



MENTAL HEALTH NEEDS ASSESSMENT for the Bristol Population

“Mental health is a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life..... and is able to make a contribution to his or her community” (WHO)

The economic case

- Mental illness is the largest single burden of disease in the UK, with direct and indirect costs estimated to amount to £105 billion a year, 20% of which is direct health and social care cost
- In 2004 22.8% of the total burden of disease in the UK was attributable to mental illness, compared with 16.2% for cardiovascular disease and 15.9% for cancer.

*The Economic and Social Costs of Mental Health Problems 2009 / 10, Centre for Mental Health (2010)
WHO (2008). The global burden of disease: 2004 update.*



Purpose of the report


- To estimate the pattern and scale of mental health needs within the population of Bristol
- To inform planning for mental health (promotion, prevention and treatment)



Methodology

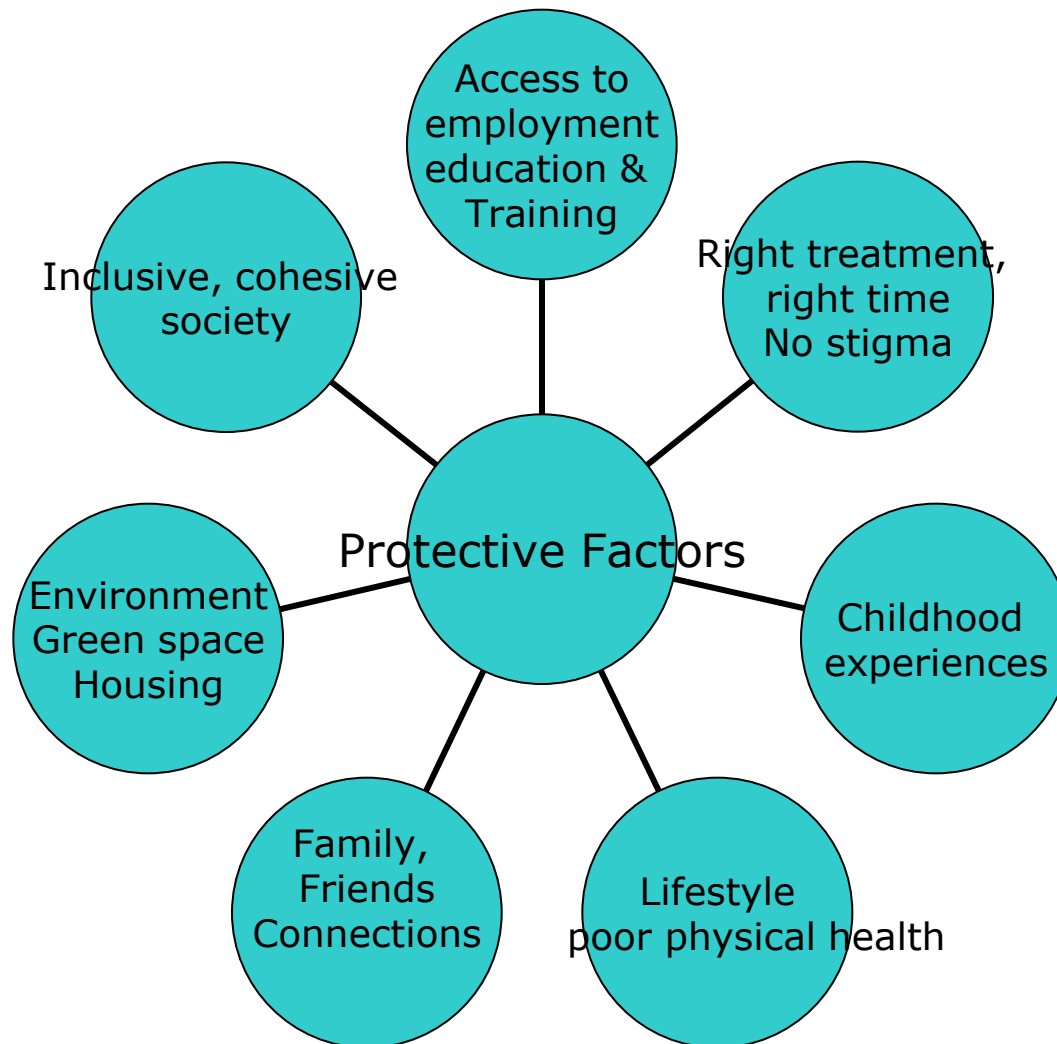
(See Index p 2 and Methodology p 5)

- Risk factors at neighbourhood level
- Risk factors across the life course
- Estimated number of people with mental health conditions (Adult Psychiatric Morbidity Survey 2007)
- Overlap of need, demand and supply

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- Promotion
 - Prevention
 - Primary Mental Health Care
 - Early Intervention
 - Specialist

The needs assessment aims to ensure service provision and resources are aligned with need

Mental health protective factors





Key Principles

- Building Resilience
- Reducing Risk

- Promoting Wellness
- Principle of Recovery



Analysis of MH risk by ward

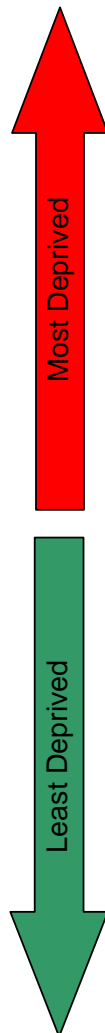
(see p 7 – 9)

The following factors which influence mental health have been mapped against each ward in Bristol and scored and ranked in relation to the level of risk to population mental health.

- Employment
- Education and training
- Housing
- Access to fresh food
- Physical Activity
- Social networks and support
- Access to green space
- Crime
- Cohesion
- Discrimination and harassment

Ward Mental Health Risk

- Wards ranked by MH risk score (low score = high risk)
- Ashley, Windmill Hill & Southville have a lower risk compared to level of deprivation
- Stockwood may have a higher than level of deprivation suggests



Ward	IMD rank	MH Risk Score (sum of ranks, low score = high risk)	MH Risk Rank (low rank = high risk for poor MH)
Data period:	2007	Score	rank
Lawrence Hill	2	119	1
Filwood	1	191	2
Southmead	4	218	3
Lockleaze	6	220	4
Avonmouth	12	252	5
Hillfields	15	254	6
Kingsweston	8	264	7
Hartcliffe	3	278	8
Whitchurch Park	5	288	9
Easton	10	301	10
St George West	14	312	11
Eastville	21	318	12
Frome Vale	19	321	13
Stockwood	25	322	14
Henbury	9	329	15
Brislington East	23	341	16
Knowle	17	354	17
Bishopsworth	11	357	18
Brislington West	27	363	19
St George East	26	372	20
Cabot	18	374	21
Ashley	7	376	22
Hengrove	20	395	23
Windmill Hill	13	408	24
Bedminster	22	433	25
Horfield	24	434	26
Southville	16	463	27
Clifton	30	497	28
Clifton East	28	520	29
Cotham	29	548	30
Bishopston	31	569	31
Stoke Bishop	34	570	32
Redland	32	617	33
Henleaze	35	623	34
Westbury-on-Trym	33	629	35



Mental Health across the life course

- The importance of a positive start
- Differences between men and women
- Mental health in older adults



Risk across the life course

- Children & young people
 - Some disorders are highest in 16-24yr olds (eg: eating disorders, OCD) & comorbidity is common
- Men
 - 3 x more likely to end their own lives than women
- Women
 - x2 more likely to be diagnosed for depression
- Older People
 - Roughly 25% of mental health inpatient admissions and one third of all mental health service activity in England is concerned with the care and treatment of people over 65



Exposure to risk factors

- Domestic and other abuse
- Discrimination and exclusion
- Housing / Homelessness
- Poverty and deprivation

The Impact of Discrimination

Race Equality and Mental Health

- Lower than average rates of mental health referrals via GPs and community mental health teams
- Over 40% more likely than average to be referred to mental health services through the criminal justice

Disability and Mental Health

- 20% of people in Bristol have experienced discrimination in relation to their disabilities, which is likely to impact on their mental health.
- Older people with physical or sensory disabilities or those with chronic health conditions can be more at risk of mental health problems.

Sexual Orientation and Mental Health

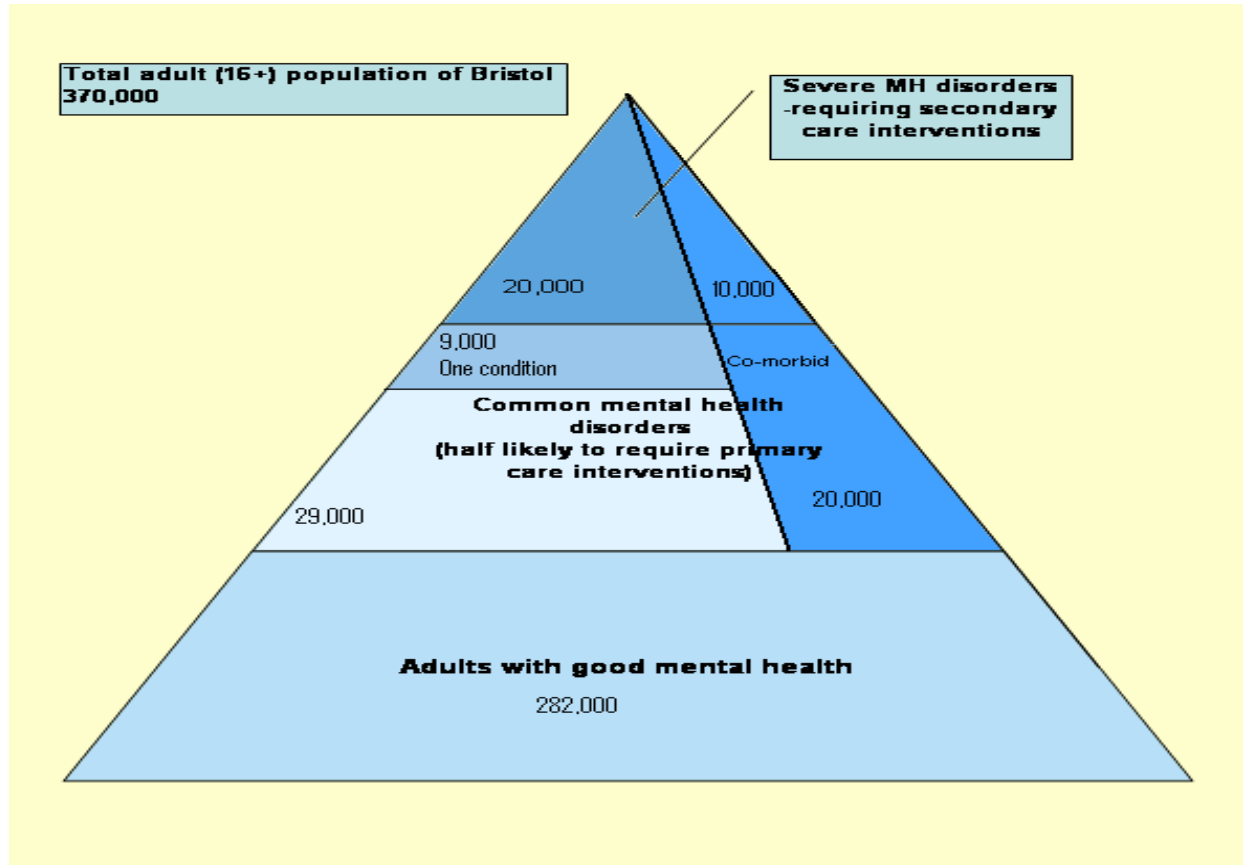
- Around 20% of LGBT people responding to the local Quality of Life Survey (2009) in Bristol reported experiencing discrimination for their sexuality in 2009. An estimated 26,000 in Bristol are Gay, Lesbian or Bi.



Adult Mental Health in Bristol

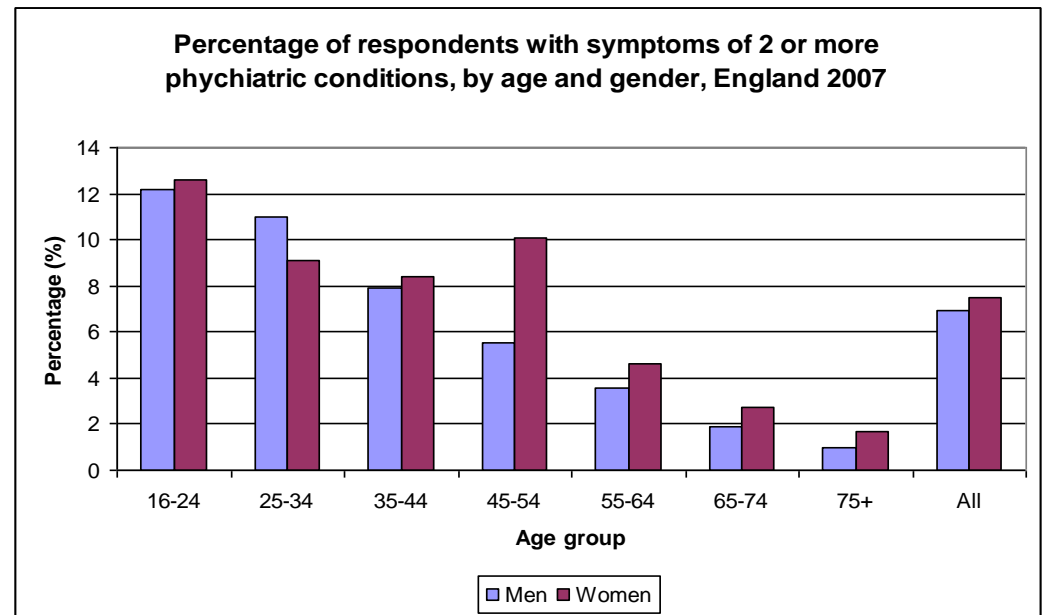
- 370,000 total adult (16+) population in Bristol
- 76% (282,000) expected to be in good mental health
- 15% (60,000) could benefit from some treatment
- 9% (28,000) mild / transient episode of mental distress, no need for treatment

Bristol – estimates of numbers



Co-morbidity

- Almost a third of adults with MH problems are likely to have more than one condition
 - more severe symptoms, greater disability, longer duration and increased use of health services.
- Approx 30,000 adults in Bristol in 2010 (32,500 by 2015)
- Increases with decreasing household income
- Most common in 16-24yr olds & women aged 45-54





Services

- 2% (9000 people) access specialist mental health services each year
- 1.5% (7000) access the IAPT talking therapy service
- 1/3 of GP appointments mental health related

Key Points to note

- effective 'treatment', at its best, will prevent or address only 28% of the total level of need – so focussing on prevention and building social, community resilience is essential
- investing in early intervention services for children and young people could prevent 25 – 50% of adult mental illness, with economic returns of intervention programmes exceeding cost by 1:6
- Integration and whole system approach
 - across health and social care
 - physical and mental health
 - Across the life course



The Iceberg effect – drawing the right conclusions (see page 50)

Some people may not be receiving services who need them

Others may not want contact with formal services

In addition to ensuring that the threshold for access to services is accessible and appropriate,

the importance of not over medicalising mental health

Invest in community based resources, designed to support individuals and community resilience.



Planning for the future

- The number of people living with mental health conditions is likely to **increase** steadily to 2015 and onwards along with the population.
- **External factors**, such as the recession, may increase the prevalence rates, further increasing the numbers of people with mental health conditions.
- Working with the council and other partners to **build population mental and health** and wellbeing will impact directly on the need for mental health services.
- There will be a need for **smart commissioning** focusing on prevention, early intervention, self help and recovery if the future demand is to met.



Recommendations

- **Investment in Primary Mental Health** and support / treatment for Common Mental Health Disorders independently and alongside specialist treatments is likely to be beneficial.
- **Commissioning all services holistically** and to address co-morbidity is likely to be fruitful.
- **Targeted** prevention, promotion and treatment programmes should address exclusion and be accessible and culturally appropriate.
- **Improved data** about who is accessing services, and at which level would provide a good indicator of patterns of public mental health and inform continuous improvement.
- **An annual mental health needs assessment** using existing and additional data is recommended.