

LEICESTERSHIRE JOINT STRATEGIC NEEDS ASSESSMENT 2024

MENTAL HEALTH – ADULTS (APPENDIX)

April 2024

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Whilst every effort has been made to ensure the accuracy of the information contained within this report, Leicestershire County Council cannot be held responsible for any errors or omission relating to the data contained within the report.

All data contained in this report are up to date as of end of March 2024.

Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
APMS	Adult Psychiatric Morbidity Survey
ASB	Antisocial Behaviour
ASD	Autism Spectrum Disorders
ASPD	Anti-Social Personality Disorder
BHPS	British Household Survey Panel
BPD	Borderline Personality Disorder
CBD	Cognitive Behavioural Therapy
CMD	Common Mental Disorders
ELSA	English Longitudinal Study of Ageing
ESA	Employment Support Allowance
GAD	Generalised Anxiety Disorder
HSCIC	Health and Social Care Information Centre (NHS Digital)
LCL	Lower Confidence Limit
LLR	Leicester, Leicestershire and Rutland
OCD	Obsessive-Compulsive Disorder
ONS	Office for National Statistics
NOS	Not Otherwise Specified
NPS	New Psychoactive Substances
ONS	Office for National Statistics
PTSD	Post-Traumatic Stress Disorder
SMI	Severe Mental Illness
UCL	Upper Confidence Limit
VAP	Violence Against the Person

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This Appendix presents additional analysis at a district level for the Leicestershire Mental Health (Adults) Joint strategic Needs Assessment. Please refer to the main report for the relevant narrative and caveats to the data.

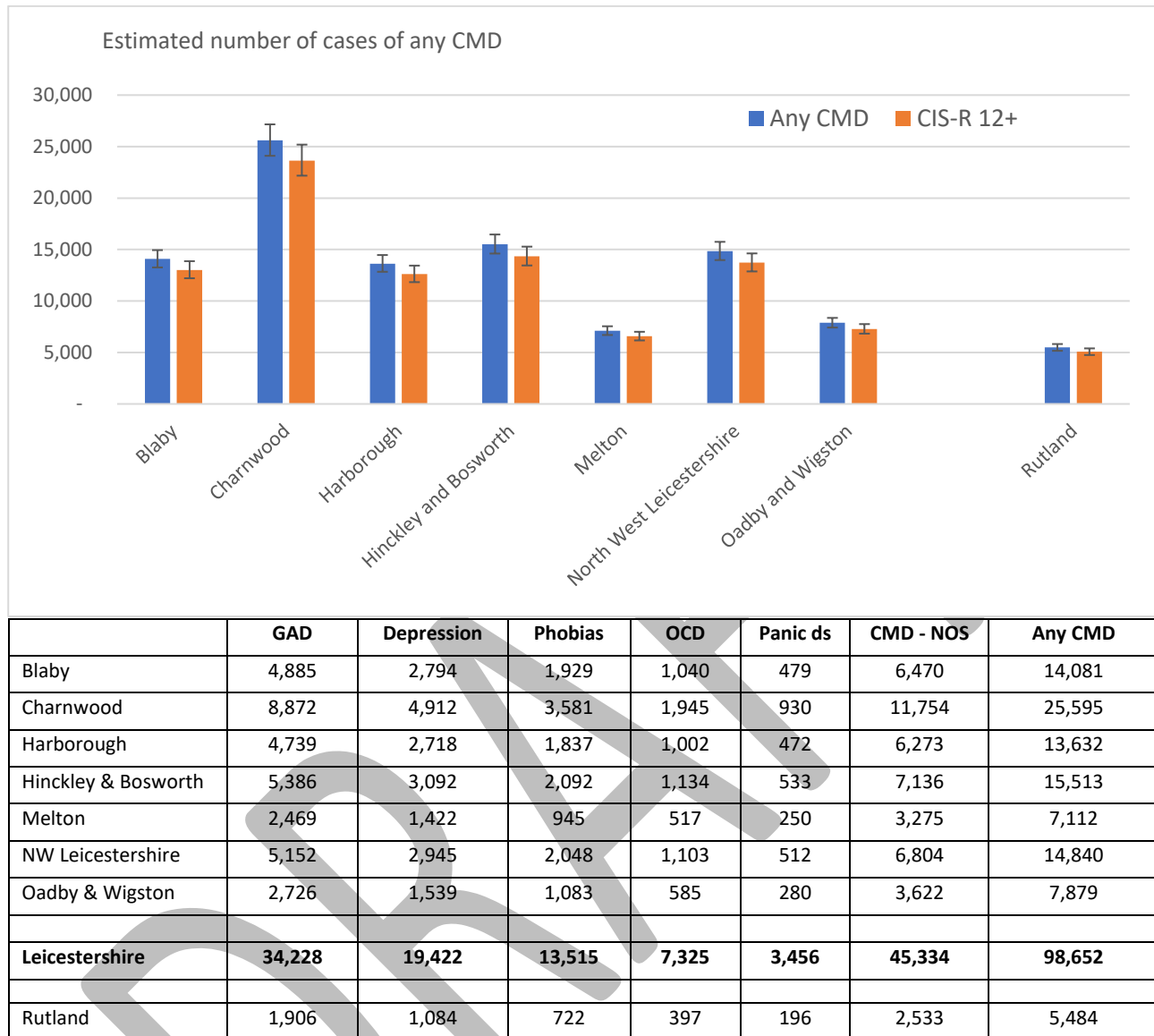
1. Prevalence Estimates

1.1. Common mental disorders (CMD)

APSM surveyed the symptoms of depression and anxiety, to estimate the prevalence of depression, generalised anxiety disorder (GAD), phobias, panic disorders, obsessive-compulsive disorder (OCD) as well as symptoms not otherwise specified (CMD-NOS), which mixed anxiety and depression which cannot be classified within any of the specific types mentioned. The revised Clinical Interview Schedule (CIS-R) was used - an interviewer assessed survey of 14 non-psychotic symptoms of CMD, scored according to their severity. A CIS-R score of 12 and above is a threshold applied to indicate that a level of CMD symptoms is present such that primary care recognition is warranted.

APSM indicated a sex difference, CMD being more common in women (21%) rather than men (14%), significant socioeconomic differences (CMD three times more common in people out of work or in receipt of financial support), role of social isolation (a third of all adults under 60 living alone vs 17% overall rate) and ethnicity - prevalence higher among black or mixed groups (22%).

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Figure 1. Overall CMD estimates (2022 denominator)

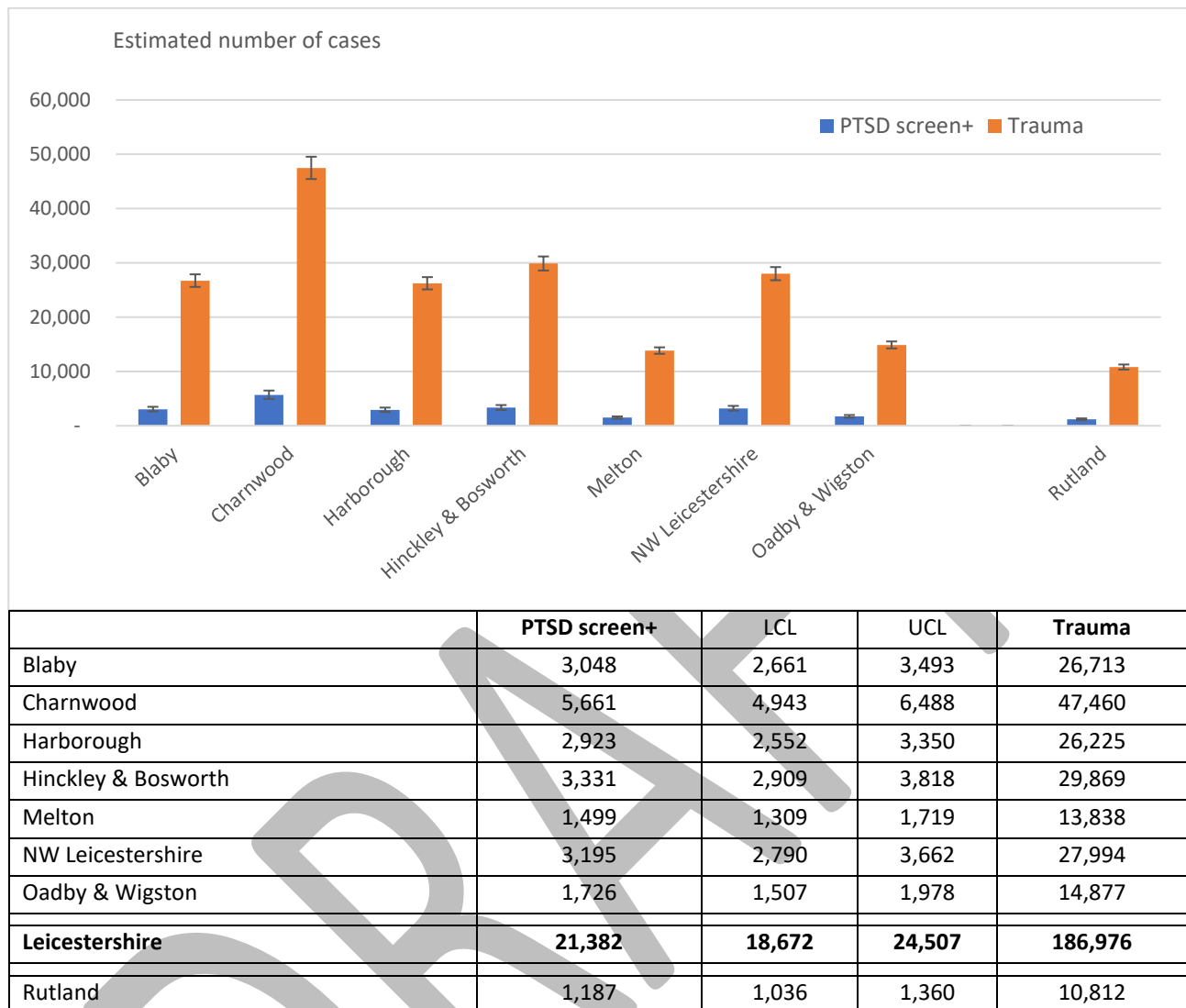
1.2. Post-traumatic stress disorder (PTSD) and experience of trauma

APMS identified PTSD through PTSD Checklist – Civilian (PCL-C). A score of 50 or more and meeting Diagnostic Statistical Manual (DSM) criteria for PTSD were defined as screening positive and should be interpreted as sufficient symptoms to warrant further investigation.

Trauma is defined as experience that either put a person or someone close to them at risk of serious harm or death. Over a third of adults (31%) have had a traumatic event in their lifetime and may go on to develop PTSD. The main symptoms of PTSD are flashbacks, nightmares, avoidance, numbing and hypervigilance.

Overall, just over 4% of adults screened positive for PTSD in the past month, with similar rates for men and women, the rate was highest among younger women (16–24 year olds - 13%) , declining sharply with age. The risk was higher in people under 60 living alone, those not in work and among benefit recipients. Only 13% of those screening positive for PTSD had already been diagnosed by a health professional.

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Figure 2. Estimated number of people with possible PTSD or experience of trauma

1.3. Autism and attention deficit hyperactivity disorder (ADHD)

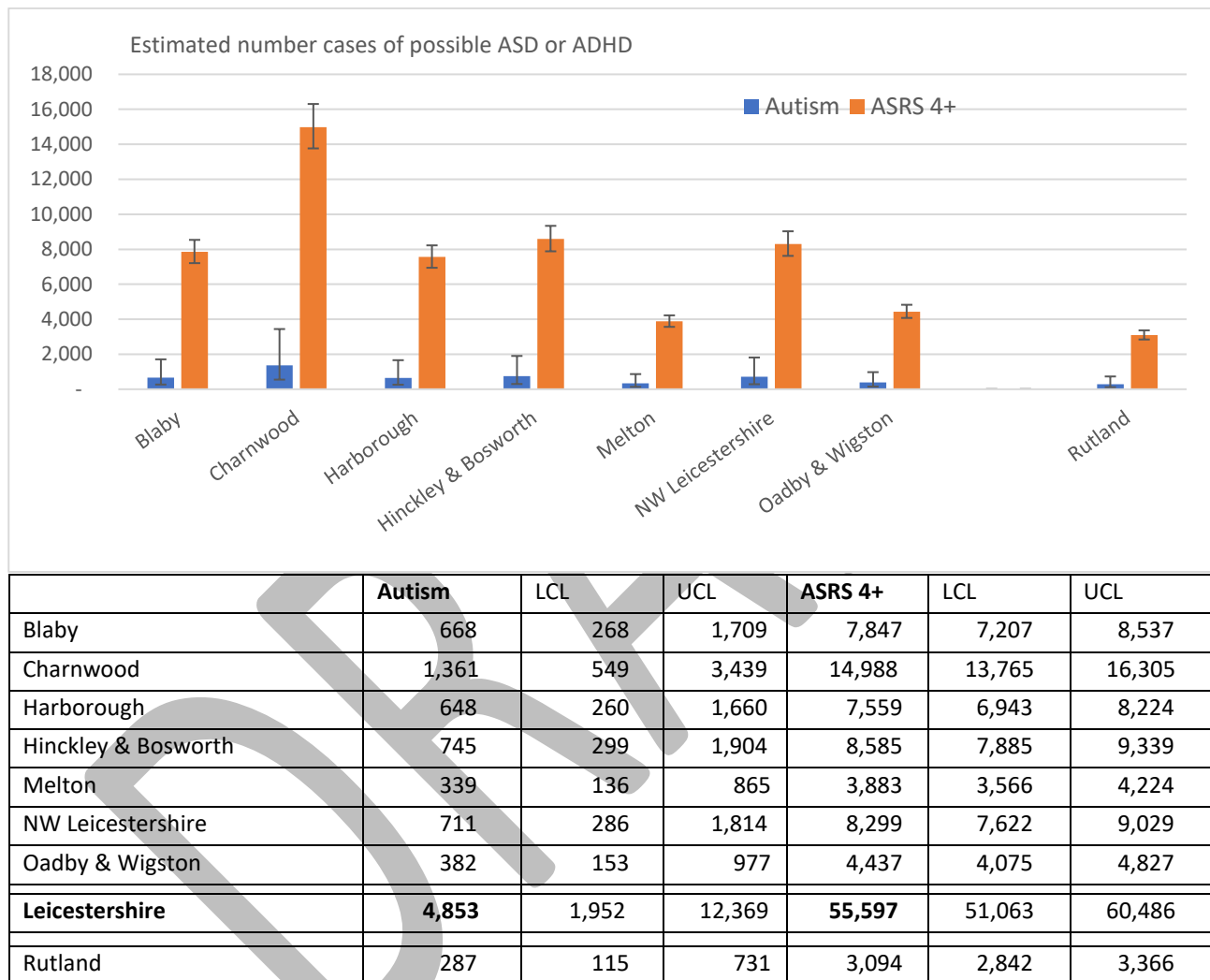
Autism, or autism spectrum disorders (ASD), are developmental disorders characterised by impaired social interaction and communication, severely restricted interests, and highly repetitive behaviours. APMS screened for ASD using the Autism Quotient (AQ-20) and Autism Diagnostic Observation Schedule (ADOS), with the recommended threshold of a score of 10 or more to indicate a possible case. Combined results of 2007 and 2014 surveys were used, the figures presented are experimental and need to be treated with caution, when used for purposes other than research.

The prevalence of ASD was estimated to be around 0.8%, between 0.5% and 1.3% (95% confidence interval); higher in men (1.5%) than women (0.2%) and higher among people with no qualifications.

APMS screened for the attention deficit hyperactivity disorder (ADHD) using the six-item Adult

ADHD Self-Report Scale (ASRS) with score of 4 or more defined as a positive screen for ADHD. This indicates a need for a fuller assessment; the actual prevalence of ADHD will be lower. Nearly 10% of adults screened positive for ADHD, with higher rates in younger adults; those living alone; people without educational qualifications; the unemployed and those who are economically inactive. Only 2.3% of those screened positive had been diagnosed by a professional.

Figure 3. Autism and ADHD



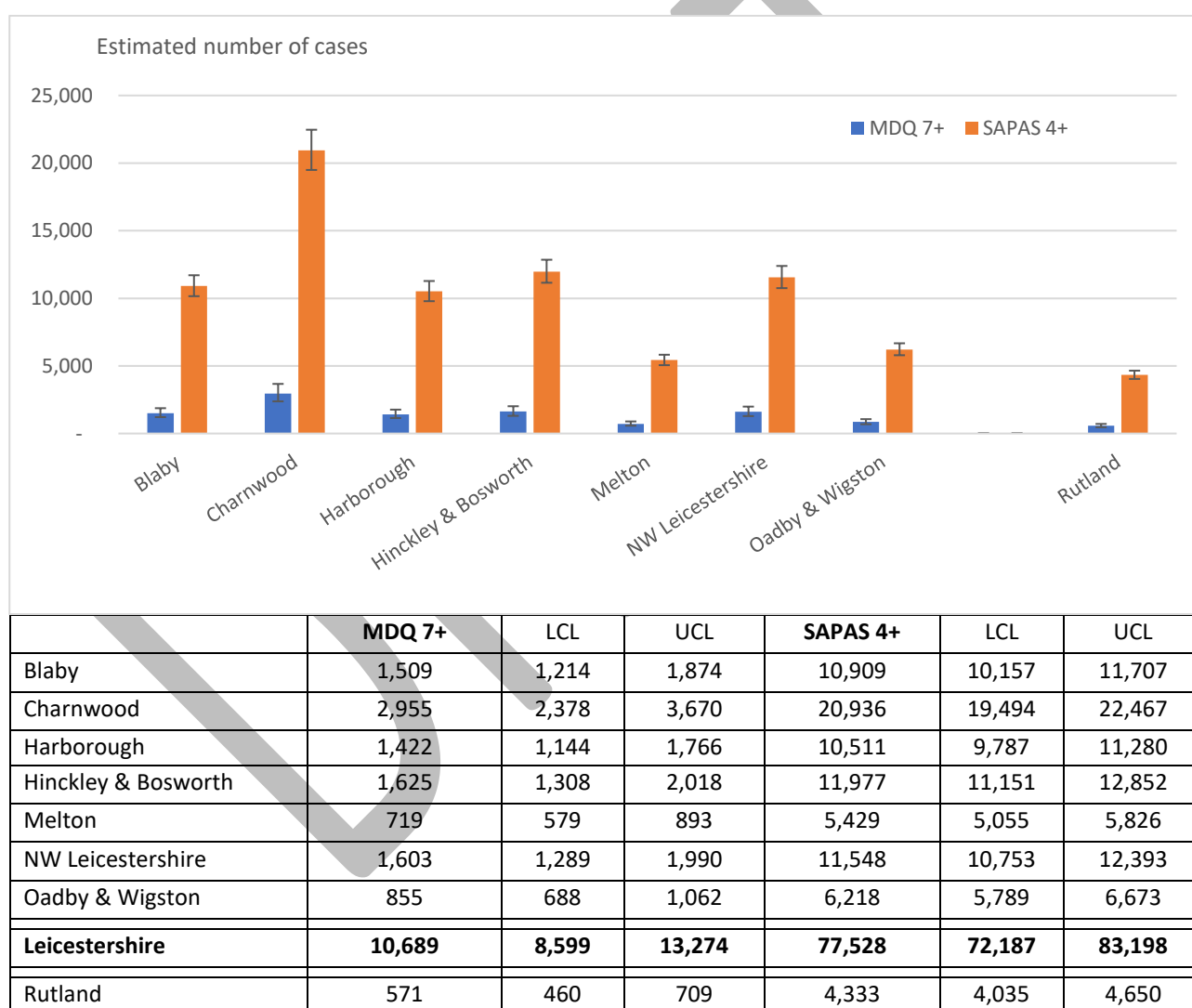
1.4. Bipolar and personality disorders

APMS assessed the likely prevalence of bipolar disorder using the 15-item Mood Disorder Questionnaire (MDQ). A positive screen required endorsement of at least 7 lifetime manic/hypomanic symptoms (MDQ 7+). 2% of the population screened positive for bipolar disorder; it was more common in younger age-groups (3.4% of 16–24 year olds), in those not in employment or living alone.

The self-completed Structured Clinical Interview for DSM-IV Personality Disorders (SCID-II) was used

to assess the prevalence of antisocial (ASPD) and borderline personality disorder (BPD). Over 3% of adults under 65 screened positive for ASPD, which was more common in men than women with 2.4% positive for BPD. Additionally, the Standardised Assessment of Personality – Abbreviated Scale (SAPAS) was used to screen adults of all ages for ‘any personality disorder’ (PD), with 14% of adults screening positive, with similar rates in men and women. Screening positive on all three measures of PD (ASPD, BPD, and any PD) was more common among younger people, those living alone, and those not in employment or in receipt of benefits. Over 6% of people screening positive for ASPD and 13% for BPD believed that they have had a personality disorder (vs 1% of screen-negative cohort); in the majority this group also had a diagnosis of PD from a professional.

Figure 4. Estimated number of cases screen-positive for bipolar and personality disorders



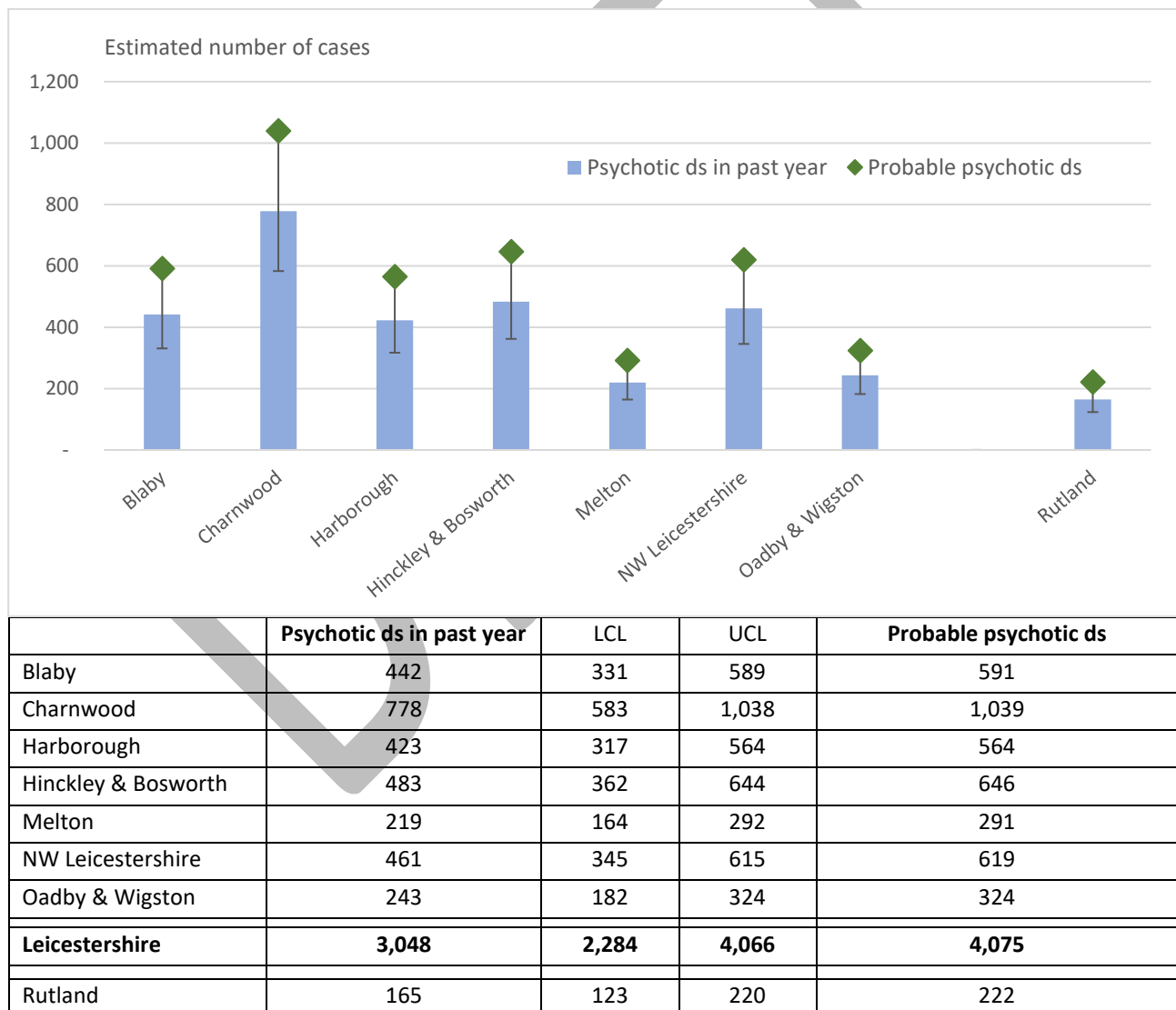
1.5. Psychotic disorder

APSM assessed the prevalence of psychotic disorder in the past year was assessed using the Schedule for Clinical Assessment in Neuropsychiatry (SCAN), a semi-structured interview that

provides diagnoses of psychotic disorder. An additional variable for a 'probable psychotic disorder' was derived to reduce the effect of missing data and avoid the need for specific psychosis weights to be used.

As the numbers for 2014 were relatively small (the prevalence of psychotic disorder is generally low) combined data from APMS 2007 and 2014 was used for analysis. The prevalence of psychotic disorder in the past year was 0.4% in 2007 and 0.7% in 2014, with no significant differences between men and women or association with age. However, the rate was higher in black men (3.2%) and the socioeconomic factors are strongly linked – people who were economically inactive or on benefits (in these groups prevalence could reach 13%), or those in social isolation. Around four-fifths of people identified with psychotic disorder were in receipt of treatment.

Figure 5. Estimates of prevalence of psychotic disorder



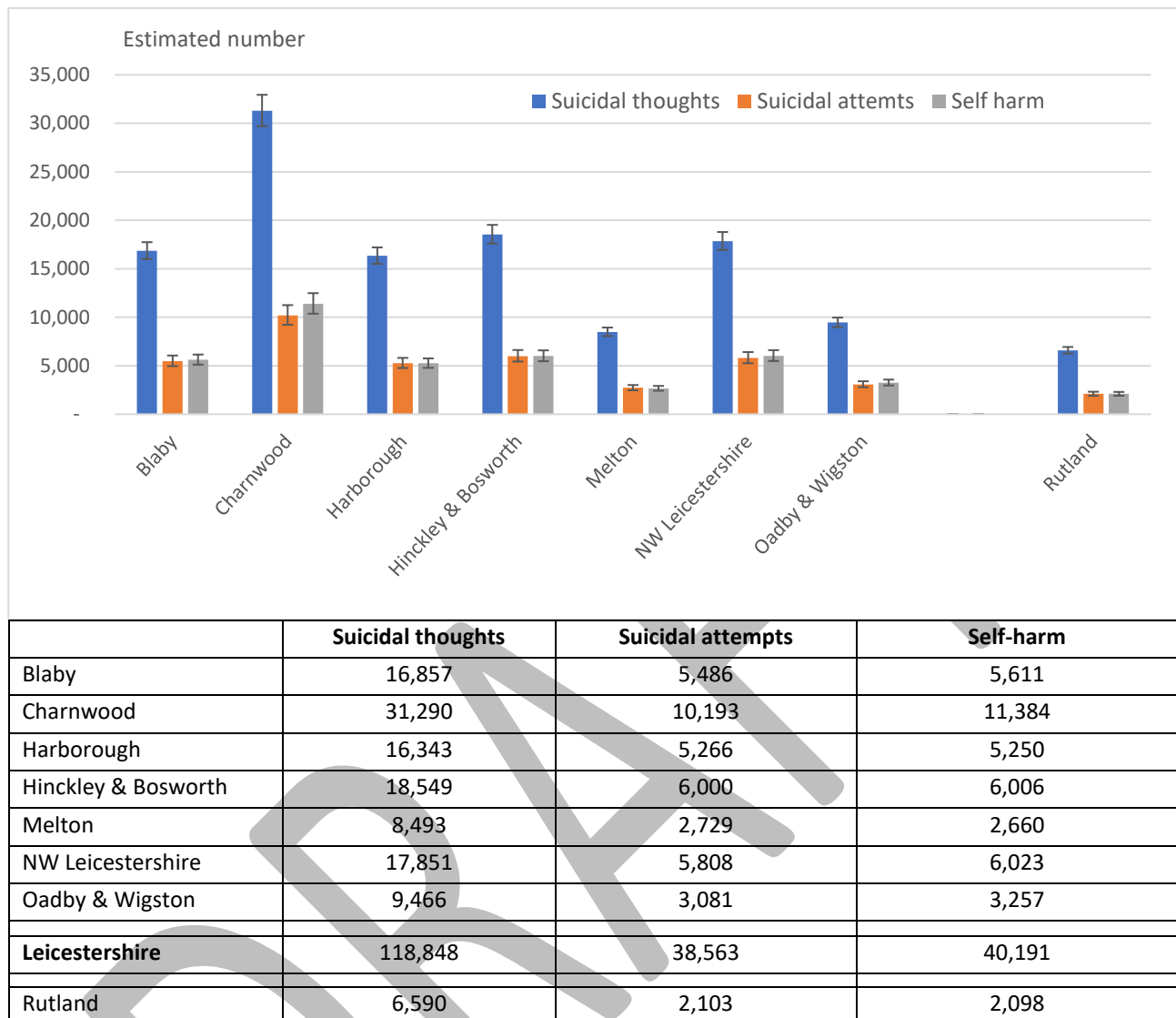
1.6. Suicidal thoughts, suicidal attempts, and self-harm

APMS assessed the prevalence of suicidal thoughts, attempted suicide, and self-harm through both the face to face and the self-completion survey. A variable combining face to face and self-completion data was used for examining differences in rates between groups, although time trends were assessed using the face-to-face data alone.

Younger women (16-24) were more likely to self-harm (26%) than men of the same age (10%), or older women; the gap between young men and young women has grown over time.

Over 5% of adults reported suicidal thoughts in the past year, a significant increase on the 3.8% reporting this in 2000. Groups more likely to report these thoughts and behaviours included those who lived alone or were out of work (either unemployed or economically inactive). Two-thirds of Employment and Support Allowance (ESA) recipients had suicidal thoughts (66.4%) and approaching half (43.2%) had made a suicide attempt at some point.

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Figure 6. Estimated prevalence of suicidal behaviour

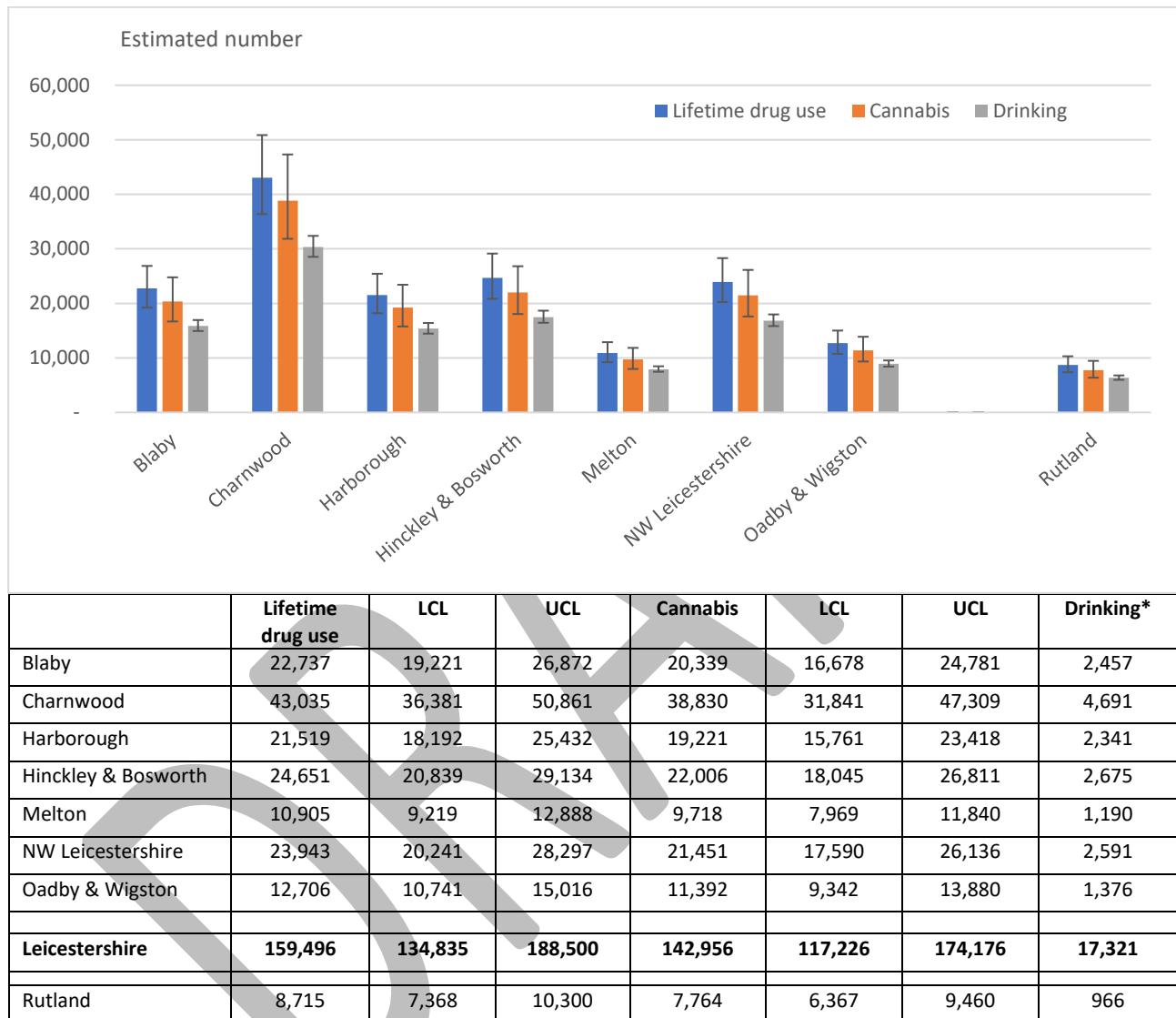
1.7. Substance use

APMS relied on self-completion data to profile the prevalence and trends in drug use and in signs of dependence in the adult population. Overall, over 35% of men and 22% of women had taken an illicit drug at least once in their life; those between 25 and 34 were most likely to have ever used illicit drugs with rates reducing to below 3% in those aged 75 or over. Cannabis was the most commonly used drug in the past year (9% of men and 5% of women). 3% of adults showed signs of dependence on drugs, including 2.3% who showed signs of dependence on cannabis and 0.8% with signs of dependence on other drugs. New psychoactive substances (NPS) were not assessed in APMS 2014, knowledge of the prevalence of their use is limited.

APMS used the Alcohol Use Disorders Identification Test (AUDIT) to assess the drinking habits.

Nearly 17% of adults drank at hazardous levels (score 8-15), 2% were harmful or mildly dependent drinkers (scores 16-19) and 1.2% were probably dependent drinkers (scores 20 or more). As in previous years, men were more likely than women to drink at hazardous levels and above.

Figure 7. Estimated prevalence of drug use and hazardous or harmful drinking



* hazardous, harmful and dependent drinking level (AUDIT score 8 and above)

2. Crime

2.1. The overall crime rates

Crime is not randomly distributed and is most commonly linked to high levels of deprivation and social disorganisation.

The figures below give the overall crime rates across Leicestershire at a Lower Super Output Area (LSOA) level for districts in Leicestershire.

Figure 8. Blaby - geographical variation in crime rate in 2032

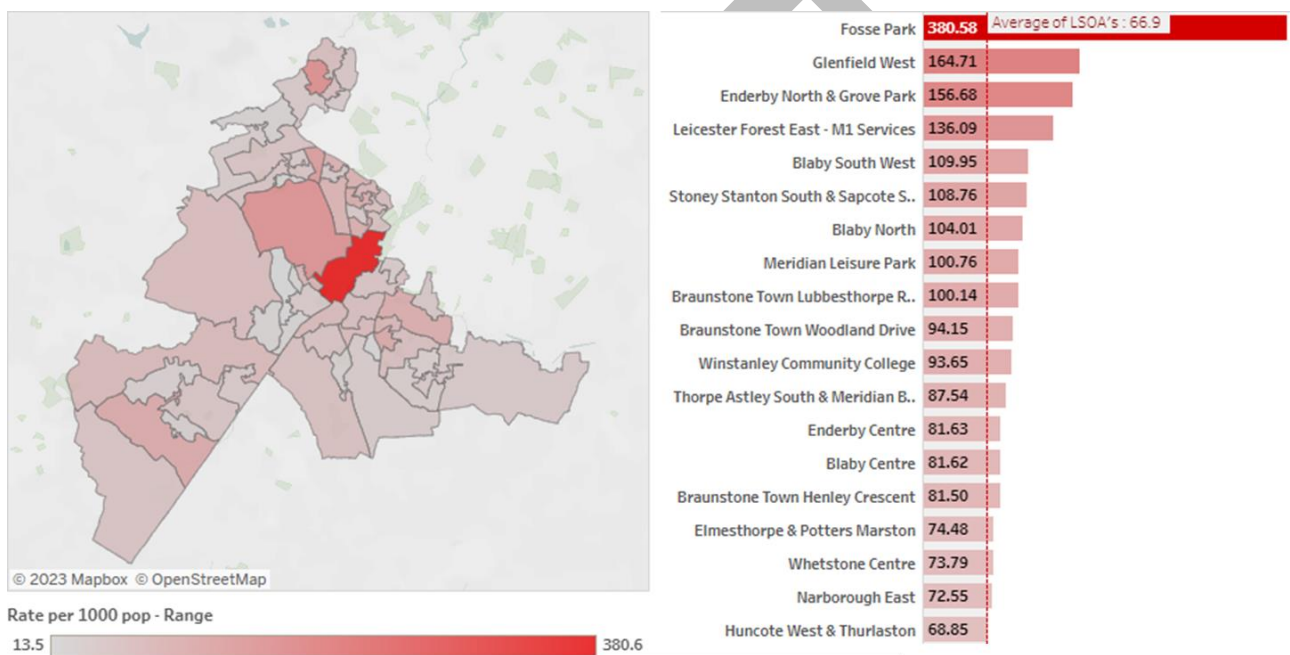


Figure 9. Charnwood - geographical variation in crime rate in 2023

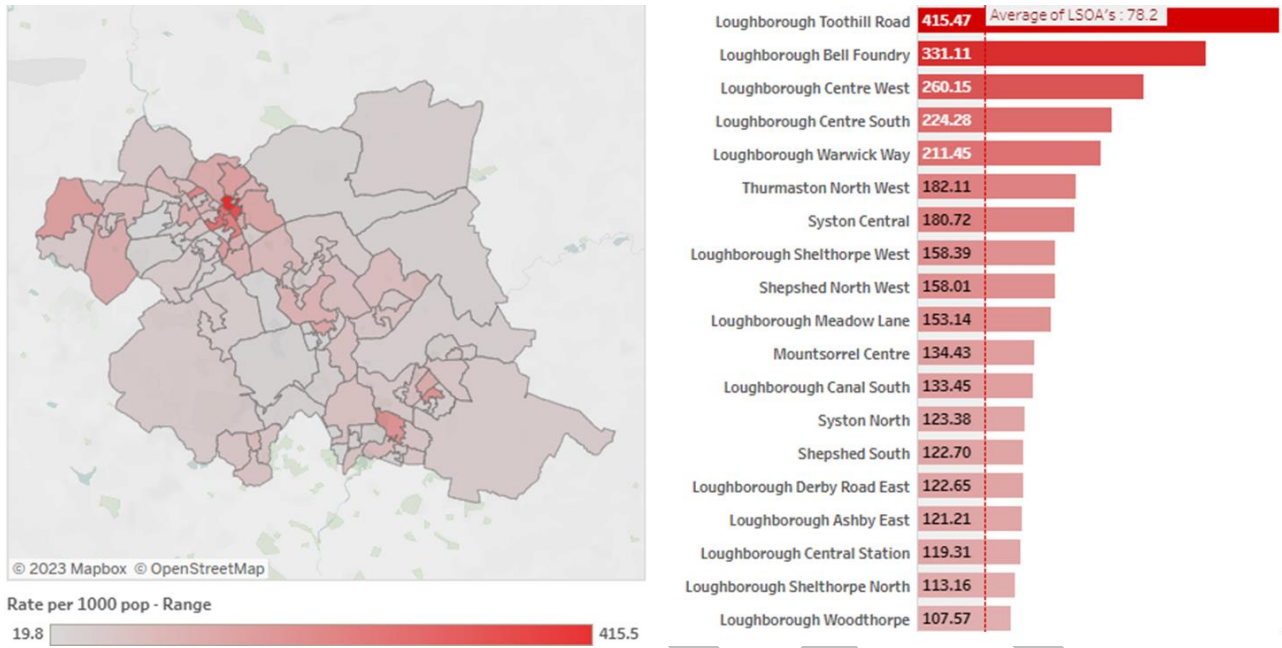


Figure 10. Harborough - geographical variation in crime rate in 2023

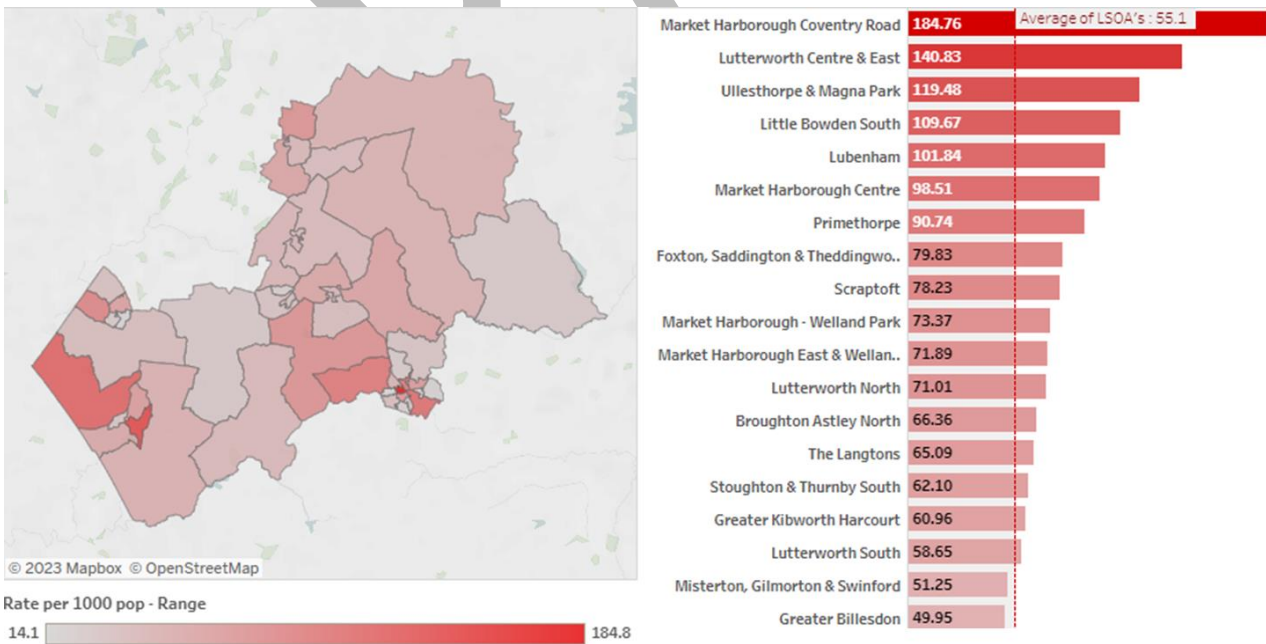


Figure 11. Hinckley and Bosworth - geographical variation in crime rate in 2023

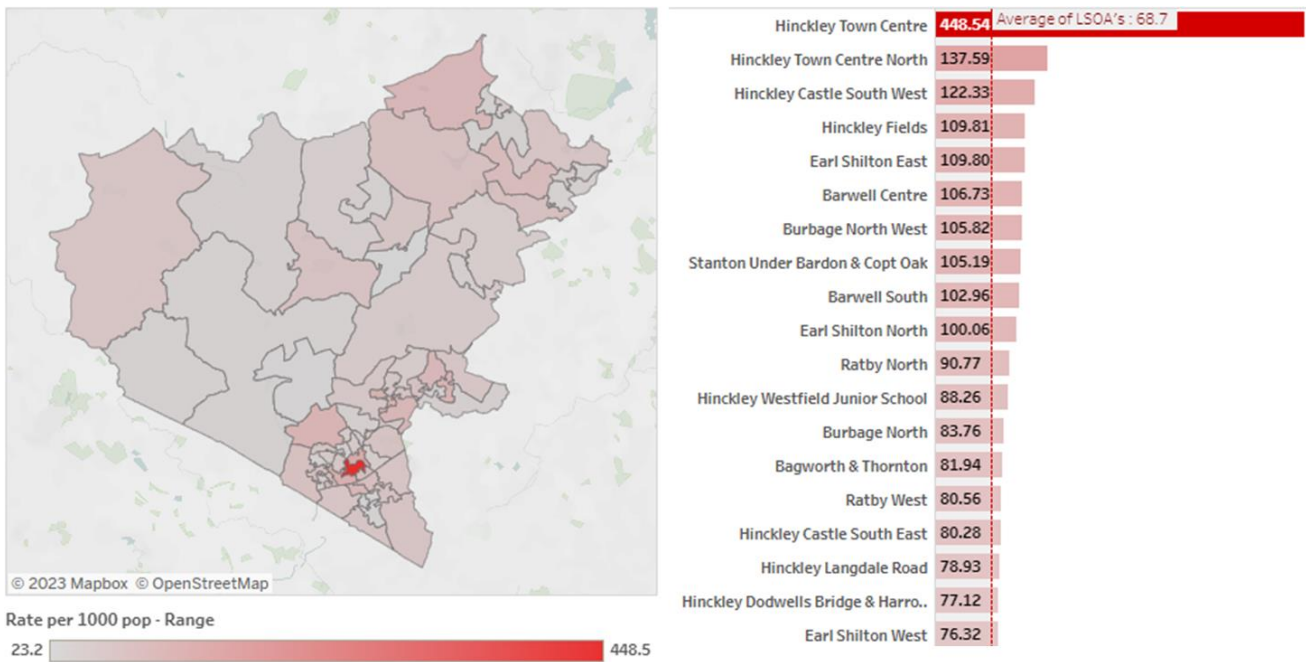


Figure 12. Melton - geographical variation in crime rate in 2023

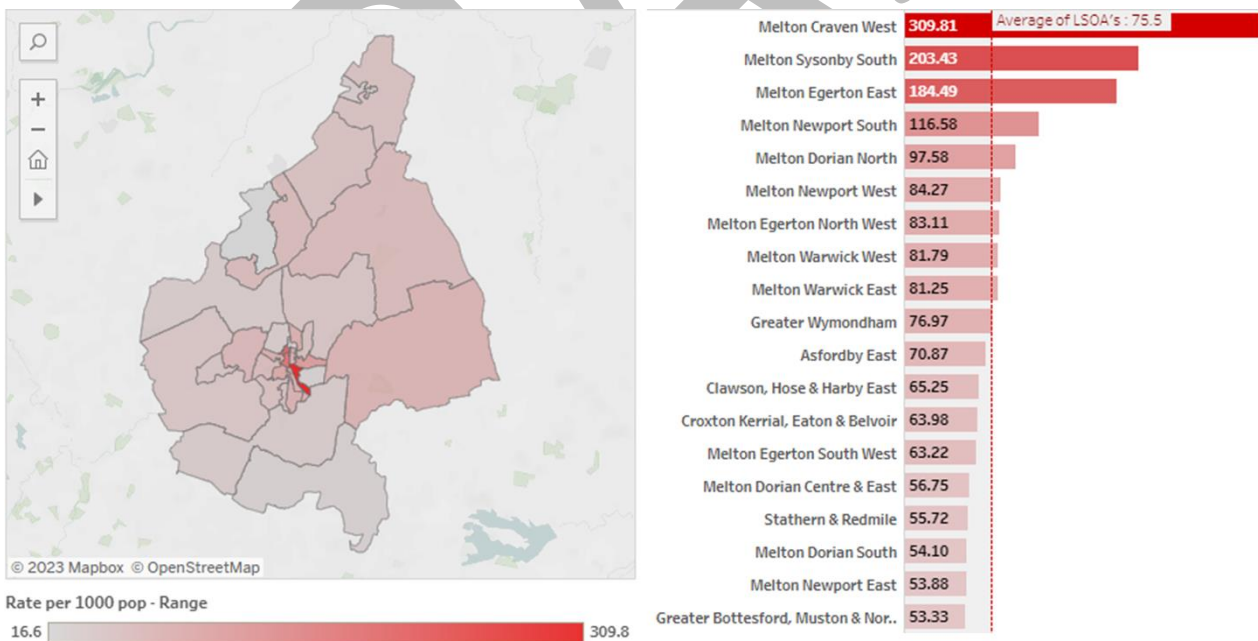


Figure 13. North West Leicestershire - geographical variation in crime rate in 2023

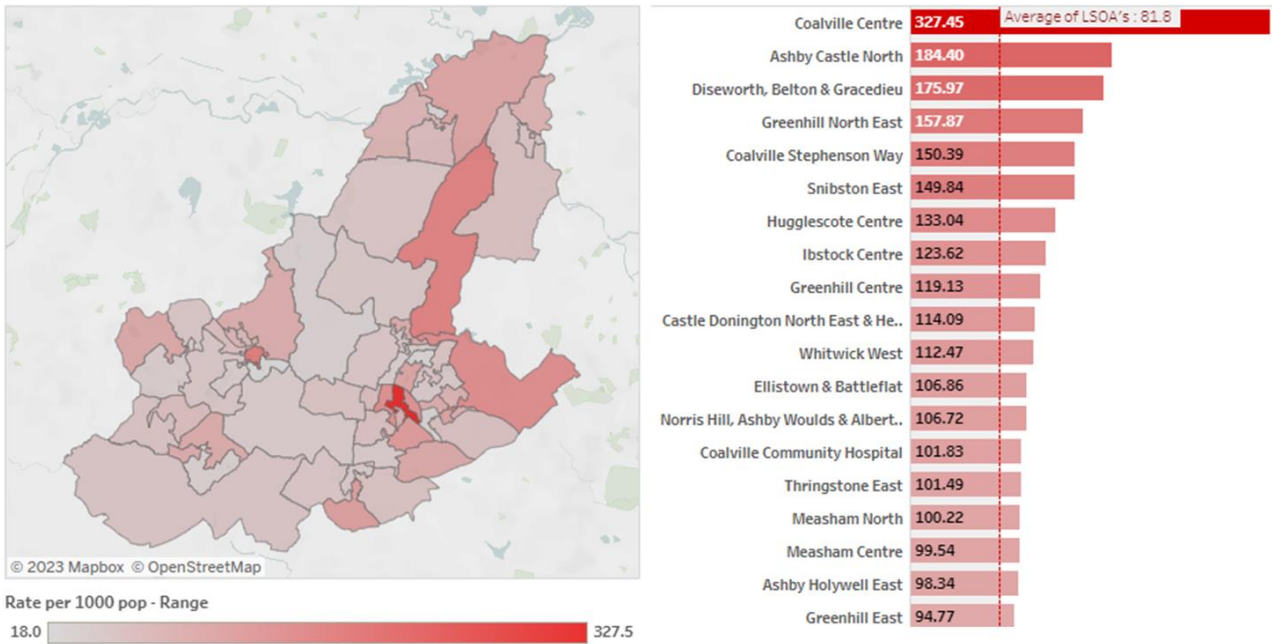
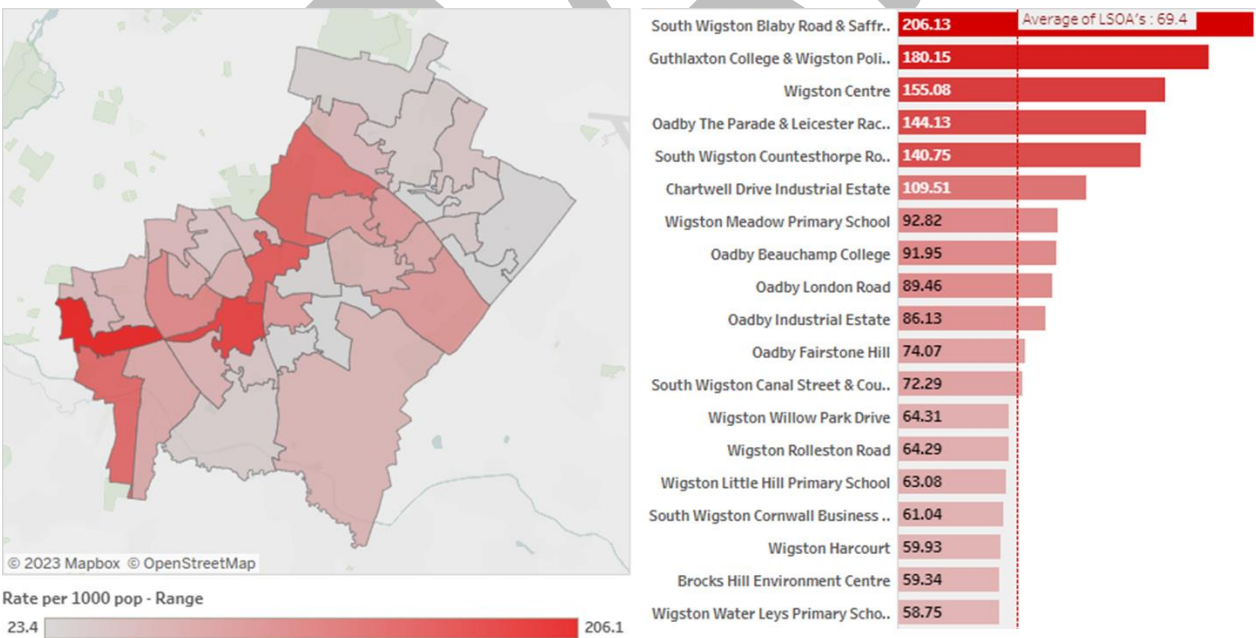


Figure 14. Oadby and Wigston - geographical variation in crime rate in 2023



2.2. Crime and antisocial behaviour by category

Table 1. Categories of reported crime (national ranking) in Leicestershire and districts FY 2023

Category	Blaby		Charnwood		Harborough		Hinckley & Bosworth		Melton		North West Leicestershire		Oadby & Wigston		Leicestershire	
	N ^o	Rate	N ^o	Rate	N ^o	Rate	N ^o	Rate	N ^o	Rate	N ^o	Rate	N ^o	Rate	N ^o	Rate
VAP	2,525	24.8	5,405	28.7	2,075	21.7	3,090	27.2	1,477	28.7	3,441	32.8	1,683	29.4	19,696	27.6
Theft	1,060	10.4	1,719	9.1	514	5.4	817	7.2	310	6.0	864	8.2	318	5.5	5,602	7.9
Violence w/o injury	1,723	16.9	3,581	19.0	1,348	14.1	2,083	18.3	960	18.7	2,284	21.8	1,101	19.2	13,080	18.3
Stalking	176	1.7	305	1.6	129	1.4	192	1.7	83	1.6	219	2.1	93	1.6	1,197	1.7
Violence with injury	800	7.8	1,824	9.7	727	7.6	1,006	8.9	514	10.0	1,156	11.0	581	10.1	6,608	9.3
Public Order	776	7.6	1,708	9.1	547	5.7	854	7.5	426	8.3	1,021	9.7	481	8.4	5,813	8.2
Arson/criminal damage	610	6.0	1,579	8.4	571	6.0	941	8.3	452	8.8	940	9.0	406	7.1	5,499	7.7
Vehicle offences	615	6.0	1,067	5.7	366	3.8	637	5.6	151	2.9	828	7.9	224	3.9	3,888	5.5
Shoplifting	523	5.1	1,016	5.4	274	2.9	374	3.3	183	3.6	430	4.1	197	3.4	2,997	4.2
Drug-related crime	477	4.7	1,269	6.7	328	3.4	642	5.6	338	6.6	738	7.0	294	5.1	4,086	5.7
Alcohol-related crime	579	5.7	1,820	9.7	582	6.1	865	7.6	455	8.9	1,086	10.4	380	6.6	5,767	8.1
ASB - Total	704	6.9	1,207	6.4	359	3.8	580	5.1	276	5.4	738	7.0	332	5.8	4,196	5.9
Total crime	7,329	71.9	14,819	78.7	5,241	54.9	7,984	70.2	3,605	70.1	8,938	85.3	4,000	69.8	51,916	72.8

N^o = number of offences between October 2022 and September 2023

Rate = rate per 1,000 population

VAP = violence against the person

ASB = antisocial behaviour

Highest district rate = red, lowest = green.

(Source: Leicestershire Crime Dashboard, LCC BI).

Table 2. Most common categories and sub-categories of crime in Leicestershire and districts FY 2023

Blaby			Charnwood			Harborough			Hinckley & Bosworth		
Category	N ^o	Rate	Category	N ^o	Rate	Category	N ^o	Rate	Category	N ^o	Rate
VAP	2,525	24.8	VAP	5,405	28.7	Rural Crime	3,413	35.7	VAP	3,090	27.2
Violence w/o injury	1,723	16.9	Violence w/o injury	3,581	19.0	VAP	2,075	21.7	Rural Crime	1,640	14.4
Domestic crime	1,228	12.0	Rural Crime	3,041	16.1	Violence w/o injury	1,348	14.1	Domestic crime	1,419	12.5
Theft	1,060	10.4	Domestic crime	2,272	12.1	Domestic crime	859	9.0	Domestic VAP	1,092	9.6
Rural Crime	1,040	10.2	Violence w/injury	1,824	9.7	Violence w/injury	727	7.6	Violence w/injury	1,006	8.9
Domestic VAP	949	9.3	ARC	1,820	9.7	Domestic VAP	686	7.2	Arson	941	8.3
Violence w/injury	800	7.8	Domestic VAP	1,733	9.2	ARC	582	6.1	ARC	865	7.6
Public Order	776	7.6	Theft	1,719	9.1	Arson	571	6.0	Public Order	854	7.5
Total crime	7,329	71.9	Total crime	14,819	78.7	Total crime	5,241	54.9	Total crime	7,984	70.2
Melton			North West Leicestershire			Oadby & Wigston			Leicestershire TOTAL		
Category	N ^o	Rate	Category	N ^o	Rate	Category	N ^o	Rate	Category	N ^o	Rate
VAP	1,477	28.7	Rural Crime	3,547	33.8	VAP	1,683	29.4	VAP	19,696	27.6
Rural Crime	1,152	22.4	VAP	3,441	32.8	Violence w/o injury	1,101	19.2	Rural Crime	13,833	21.1
Violence w/o injury	960	18.7	Violence w/o injury	2,284	21.8	Domestic crime	719	12.5	Violence w/o injury	13,080	18.3
Domestic crime	590	11.5	Domestic crime	1,538	14.7	Violence w/injury	581	10.1	Domestic crime	8,625	12.1
Violence w/injury	514	10.0	Domestic VAP	1,164	11.1	Domestic VAP	567	9.9	Domestic VAP	6,640	9.3
ARC	455	8.9	Violence w/injury	1,156	11.0	Public Order	481	8.4	Violence w/injury	6,608	9.3
Arson	452	8.8	ARC	1,086	10.4	Arson	406	7.1	Public Order	5,813	8.2
Domestic VAP	449	8.7	Public Order	1,021	9.7	ARC	380	6.6	ARC	5,767	8.1
Total crime	3,605	70.1	Total crime	8,938	85.3	Total crime	4,000	70	Total crime	51,916	72.8

Arson = arson and criminal damage

VAP = violence against the person

ARC = alcohol-related crime

(Source: Leicestershire Crime Dashboard, LCC BI)

Figure 15. Crime reporting trends for Leicestershire districts in selected categories (L1-L3 start of COVID-19 lockdowns) - part A

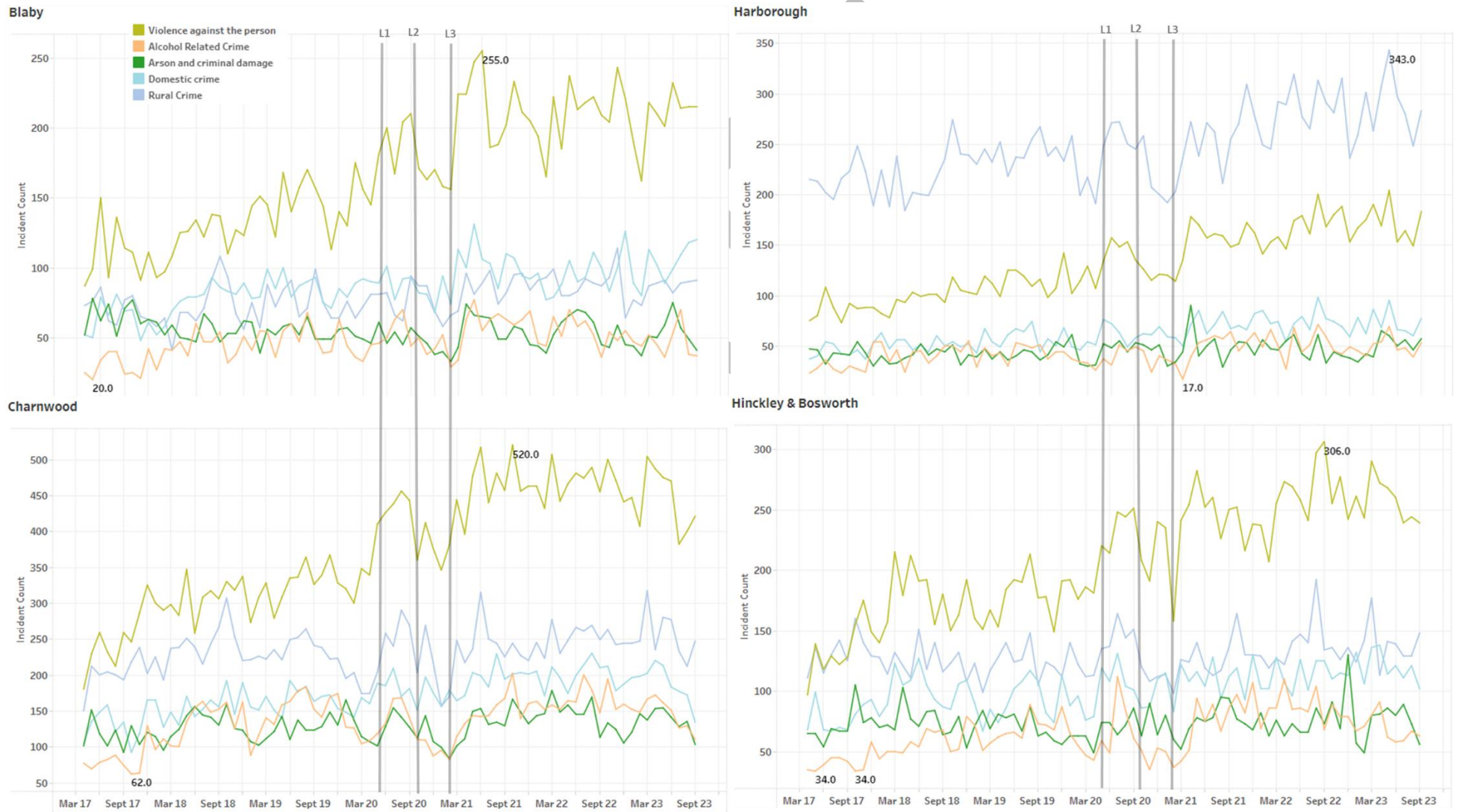
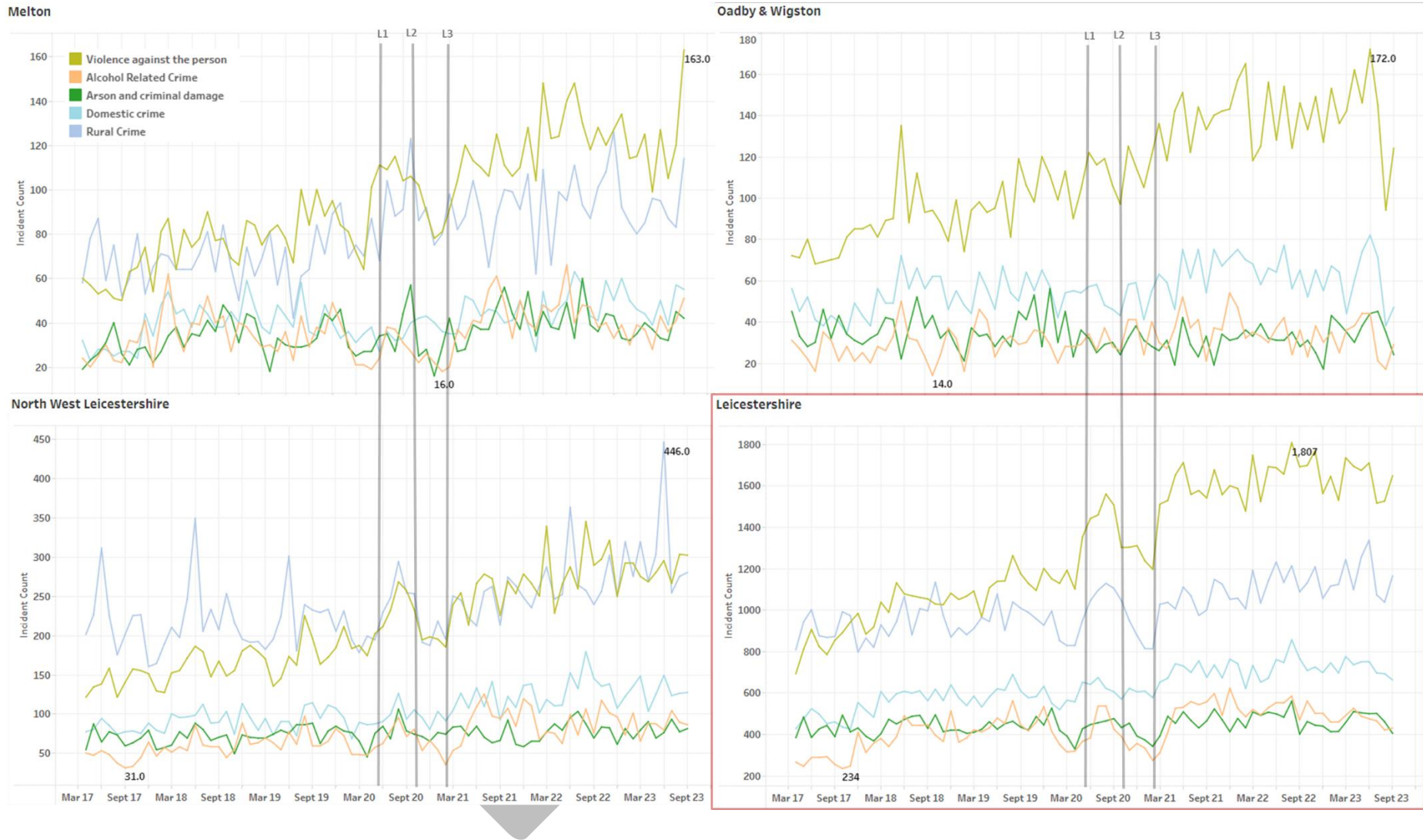
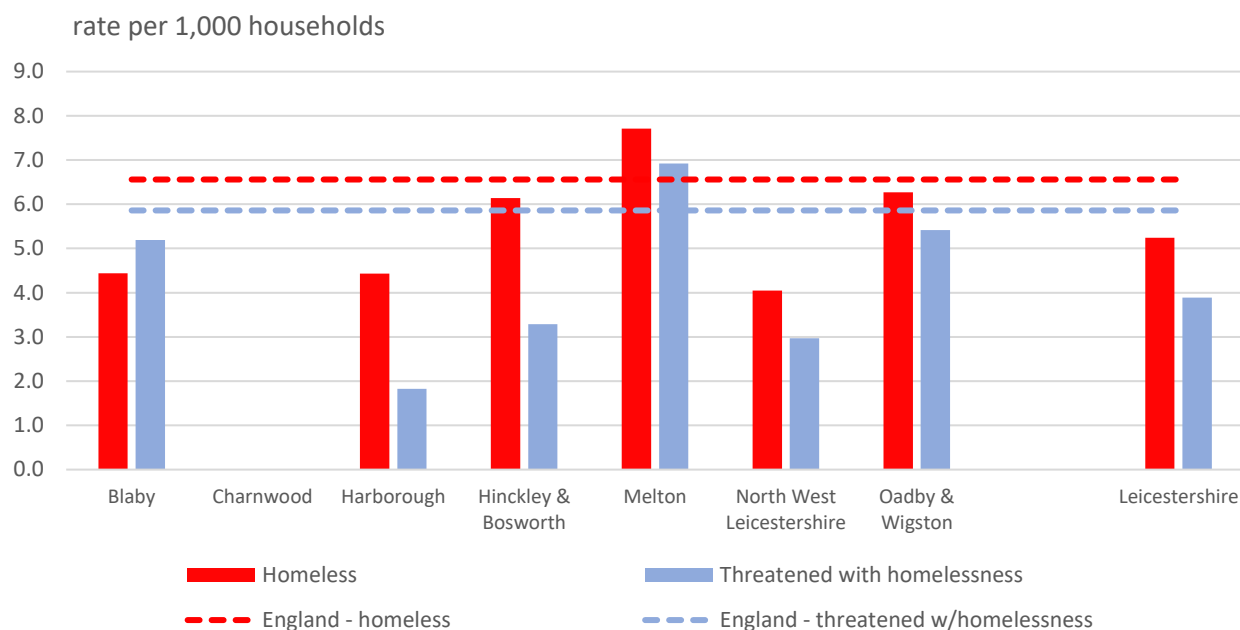


Figure 16. Crime reporting trends for Leicestershire districts in selected categories (L1-L3 start of COVID-19 lockdowns) - part B



Homelessness

Figure 17. Proportion of households which are homeless or threatened by homelessness in 2022/23 in Leicestershire



Source: Department of Housing and Communities (Statutory homelessness: Detailed local authority-level tables 2022/23)

Table 3. Statutory homelessness summary for 2022/23 in Leicestershire

	Total Households (000s)	Homeless		Threatened with homelessness	
		Number	per 1,000	Number	per 1,000
Blaby	45.286	201	4.4	235	5.2
Charnwood	77.488
Harborough	41.066	182	4.4	75	1.8
Hinckley & Bosworth	52.931	325	6.1	174	3.3
Melton	22.965	177	7.7	159	6.9
NW Leicestershire	47.154	191	4.1	140	3.0
Oadby & Wigston	21.049	132	6.3	114	5.4
Leicestershire*	307.939	1,208	5.2	897	3.9
England			6.6		5.9

* rate denominator for Leicestershire excludes Charnwood (no numerator available)

3. Secondary Mental Health Services

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Table 4. Number of people in contact with mental health services, access and admission rates for GP registered population in two Leicestershire and Rutland CCGs, by population group

	East Leicestershire & Rutland				West Leicestershire			
	In contact	Rate (%) *	Admitted	% Admitted	In contact	Rate (%) *	Admitted	% Admitted
All	19,515	5.7	450	2.3	24,575	6.0	485	2.0
Age:								
<18	3,915	5.6	10	0.3	5,555	7.0	20	0.4
18+	15,600	5.7	440	2.8	19,015	5.8	460	2.4
Sex:								
Male	8,100	4.6	250	3.1	10,345	5.0	215	2.1
Female	11,240	6.6	195	1.7	14,015	6.9	270	1.9
Ethnicity:								
Asian or Asian British	935	2.9	40	4.3	875	3.9	15	1.7
Black or Black British	150	3.5	5	3.3	195	4.7	10	5.1
Mixed	350	4.3	10	2.9	520	6.4	10	1.9
White	14,850	5.0	340	2.3	19,205	5.2	385	2.0
Other Ethnic Groups	145	2.5	10	6.9	215	3.9	5	2.3
Not Stated	2,510	-	35	1.4	2,805	-	40	1.4
Not Known	320	-	5	1.6	515	-	20	3.9
Unknown	260	-	0	0.0	245	-	0	0.0
Deprivation:								
01 Most deprived	220	3.5	10	4.5	1,940	16.9	40	2.1
02	2,205	8.8	70	3.2	3,980	8.4	95	2.4
03	3,695	6.7	80	2.2	4,980	8.0	115	2.3
04	5,895	5.9	105	1.8	7,285	5.4	120	1.6
05 Least deprived	7,430	5.2	160	2.2	6,340	4.9	110	1.7

* Calculation for ethnicity excludes 'not stated', 'not known' or 'unknown' - rates to be treated with caution as for 15% of people in contact ethnicity was not known

** Number of people admitted as an inpatient while in contact with NHS funded secondary mental health, learning disabilities and autism services

(Source: NHS Digital MHB 2022/23)

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