



JSNA Refresh 2013/14 Mental Health & Wellbeing

Being healthy mentally doesn't mean that you don't have a mental health problem, it does mean that you are able to make the most of your potential, cope with life, and play a full part in your family, workplace, community and among friends. Mental health is just as important as good physical health. 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 are 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 the England average and has 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

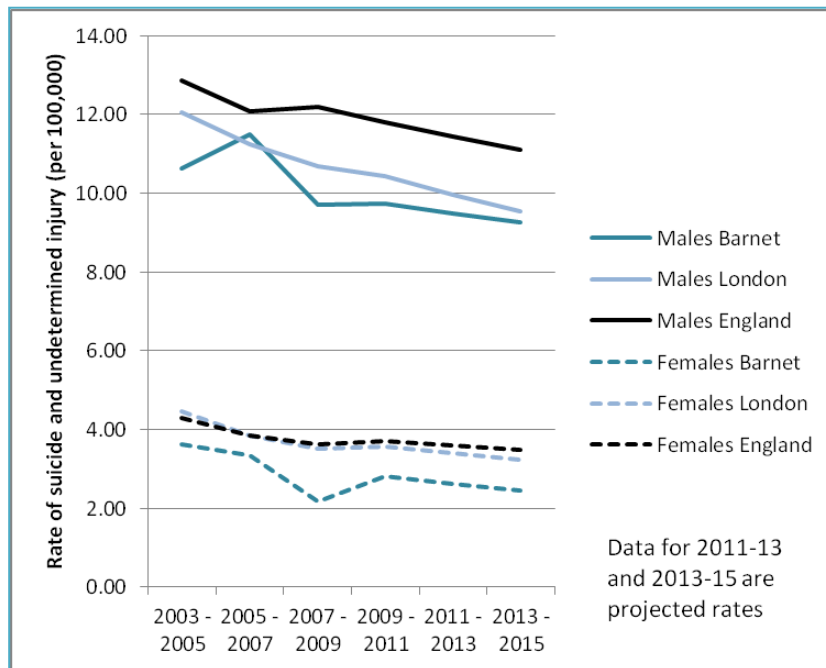
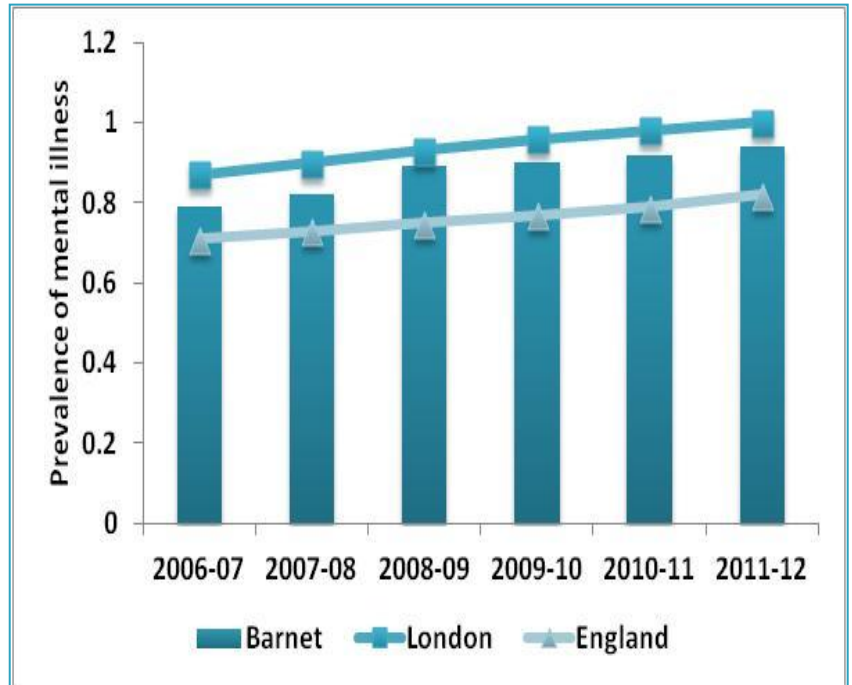
Mental health and wellbeing priorities for Barnet include actions on unemployment, increase access to drug treatment for adults in need, increase physical activity to the recommended levels and

increase access to services that support people with mental health issues.

Local Data

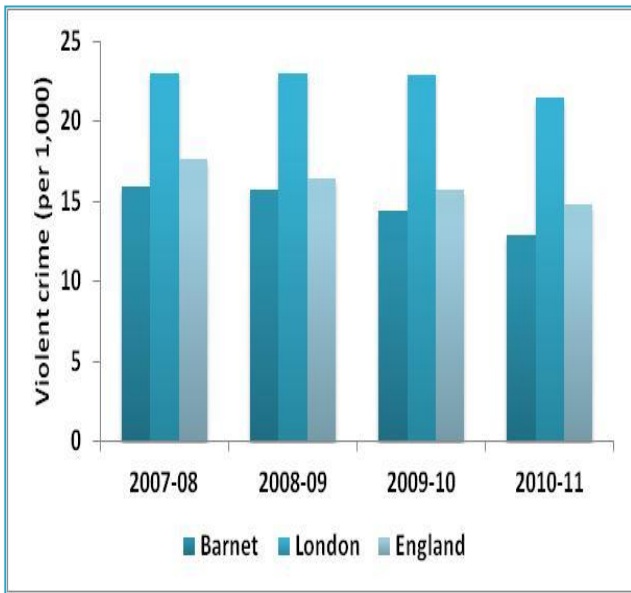
Prevalence of mental health problems

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.



Deaths

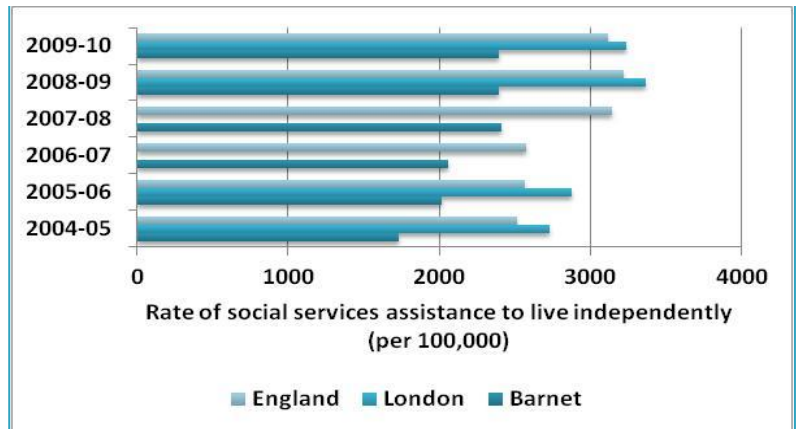
Deaths rates from suicide and undetermined injury in Barnet is almost three times higher in men than in women. The peak in men was observed in 2005/07 and has since declined. Mortality among women on the other hand has been considerably more variable with a peak in 2003/05. Mortality due to suicide or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



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

Independence

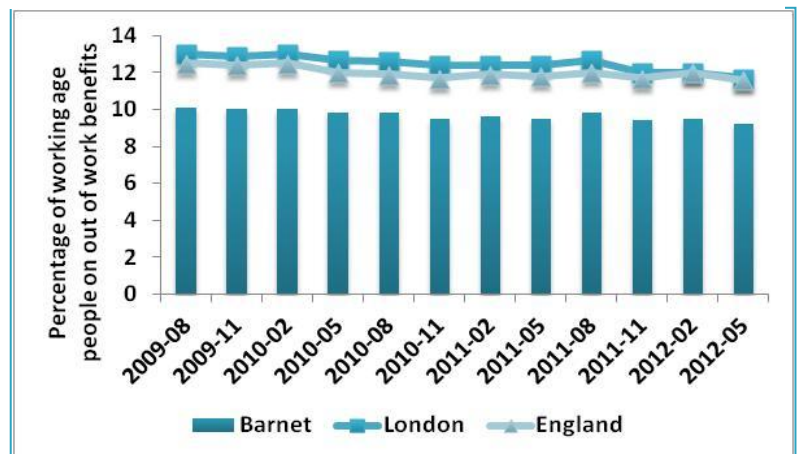
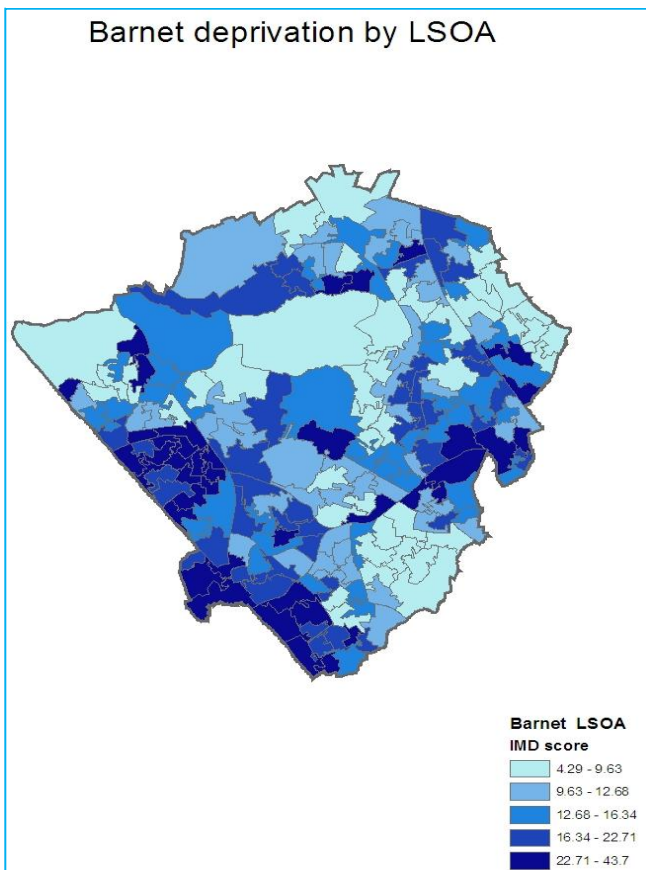
Being able to live independently is a key factor in good mental health and wellbeing. Since 2004/05 the rate of social service assistance for Barnet residents to live independent lives has steadily increased. However, the rate of assistance in London and England remains higher than in Barnet over this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

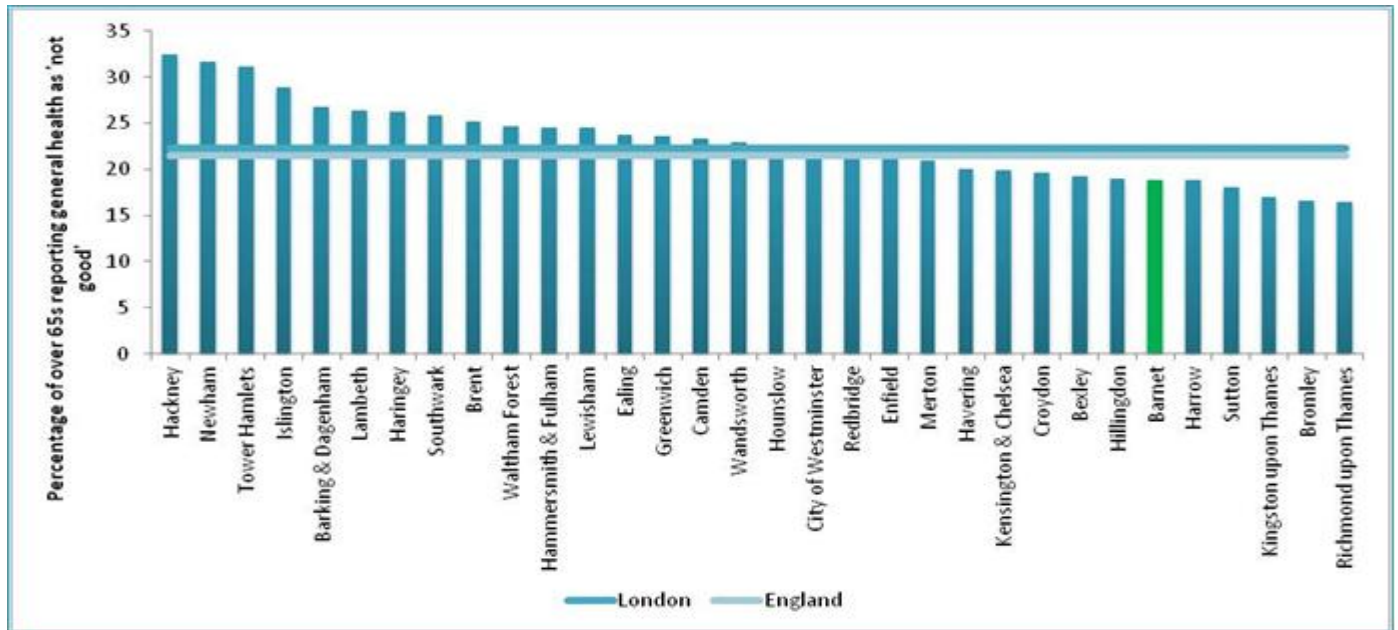
The proportion of people claiming out of work benefits in Barnet has declined slightly between August 2009 and May 2012. Similar declines were also observed in London and England although there are fewer people claiming out of work benefits in Barnet in this period when compared to London and England.



Health & 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.

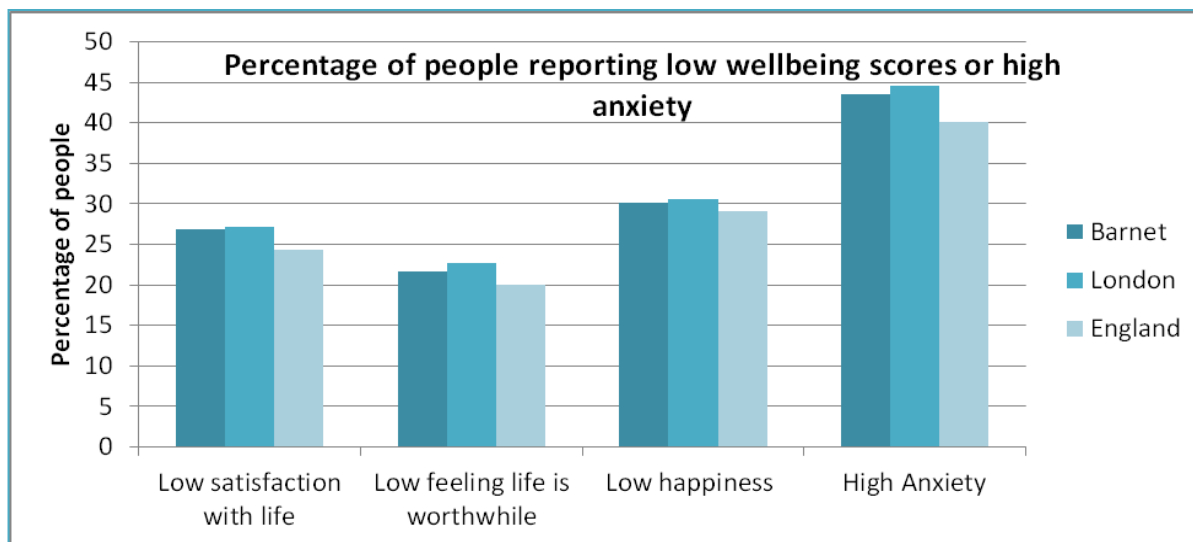
Overall health and wellbeing in Barnet is good, with, eight out of 10 residents saying that they have good or very good health and wellbeing. The over 65 age group also appears to be in good health with only two in 10 reporting that they were not in good health. This is lower than the London average and the 5th 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.



Understanding the Spine Chart

The spine chart is a way of demonstrating a lot of information on a single diagram.

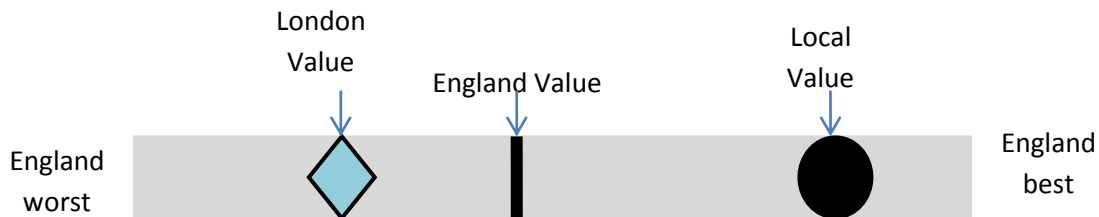
The indicators in the spine chart are generally one of three sorts:

- an indicator of higher or lower need
- an indicator of better or worse performance
- an indicator of better or worse outcomes

The “spine” is the line running down the centre. This is the England average for each indicator. The grey bar shows the range of values in local authorities across England.

Values to the **right** of the England average are better performance or outcomes or of lower need.

Values to the **left** of the England average are worse performance or outcomes or of more need.



Direction of travel indicator

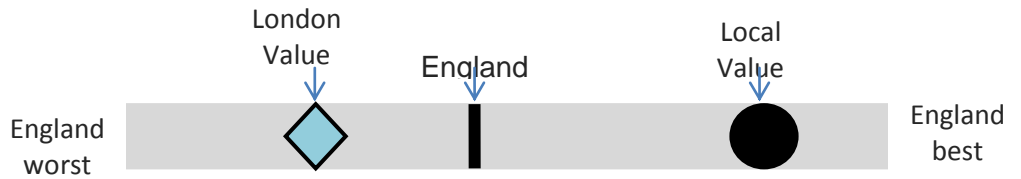
- ↑ Indicator has improved since last year i.e. Improvement in performance or decrease in need
- ↓ Indicator has worsened since last i.e. decrease in performance or increase in need
- ↔ No change since previous year

Green indicates that, according to the latest data, the area is either performing better or has lower need than England average

Red indicates that, according to the latest data, the area is performing at least 2% worse or has at least 2% greater need than the England average.

Amber indicates that, according to the latest data, the area is performing worse or has greater need but is within 2% of the England average.

Spine Chart



Indicator	Direction of travel	Local Value	Eng Avg	Eng Worst	England Range			Eng Best
					Worse Higher	OUTCOMES NEED	Better Lower	
1 Percentage of NEET 16-18 year olds, 2010/11	↓	4.1	6.2	11.9				1.9
2 Episodes of violent crime, 2010/11	↑	12.7	14.6	34.5				6.3
3 Living in 20% deprived areas in England, 2010	↓	5.8	19.8	83.0				0.3
4 Working age adults who are unemployed, 2010/11	↓	64.2	59.4	106.2				8.3
5 Hospital admissions due alcohol conditions, 2010/11	↓	18.9	23.0	38.6				11.4
6 Adults in drug treatment, 2011/12	↑	2.8	5.2	0.8				18.4
7 Statutory homeless households, 2010/11	↔	1.8	2.0	10.4				0.1
8 Percentage with a limiting long term illness, 2001	↔	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	↑	8.5	11.2	5.7				17.3
11 Percentage of adults (18+) with dementia, 2011/12	↓	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	↓	8.5	11.7	20.3				4.8
14 Percentage of adults with learning disabilities, 2011/12	↑	0.4	0.5	0.2				0.8
15 Mental health hospital admissions, 2009/10 to 2011/12	↓	216.0	243.0	1257.0				99.0
16 Unipolar depressive disorders hospital admissions, 2009/10 to 2011/12	↑	30.5	32.1	84.8				4.7
17 Alzheimer's & other related dementia admissions, 2009/10 to 2011/12	↑	53.0	80.0	226.0				5.0
18 Schizophrenia & other delusional disorder admissions, 2009/10 to 2011/12	↓	96.0	57.0	233.0				5.0
19 Allocated average mental health spend, 2011/12	↔	179.0	183.0	147.0				257.0
20 Adult & elderly secondary mental health service use, 2010/11	↓	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	↓	7.7	6.4	0.3				17.1
23 In-year bed days for mental health, 2010/11	↔	191.0	193.0	72.0				489.0
24 Contacts with Community Psychiatric Nurse, 2010/11	↓	150.0	169.0	3.0				584.0
25 Total mental health services contacts, 2010/11	↔	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	↓	121.0	207.0	543.0				52.0
28 ISR for suicide and undetermined injury, 2010/11	↓	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	Year	Other sources of information or data
1	Percentage of 16-18 year olds not in employment, education or training (NEET)	2011	Local Government Improvement and Development
2	Episodes of violent crime, rate per 1,000 population	2010/11	Neighbourhood Statistics
3	Percentage of the relevant population living in the 20% most deprived areas in England	2010	Department for Communities and Local Government
4	Working age adults who are unemployed, rate per 1,000 population	2010/11	Department for Communities and Local Government
5	Rate of hospital admissions for alcohol attributable conditions, per 1,000 population	2011/12	Local Alcohol Profiles England
6	Number of people (aged 18-75) in drug treatment, rate per 1,000 population	2011/12	National Treatment Agency for Substance Misuse
7	Statutory homeless household, rate per 1,000 households, all ages	2010/11	Department for Communities and Local Government
8	Percentage of the population with a limiting long term illness	2001	Office for National Statistics
9	First time entrants into the youth justice system 10 to 17 year olds	2001 to 2011	Youth Justice Indicators, Department for Justice
10	Percentage of adults (16+) participating in recommended level of physical activity	2009/10 to 2011/12	Sport England
11	Percentage of adults (18+) with dementia	2011/12	Health and Social Care Information Centre
12	Ratio of recorded to expected prevalence of dementia	2010/11	POPPI & PANSI
13	Percentage of adults (18+) with depression	2011/12	Health & Social Care Information Centre
14	Percentage of adults (18+) with learning difficulties	2011/12	Health & Social Care Information Centre
15	Directly standardised rate for hospital admissions for mental health	2009/10 to 2011/12	Hospital Episode Statistics, Health & Social Care Information Centre and the Office for National Statistics
16	Directly standardised rate for hospital admissions for unipolar depressive disorders	2009/10 to 2011/12	Hospital Episode Statistics, Health & Social Care Information Centre and the Office for National Statistics
17	Directly standardised rate for hospital admissions for Alzheimer's and other related dementia	2009/10 to 2011/12	Hospital Episode Statistics, Health & Social Care Information Centre and the Office for National Statistics
18	Directly standardised rate for hospital admissions for schizophrenia, schizotypal and delusional disorders	2009/10 to 2011/12	Hospital Episode Statistics, Health & Social Care Information Centre and the Office for National Statistics
19	Allocated average spend for mental health per head	2011/12	Department of Health, Exposition book
20	Numbers of people using adult & elderly NHS secondary mental health services, rate per 1,000 population	2010/11	Health & Social Care Information Centre – Mental Health Minimum Dataset
21	Percentage of referrals entering treatment from Improving Access to Psychological Therapies	2011/12	Health & Social Care Information Centre
22	Numbers of people on a Care Programme Approach, rate per 1,000 population	2010/11	Health & Social Care Information Centre – Mental Health Minimum Dataset
23	In-year bed days for mental health, rate per 1,000	2010/11	Health & Social Care Information Centre – Mental Health Minimum Dataset
24	Number of contacts with Community Psychiatric Nurse, rate per 1,000 population	2010/11	Health & Social Care Information Centre – Mental Health Minimum Dataset
25	Number of total contacts with mental health services, rate per 1,000 population	2010/11	Health & Social Care Information Centre – Mental Health Minimum Dataset
26	People with mental illness and or disability in settled accommodation	2011/12	Health & Social Care Information Centre
27	Directly standardised rate for emergency hospital admissions for self harm	2011/12	Hospital Episode Statistics, Health & Social Care Information Centre and the Office for National Statistics
28	Indirectly standardised mortality rate for suicide and undetermined injury	2010/11	Compendium of population health indicators, Health & Social Care Information Centre and the Office for National Statistics
29	Hospital admissions caused by unintentional and deliberate injuries in <18s	2009/10	Hospital Episode Statistics, Health & Social Care Information Centre and the Office for National Statistics
30	Improving Access to Psychological Therapies – Recovery Rate	2011/12	Health & Social Care Information Centre
31	Excess under 75 mortality rate in adults with serious mental illness	2010/11	Compendium of population health indicators, Health & Social Care Information Centre and the Office for National Statistics

Stakeholder views

A discussion of the topic was held at the Autumn Partnership Catch up in November 2013. The following is a summary of comments from the day.

On improving data on Mental Health and Wellbeing

“We need to take account of wider community data such as crime data. People with MH problems are often victims of crime. We need to acknowledge that people who commit crime may do so because they didn’t get the help they needed initially.”

The needs to be better “Linking of data i.e. mental health of parents with maternity data so that there is information to support service development.”

On improving Mental Health and Wellbeing Services

“Better communication between services. Navigate through services.”

“There are people with mental health issues who get batted around.”

“Mental Health services do need to recognise that carers can be of help.”

On improving care in Mental Health and Wellbeing

“Wellbeing in the community – more needs to happen. What community health services are available, where they are – point of entry”

“More support for voluntary organisations. Help each other. Low cost services, integration.”

“Better use of venues that are empty – for organisations that are looking for buildings.”

“Learning disabilities and mental health services working together in terms of skills and training.”