



# JSNA Refresh 2013/14 Mental Health & Wellbeing

There is a clear association between wellbeing, good mental health and improved outcomes for people of all ages and social classes. Mental health and wellbeing is important because:

- Poor mental health and wellbeing can have an impact on every area of a person's life; physical health, education, employment, family, relationships, and the effects can last a lifetime. It plays an important part in contributing to and maintaining health and social inequalities.
- Good mental health and wellbeing are associated with improved outcomes for individuals including longevity, physical health, social connectedness, educational achievement, criminality, maintaining a home, employment status and productivity.
- Mental health is not simply the absence of mental illness. People recovering from mental health conditions can have a positive state of wellbeing, while those who do not have a mental health condition may experience low levels of wellbeing.

## Key messages

### Mental illness in Barnet

The prevalence of mental illness in Barnet is higher than that of the England average. It very slightly increased over the past 5 years at a similar rate to that of England.

### Risk factors for poor mental health

There are low levels of unemployment and of violent crime in Barnet.

### Independent living and health self-assessment

The rate of social care assistance to live independently has increased at a rate that exceeds those of London and England.

The rate of mortality due to suicide and undetermined injury in Barnet is higher in men than in women. There has been a moderate decline among men and a slight decline in the rate among women.

### Overall mental health and wellbeing

People with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health. Overall health and wellbeing in Barnet is good, with 80.1% of people saying that they have good or very good health and wellbeing.

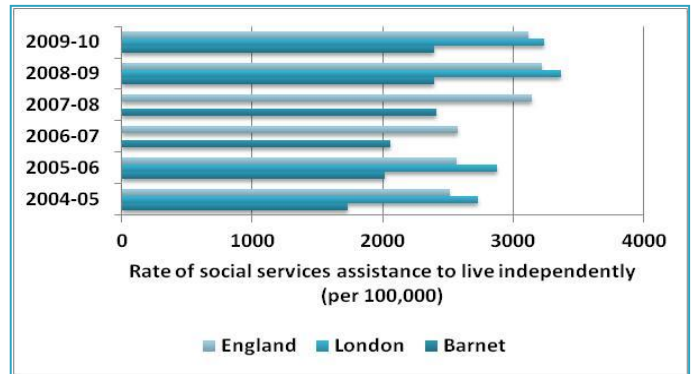
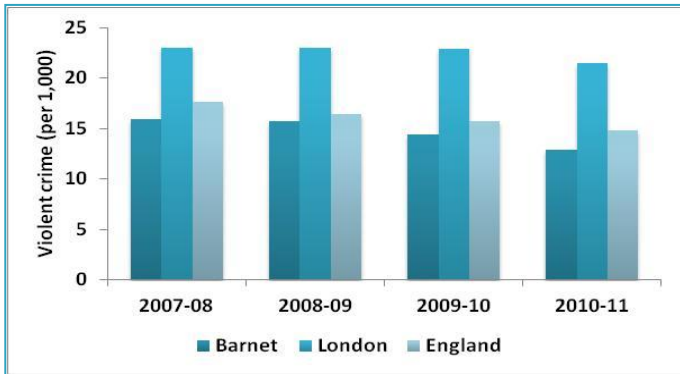
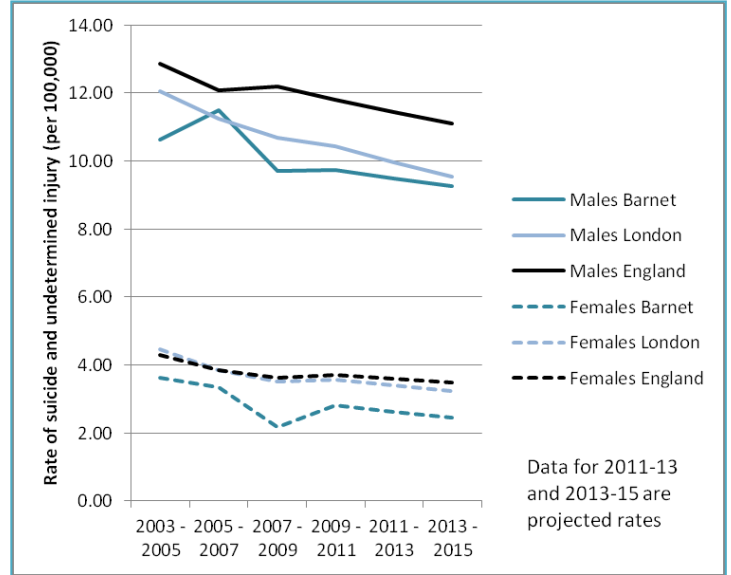
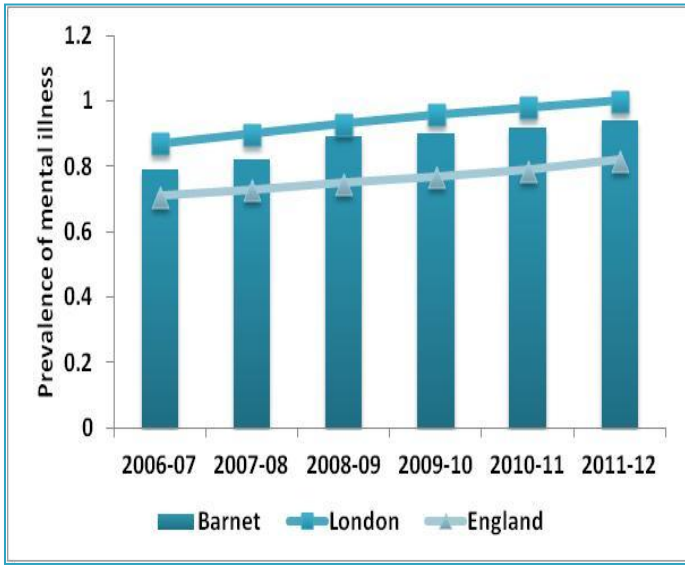
The rates of people reporting low levels of mental wellbeing or high levels of anxiety is higher than the England average but slightly lower than the average for London.

### Local Priorities

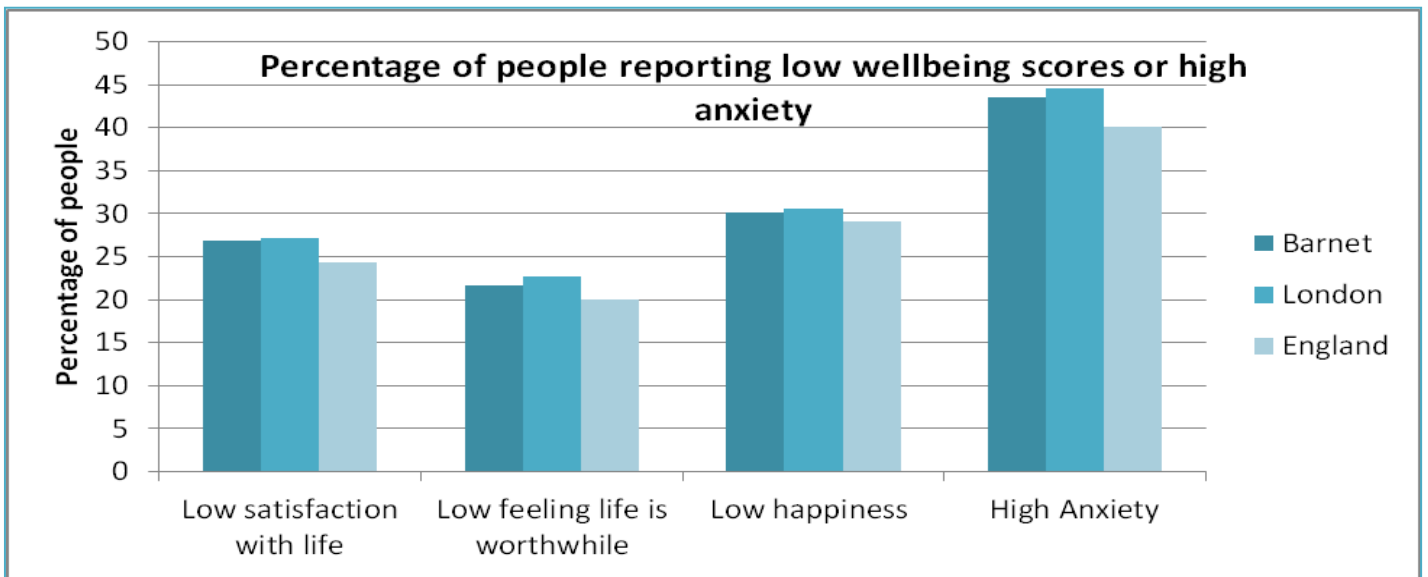
Mental health and wellbeing priorities for Barnet include actions on unemployment, increase access to drug treatment for adults in need, increase physical activity to the recommended levels and increase access to services that support people with mental health issues.

# Local Data

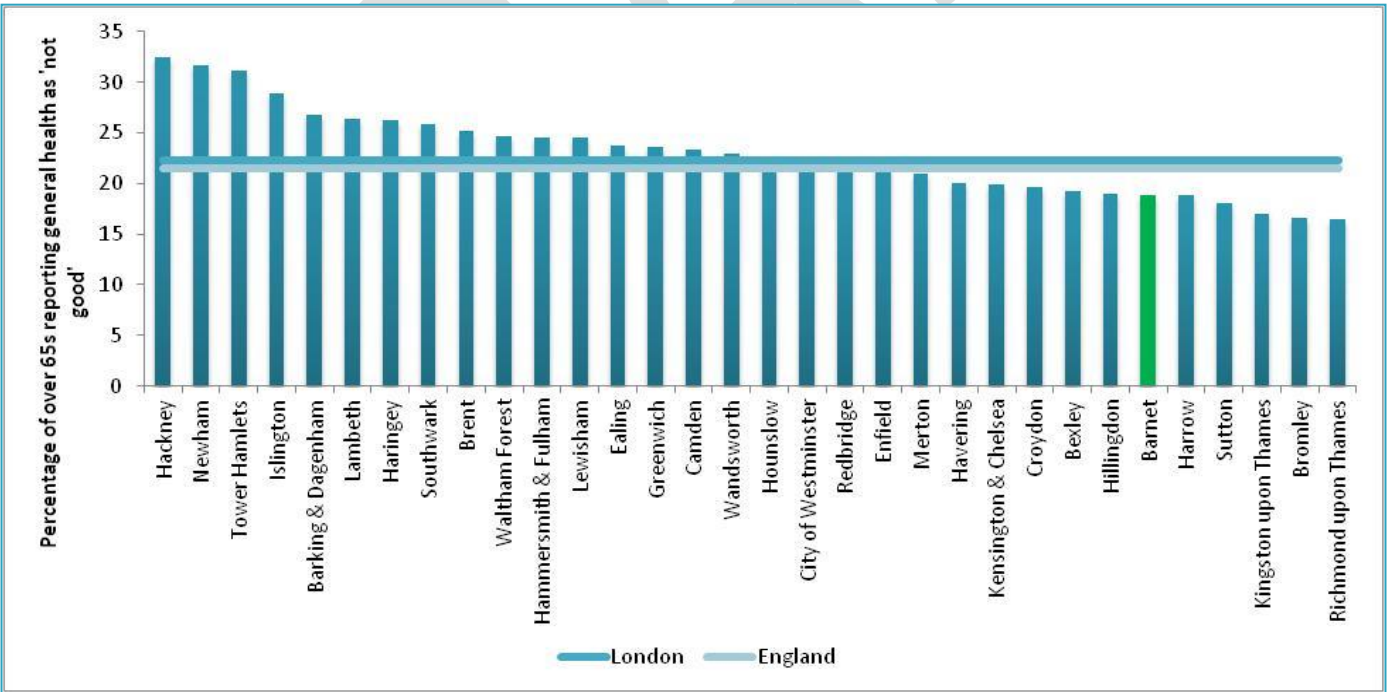
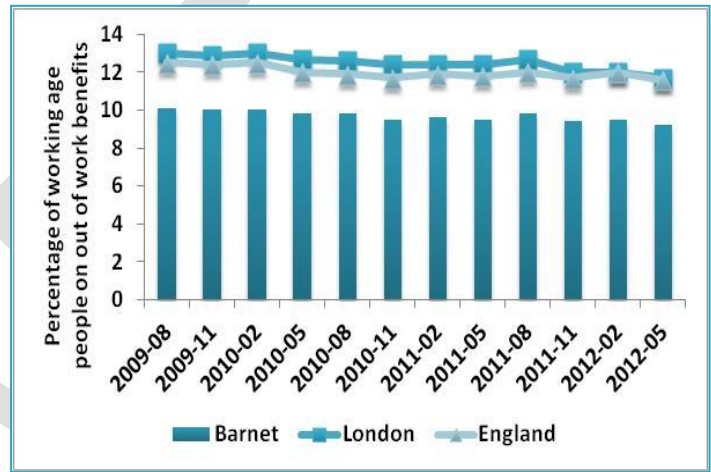
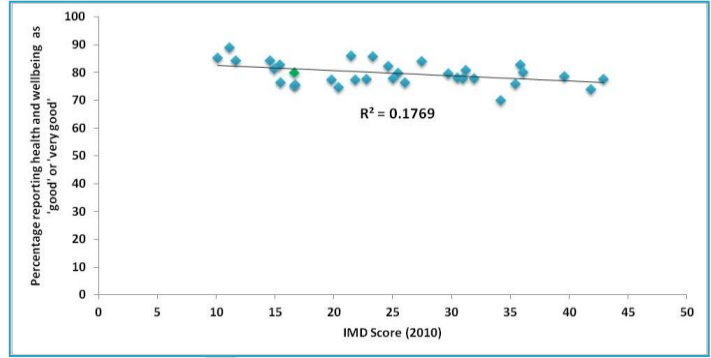
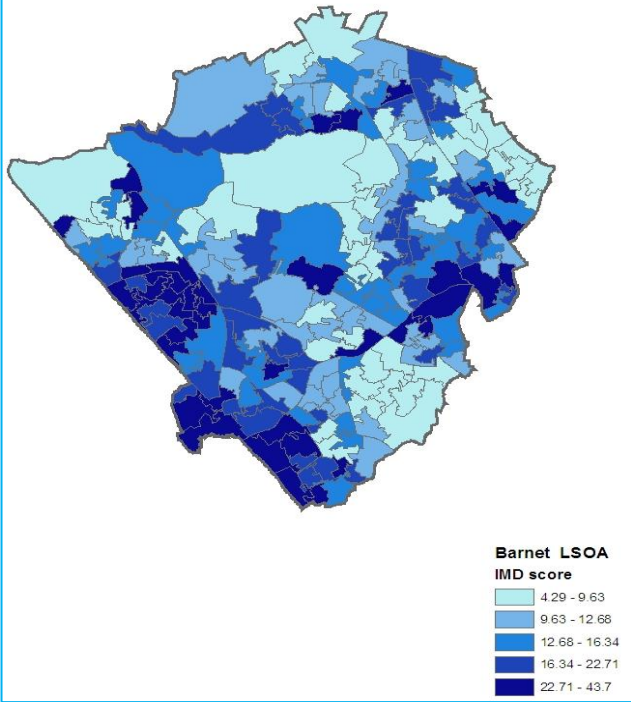
\*Unfilled marker shows projected rates



\*Data for London is missing for 2006/07 and 2007/08



Barnet deprivation by LSOA



## Spine Chart

Key: ♦ London average | England Average ■ England Range ● Barnet significantly better than England average ● Banret not significantly different from England average ● Banret significantly worse than England average ● No significance can be calculated

Indicator	Local Number	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
1 Percentage of NEET 16-18 year olds, 2010/11	n/a	4.1	6.2	11.9		1.9
2 Episodes of violent crime, 2010/11	n/a	12.7	14.6	34.5		6.3
3 Living in 20% deprived areas in England, 2010	n/a	5.8	19.8	83.0		0.3
4 Working age adults who are unemployed, 2010/11	n/a	64.2	59.4	106.2		8.3
5 Hospital admissions due alcohol conditions, 2010/11	n/a	18.9	23.0	38.6		11.4
6 Adults in drug treatment, 2011/12	n/a	2.8	5.2	0.8		18.4
7 Statutory homeless households, 2010/11	n/a	1.8	2.0	10.4		0.1
8 Percentage with a limiting long term illness, 2001	n/a	13.5	16.9	24.4		10.2
9 First time youth justice system entrants, 2001 - 2011	n/a	587.0	876.0	2436.0		343.0
10 Recommended physical activity (Adults), 2009/10-2011/12	n/a	8.5	11.2	5.7		17.3
11 Percentage of adults (18+) with dementia, 2011/12	n/a	0.6	0.5	1.0		0.2
12 Recorded/expected prevalence of dementia, 2010/11	n/a	0.5	0.4	0.3		0.7
13 Percentage of adults (18+) with depression, 2011/12	n/a	8.5	11.7	20.3		4.8
14 Percentage of adults with learning disabilities, 2011/12	n/a	0.4	0.5	0.2		0.8
15 Mental health hospital admissions, 2009/10 to 2011/12	n/a	216.0	243.0	1257.0		99.0
16 Unipolar depressive disorders hospital admissions, 2009/10 to 2011/12	n/a	30.5	32.1	84.8		4.7
17 Alzheimer's & other related dementia admissions, 2009/10 to 2011/12	n/a	53.0	80.0	226.0		5.0
18 Schizophrenia & other delusional disorder admissions, 2009/10 to 2011/12	n/a	96.0	57.0	233.0		5.0
19 Allocated average mental health spend, 2011/12	n/a	179.0	183.0	147.0		257.0
20 Adult & elderly secondary mental health service use, 2010/11	n/a	2.5	2.5	0.0		9.6
21 Referrals from Improving Access to Psychological Therapies, 2011/12	n/a	35.2	60.1	28.9		99.7
22 Numbers on Care Programme Approach	n/a	7.7	6.4	0.3		17.1
23 In-year bed days for mental health, 2010/11	n/a	191.0	193.0	72.0		489.0
24 Contacts with Community Psychiatric Nurse, 2010/11	n/a	150.0	169.0	3.0		584.0
25 Total mental health services contacts, 2010/11	n/a	330.0	313.0	31.0		823.0
26 Living in settled accommodation with mental illness/disability, 2011/12	n/a	65.9	66.8	1.3		92.8
27 DSR for self harm emergency admissions, 2011/12	n/a	121.0	207.0	543.0		52.0
28 ISR for suicide and undetermined injury, 2010/11	n/a	104.0	100.0	174.0		29.0
29 Unintentional and deliberate injuries in <18s, 2009/10	n/a	79.0	123.0	217.0		68.0
30 Improving Access to Psychological Therapies, 2011/12	n/a	51.0	43.8	9.9		65.3
31 Excess serious mental illness mortality (<75), 2010/11	n/a	596.0	921.0	1863.0		210.0

For indicators 6, 14, 20 and 22-25, there is no perceived polarity, so "lowest" and "highest" replace "worst" and "best".



## Spine chart data sources

	Data description	Other sources of information or data
1	Percentage (PHOF indicator 1.05)	<a href="http://www.education.gov.uk/16to19/participation/neet/a0064101/16-to-18-year-olds-not-in-education-employment-or-training-neet">http://www.education.gov.uk/16to19/participation/neet/a0064101/16-to-18-year-olds-not-in-education-employment-or-training-neet</a>
2	Rate per 1,000 population ( PHOF indicator 1.12ii)	<a href="http://www.neighbourhood.statistics.gov.uk/dissemination/datasetList.do?JSAllowed=true&amp;Function=%24ph=60&amp;CurrentPagelD=60&amp;step=1&amp;CurrentTreeIndex=-2&amp;searchString=violence&amp;datasetFamilyId=904&amp;Next.x=14&amp;Next.y=6">http://www.neighbourhood.statistics.gov.uk/dissemination/datasetList.do?JSAllowed=true&amp;Function=%24ph=60&amp;CurrentPagelD=60&amp;step=1&amp;CurrentTreeIndex=-2&amp;searchString=violence&amp;datasetFamilyId=904&amp;Next.x=14&amp;Next.y=6</a>
3	Percentage	<a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6872/1871524.xls">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6872/1871524.xls</a>
4	Rate per 1,000 population.	<a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6872/1871524.xls">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6872/1871524.xls</a>
5	Rate per 1,000 population	<a href="http://www.lape.org.uk/data.html">http://www.lape.org.uk/data.html</a>
6	Rate per 1,000 population	<a href="http://www.nta.nhs.uk/">http://www.nta.nhs.uk/</a>
7	Rate per 1,000 households (PHOF indicator 1.15i)	<a href="https://www.gov.uk/government/organisations/department-for-communities-and-local-government">https://www.gov.uk/government/organisations/department-for-communities-and-local-government</a>
8	Percentage	<a href="http://www.ons.gov.uk/ons/index.html">http://www.ons.gov.uk/ons/index.html</a>
9	Rate per 100,000	<a href="http://www.justice.gov.uk/youth-justice/monitoring-performance/youth-justice-indicators">http://www.justice.gov.uk/youth-justice/monitoring-performance/youth-justice-indicators</a>
10	Percentage This is PHOF Indicator 2.13i	<a href="http://www.sportengland.org/research/active_people_survey.aspx">http://www.sportengland.org/research/active_people_survey.aspx</a>
11	Percentage	<a href="http://www.ic.nhs.uk/article/2021/Website-Search?productid=9592&amp;q=QOF&amp;sort=Relevance&amp;size=10&amp;page=1&amp;area=both#top">http://www.ic.nhs.uk/article/2021/Website-Search?productid=9592&amp;q=QOF&amp;sort=Relevance&amp;size=10&amp;page=1&amp;area=both#top</a>
12	Ratio of recorded to expected prevalence of dementia, 2010/11	<a href="http://www.poppi.org.uk/">http://www.poppi.org.uk/</a> <a href="http://www.pansi.org.uk/">http://www.pansi.org.uk/</a> <a href="http://www.ic.nhs.uk/article/2021/Website-Search?productid=9587&amp;q=demenetia+prevalence&amp;sort=Relevance&amp;size=10&amp;page=1&amp;area=both#top">http://www.ic.nhs.uk/article/2021/Website-Search?productid=9587&amp;q=demenetia+prevalence&amp;sort=Relevance&amp;size=10&amp;page=1&amp;area=both#top</a>
13	Percentage	<a href="http://www.ic.nhs.uk/article/2021/Website-Search?productid=9592&amp;q=QOF&amp;sort=Relevance&amp;size=10&amp;page=1&amp;area=both#top">http://www.ic.nhs.uk/article/2021/Website-Search?productid=9592&amp;q=QOF&amp;sort=Relevance&amp;size=10&amp;page=1&amp;area=both#top</a>
14	Percentage	<a href="http://www.ic.nhs.uk/article/2021/Website-Search?productid=9592&amp;q=QOF&amp;sort=Relevance&amp;size=10&amp;page=1&amp;area=both#top">http://www.ic.nhs.uk/article/2021/Website-Search?productid=9592&amp;q=QOF&amp;sort=Relevance&amp;size=10&amp;page=1&amp;area=both#top</a>
15	Directly standardised rate	<a href="http://www.ic.nhs.uk/hes">http://www.ic.nhs.uk/hes</a>
16	Directly standardised rate	Hospital Episode Statistics, The NHS Information Centre for health and social care and the Office of National Statistics
17	Directly standardised rate	Hospital Episode Statistics, The NHS Information Centre for health and social care and the Office of National Statistics
18	Directly standardised rate	Hospital Episode Statistics, The NHS Information Centre for health and social care and the Office of National Statistics
19	Allocated average spend for mental health per head	<a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124949">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124949</a>
20	Rate per 1,000 population	<a href="http://www.ic.nhs.uk/pubs/mhbmhmds11">http://www.ic.nhs.uk/pubs/mhbmhmds11</a>
21	Percentage	<a href="http://www.ic.nhs.uk/pubs/psychologicaltherapies1112q4">http://www.ic.nhs.uk/pubs/psychologicaltherapies1112q4</a>
22	Rate per 1,000 population	<a href="http://www.ic.nhs.uk/pubs/mhbmhmds11">http://www.ic.nhs.uk/pubs/mhbmhmds11</a>
23	Rate per 1,000 population	<a href="http://www.ic.nhs.uk/pubs/mhbmhmds11">http://www.ic.nhs.uk/pubs/mhbmhmds11</a>
24	Rate per 1,000 population	<a href="http://www.ic.nhs.uk/pubs/mhbmhmds11">http://www.ic.nhs.uk/pubs/mhbmhmds11</a>
25	Rate per 1,000 population	<a href="http://www.ic.nhs.uk/pubs/mhbmhmds11">http://www.ic.nhs.uk/pubs/mhbmhmds11</a>
26	Percentage	<a href="http://www.ic.nhs.uk/catalogue/PUB07281">http://www.ic.nhs.uk/catalogue/PUB07281</a>
27	Directly standardised rate	Hospital Episode Statistics, The NHS Information Centre for health and social care, and the Office for National Statistics
28	Indirectly standardized rate	<a href="https://indicators.ic.nhs.uk/download/NCHOD/Data/31D_114SMT00++_10_V1_D.xls">https://indicators.ic.nhs.uk/download/NCHOD/Data/31D_114SMT00++_10_V1_D.xls</a>
29	Number	Hospital Episode Statistics, The NHS Information Centre for health and social care, and the Office for National Statistics
30	Numbers	<a href="http://www.ic.nhs.uk/pubs/psychologicaltherapies1112q4">http://www.ic.nhs.uk/pubs/psychologicaltherapies1112q4</a>
31	Mortality rate	Compendium of Population Health Indicators, The NHS Information Centre for health and social care, and the Office for National Statistics

## Data Summary

### Wellbeing

People with higher self-reported well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

Overall health and wellbeing in Barnet is good, with, 8 out of 10 residents saying that they have good or very good health and wellbeing.

The over 65 age group also appears to be in good health with only 2 in 10 reporting that they were not in good health. This is lower than the London average and the 5<sup>th</sup> lowest of all London boroughs.

A new national survey asks people four questions:

- Overall, how satisfied are you with your life nowadays?
- Overall, how happy did you feel yesterday?
- Overall, how anxious did you feel yesterday?
- Overall, to what extent do you feel the things you do in your life are worthwhile?

The percentage of people in Barnet reporting low levels of satisfaction, happiness and feeling worthwhile is higher than the England average but slightly lower than the average for London.

The percentage of people in Barnet reporting high levels of anxiety is higher than the England average but slightly lower than the average for London.

### Prevalence of mental health problems

The prevalence of mental illness in Barnet has slightly increased from 0.79% in 2006/07 to 0.94% in 2011/12. The prevalence in Barnet is lower than London but higher than England. The national and regional prevalence in mental illness has also increased. The steepest increases were observed between the 2008/09 and 2011/12, this period coincides with the global economic crisis which

may have contributed to the slightly higher levels of mental illness prevalence particularly in 2008/09 where the prevalence was closer to that of London.

### Service usage

The rate of hospital admission for schizophrenia, schizotypal and delusional disorders and referrals from Improving Access to Psychological Therapies (IAPT) are higher in Barnet than the England average..

### Deaths

Deaths rates from suicide and undetermined injury in Barnet is almost three times higher in men than in women. The peak in men was observed in 2005/07 and has since declined. Mortality among women on the other hand has been considerably more variable with a peak in 2003/05. Mortality due to suicide or undetermined injury is predicted to stabilize in both genders.

### Crime and mental health

Crime levels are associated with both illness and poverty, increasing the burden of ill health on those communities least able to cope. Violent crime can result directly in psychological distress and subsequent mental health problems. The rate of violent crime is much lower in Barnet than in London and England and this rate has been decreasing since 2007/08.

Although the rate of violent crime is low in Barnet, the perception of crime, both violent and non-violent, also has the potential to impact mental health and wellbeing.

### Independence

Being able to live independently is a key factor in good mental health and wellbeing. Since 2004/05 the rate of social service assistance for Barnet residents to live independent lives has steadily increased. However, the rate of assistance in London and England

remains higher than in Barnet over this period.

### Deprivation

The index of multiple deprivation (IMD) identifies areas with substantial levels of multiple deprivation which helps to measure and identify health inequalities across the borough. Although in overall terms Barnet is an affluent borough there are pockets of deprivation. These exist along the western edge of the borough and in parts of Coppetts, East Finchley and Brunswick Park wards.

### Work and benefits

The proportion of people claiming out of work benefits in Barnet has declined slightly between August 2009 and May 2012. Similar declines were also observed in London and England although there are fewer people claiming out of work benefits in Barnet in this period when compared to London and England.

## What are we doing now: Examples

One in four people in the UK will suffer a mental health problem in the course of a year. The cost of mental health problems to the economy in England have recently been estimated at £105 billion, and treatment costs are expected to double in the next 20 years. Mental health is high on the government's agenda, with a strategy, 'No Health without Mental Health', published by the Department of Health in 2011. The strategy takes a cross government approach with a focus on outcomes for people with a mental illness. The indicators included in this report have been specifically selected to reflect the strategy.

Mental health and wellbeing has been identified as a priority area for action for the London Borough of Barnet. A range of initiatives and actions have been developed to help improve the population's mental health and wellbeing.

The London borough of Barnet's health and wellbeing strategy has four themes to their approach for improving health and wellbeing in the borough. These are:

1. Preparation for a healthy life
2. Wellbeing in the community
3. How we live
4. Care when needed

Mental health and wellbeing is an integral part of each of these themes. Actions to improve mental health include enabling all women, and particularly those with complex needs such as mental ill health, to plan their pregnancies and to prepare for pregnancy in a way that maximizes the health outcomes for mother and baby. There are plans to expand the Family Nurse Partnership initiative to support families who are experiencing significant challenges and the

community budgets programme for children to provide early interventions for children from families with the most complex needs.

Within the Wellbeing in the community theme the council plans to use the licensing and planning process to create a built environment that is conducive to healthy living choices such as walking and the accessibility of safe open spaces. There are also plans to reduce social isolation, especially amongst older people through schemes that enable the sharing of skills and experience, maximize training and employment opportunities allowing those furthest from the labour market to access new job opportunities; work with private landlords and tenants to bring private rented accommodation up to the Decent Homes Standard and to work in partnership with local employers and other organisations to ensure a range of training and education opportunities and flexible working opportunities are available that will support people into work with a particular focus on young people who education, employment or training and disabled adults.

When considering how we live, the council in particular want to encourage individuals and families to make better use of the range of green spaces and leisure facilities in the borough to increase physical activity and increase both the offer and take-up of health and lifestyle checks in primary care to all people aged between 40 and 74 years to help reduce risk factors associated with long term conditions.

There are other health improvement programmes specifically focusing on mental health and wellbeing that will be implemented by Barnet council. These include universal and targeted emotional wellbeing

schools programme and a children's centre project that incorporates a healthy lifestyles programme for children and their parents/carers.

Working with the Barnet Clinical Commissioning Group (CCG) the council wants to support residents in keeping their independence. This will be achieved by developing neighbourhood and community based support networks for older people providing information, and support on a range of leisure, health, housing and support issues in the borough; through the early identification and actions to reduce the impact of disease and disability and extensively roll out tele-health and tele-care solutions to provide a cost effective way of supporting more people in their own homes.

Barnet CCG are developing an integrated commissioning health and wellbeing strategy which will be developed with a multi-agency forum mental health partnership board. They are also planning to redesign tier four child and adolescent mental health services, remodel the primary care mental health team develop primary care support and liaison teams and re commission mental health day opportunity services.

The council also have a programme for improving mental health and wellbeing. These include mental health in the community, schools wellbeing programme, a physical activity programme for older people, the outdoor gyms and activator programme and a programme to reduce the misuse of alcohol in the borough.

# Stakeholder views

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