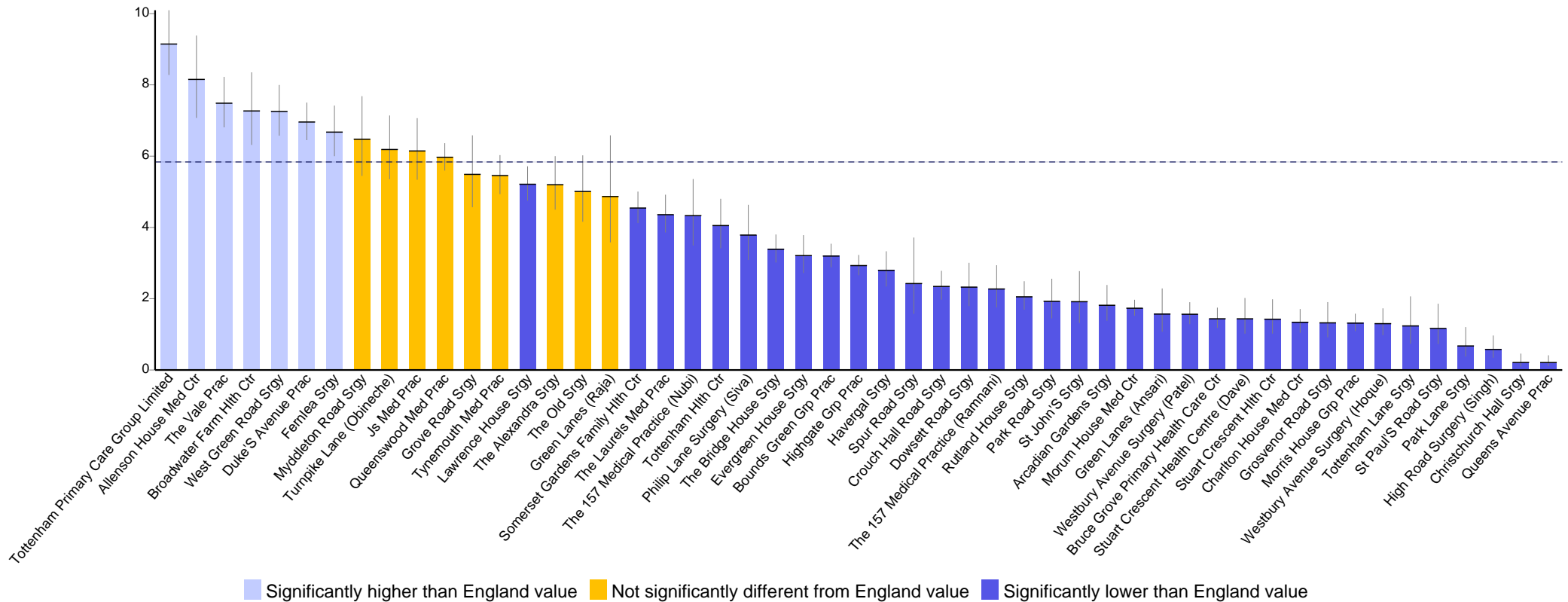
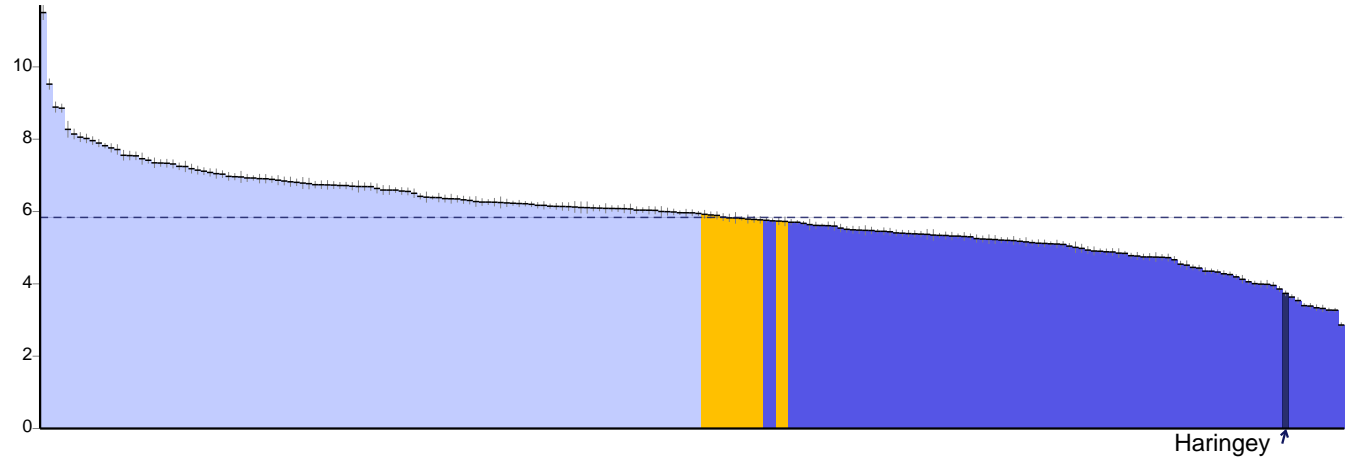
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1. Depression: QOF prevalence (18+)

England value: **5.8**

Local value: **3.7** ■ Significantly Lower

Major depressive disorder is increasingly seen as chronic and relapsing, resulting in high levels of personal disability, lost quality of life for patients, their family and carers, multiple morbidity, higher levels of service use and many associated economic costs. In 2007, the prevalence (number of cases within the population) of 'mixed anxiety and depression' was estimated to be 9.0% (Adult Psychiatric Morbidity Survey, 2007 <http://www.hscic.gov.uk/catalogue/PUB02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf>). This indicator, taken from Quality and Outcomes Framework (QOF) data, allows practices and CCGs to compare the recorded prevalence of depression on their registers against these national figures, and against other areas.

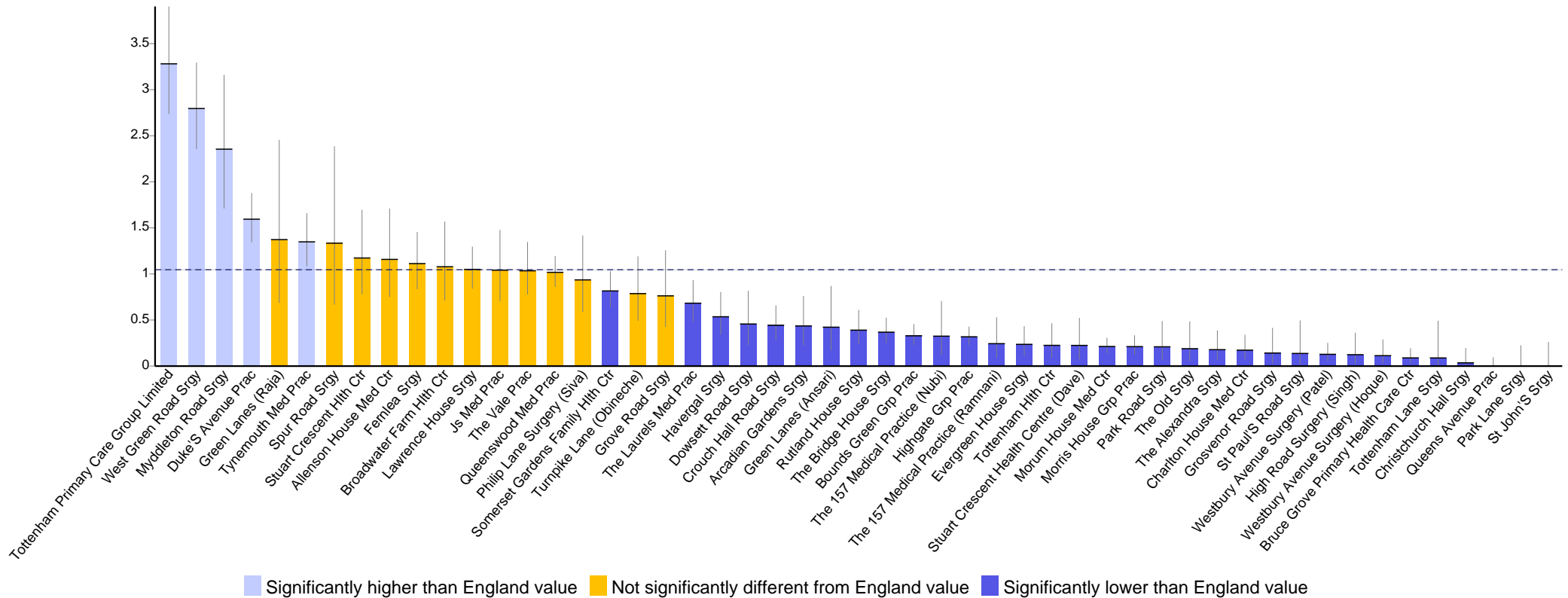
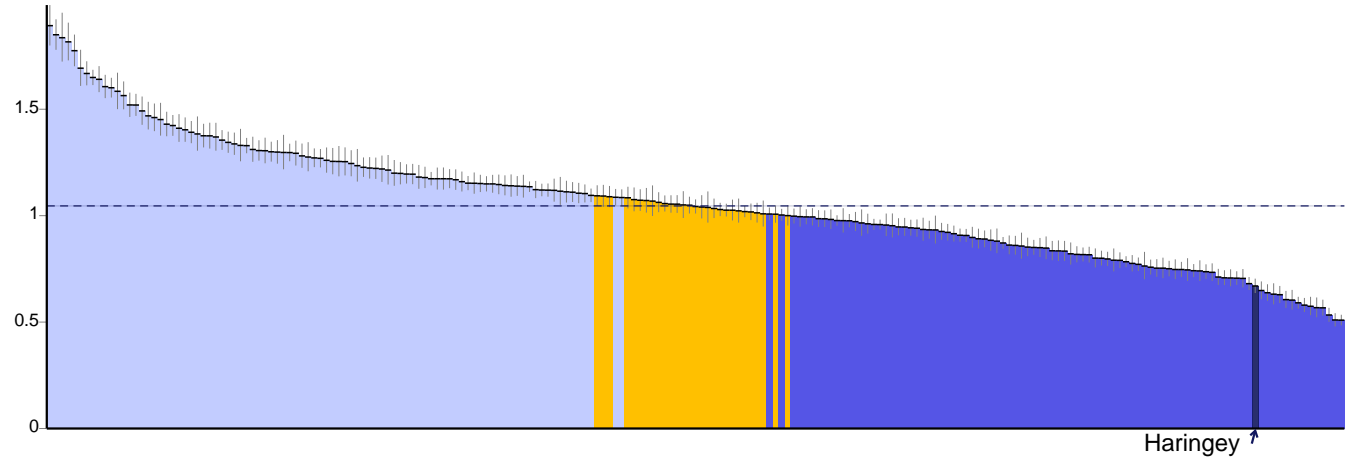


2. Depression: QOF incidence (18+)

England value: **1.0**

Local value: **0.7** ■ Significantly Lower

A recent UK study (G Rait et al, 2009 <http://bjp.rcpsych.org/content/195/6/520.long>) indicated that the incidence of depression (new cases per head of population) was around 2.5%, although estimates from other epidemiological studies have suggested incidence rates of up to 8.8%. This indicator looks at the number of new cases of depression recorded on practice systems during the 2012/13 financial year. Across England, 0.7% of adults were given a new diagnosis of depression, considerably less than the estimated incidence from studies. For individual practices, the incidence ranged from 0 to 12.1%.

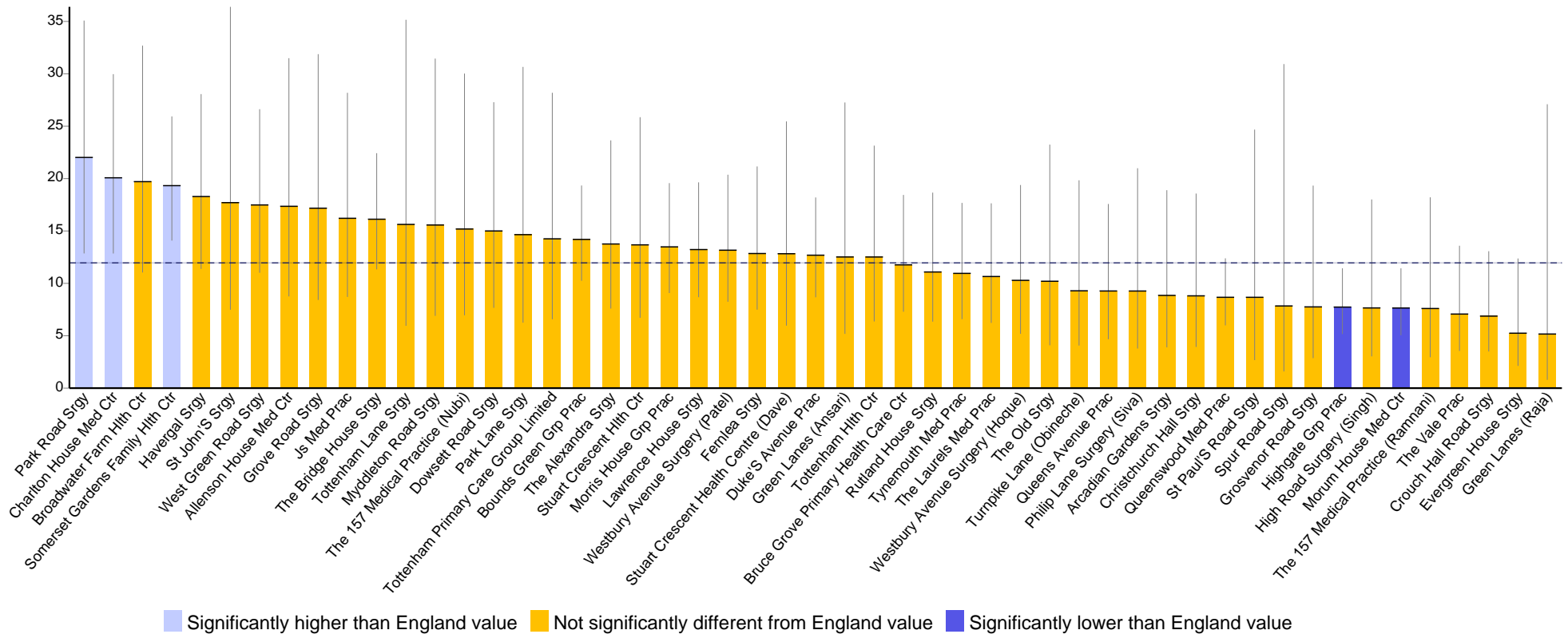
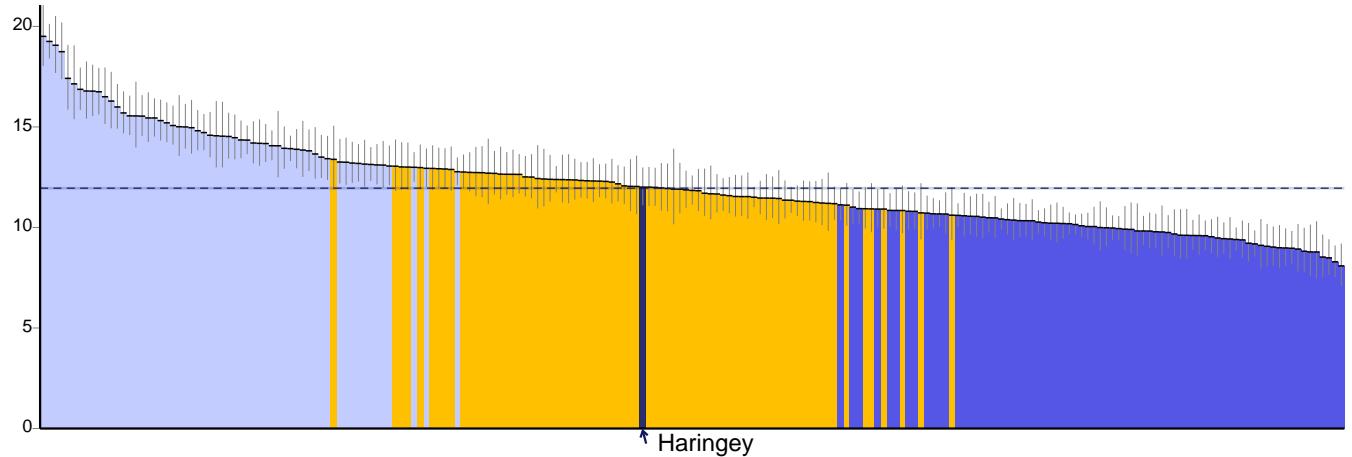


3. Depression and anxiety prevalence (GP survey)

England value: **12.0**

Local value: **12.0** ■ Not significantly different

It is estimated that in UK general practices, 50% of attending patients with depressive disorders do not have their symptoms recognised. The previous indicators in this profile have looked at the incidence and prevalence of depression, as recorded on GP systems. In contrast, this indicator examines the prevalence of depression among patients responding to a national General Practice survey. The prevalence identified in this survey is much higher (12.0% across England), perhaps because patients who have chronic conditions are more likely to respond (although results are weighted for known factors such as age). However, differences in the two prevalence estimates might also reflect under-diagnosis of depression in general practice.

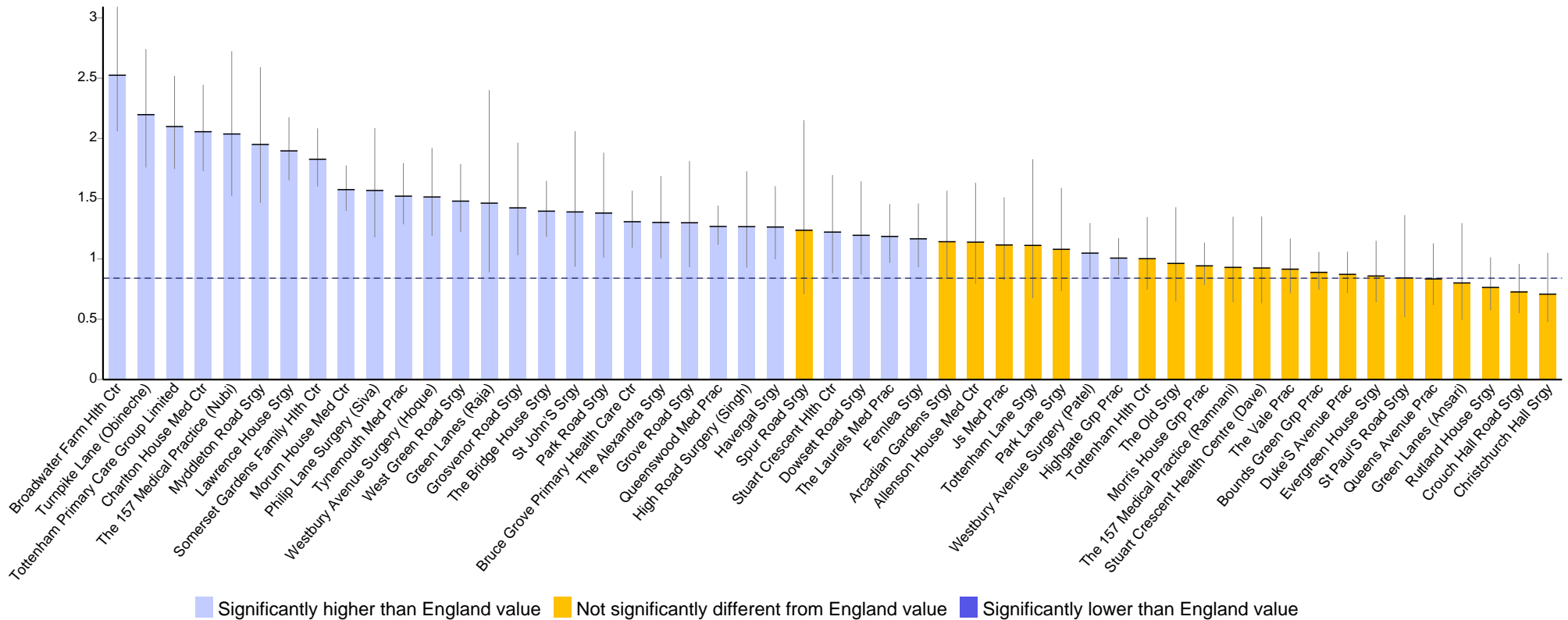
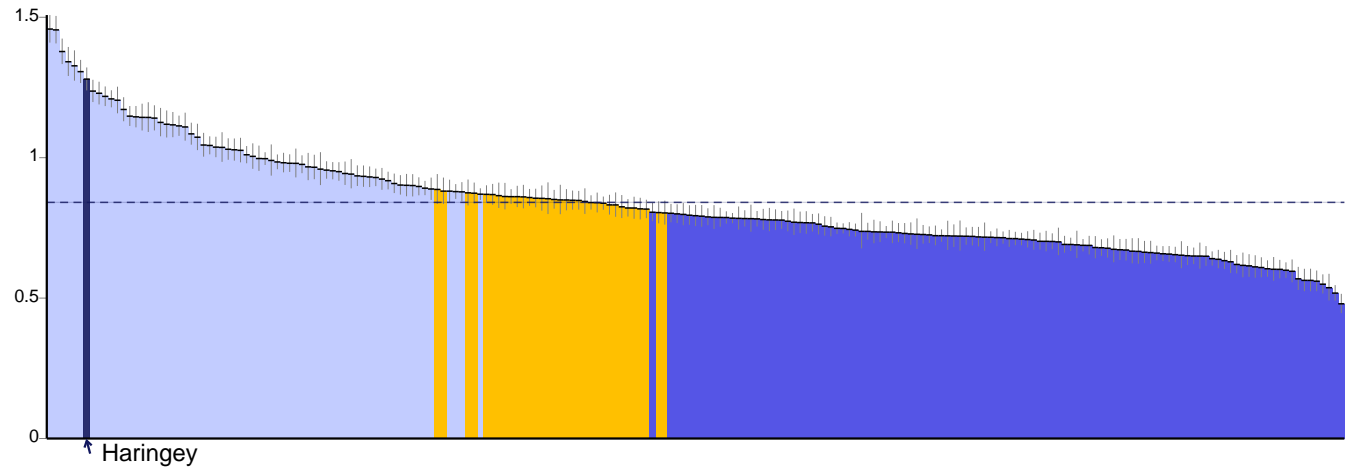


4. Mental health problem: QOF prevalence (all ages)

England value: **0.84**

Local value: **1.28** ■ Significantly Higher

Serious mental illness covers a range of symptoms and experiences, which can bring distress and reduce the ability to cope with the demands of everyday life. Treatments are available and recovery is possible. However, people with a serious mental illness have mortality rates 2-3 times higher than the total population. This is mainly due to physical disorders, which may be undiagnosed or not treated, due to the focus on the mental illness. This indicator shows the prevalence of schizophrenia, bipolar affective disorder and other psychoses, as recorded on general practice systems.



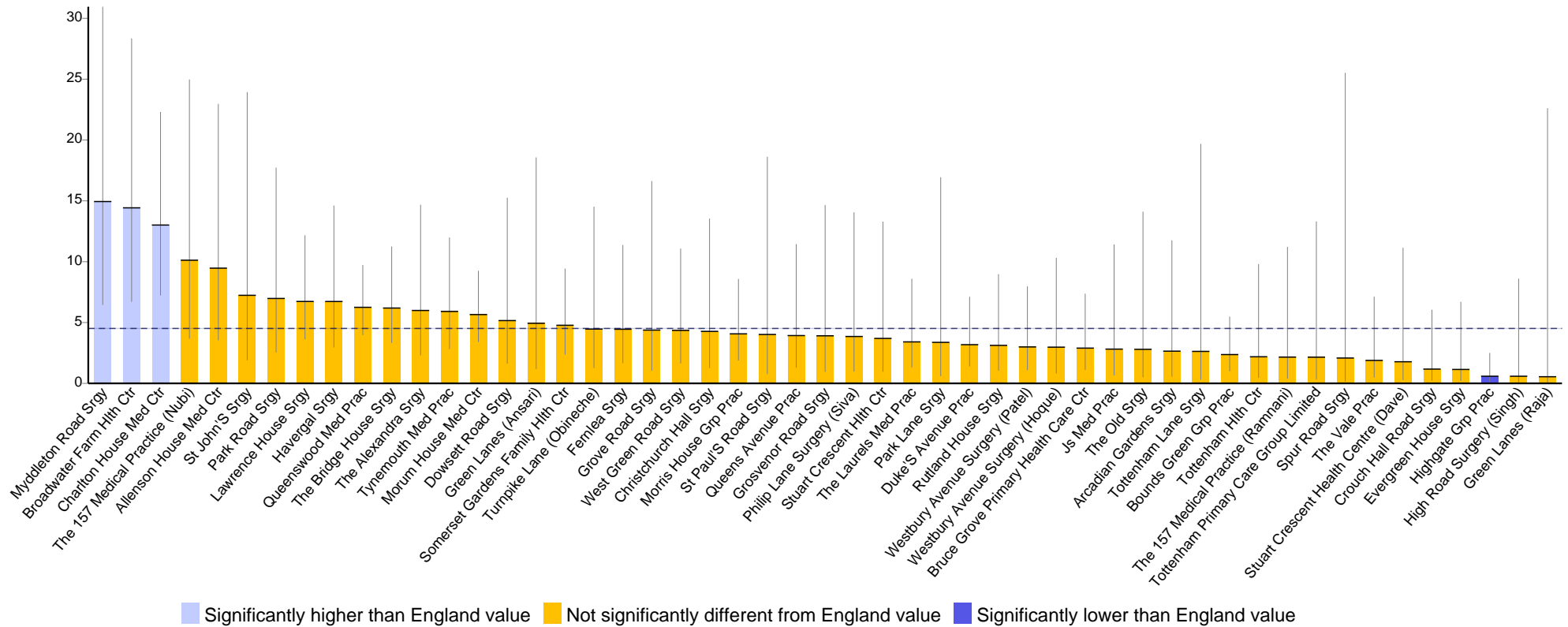
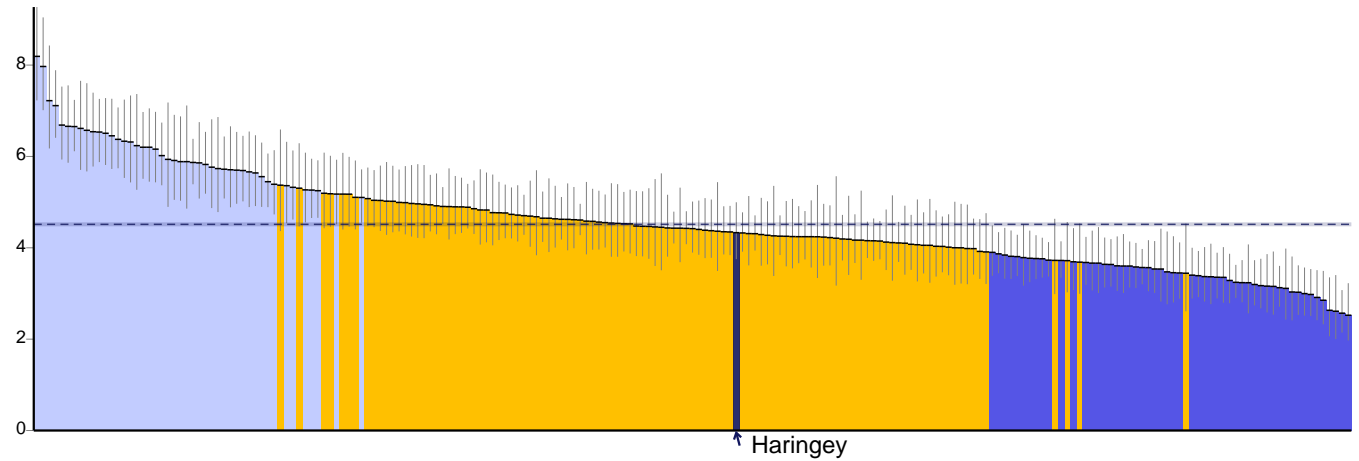
-- England value + Local value and 95% confidence interval

5. % reporting a long-term mental health problem

England value: **4.5**

Local value: **4.3** ■ Not significantly different

Quality and Outcomes Framework data shows that 0.84% of patients in England have a recorded diagnosis of serious mental illness. This indicator examines the percentage of patients responding to a national GP survey reporting that they had a long-term mental health problem – a much higher prevalence of 4.5%. This may reflect a likelihood for people with mental or physical illnesses to participate in GP surveys, but it could also indicate under-recording of mental illness diagnoses on GP computer systems.



■ Significantly higher than England value ■ Not significantly different from England value ■ Significantly lower than England value

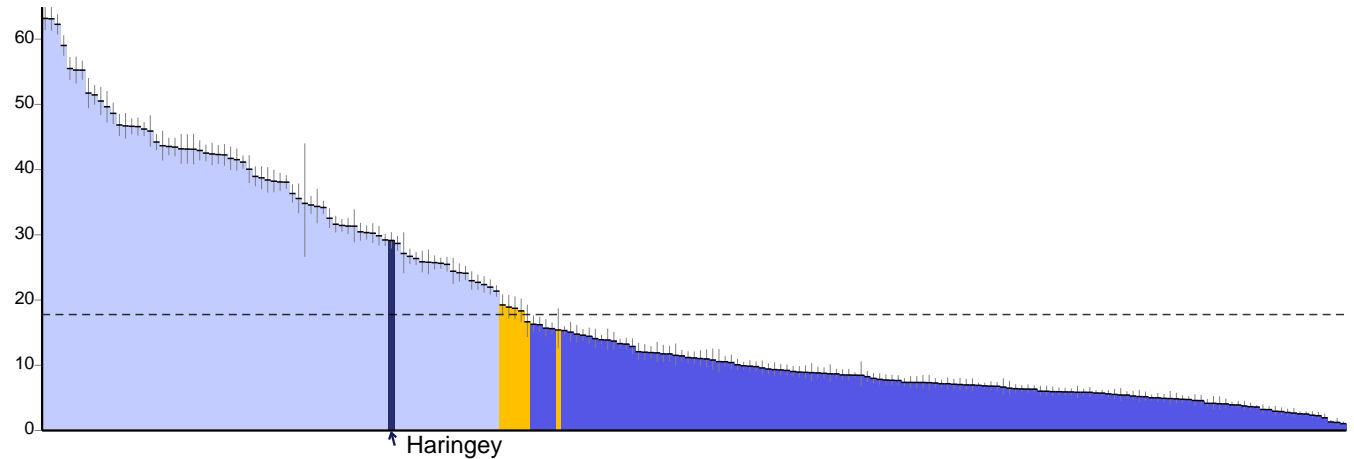
-- England value + Local value and 95% confidence interval

6. Patients with a diagnosis recorded

England value: **17.8**

Local value: **29.1** ■ Significantly Higher

Obtaining an accurate diagnosis for a mental illness is not easy. Often a period of time for careful assessment is necessary to ensure a correct and accurate diagnosis is made. A diagnosis can be useful in helping an individual to understand their own condition and access appropriate support, such as social care. It can also be helpful for health professionals to access the appropriate guidance for a particular condition, e.g. NICE guidelines on schizophrenia.

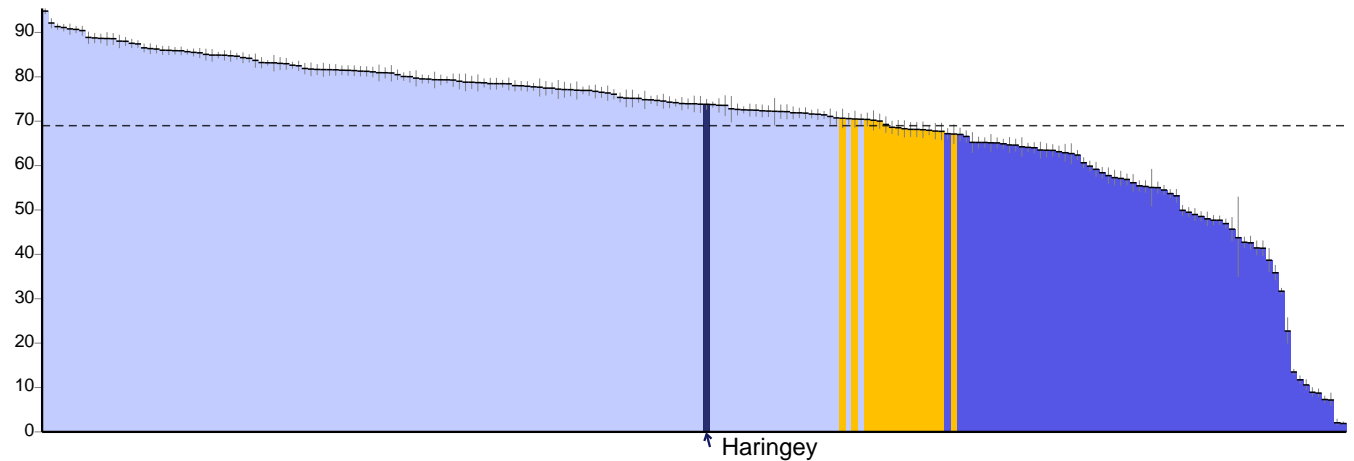


7. Patients assigned to a mental health cluster

England value: **69.0**

Local value: **73.8** ■ Significantly Higher

Mental health diagnoses are assigned to "clusters" for Payment by Results. There are 21 clusters, which group patients according to condition, characteristics and needs. It is not unusual for someone to change clusters within one period of treatment – if they are getting better, they may change to a lower need category. At present, 69.0% of service users in England are assigned to a cluster but this varies from 1.9% to 94.8% by area.



■ Significantly higher than England value ■ Not significantly different from England value ■ Significantly lower than England value

-- England value + Local value and 95% confidence interval

8. Patients with a comprehensive care plan

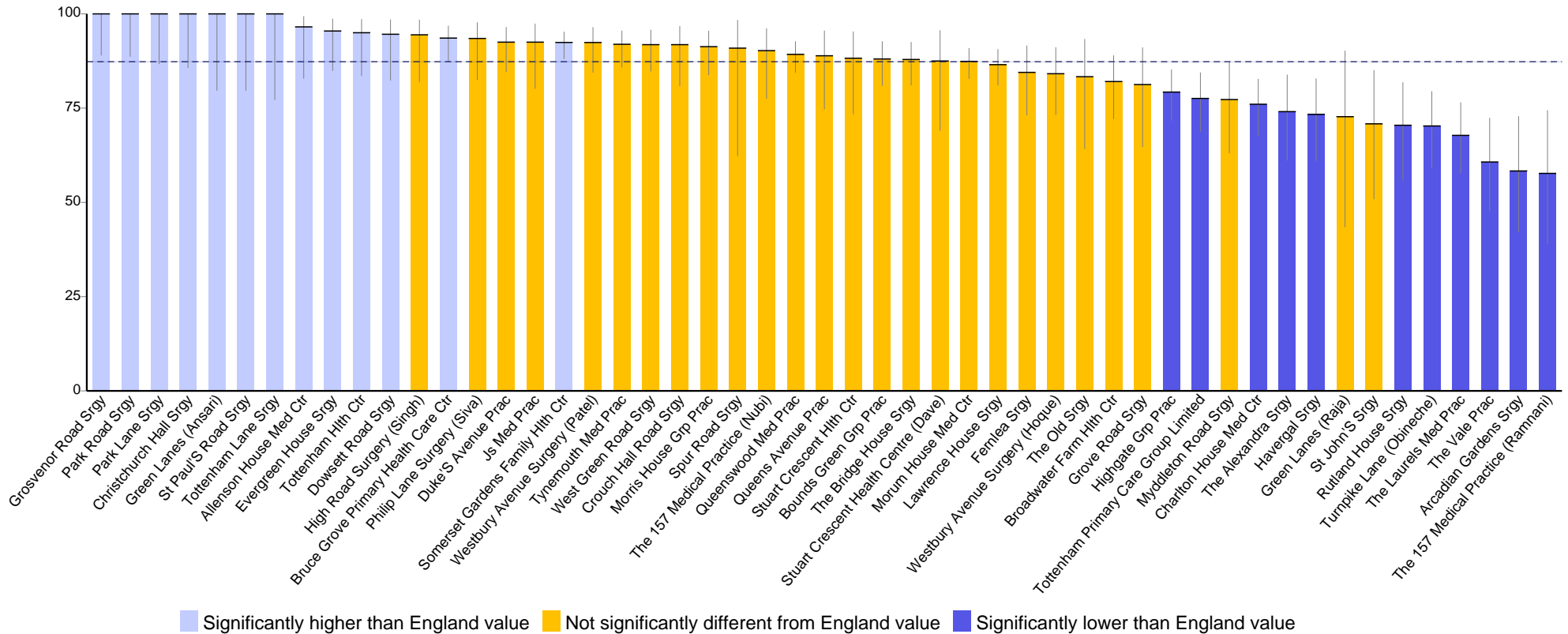
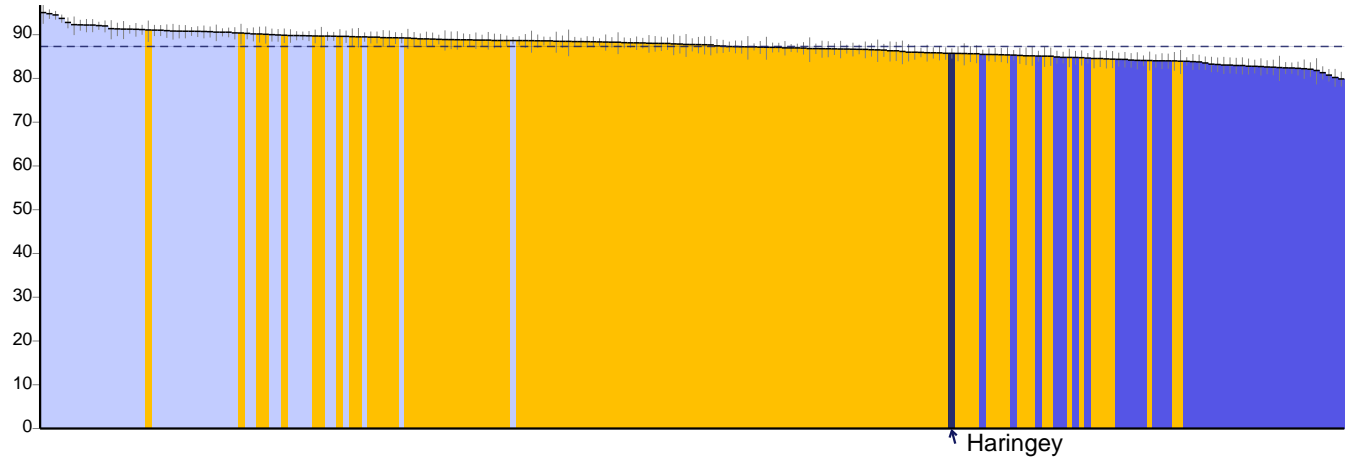
England value: **87.3**

Local value: **85.7** ■ Not significantly different

This indicator reflects good professional practice and is supported by NICE clinical guidelines.

Patients diagnosed with a mental illness should have a documented primary care consultation with a plan for care, especially in the event of a relapse. This consultation may include the views of their relatives or carers where appropriate.

Up to half of people who have a serious mental illness are seen only in a primary care setting. For these patients, it is important that the primary care team takes responsibility for discussing and documenting a care plan in their primary care record.

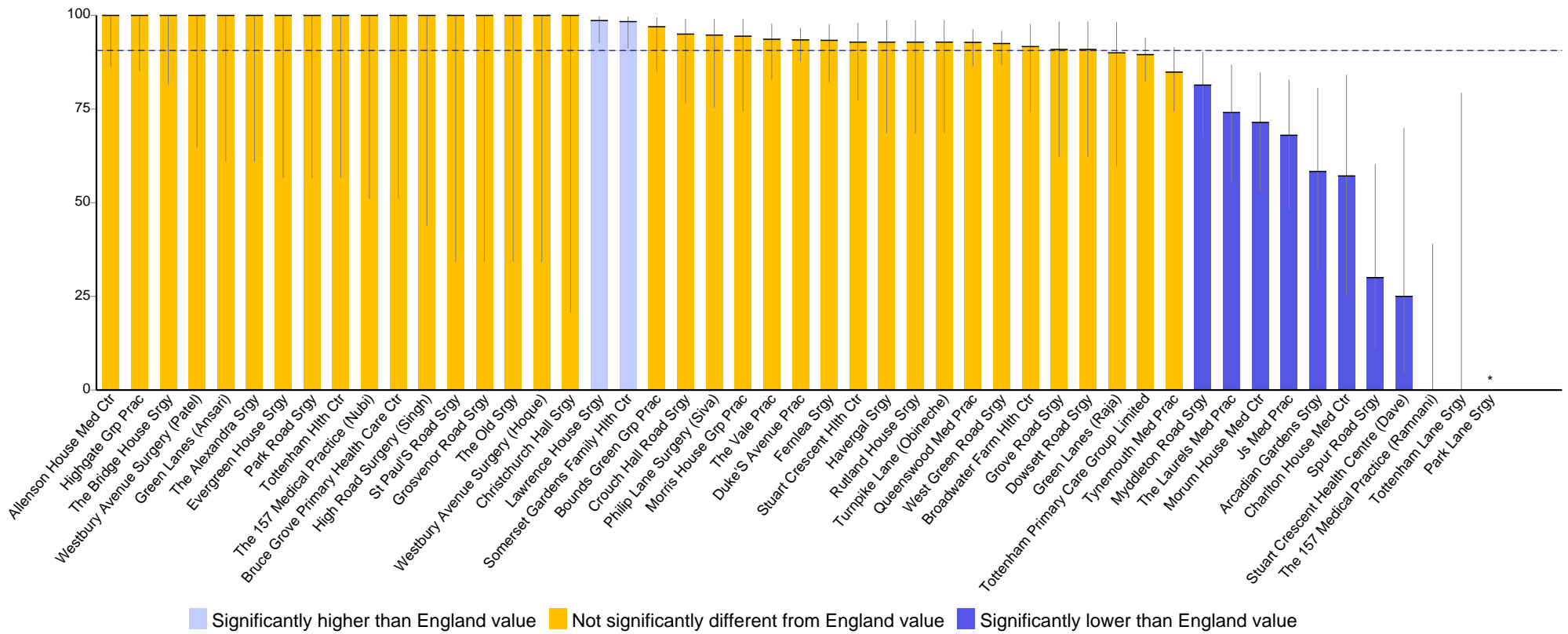
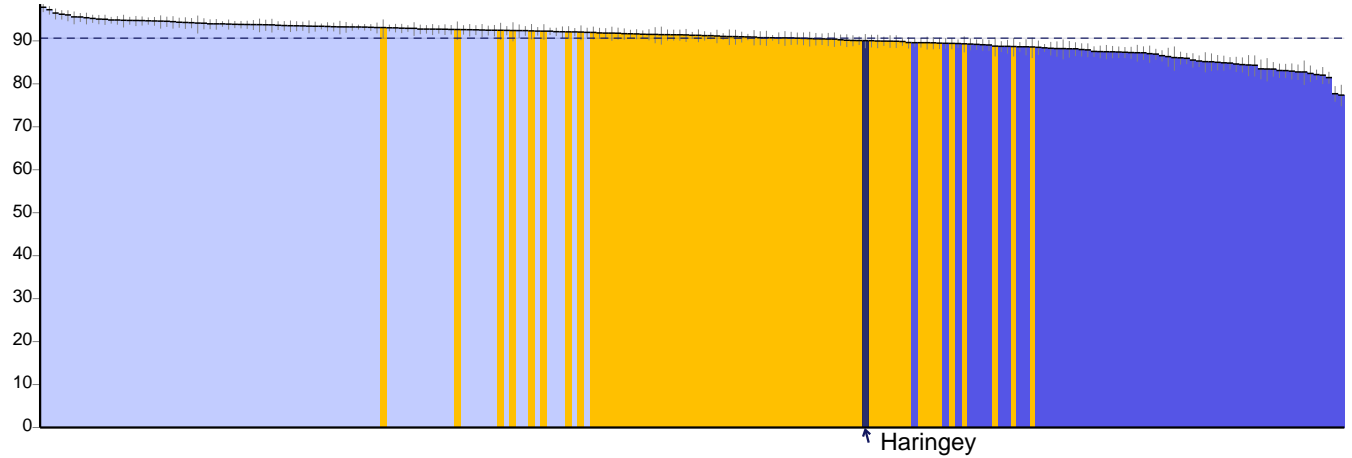


9. Patients with severity of depression assessed

England value: **90.6**

Local value: **90.1** ■ Not significantly different

NICE guidelines state that an assessment of severity in patients with depression is essential to decide on appropriate interventions and improve the quality of care. An assessment of severity as close as possible to the time of diagnosis enables a discussion with the patient about relevant treatment and options, guided by the stepped care model of depression described in the NICE clinical guideline 90.

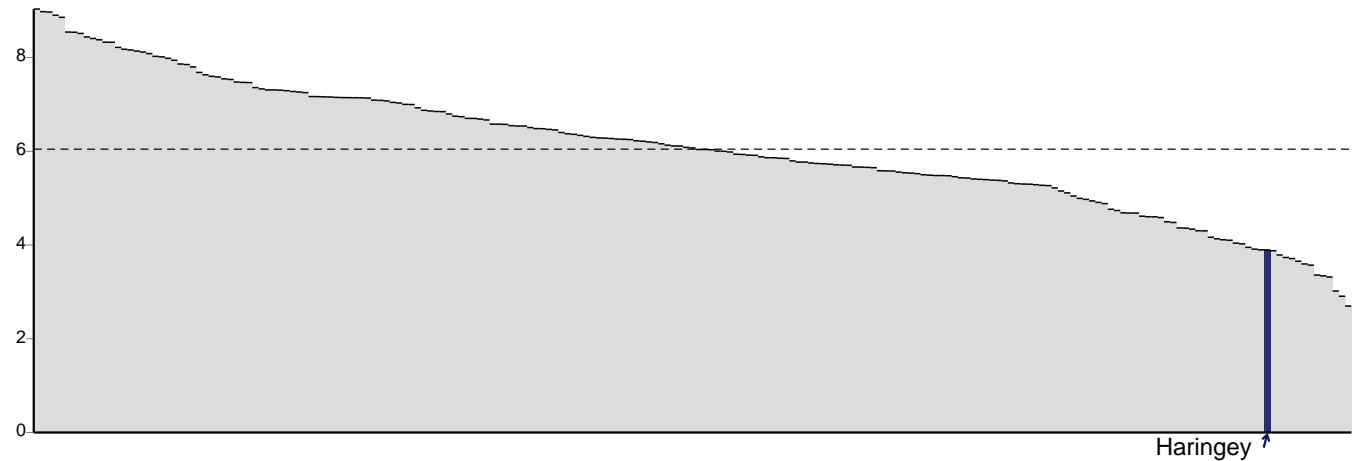


10. Antidepressant prescribing (ADQs/STAR-PU)

England value: **6.0**

Local value: **3.9**

NICE guidelines state that antidepressants should be considered for the treatment of all patients with moderate to severe depression. This indicator measures only items that were prescribed in general practice in England and dispensed in the community. Analysis of prescribing data can be problematic because patients can be prescribed different doses for different periods of time, making the data difficult to standardise. For this indicator, the number of prescriptions issued are standardised according to the average daily quantity (ADQ) for antidepressants. The denominator attempts to standardise the variable amounts of prescriptions given to different groups of patients, by using the specific therapeutic group age-gender weightings-related prescribing units (STAR-PU).

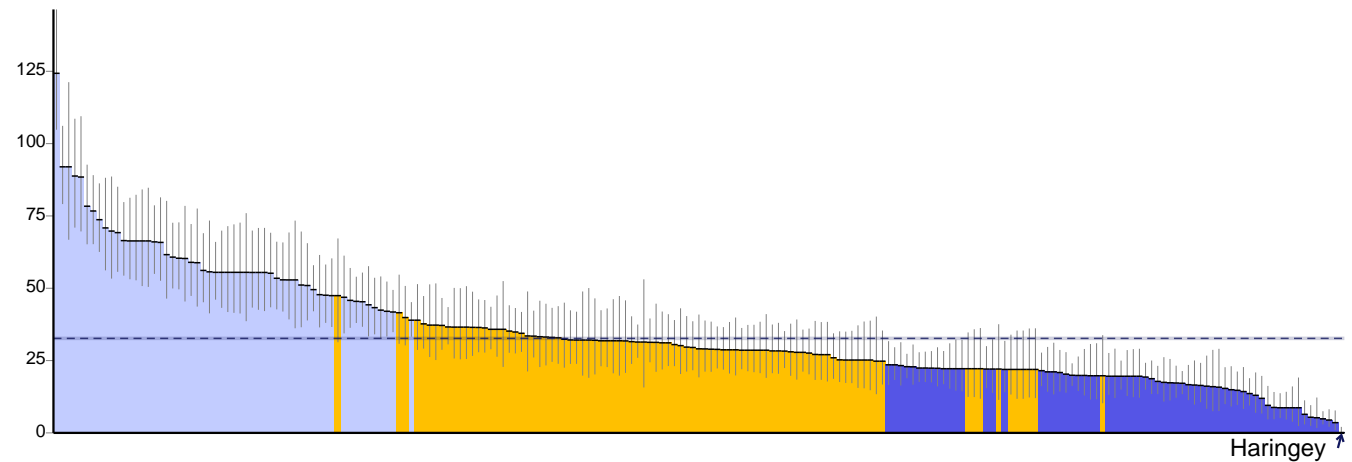


11. People with a mental illness in residential or nursing care per 100,000 population

England value: **32.7**

Local value: **0.0** ■ Significantly Lower

Local councils provide community, residential or nursing home social services to eligible people based on their needs. Councils have to provide support to people with mental health needs as set out in the Mental Health Act 1983. This indicator measures the amount of social care provided to people whose primary need is deemed to be related to mental health, which may differ from patient information recorded on general practice systems.



■ Significantly higher than England value ■ Not significantly different from England value ■ Significantly lower than England value

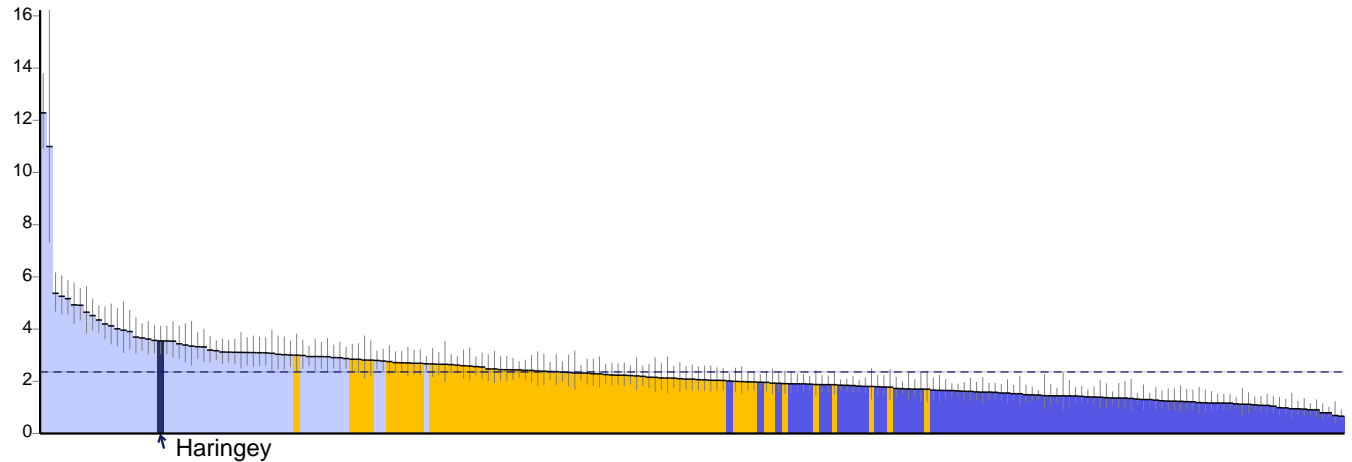
-- England value + Local value and 95% confidence interval

12. Service users in hospital: % mental health service users who were inpatients in a psychiatric hospital

England value: **2.4**

Local value: **3.5** ■ Significantly Higher

Indicator number 16 looks at how many people are in contact with mental health services per head of population – the size of the population who are clients of mental health services. This indicator considers how many of those clients are admitted to hospital, showing what proportion of the population with a mental illness require the most intense services. Looking at results across CCGs may reflect variation in needs in different areas but it may also indicate differences in the way mental health trusts provide their services.

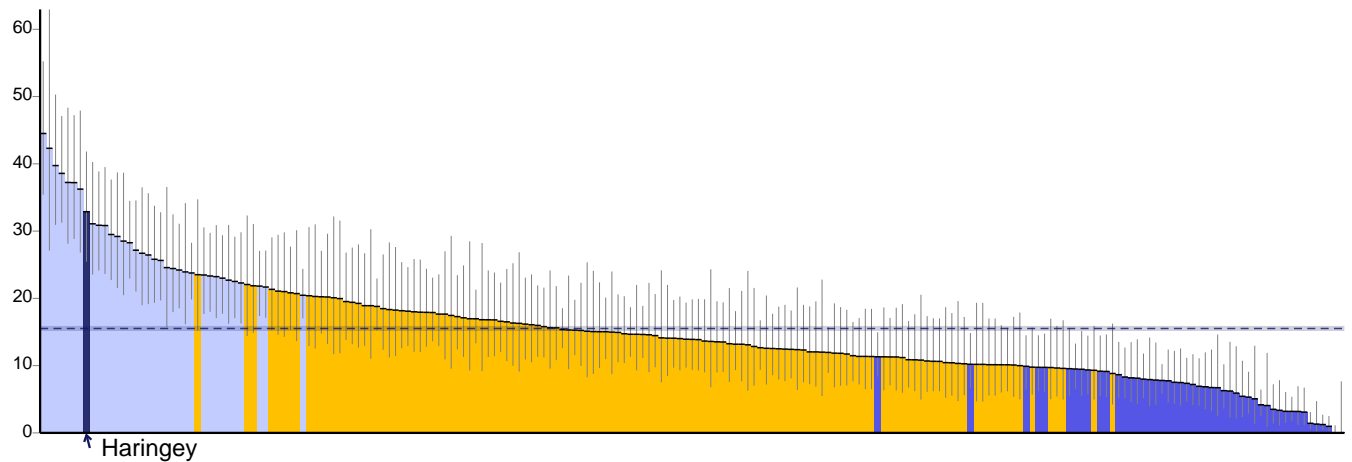


13. Detentions under the Mental Health Act per 100,000 population

England value: **15.5**

Local value: **32.9** ■ Significantly Higher

Under the Mental Health Act, a patient can be formally detained in hospital for his or her own safety, or that of others people. The Care Quality Commission's report on the Mental Health Act 2012/13 notes that the Act was used more than 50,000 times during the year to detain or treat people and the total number of people who are subject to the Act has risen by 12% over the last 5 years. The Health and Social Care Information Centre's Mental Health Bulletin for 2012/13 reported that 45.6% of all patients who spent time in a mental health hospital were subject to the Mental Health Act at some point during the year. This indicator looks at detentions under the Act in comparison to the total population for an area.



■ Significantly higher than England value ■ Not significantly different from England value ■ Significantly lower than England value

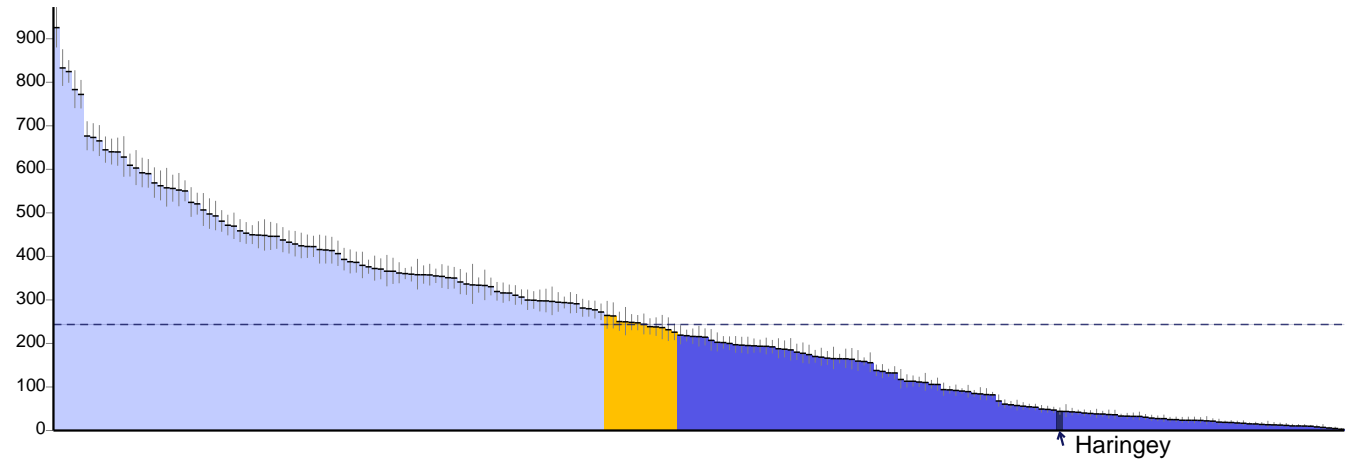
-- England value + Local value and 95% confidence interval

14. Attendances at A&E for a psychiatric disorder per 100,000 population

England value: **243.5**

Local value: **44.0** ■ Significantly Lower

Crisis resolution teams treat people with serious mental health conditions when they experience an acute and severe psychiatric crisis. However many crisis episodes result in contact with police services or attendance at hospital A&E departments. Mental health problems are also associated with physical health problems, which may result in hospital visits. The impact of mental illness upon A&E departments may be significant and the need for liaison psychiatry services substantial. This indicator looks at the total number of attendances at A&E departments where a diagnosis of mental illness has been recorded, per 100,000 resident population.

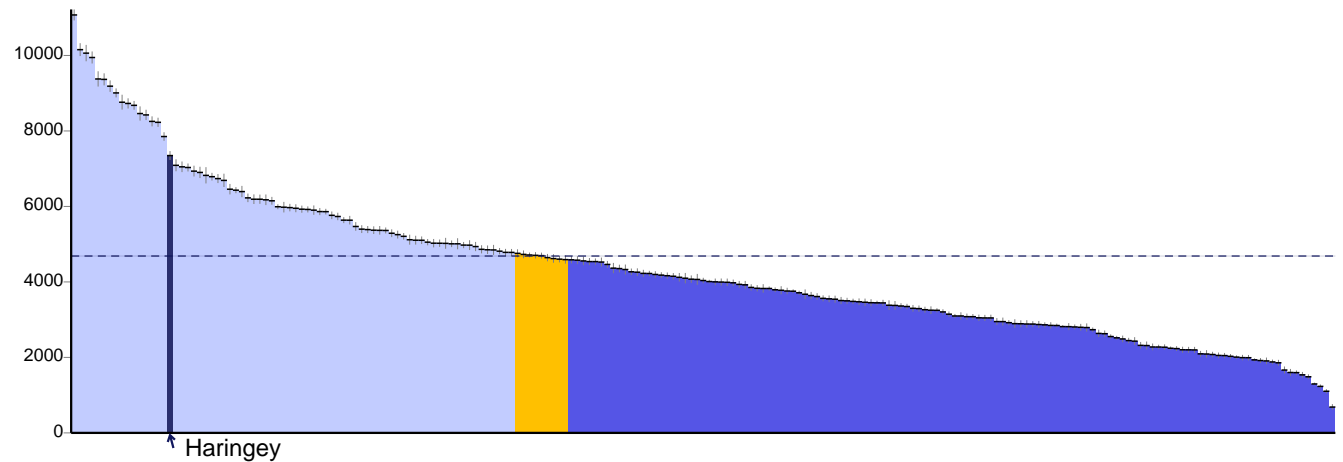


15. Number of bed days per 100,000 population.

England value: **4686**

Local value: **7347** ■ Significantly Higher

Commissioners need to understand the need and the demand for mental health services in order to plan effective treatment. Other indicators in this section look at population treatment using psychological therapies and patients in contact with services. In comparison, this indicator looks at the use of the most intensive services – beds in mental health trusts. The indicator measures the number of bed days used in secondary mental health care hospitals as recorded by the Mental Health Minimum Dataset per 100,000 resident population.



■ Significantly higher than England value ■ Not significantly different from England value ■ Significantly lower than England value

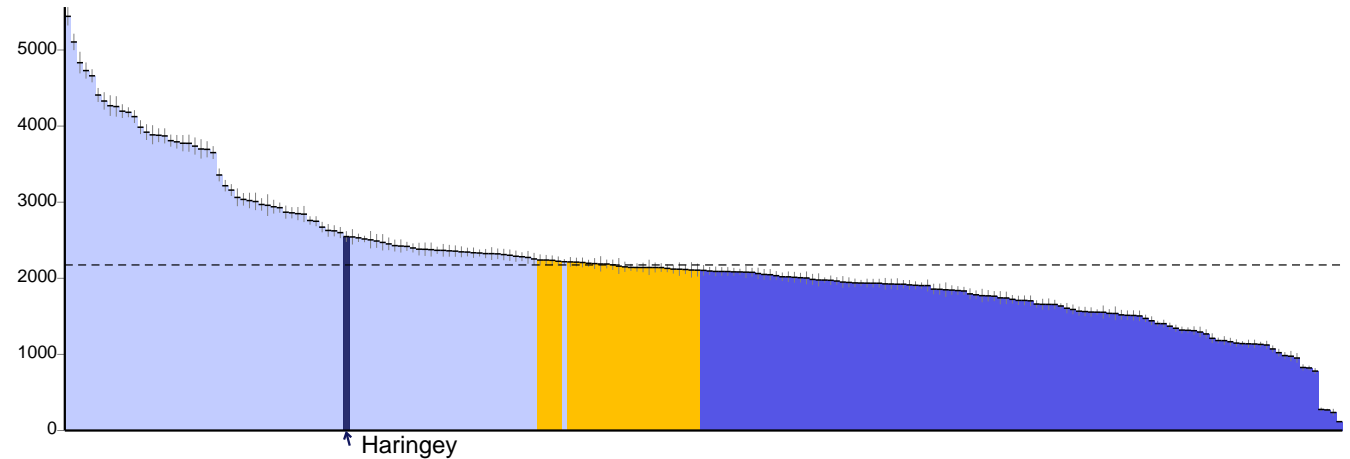
-- England value + Local value and 95% confidence interval

16. People in contact with mental health services per 100,000 population

England value: **2176**

Local value: **2548** ■ Significantly Higher

This indicator looks at the numbers admitted to NHS funded adult specialist mental health services, regardless of a formal diagnosis. It includes use of community as well as hospital-based services and it can be compared with the levels of health and illness for a CCG to see whether the use of services is relatively high or low, given the recorded prevalence of mental illness. It can also be considered in conjunction with other treatment indicators to show if, for example, the use of inpatient beds is high compared with the use of health services overall.

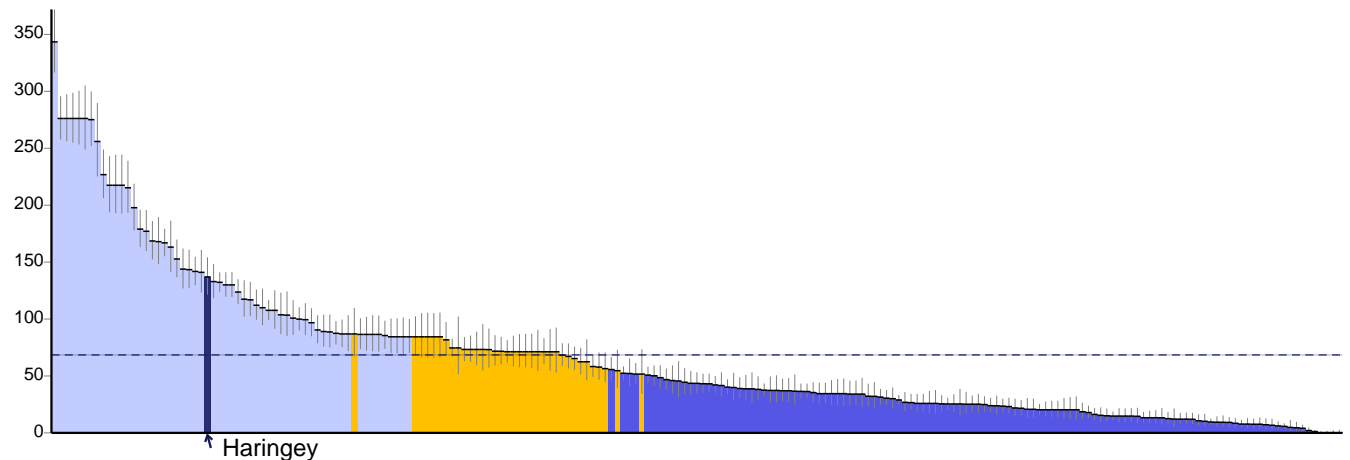


17. Carers of mental health clients receiving of assessments

England value: **68.5**

Local value: **137.0** ■ Significantly Higher

For both practice and planning reasons, it is important for Councils with Adults Social Services Responsibility (CASSRs) to know and record whether service users have unpaid carers, particularly those aged under 18 and those aged over 65. The presence of family carers will often have a bearing on what services are provided to users. Carers themselves might need support, and data from this return will enable CCGs, councils and DH to gauge the extent to which Carers legislation is being implemented by CASSRs.



■ Significantly higher than England value ■ Not significantly different from England value ■ Significantly lower than England value

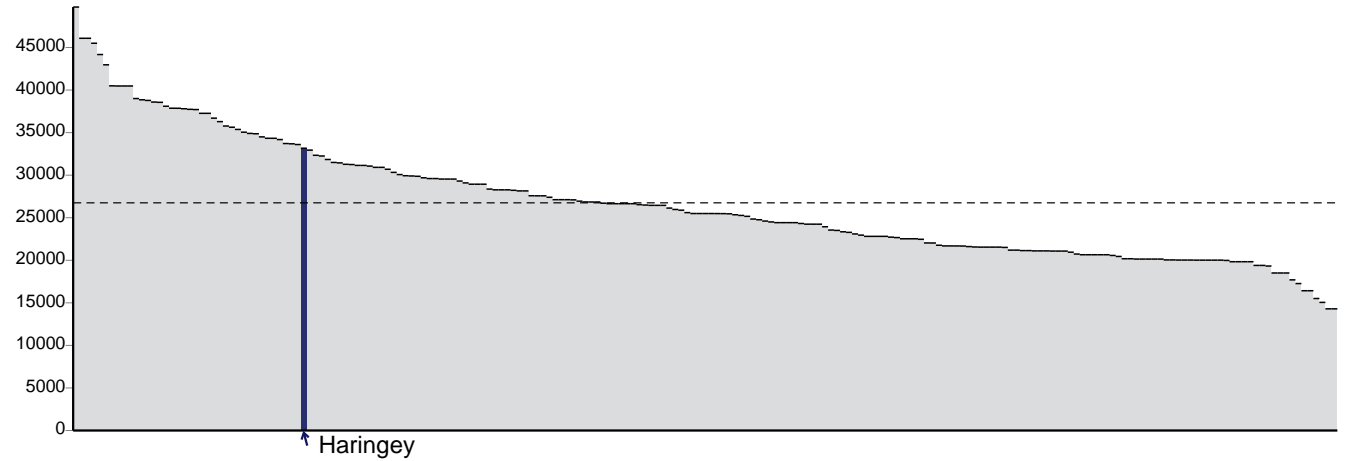
-- England value + Local value and 95% confidence interval

18. Spend (£s) on mental health in specialist services: rate per 100,000 population

England value: **26756**

Local value: **33167**

This indicator is the amount of money spent on specialist mental health services per 100,000 adult population. It is taken from Primary Care Trust programme budgeting information and has been estimated for CCG boundaries. It provides transparency on spending per 100,000 population, however it is not a measure of mental health services effectiveness.

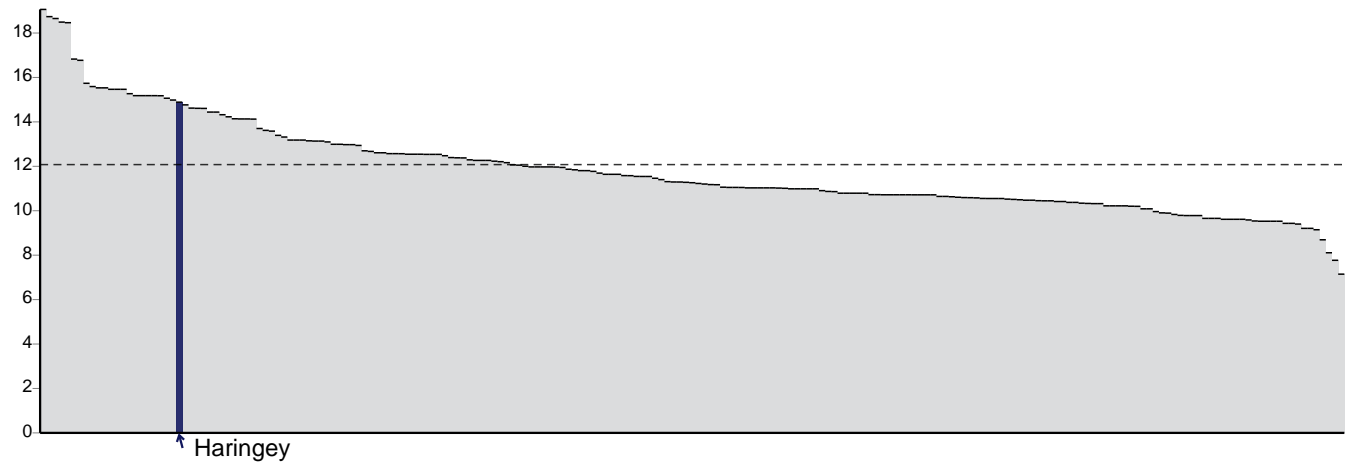


19. % secondary care funding spent on mental health

England value: **12.1**

Local value: **14.9**

Mental health services are often described as Cinderella services – the poor relative compared with physical health services. This indicator shows that across the country, the percentage of NHS funding spent on mental health services varied from 7.1% to 19.1% of total money spent on secondary care.



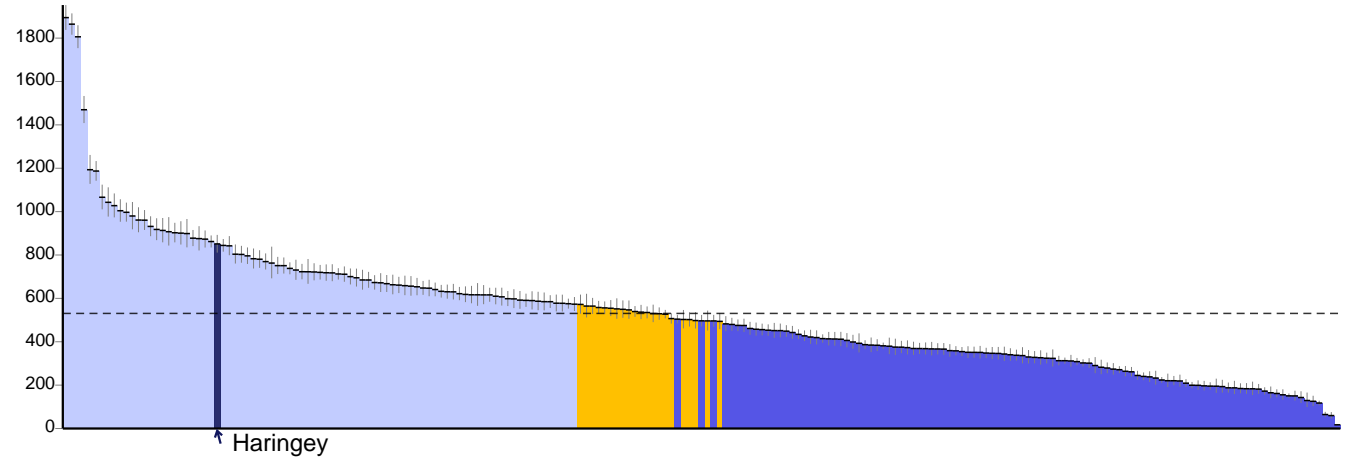
-- England value — Local value

20. People on Care Programme Approach per 100,000 population

England value: **531**

Local value: **851** ■ Significantly Higher

The Care Programme Approach (CPA) is the system which coordinates the care of many specialist mental health service patients. CPA requires health and social services to combine their assessments to make sure everybody needing CPA receives properly assessed, planned and coordinated care. It should also ensure that patients get regular contact with a care co-ordinator. This indicator is the number of people who are on the Care Programme Approach per 100,000 population and it may be useful to review as context for the indicators on adults on CPA who are in employment or settled accommodation.

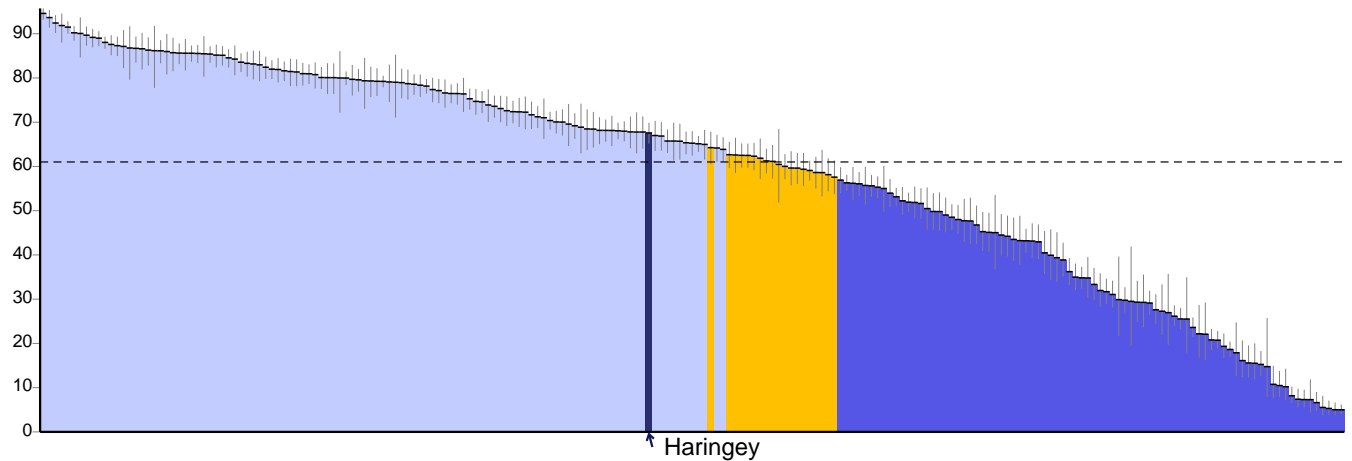


21. % CPA adults in settled accommodation

England value: **61.0**

Local value: **67.6** ■ Significantly Higher

Maintaining stable and appropriate accommodation and providing social care in this environment promotes personalisation and quality of life, prevents the need to readmit people into hospital or more costly residential care and ensures a positive experience of social care. Addressing the housing needs of adults with mental health problems should improve their safety and reduce their risk of social exclusion.



■ Significantly higher than England value ■ Not significantly different from England value ■ Significantly lower than England value

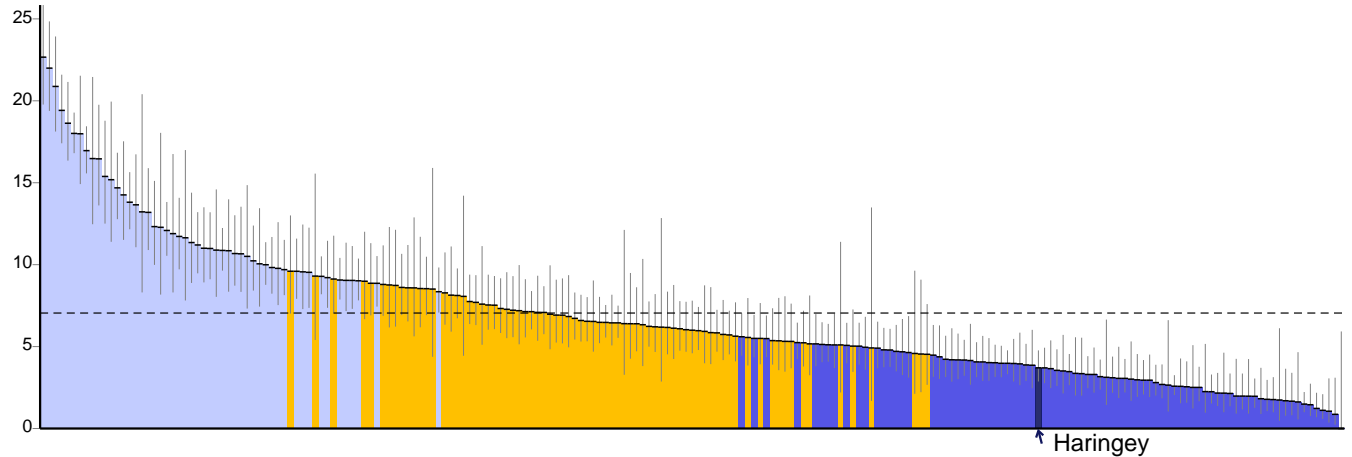
-- England value + Local value and 95% confidence interval

22. % CPA adults in employment

England value: **7.0**

Local value: **3.7** ■ Significantly Lower

The 2005 evidence review "Is work good for your health and wellbeing" concluded that work was generally good for both physical and mental health and wellbeing. The strategy for public health takes a life course approach and this indicator provides a good indication of the impact of long term illness on employment among those in the the 'working well' life stage. It is an indicator in the Public Health Outcomes Framework and links to indicators in the NHS and Adult Social Care Outcomes Frameworks.

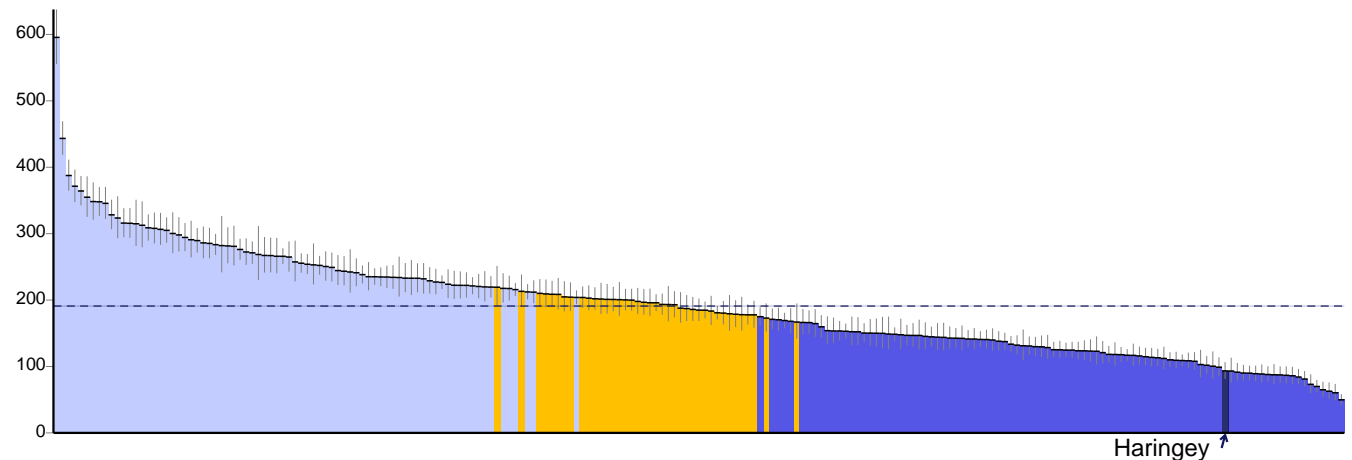


23. Emergency admissions for self harm per 100,000 population

England value: **191.0**

Local value: **93.3** ■ Significantly Lower

Self-harm is an expression of personal distress. It can result from a wide range of psychiatric, psychological, social and physical problems and self-harm can be a risk for subsequent suicide. This indicator looks at the number of emergency admissions to hospital as a result of self harm per 100,000 resident population.



■ Significantly higher than England value ■ Not significantly different from England value ■ Significantly lower than England value

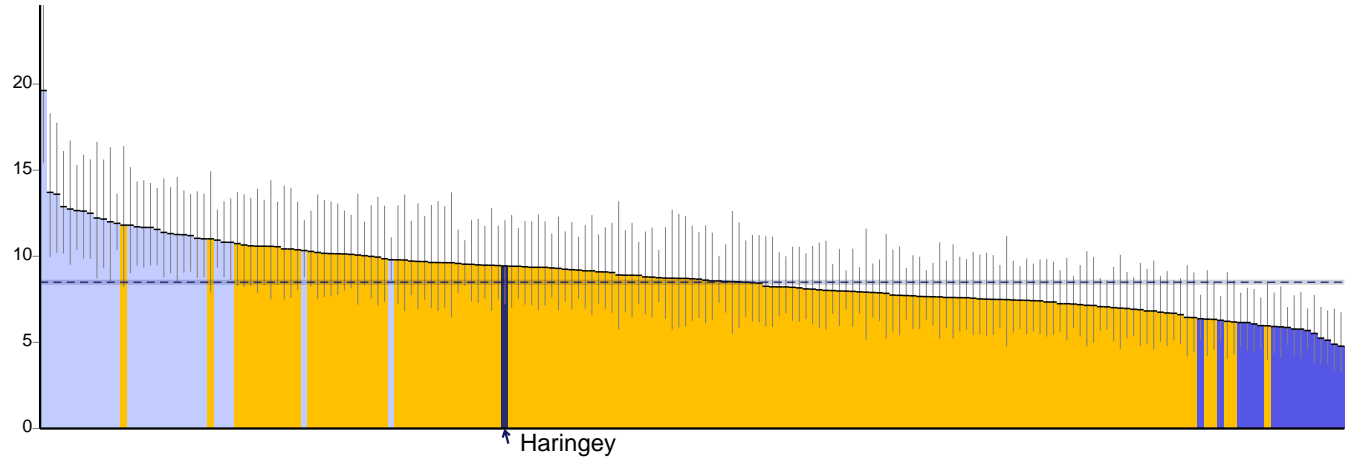
-- England value + Local value and 95% confidence interval

24. Suicide rate

England value: **8.5**

Local value: **9.4** ■ Not significantly different

It is estimated that around 1 million people will die by suicide worldwide each year and a person may be more likely to become suicidal if they have a mental health condition. Reduction of suicide rates has been a target in government strategies over many years and the Public Health Outcomes Framework 2013-2016 retains an indicator the aim. The NHS Outcomes Framework uses a new indicator aiming to reduce premature death in people with serious mental illness and shows that the mortality rate among people in contact with mental health services is 3 times as high as it is in the general population.

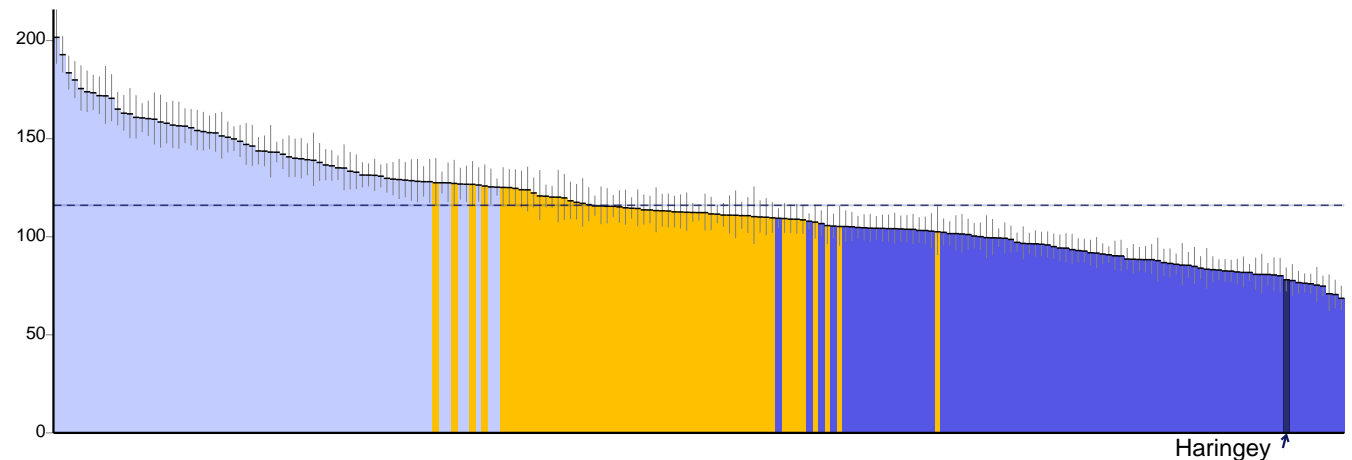


25. Hospital admissions for unintentional and deliberate injuries, ages 0-24 per 10,000 population

England value: **116.0**

Local value: **78.1** ■ Significantly Lower

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s). The inclusion of this indicator is key for cross-sectoral and partnership working to reduce injuries, including child safeguarding.



■ Significantly higher than England value ■ Not significantly different from England value ■ Significantly lower than England value

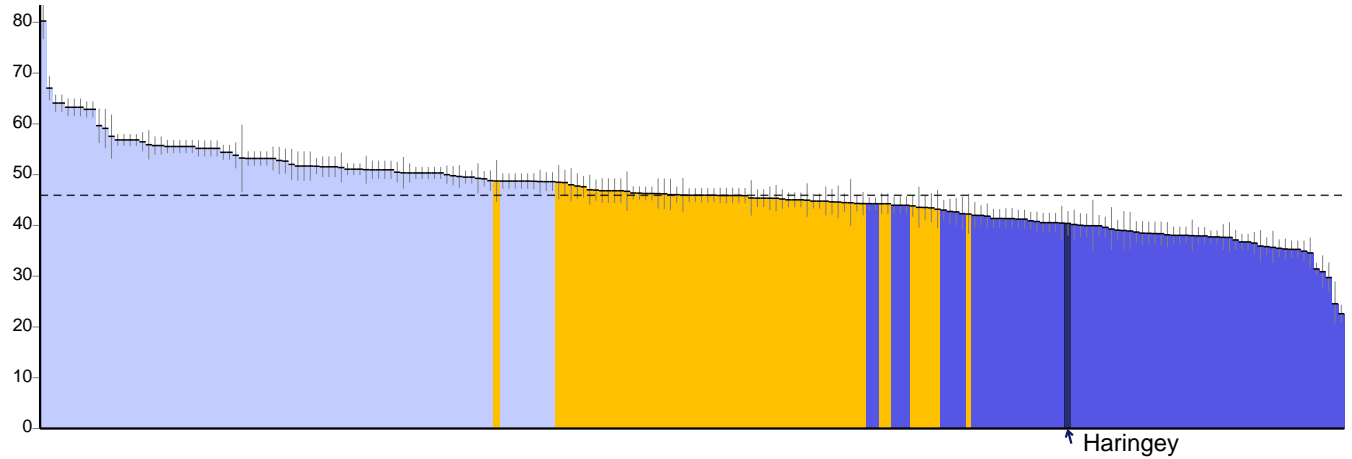
-- England value + Local value and 95% confidence interval

26. Rate of recovery for IAPT treatment

England value: **45.9**

Local value: **40.4** ■ Significantly Lower

Improving Access to Psychological Therapies is an NHS programme offering evidence-based interventions to treat people with depression and anxiety disorders. The programme was created to offer patients a routine and timely first-line treatment, combined with medication where appropriate. This indicator currently measures the number of people who are moving to recovery as a percentage of all those leaving treatment and the aim to have at least 50% of people leaving IAPT during 2014/15 having recovered.



■ Significantly higher than England value ■ Not significantly different from England value ■ Significantly lower than England value

-- England value + Local value and 95% confidence interval