

Joint Strategic Needs Assessments – Mental Health (Adults)

Hanna Blackledge – Lead Public Health Analyst (Interim)



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Joint Strategic Needs Assessment

- JSNA – continuous process, three-year cycle to support local strategy
- Chapters and dashboards - links where appropriate (e.g. demography, wider determinants of health)
- 2019 – last refresh of mental health
- COVID-19 pandemic response
- National mental health policy since 2019 – LTP (2019), MH Equalities Strategy (2020), in 2023 - RCRP, Suicide Prevention Strategy, Major Conditions Strategy, NHS WP
- Local developments and changes in service commissioning
- Presentation – headline findings (by exception), gaps and recommendations



JSNA – Mental Health (Adults) 2024

- Working Group – BI/Public Health (2023)
- Data survey and refresh – determinants, epidemiology, impact, services
 - Additional analysis - trends in crime/current prevalence estimates
 - Up to March 2024
- Leicestershire Mental Health Place Based Group – input and consultation (two rounds - data refresh and final draft)
- Areas covered – policy context, demography, high-risk groups, health needs (CMD, SMI, suicide, trends in service use), impacts, service provision, identified needs/gaps in provision, recommendations
- Leicestershire and District level data

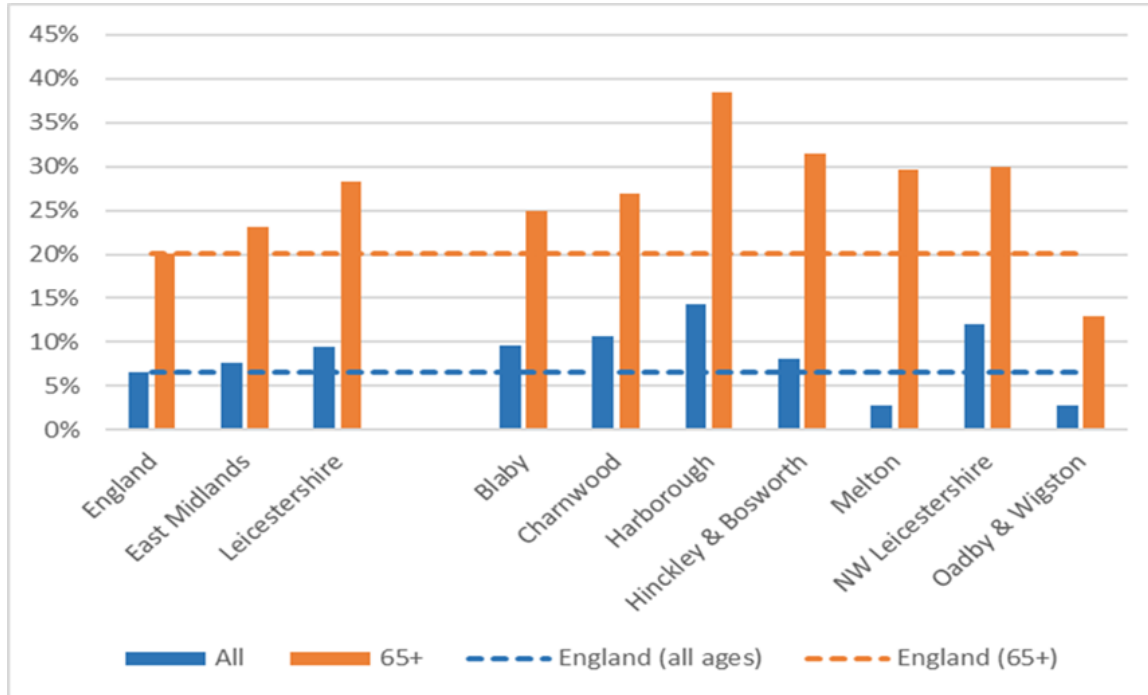


Who's at Risk?

- Population growth and multimorbidity
- Rural deprivation
- Cost of living crisis, housing and transport, education, loneliness, social media,
- Crime rates
- Groups at risk – protected characteristics, other factors
- People sleeping rough (<30 but increasing)
- SMD (estimated ~2,400)
- Women in perinatal period (↑ access rates)
- People with disabilities
- Carers
- Prison populations
- LGBTQ+ community
- Migrant populations
- Armed forces veterans
- Other – e.g. students



Demographic Growth



Population growth (%) between 2011 and 2021

(Source: Office for National Statistics)

- Figure – trends between 2011 and 2021 Census
- Population growth by 2032:
 - all ages – by 70,000 people (to at least 803 thousand)
 - 37K older population (65 and over) - additional 20K projected to have three or more conditions



Needs Assessment

- **Epidemiology**
 - **Estimates – Adult Psychiatric Morbidity Survey (2014*) + 2022 population**
 - Depression, generalised anxiety disorder (GAD), phobias, panic disorders, obsessive-compulsive disorder (OCD), CMD not otherwise specified (mixed anxiety and depression).
 - PTSD, neurodevelopmental disorders
 - Psychosis, bipolar, suicide (suicidal thoughts, attempts, self-harm)
- **Registration rates / mental health access rates / admission rates**
 - Level of demand/need rather than performance
- **Comparative – national / county/ districts**
 - OHID, ONS, NHS Digital

** New survey (2022) result expected mid-2025*



Common Mental Health Disorders (CMD)

- Total CMD estimated ~ 99K
- ~ 78K - depression and dementia (2017 estimate)
- Talking Therapies – 13K referrals (70% of target)
- Dementia - estimated ~ 10K - 6K registered (QOF 2023)
 - 63% vs 68.5% operational target (58% Harborough, 56% North West Leicestershire)
- Low demand for memory services (17/1,000 vs 19/1,000 nationally)
- Neurodevelopmental conditions – recent waiting times NICE-compliant

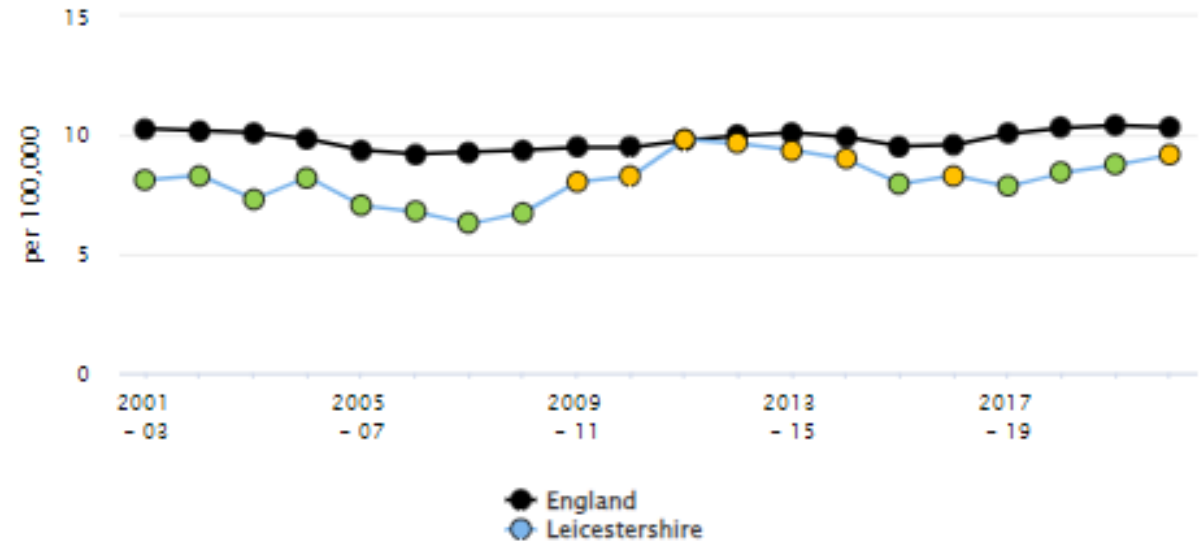


Severe Mental Illness (SMI)

- Total SMI estimated ~ 15K
- 6K registered (QOF 2023) + registration rates below national average
- 7.5K people with SMI accessed community mental health services in 2022/23
- ↑ premature mortality – cancer
 - ↓ breast screening rates – 31% vs 70% in general population
 - ↓ full health checks – 50% / 45% vs 60% target

Suicide and self-harm

- 50-60 suicides per year
- Admissions for self-harm lower than national average
- Estimated number of adults (lifetime self-harm or suicidal thoughts) ~ 40K



Trend in suicide rates in Leicestershire - persons, 3-year average (2001-03 to 2020-22)

(Source: OHID 2024)



Impacts

- Economic
 - ↑ employment gap (78% vs 69% nationally in 2021/22)
 - ↓ in stable and appropriate accommodation (11% vs 26% nationally in 2021/22)
- COVID-19
 - emerging evidence
 - groups at risk
- Return on Investment
 - Workplace £5.3 per £1 spend
 - Early Intervention in Psychosis £15 per £1 spend



Services

- Outline
- Commissioning
- Providers
 - NHS
 - VCSE
 - Local Authority
- Services
 - Talking Therapies
 - Health Inequalities Team
 - LLR Suicide Bereavement Service (Harmless)
 - Social Prescribing
 - Getting Help in Neighbourhoods
 - Student Mental Health
 - Mental Health Practitioner/Facilitators
 - Mental Health Central Access Point
 - Place of Safety
 - Triage Car
 - Transition work

Needs, Gaps and Recommendations



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Identified Needs and Gaps (1)

1. Fast demographic growth among older adults (aged 65 and above) – high future levels of morbidity and multimorbidity, including mental health conditions.
2. Issues of loneliness and social isolation in rural areas, poor access to services and hidden pockets of deprivation are best investigated at a neighbourhood level.
3. Local crime rates, particularly violence against person (predominantly of domestic nature and with injury) increased in the recent years.
4. Nationally the levels of mental ill-health among students have been increasing sharply.
5. Increased demand for community perinatal mental health services, in line with the national trend.
6. Estimated 2,400 people with SMD in Leicestershire – at a particularly high risk.



Identified Needs and Gaps (2)

7. Perceived lack of flexible mental health outreach for people who sleep rough.
8. CMD – total prevalence vs registered prevalence and service referral rates - a gap in provision?
 - NB Recent improvement in waiting times - 92% seen within 6 weeks (Leicestershire and Rutland).
9. Perception that the current cost of living crisis, and problems with housing and transport, are impacting disproportionately on mental health and wellbeing resulting in higher demand for services in some neighbourhoods.
10. SMI – estimated prevalence (15K) vs registered prevalence (6K) on GP registers.
 - NB over 7.5K of adults with SMI accessed community mental health services in 2022/23.
11. People with SMI – higher premature mortality (cancer).
 - Low coverage rates for breast cancer screening
 - Low rates of full physical health checks (vs 60% performance target)



Identified Needs and Gaps (3)

12. Care for personality disorders (PD) is perceived to be fragmented with gaps in service provision.
 - estimated prevalence ~73K to 83K
13. Suicide – 50- 60 people per year and an estimated ~ 40K potentially at risk.
 - Surveillance of suspected suicide is on-going
14. Perceived gaps in the continuity of care for people self-harming
15. Demand for secondary NHS mental health services increasing year-on-year with ~ 2.5% admitted as inpatients.
16. Wide employment gap between those in contact with mental health services and general population and lower than expected proportion of those in contact in stable and appropriate accommodation.
17. Estimated that less than a third of children have appropriate interventions at a sufficiently early age.



Recommendations (1)

1. Modelling of the impact of the demographic trends on future mental health needs.
2. Issues of social isolation, access to services and hidden pockets of deprivation should be recognised and addressed at a neighbourhood level, through improved joint working, including at risk groups such as unpaid carers, prisoners, travellers, vulnerable migrants, and armed forces veterans.
3. Enhance local data collection on mental health inequalities, prevention and services, including mapping of services and patient pathways, particularly for vulnerable groups.
4. Investigate potential impact of rising crime rates in neighbourhoods.
5. Seek opportunities for prevention and early detection of mental health conditions, particularly for those in high-risk groups such as carers of people with mental health difficulties to provide support before that person reaches a crisis.



Recommendations (2)

6. Continue raising awareness of the risk factors of dementia and prevention measures for these.
7. Improve access to support and services for individuals with Severe and Multiple Disadvantage (SMD).
8. Explore opportunities for developing flexible mental health outreach for people who sleep rough.
9. Develop a prevention programme as part of Prevention Concordat to promote mental health and wellbeing to wider population. To include wellbeing support and access to services, and interventions to mitigate, where possible social factors which are contributing to poorer mental wellbeing.
10. Explore opportunities to further understand and address, as appropriate, premature cancer mortality among people with severe mental illness (SMI) which may be linked to low breast screening coverage.
11. Improve the uptake of breast screening for women with SMI through better understanding of patient pathways, patterns among those non-attending and appropriate outreach, possibly using the current successful learning disability model.



Recommendations (3)

12. Monitor and improve uptake of physical health checks, particularly among those with SMI.
13. Explore opportunities to improve awareness of and access to effective treatments for personality disorders (PD).
14. Enhance the continuity of care for people who are self-harming, including emergency services, primary and social care and other local services.
15. Continue to support and develop interventions to enable people in contact with mental health services to engage in employment and have access to stable and appropriate accommodation.
16. Improve access to mental health services.
17. Improve the transition from children's services such as CAMHS into adult services, with a focus on prevention.



Next steps

1. JSNA presented to the Health and Wellbeing Board in May 2024
2. Drive forward recommendations using current governance structures or bespoke working groups
3. Breast screening - work commenced
4. Manage recommendations through Mental Health Subgroup



Questions