

# Swindon Joint Strategic Needs Assessment Bulletin

## Swindon Mental Health Bulletin 2019



### Key Points:

- Community mental health and wellbeing services for adults are due to be re-commissioned in 2019 - the main aim of this needs assessment is to inform re-commissioning plans.
- This needs assessment makes a number of recommendations which are applicable to the new community mental health and wellbeing service, as well as to wider work; these can be found at the end of the bulletin.
- Recommendations were informed by an evidence review on effective mental health interventions. The review focussed on interventions recommended by NICE (National Institute for Health and Care Excellence) guidance, interventions to improve mental wellbeing and interventions with evidence of cost-effectiveness.
- Mental illness is commonly classified into common mental disorders (CMDs) and severe mental illness (SMI). CMDs include mild to moderate depression and different types of anxiety, while SMI encompasses schizophrenia, other psychoses or bipolar disorder.
- National data from the Adult Psychiatric Morbidity Survey (APMS) indicates that approximately one in six adults has a CMD (in Swindon this equates to about 30,000 people), one in 100 has a psychotic disorder, and one in 50 has bipolar disorder.
- As part of the re-commissioning process, the views of members of the public and of service providers were sought on mental health needs and service gaps in Swindon. A key theme that emerged was the need for a town-wide approach to reduce stigma and raise awareness around mental health.

### 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.

We want to understand Swindon's changing population, what is going on in Swindon and what makes a difference to people's health and wellbeing so that we can plan for the future. The Swindon Health and Wellbeing Board oversees the development of JSNA's and any resulting recommendations.

## Introduction

The World Health Organisation has defined mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

Mental health is affected by social factors, such as employment, housing and deprivation, and by individual behavioural factors, such as physical activity and substance misuse. Negative health behaviours, whether a cause or consequence of mental health conditions, contribute to physical health inequalities among those with mental health conditions. For instance, smoking is a significant cause of poorer physical health among people with severe mental illness (SMI) – approximately 40% of this group smoke, compared to 15% of the general population. People with SMI are at risk of dying on average 15-20 years earlier than other people – this is one of the largest health inequalities in England.

Mental illness is commonly classified into common mental disorders (CMDs) and SMI. CMDs comprise different types of depression and anxiety, including generalised anxiety disorder, panic disorder, phobias and obsessive compulsive disorder. Symptoms of depression and anxiety often co-occur. SMI encompasses schizophrenia, other psychoses or bipolar disorder.

Community mental health and wellbeing services for adults are due to be re-commissioned in 2019, and hence the main aim of this needs assessment is to inform re-commissioning plans.

Community mental health and wellbeing services are those that are provided in the community setting by the voluntary sector for people with CMDs or people managing/recovering from SMI.

The specific objectives of this JSNA are as follows:

- To provide an up-to-date epidemiological overview of mental ill health among young people aged 16 years and over and adults in Swindon
- To assess community mental health and wellbeing service provision for children and adults and identify gaps in provision
- To present information gained from engagement with the public, mental health service users and providers
- To identify effective mental health interventions for adults from the research literature
- To make recommendations for the re-commissioning plans.

## Prevalence of CMDs and SMI in the adult population aged 16+ in Swindon

The Adult Psychiatric Morbidity Survey (APMS) is the most reliable national profile of mental health available. It identifies both diagnosed and undiagnosed disorders, and hence gives a more accurate picture of prevalence than local data, which in the main doesn't include undiagnosed cases. National prevalence estimates for CMDs and SMI from the most recent 2014 APMS<sup>1</sup>, along with the corresponding counts for Swindon, are outlined in Table 1 below.

Table 1 highlights a clear gender gap in relation to prevalence of CMDs – approximately one in five women, compared to one in eight men, have a CMD.

1. NHS Digital, 2016. *Adult Psychiatric Morbidity Survey 2014*. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014>

However, rates of psychotic disorder (approximately one adult in 100) and bipolar disorder (approximately one in 50) are similar in men and women.

The prevalence of CMDs is higher in the working age population compared to older people – the 2014 APMS estimated the prevalence of CMD among age groups between 16-64 years at 18-19%. This declined to 11.5% for those aged 65-74, and further declined to 8.8% for those aged 75 and over.

### Vulnerable groups

National research (including the 2014 APMS) has identified a number of key groups as being at increased risk of mental disorders. There are little to no data available at a local level on mental health issues among high risk groups, however it is likely that Swindon reflects the national picture.

These groups include:

- Women, and particularly women in the 16-24 year age group, and women in the perinatal period (i.e. during pregnancy and the first year after birth)

- People living alone
- Unemployed and economically inactive people (including students and retirees)
- Those with chronic physical health conditions
- People with learning disabilities
- Prison population and offenders
- Lesbian, gay, bisexual or transgender (LGBT) people
- Carers
- People with sensory impairment
- Homeless people
- Refugees, asylum seekers and stateless person
- People living in poverty
- People with debt problems
- People with substance misuse problems.

The JSNA found national variation in reporting and uptake of treatment in some ethnic groups particularly increased rates of CMD in Black and Black British women (29.3%) compared to non-British White (15.6%) and White British (20.9%) women. There are higher rates of SMI in Black men (3.2%) compared to Asian (1.3%) and white (0.3%) men. (APMS 2014)

Table 1: National prevalence estimates for CMDs and SMI in the adult population (Source: 2014 APMS)

Indicator	Population overall	Estimated count for Swindon	Women	Men
Estimated prevalence of any CMD	17.0%	29,820	20.7%	13.2%
Estimated prevalence of severe CMD (warranting intervention)	8.1%	14,208	9.8%	6.4%
Estimated prevalence of generalised anxiety disorder	5.9%	10,349	6.8%	4.9%
Estimated prevalence of depressive episode in the past week	3.3%	5,789	3.7%	2.9%
Estimated prevalence of bipolar disorder	2.0%	3,508	1.8%	2.1%
Estimated prevalence of psychotic disorder	0.5%	877	0.6%	0.5%

## Young people transitioning out of children's mental health services

The point of transition from Child and Adolescent Mental Health Services (CAMHS) is a time of heightened vulnerability for young people. There are significant risks of young people disengaging or being lost in transition despite needing further support, which can result in mental health problems increasing in severity later in life.

The main CAMHS services include a Targeted Mental Health Service (TaMHS) provided by Swindon Borough Council which offers early and low level interventions and a more specialist service for those with more complex needs provided by Oxford Health NHS Trust.

For 16-19 year olds, anxiety is the most common reason for referral to TaMHS. This is consistent with findings from the most recent major national survey of child mental health<sup>2</sup>, which showed that anxiety disorders are the most common type of mental health disorder among 17-19 year olds, with a prevalence of 13.1% in this age group. Girls in this age group are more than twice as likely as boys to have a mental health disorder.

The number of patients who, on being discharged from CAMHS, are transferred to Adult Mental Health Services in Avon and Wiltshire Mental Health Partnership Trust (AWP) remains consistently low in Swindon, and survey results indicate that young people's experience of the transitions process in Swindon seems to be positive on the whole. A multi-agency Transitions Panel meets monthly to review the needs of young people due to be discharged from CAMHS.

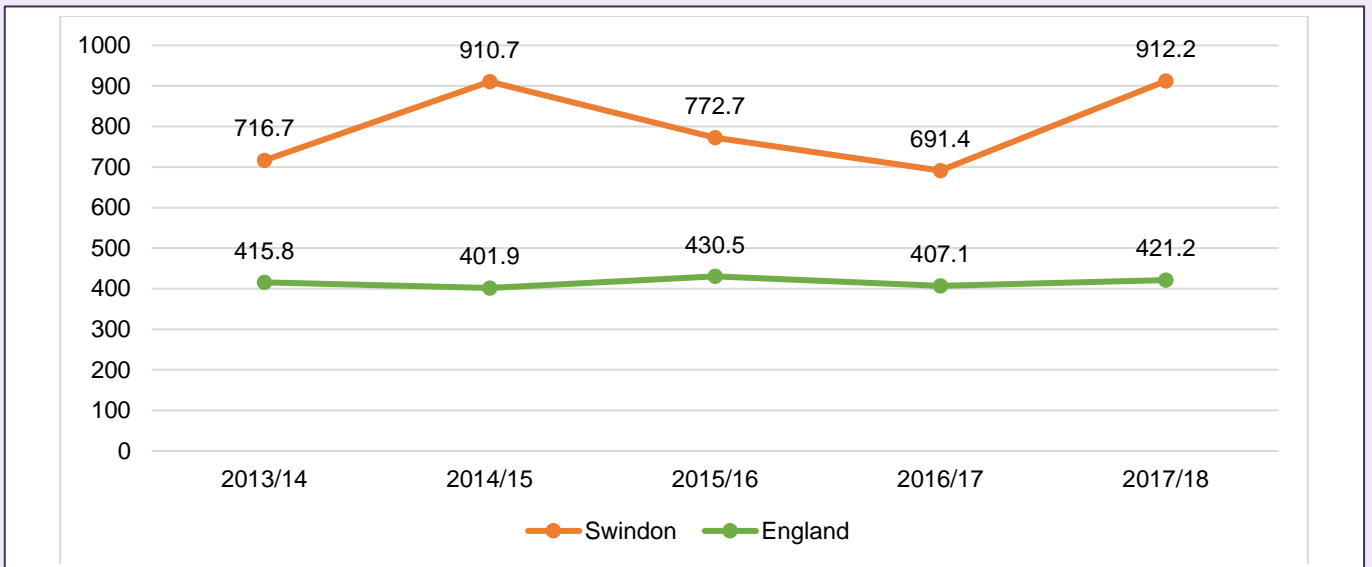
## Self-harm and suicide

Self-harm has been described by the National Institute for Health and Care Excellence (NICE) as "any act of self-poisoning or self-injury carried out by a person, irrespective of their motivation. This commonly involves self-poisoning with medication or self-injury by cutting." Suicide is defined as deaths given an underlying cause of intentional self-harm or injury/ poisoning of undetermined intent. Women (particularly young women) are a high risk group for self-harm, whereas for suicide, young and middle-aged men are at particular risk. In contrast to the trends in suicide, the incidence of self-harm has continued to rise in the UK over the past 20 years.

Swindon's hospital admission rates for self-harm are significantly higher than national rates, for all age groups, and particularly among young people aged 10-24 years (see Figure 1 below). It should be kept in mind, however, that self-harm often goes unreported and it is thought that hospital statistics underestimate overall rates of self-harm by about 60%.



2. NHS Digital, 2018. *Mental Health of Children and Young People in England, 2017*. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>



**Figure 1:** Admissions to hospital for self-harm (10-24 years) per 100,000 in Swindon compared to England from 2013/14-2017/18 (Source: Public Health England)

### Adult Community Mental Health & Wellbeing Service Provision

As of May 2019, Swindon Borough Council (SBC) currently commissions the following four voluntary sector providers of community-based mental health and wellbeing services for adults;

- Cruse: a bereavement care service for people having difficulty coping with bereavement which provides support through one-to-one sessions, group sessions and over the phone.
- Twigs: a community gardens project for people with mental health problems.
- Mind: a national charity providing advice and support to people with mental health problems.
- Phoenix Enterprise: an independent social enterprise which supports people with mental health problems to access training and employment opportunities.

Gaps in provision that were identified are outlined below.

- **Insufficient reach:** It is estimated that nearly 30,000 people in Swindon have a CMD, and that just under half of those have a severe CMD warranting intervention (based on prevalence estimates from the 2014 APMS). However, for 2017/18, the total annual number of service users reported by individual providers ranged from only 62-762 people.
- **High risk groups:** Generally, high risk groups for mental health problems are not explicitly targeted by current providers.
- **Perinatal mental health:** As of May 2019, there are no community-based services commissioned for women in the perinatal period. Between 10% and 20% of women are affected by mental health problems at some point during pregnancy or the first year after childbirth (likely more than 1,000 women in Swindon annually).

## Views of local people and providers

The views of members of the public and of service providers were sought on mental health needs and service gaps in Swindon from November 2018-February 2019 through an online survey (with 436 responses), four focus groups, consultations with representatives of vulnerable groups and an engagement event with providers.

A number of key themes emerged from consultation with local people, including the importance of peer groups as a mode of support and the need for a town-wide approach to reducing stigma and promoting awareness around mental health. Local people highlighted particular types of activities as being helpful to them in managing their mental health and wellbeing, including talking to others, mindfulness, arts-based activities, physical activities and green space activities such as gardening.

Local people also said that if mainstream services in the community (i.e. those that are not specific to mental health such as leisure centres, sports or cultural groups) were better equipped to support mental wellbeing, there would be much more on offer. Further, integration back into community life (after receiving mental health services) would be easier.

Representatives from 14 local community mental health organisations attended a consultation event on re-commissioning plans for the new community mental health and wellbeing service. Providers appreciated the focus on partnership working, and highlighted the importance of co-producing care plans with service users to address demand from repeat users and the underlying causes of mental health problems. They suggested that plans focus on mental well-being as well as mental ill-health.

## Review of evidence for effective mental health interventions

The scope of the evidence review included interventions recommended by NICE guidance, interventions to improve mental wellbeing and interventions with evidence of cost-effectiveness.

NICE guidance on interventions for people with mild to moderate CMDs emphasizes cognitive behavioural therapy (CBT), physical activity programmes and group-based peer support – these interventions are currently provided by Mind and Lift Psychology. Guidance on SMI highlights the importance of psychosocial and psychological therapy interventions, physical health assessment and healthy lifestyle promotion, and rehabilitation in home and community settings. For mild to moderate perinatal mental health problems, NICE recommends individual psychological treatment (such as CBT) and social support.

To improve mental wellbeing and prevent mental ill-health, Public Health England<sup>3</sup> (PHE) recommends promoting healthier lifestyle choices, tackling stigma and discrimination around mental health and addressing the wider determinants of mental health. Types of interventions to improve mental wellbeing with a strong evidence base include physical activity, access to green space and engagement with the arts.

In terms of cost-effectiveness, current evidence indicates that interventions relating to suicide and self-harm prevention, early intervention in psychosis and in conduct disorder and screening for alcohol misuse provide a net gain in terms of cost savings from a public sector perspective. The evidence further highlights a significant return on investment for employers for workplace mental health promotion.

3. PHE, 2018. *Wellbeing and mental health: Applying All Our Health*. Available at:

## Recommendations

Based on the data and literature reviewed as part of this needs assessment, the below recommendations are made for the re-commissioning of community mental health and wellbeing services in 2019.

- **Follow CBT principles:** Based on NICE guidelines for the treatment of mild to moderate CMDs, provision should be delivered using CBT principles.
- **Promote mental health in the workplace:** Based on evidence of cost-effectiveness for workplace mental health promotion interventions, continue to work with local employers to promote the mental health of the workforce.
- **Support women with perinatal mental health problems:** Based on NICE guidance for pregnant women who have sub-threshold symptoms of depression and/or anxiety, ensure that a community-based social support offer is available during pregnancy and the postnatal period.
- **Increase community self-harm support:** Based on high rates of self-harm admissions in Swindon, increase community self-harm support, ensuring that:
  - Young people are specifically targeted;
  - Provision complies with Health Education England's Self-Harm and Suicide Prevention Competence Framework for Community & Public Health;
  - Provision complies with NICE Clinical Guideline 133 on the long-term management of self-harm in people aged over 8 years old.
- **Offer suicide bereavement counselling:** Based on national suicide prevention policy and recommended best practice, offer bereavement counselling tailored for those bereaved by suicide.
- **Raise public awareness of community mental health and wellbeing services:** Based on current limited reach of community mental health and wellbeing services in Swindon, it is recommended to raise awareness among the public of services available, for instance through a website.
- **Address inequalities in vulnerable groups:** Services should explicitly target high-risk groups, such as homeless people, people with substance misuse problems and those in contact with probation services.
- **Support people with financial problems:** All services should be aware of the importance of benefit, gambling and debt services and intervening early, and signpost to the Citizen's Advice Bureau where appropriate.
- **Up-skill mainstream community services around mental health issues:** Based on national policy, adopt the principle of proportionate universalism in provision, by ensuring that the service is universally available, but with additional targeting of high risk groups as outlined above. To ensure universal mental health provision, it is recommended to work on up-skilling mainstream community services (i.e. those outside the field of mental health) to be more inclusive and more aware of mental health issues and supporting people with mental health problems.

- **Adopt a social prescribing model:** Based on national policy guidelines (most recently the NHS Long Term Plan), provision should be delivered using a social prescribing model.
  - It will be important to raise awareness among GPs of available services and ensure they can easily refer to them, for instance through having a single point of access for self-referrals such as a website.
  - Providers should develop their evaluation skills and measure the impact of social prescribing interventions in a quantitative way if possible.
- **Focus on promoting mental wellbeing:** To truly adopt a public mental health approach, it is recommended that promotion of mental wellbeing be at the heart of service provision. Provision should comprise evidence-based approaches to improving population mental wellbeing, including;
  - Tackling stigma and discrimination.
  - Promoting healthy lifestyle choices, particularly with regard to physical activity, smoking cessation and safer drinking levels. Promotion of physical activity and smoking cessation should be in line with the [Get Swindon Active Strategy](#) and the [Swindon Tobacco Control Strategy](#) respectively.
  - All services should be aware of and signpost to existing healthy lifestyle services.
  - Addressing wider determinants of mental health, such as improving access to green space, and increasing engagement with the arts.

Based on feedback from service providers, the below recommendations are made.

- **Promote partnership working:** Promote collaboration and partnership working between different providers of the service, and awareness among providers of other mental health-related work going on in Swindon.
- **Focus on wellbeing in care planning:** Ensure mental wellbeing is a focus of care planning with service users, and create a service-wide wellbeing plan template for use by all services.

Based on feedback from local people, including representatives of vulnerable groups, the following recommendations are made with a view to ensuring that the new service is as inclusive as possible.

- **Tackle stigma and raise awareness around mental health:** Raise awareness among the public and vulnerable groups, including carers and the LGBT community, about mental health. Consider training and raising awareness among faith leaders on mental health in BME communities, such as the Goan and afro-Caribbean community. Ensure the workforce is upskilled to enable them to communicate in an inclusive manner with vulnerable groups, such as transgender people and people with learning or physical disabilities.
- **Provide clear and accessible information on the service offer:** Information should include practical details on toilets, parking, and transport links.

*This bulletin was published in May 2019. It can be found online, together with the full version of the JSNA, on Swindon's JSNA website at <https://www.swindonjsna.co.uk/>*