SEVERE MENTAL ILL HEALTH

What’s the issue?

“Severe mental illness affects about 1% of the population. There are many types of mental illness but most of them can be classified as either psychotic or neurotic. Neurotic conditions are related to ‘normal’ emotions but are more extreme, and are the most common types of mental illness. Being clinically depressed is a far deeper experience than ‘feeling depressed’, and has a marked effect on life, preventing the patient from looking after themselves or being able to work, and in extreme cases can lead to suicide. Other examples of neurotic illnesses are phobias, obsessive compulsive disorder and anxiety. Psychotic conditions are unrelated to normal emotions, and the word psychosis is used to describe symptoms or experiences that happen together. These symptoms cause the patient to not experience reality like most people. Symptoms may include hallucinations, delusions, thought disorder, lack of insight and not recognising that they are unwell, and appearing unusually excited or withdrawn and avoiding contact with other people. Examples include schizophrenia, bipolar disorder (manic depression) and psychotic depression” [314]. Serious mental illness obviously has a huge effect on mental wellbeing, but can also influence physical health. People with serious mental health are more likely to have poor physical health, and people with poor physical health are more likely to have poor mental health [315]. People with serious mental illness are also more likely to have unhealthily lifestyles further affecting health and wellbeing. For example, around one-third of people with mental health problems and two-thirds of people in psychiatric units smoke [316]. Also see the JSNA section on emotional health and wellbeing (www.hullpublichealth.org/jsna2017.html#22).

What’s our situation?

For 2015/16, a similar prevalence of diagnosed serious mental ill health (all ages) on the GP disease registers was noted for Hull (0.87%; n=2,575 as England (0.90%), but a lower prevalence in relation to average of seven comparator areas (0.96%; range 0.84% to 1.04%) [93]. Given Hull’s levels of deprivation, this suggests that there is undiagnosed disease in Hull [93, 94].

There was a statistically significant increasing trend in the prevalence with increasing deprivation. The 11 practices with the highest mean patient deprivation scores serving the most deprived fifth of Hull’s population had a prevalence of 1.09% compared to 0.58% among the 11 practices with the lowest mean patient deprived scores [94].

Almost one in ten (9.5%) working-age people are claiming Incapacity Benefit, Severe Disablement Allowance or Employment Support Allowance in Hull with 16,075 claimants [189]. Almost half of claimants were claiming due to mental health reasons with the highest prevalence in St Andrew’s (9.4% of working-age population), Myton (9.0%), Bransholme West (6.6%), Orchard Park and Greenwood (6.5%) and Longhill (6.3%), and lowest in King’s Park (1.3%). The high rates could be influenced by the relatively high number of supported housing and hostels available.

During the three year period 2008/09 to 2010/11 [94], there were 266,244 daycase and inpatient clinician episodes of which 3,526 (1.3%) had a primary diagnosis of mental and behavioural disorders. Almost half of all clinician episodes for mental and behavioural disorders were for mental and behavioural disorders due to psychoactive substance abuse with a further 12% for schizophrenia, schizotypal and delusional disorders, 11% for neurotic, stress-related and somatoform disorders, 10% for mood disorders and 9% for dementia [94].

From the Child Health Profiles 2017 [18], during 2015/16, there were 43 hospital admissions for mental health conditions among under 18s which is lower than England (77.3 versus 85.9 per 100,000 population) and has been consistently lower than England over the last three years [20, 317, 318]. There were 153 hospital admissions as a result of self-harm among those aged 10-24 years during 2015/16 which was considerably lower than England (291 versus 431 per 100,000 population).
The percentage of people in contact with secondary mental health services in Hull is quoted as being more than twice as high in Hull compared to England (12.5% versus 5.3% in 2013/14 and 13.0% versus 5.4% in 2014/15) [26]. The rate in Hull was second and fourth highest in 2013/14 and 2014/15 respectively among 150 upper-tier local authorities (highest around 14.5%) [26]. It is possible that the numbers in Hull counts people in contact with secondary mental health services for a longer period (than the single financial year) or includes other contacts such as those in the community. It is possible that this figure is used for other indicators [26] which might mean that these indicators are not correct. In 2015/16, 73.4% of adults aged 18 to 69 years who are in contact with secondary mental health services live in stable and appropriate accommodation which is considerably slightly higher than England (58.6%) [26, 27].

As the employment rate of the general population was 66.9% in Hull and 73.9% in England (page Error! Bookmark not defined.), this means that the employment rate of people in contact with secondary mental health services is around 7% in Hull which is similar to England. The excess under 75 mortality rate in adults aged 18-74 years with serious mental health is around 2.5 to three times higher than the general population [26, 82]. For the last two years, it has been lower than England and comparator areas. It would be anticipated that this might be higher given Hull’s deprivation. The fact that it is not, could mean that there is a problem with this indicator.

For more detailed information, see the JSNA Toolkit: Mental Health and Learning Disabilities report.

What are the strategic needs?

People with mental illness need to be identified early and encouraged to seek help early so that the consequences in terms of the effects on family and employment are minimised. This will reduce the number of issues which escalate and so reduce the levels of need for crisis and/or medical interventions. For both children, young people and adults, help and support should be provided on an individual basis taking into account the person’s circumstances. This early help should be timely, appropriate and build in resilience to help people cope with life challenges. A culture across Hull that celebrates diversity, gives respect and has a zero tolerance on hate crime should be encouraged, so that people feel able to come forward and are not stigmatised by seeking help.

There is a need to work with partners to ensure that services are integrated, high quality and accessible in ways that offer people appropriate choices. People need to be seen quickly and there is a real need to reduce waiting times.

Within Hull’s 2020 Programme, there is a Frailty and Isolation work stream, which aims to ensure “a range of services are provided across Hull to meet the needs of some of the most vulnerable in society, specifically this includes those such as dementia patients, elderly people, those with mental health and learning disabilities” [312].

Mental illness is very common, and is generally more debilitating than most chronic physical conditions, yet only a quarter of those with mental illness such as depression are in treatment. NHS England has established a Parity of Esteem Programme in order to focus effort and resources on improving clinical services and health outcomes so that “if I become unwell I use services which assess and treat mental health disorders or conditions on a par with physical health illnesses” [315].

There are three initial priorities for urgent focus: (i) improving access to psychological therapies; (ii) improving diagnosis and support for people with dementia; and (iii) improving awareness and focus on the duties within the Mental Capacity Act.
The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. Help is available for organisations and their partners to create and submit a mental health crisis declaration statement and an action plan to make the principles of the Crisis Care Concordat a reality in the local area [319].

References