

Swindon's Joint Strategic Needs Assessment

Bulletin: Adult Mental Health and Wellbeing Needs Assessment



Key Points:

- The JSNA provides evidence to help us understand the mental health and wellbeing needs of people in Swindon.
- The mental wellbeing (see definition below) of the Swindon population is in line with the national and regional average but deteriorated in Swindon in 2012/13 when nationally and regionally it improved.
- Mental wellbeing is significantly worse in the more deprived areas of Swindon.
- There may be around 30,000 adults in Swindon with a common mental health disorder (excluding dementia). This is projected to increase over the next 20 years.
- Swindon has above average rates of people on GP registers with Depression and the third highest level of anti-depressant prescribing in the South West.
- Swindon has the 15th highest rate of hospital admissions for self-harm and ranks 15th highest out of 150 local authorities
- The rates of suicide in Swindon have increased and average 16 per year.
- Swindon has higher rates of people who feel socially isolated than the national rate.
- Swindon has some very good mental health services including excellent access to psychology services although there are some gaps in services.
- Those with mental health disorders still experience stigma and discrimination associated with their condition.
- Those with Severe Mental Illness die on average 20 years earlier than the general population
- On average those with mental health problems have fewer qualifications, find it harder to find and retain work, have lower incomes, and are more likely to be homeless.
- Those with long term conditions or disabilities experience more mental health problems.
- This needs assessment makes 21 recommendations – these are set out from page 6.

What is a Joint Strategic Needs Assessment (JSNA)

A JSNA helps us to understand:

- What we know about the current health and wellbeing needs of local people
- How their needs are currently being met
- What we think their future needs are likely to be; and
- How their needs can be best met in the future.

The JSNA process involves many different partners and is overseen by Swindon's Health and Wellbeing Board. Understanding Swindon's changing population, the factors that affect health and wellbeing, the town's assets and the implications for future services are vital in setting priorities and planning future services.

The Adult Mental Health and Wellbeing Needs Assessment

Mental health and wellbeing is fundamental to our ability to flourish as individuals and as a community. Mental and physical health are intertwined, summed up by the title of the National Mental Health Strategy 'There Is No Health without Mental Health' (DH 2011).

Mental wellbeing is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (World Health Organisation).

Mental illness can be defined as the existence of a clinically recognizable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions (World Health Organisation).

Determinants of mental health and wellbeing in Swindon

Whether or not a person develops a mental health disorder will depend on their individual vulnerability, influenced by the presence of predisposing factors, their exposure to particular circumstances and on the operation of their protective factors. It is important to recognise the highly individual interplay of the vulnerability and resilience of an individual, as well as the wider societal factors affecting everyone's lives, when discussing mental health matters.

Factors affecting mental health include:

Family circumstances	Life events	Socio-economic environment
Education	Employment	Social networks
Social support	Social isolation and transport	Military experience
Migration & Ethnicity	Sexual orientation	Age & Gender
Caring responsibilities	Maternal mental health	Disability/physical ill-health
Debt	Housing and homelessness	Social cohesion
Neighbourhoods/Environment	Crime	Domestic violence

Factors affecting mental health in Swindon

Compared to the national average:

- Measures of family circumstances in Swindon impact positively on mental health. There are fewer children in care, a higher percentage of those with dependent children are married or co-habiting and have only one family. There are fewer single parents (and of these, fewer are living with no other adult) and there are fewer one person households over the age of 65 years. However, there are higher divorce and separation rates.
- Swindon has slightly lower percentage of carers. However, between 2001 and 2011 there has been a 24% increase in the number of carers in Swindon and a 69% increase in the number of people providing 20 - 29 hours of care a week.
- The Swindon population has lower educational attainment – a lower percentage attaining five or more GCSEs A* - C and fewer educated to degree level or above.
- There are slightly more men who are unemployed although unemployment is generally in line with the national average or just below. There are more individuals between the ages of 16 and 74 who are economically active. There are higher numbers of 16-18 year olds claiming Job Seekers Allowance.
- The mean gross annual pay in Swindon is lower particularly for women and the average unsecured debt is slightly higher.
- There are slightly higher rates of crime in Swindon
- Housing provision is good and there are fewer homeless people in Swindon. However, 94% of homeless people in Swindon and Wiltshire under the age of 35 have a mental health need.
- More social care clients in Swindon feel social isolated and fewer have as much support as they would like.
- The number of people living in Swindon not born in the UK has increased exponentially since 2001.

Mental Wellbeing in Swindon

The JSNA used two measures to assess mental wellbeing in Swindon. The National Wellbeing Survey carried out for the last two years by the government, and the Warwick Edinburgh Wellbeing Survey (seven questions) which was included in the 2012 resident's survey. The findings show:

- Mental wellbeing in Swindon is broadly in line with the national level. Using the National Wellbeing Survey Swindon residents are slightly less satisfied than the national population, but they felt more worthwhile, happier and less anxious than the national population.
- According to the National Wellbeing Survey 2012/13 Swindon residents have slightly lower levels of wellbeing than they had the previous year while the national population had improved mental wellbeing.
- Those with mental health disorders face specific challenges in maintaining wellbeing but should be given particular attention in order to promote resilience and self-reliance. Those with mental health disorders can still improve their mental wellbeing.

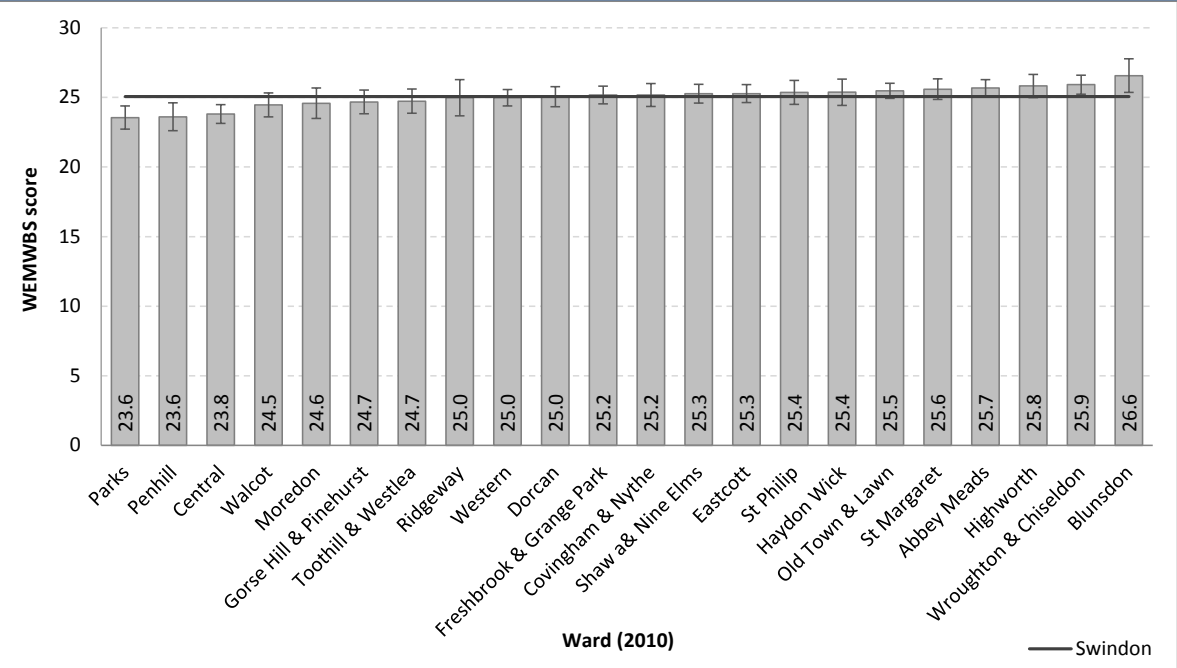
- The Warwick Edinburgh Wellbeing Survey (included as part of the residents Survey 2012), showed there was no difference in wellbeing between the genders but those over 65 years had better mental wellbeing than those age 16 - 24 years; those in the most deprived areas of Swindon had worse wellbeing than those in least deprived areas. People in Central, Parks, Penhill wards had the lowest wellbeing scores. (See figure below)
- Mental wellbeing is important from an environmental, societal and economic perspective

What Works to improve Wellbeing?

The [Five Ways to Wellbeing](#) are evidenced based ways to improve your mental health. They are: Connect with others; Be Active; Give or do something for others; Take Notice of what is happening around you; Keep Learning something new. The Five Ways have been used to illustrate this bulletin.



Warwick-Edinburgh Mental Wellbeing Scale scores by Swindon wards, 2012. Source: Swindon residential survey, 2012

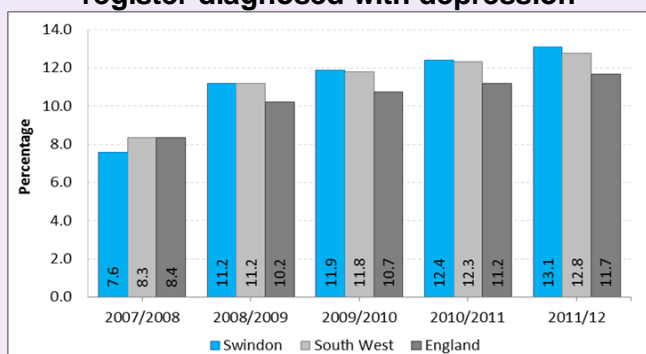


Mental Health Disorders

The Mental Health JSNA used a variety of measures for estimating the prevalence of common mental health disorders in Swindon. These included GP depression registers and the Adult Psychiatric Morbidity Survey. Estimates show that in Swindon there are between 22,600 and 29,000 individuals with depression or common mental health problems.

Swindon GP registers indicate that Swindon's population has slightly higher rates of depression than the national and regional average.

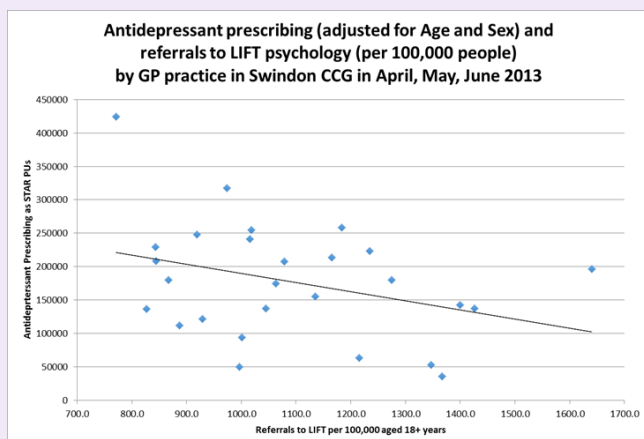
Percentage of adults (aged 18+) on GP register diagnosed with depression



Source: NHS comparators, The Information Centre for Health & Social Care

Prescribing of anti-depressants has increased over the last three years – Swindon has the third highest rate of anti-depressant prescribing in the South West

LIFT Psychology provides Swindon's psychology and talking therapies service. It is unclear if there is a strong correlation between GP practices referring to LIFT Psychology Service and prescribing levels. Statistically 12% of the variation in prescribing anti-depressants in GP practices can be linked to referrals to LIFT psychology.

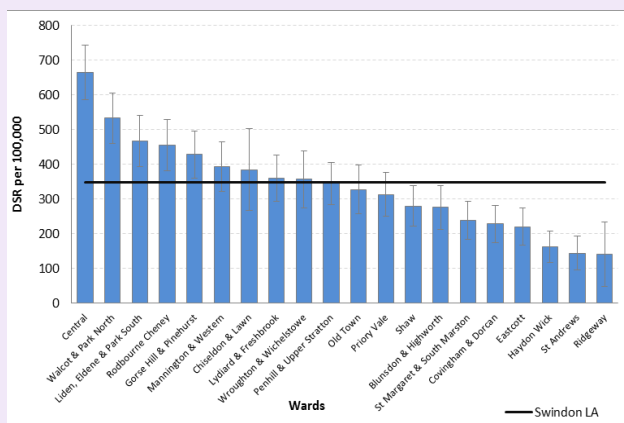


Swindon GP registers for those with severe mental health illness indicate lower levels of severe mental illness than in the rest of the South West and England.

The number of people with mental health conditions is predicted to rise over the next twenty years. Much of this is to do with demographic changes rather than an expected increase in prevalence.

Hospital admission rates for self-harm (intentional self-injury) in Swindon for adults and young people are higher than the national and regional average. In fact Swindon had the 15th highest admission rates for self-harm out of 150 local authorities. The graph below shows the variation in hospital admissions for self harm by ward and we can see that Central Ward, Parks and Walcot areas have statistically higher admissions than other areas of the town.

Directly age standardised rate of hospital admissions for intentional self-harm, Swindon wards, 2010/11 - 2012/13 (three year average)



Suicide rates in Swindon having been statistically significantly lower than the national and South West regional average are now no longer significantly different. The rate has increased from a low in 2005 – 2007 of 6.72 per 100,000 to 10.77 per 100,000 in 2010 - 2012. On average in Swindon there are 16 suicides per year.

Inequalities, Stigma and Discrimination

Nationally, according to the annual Time for Change report, there has been an improvement in attitudes to mental illness. However, stigma and discrimination is all pervasive, with nearly 9 out of 10 mental health service users (87%) reporting its negative impact on their lives.

Those with severe mental illness die on average 20 years earlier than the general population.

Those with mental health disorders are more likely to smoke, less likely to take physical exercise, have issues concerning dual diagnosis (mental health and substance misuse), and less likely to be a healthy weight.

On average those with mental health problems have fewer qualifications, find it harder to find and retain work, have lower incomes, are more likely to be homeless and are more likely to live in areas of deprivation than the general population.

Those with long term conditions or disabilities are more likely to experience mental health problems.

Current Services

There are a range of mental health and wellbeing services in Swindon ranging from locality and Health Ambassador teams, housing, social care, employment and other voluntary sector commissioned and non-commissioned services, primary care GP and psychology services through to secondary and specialist mental health services. These are to be enhanced with the planned Advice, Advocacy and Information hub and the Wellbeing Co-ordination Project. In addition there is the Mindful Employer Initiative promoting mental health with employers and Mental Health First Aid and ASIST suicide prevention training.

However, important key factors are that secondary care mental health services have recently undergone a re-organisation and third sector commissioned services (including housing, employment and social support) are all under review. Concerns raised during this needs assessment with regard to the secondary care re-structure include:

- the discharge of many service users from secondary care
- fast tracking those who become unwell back into secondary care
- the impact the re-structuring has had on primary care LIFT and Improving Access to Psychological Therapies (IAPT) services.

There are a large number of individuals on out of area placements which accounts for a disproportionate spend. There are plans to resettle these individuals into Swindon where appropriate.

What do local people think?

The views of service users and carers were sought during this needs assessment. These included commissioning consultation exercises, a mental health service user focus group, a carers meeting consultation, a service user survey and the views of young carers captured through a safeguarding conference. Their views have been taken into account throughout the needs assessment.

The general findings from the mental health service user survey indicated that mental health service users:

- Were more likely to report stress outside the workplace that they were unable to cope with in the last 12 months than Swindon residents generally;

- Were less likely to seek help and support from friends and family and more likely to turn to services for support;
- Felt considerably less safe in the area where they live and in the town centre both during the day and at night than other Swindon residents;
- Report less satisfaction in all domains measured other than the amount of free time they had;
- Were more satisfied with many statutory services but were less satisfied with some Probation, Avon and Wiltshire Partnership, Swindon Borough Council, ATOS Healthcare (who provide and Work Capability Assessment) and Department of Work and Pensions services and GP reception staff;
- Thought that packages of care from mental health and social care services are not as joined up as they are for physical illness;
- Thought that supporting people to get back into work (meaningful paid activity) was a priority. Major concerns were expressed about the impact benefit changes would have on service users.
- Found it difficult to live a healthy lifestyle – access to physical activity was considered a particular issue due to: the cost of the Swindon Card; having the confidence to access group sessions and keep them up; and the effect of their illness and side effects of medication.
- Had concerns that changes to mental health services would reduce capacity and choice. They wanted to access support in their communities rather than through a central location.
- Thought that services should focus on early intervention rather than leaving problems to get worse before being able to access services. Service users, carers and support staff all expressed concerns about re-accessing services in a timely manner when they were required.

Carers thought that:

- Social isolation was a particular concern for service users and many felt that service users would be entirely socially excluded without their carers support.
- Their voice was not heard particularly by GP services and social care services.

The restructuring of secondary care services began during 2012/2013 and at the time of the consultation and service users expressed concerns about the perceived withdrawal of services and their lack of awareness of other commissioned services offering support.

Recommendations

This JSNA has highlighted how broad mental health and wellbeing is and how many different factors can impact on an individual's mental health and wellbeing. The following recommendations should inform the development of a local mental health strategy and remind readers that almost all statutory services commissioned and provided will impact on the mental wellbeing of the people in the area served. Recommendations may require a review of funding.

The following recommendations are for action across organisations:

- 1) Ensure a more co-ordinated approach to the commissioning services by all statutory and voluntary sectors, which impact directly on mental health and wellbeing in order to prevent duplication or gaps in service. This should include primary and secondary care adult and children mental health services, substance misuse, public health, social care and housing.
- 2) Develop initiatives to improve mental wellbeing that focus on communities with lower levels of wellbeing taking into account ethnicity, age and deprivation.

- 3) Develop an innovative approach to promoting and implementing the Five Ways to Wellbeing and build it into work delivered by all staff in all organisations in Swindon. www.fivewaystowellbeing.org
- 4) Develop Initiatives to address social isolation targeting those at risk. Ensure that older people are actively engaged in society. Continue and enhance initiatives to encourage social integration such as work carried out by the Health Ambassadors and Locality Teams targeting socially isolated groups. Social isolation of vulnerable individuals can lead to extreme social, political or religious ideals and radicalisation and Mental Health Service providers should be aware of radicalisation and the Channel Process in order prevent vulnerable patients being targeted for radicalisation.
- 5) Ensure Mental Health Services are accessible to all equality and marginalised groups including: ethnicity and disability sight and hearing loss and learning disabilities; those living in areas of deprivation and those who are homeless.
- 6) Ensure those working with individuals in relation to benefits, be those employment, disability, housing or other benefits, are aware of the needs of this client group and make reasonable adjustments to ensure that individuals receive benefits they are entitled to. Health and social care providers, mental health services and financial sectors should be aware of the impact of debt on mental health and should ensure they are linked to debt advice services as required.
- 7) Ensure that the needs of the whole family of the mental health service user are considered and the voices of young carers are heard. "See the Adult See the Child" protocols should be followed <http://www.swindonlscb.org.uk/procedures/Pages/Home.aspx>. Carer's assessments should be embedded in standard practice to ensure their physical, social and psychology needs are met.
- 8) Review the physical health needs of those with mental health disorders. All service, and particularly mental health service, providers should promote effective health improvement initiatives.
- 9) Establish and support a local Time For Change group to raise awareness of mental health issues and tackle the stigma associated with it.
- 10) Ensure that the mental health needs of those aged 16 – 25 years are met and that the transition between CAMHS and Adult services is facilitated.
- 11) Review the implementation of section 136 of the Mental Health Act should be undertaken to ensure that services meet the quality standards outlined by National Institute for Health and Clinical Excellence. This has implications for both mental health services (place of safety for adults and young people) and the police who may require additional training.
- 12) Develop a self-harm register at Great Western Hospital to gain further insight into the high hospital admission rates for self harm in Swindon. This would provide understanding regarding links to deprivation, ethnicity and domestic violence and lead to targeted work to prevent admissions.
- 13) Collaborative work with Multi Agency Public Protection Arrangements (MAPPA) should be undertaken to support the repatriation of those being treated in specialist services out of area back to Swindon and ensure measures are in place to reduce any risks. This will address the disproportionate spend on out of area placements and improve the services delivered to individuals.
- 14) Undertake further analysis of anti-depressant prescribing in Swindon to understand the high rates of prescribing and develop strategies to reduce the prescribing rates where appropriate alternatives exist or can be developed.

- 15) Ensure the Dual Diagnosis (mental health and substance misuse) pathways are implemented and evaluated to ensure that the needs of this vulnerable group (including those on probation) are met. This pathway should include those with Korsakoff's syndrome, which is an alcohol related dementia.
- 16) Evaluate the effectiveness of the restructuring of Avon Wiltshire Partnership services to include appropriateness of discharges and responsiveness of the "fast track" pathways back into services. The evaluation should include the impact the reorganisation has had on different elements of the service including LIFT psychology. Commissioners should ensure that funding follows the patient.
- 17) Ensure mental health services are based on the stepped care approach and early intervention models which focus on prevention, early intervention and promoting mental health and wellbeing in Swindon. Primary care psychology services should maintain an open access and public mental health approach of least intervention first time.
- 18) Ensure support for people with long-term physical health conditions remains available in order to address mental health issues they may experience. Current Department of Health funding ceases in April 2014 so a review of current funding will be required. Mental health needs should also be considered with end of life care.
- 19) Review and implement existing integrated Eating Disorder pathways. Consideration should be given to commissioning a community eating disorder service or ensuring the present service is fit for purpose, visible and accessible.
- 20) Review the provision of Attention Deficit Hyperactivity Disorder (ADHD) treatment to ensure it meets the needs of adults with ADHD. A broader piece of work to support carers of people with enduring mental health needs and complex learning disabilities and/or ADHD needs to be undertaken.
- 21) Address the gap in service for those who are acutely emotionally distressed but not necessarily mentally ill. This could have a positive impact in reducing suicide and admissions for self-harm. This should be considered in the context of existing crisis support services and link to the Hospital Based Psychiatric Liaison Service.

Where to find more information

The full Adult Mental Health and Wellbeing JSNA provides much more information on the issues covered by this bulletin (including full references). It can be found on Swindon's JSNA website:

<http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna.aspx>

The website includes a range of other documents about health and wellbeing in Swindon. If you have any queries (or would like to contribute to needs assessment activities in Swindon) please contact:

cbartlett@swindon.gov.uk

This JSNA was led by Frances Mayes (Senior Public Health Manager) with support from other members of the Swindon Public Health and Commissioning Teams. The author would like to thank all the stakeholders who contributed to and gave their time to help inform this needs assessment. Particular thanks to: mental health service users and carers; young carers; mental health service providers and housing providers.

This bulletin will be reviewed in 2017.

FIVE WAYS TO WELLBEING

