CHAPTER 2: COMMON MENTAL HEALTH DISORDERS

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2 COMMON MENTAL HEALTH DISORDERS

2.1 Introduction

It is estimated that up to 15% of adults in the UK are affected by one or more Common mental health disorder (CMD) at any one time, which is why they are referred to as 'common'. (NICE, 2011). While CMD can cause marked emotional distress and interfere with daily functioning, they do not *usually* impair insight or cognition (NHS Digital (1), 2016). They are frequently mild to moderate, but if left undiagnosed, untreated or if they stop responding to treatment, they may become severe.

This chapter focuses on the prevalence of CMD conditions in Wokingham and England in adults aged 18 years or older, the model of care and services available for treatment and support available to manage CMDs. Where available, information about local activity has been provided with some final considerations in relation to CMD in the Wokingham population.

2.2 Definitions

2.2.1 Common Mental Health Disorder (CMD)

CMD is a general term used to describe commonly diagnosed mental health conditions. NICE (NICE, 2011) define these as depression, generalised anxiety disorder (GAD), panic disorder, obsessive-compulsive disorder (OCD) and post-traumatic stress disorder. There are other conditions which are broadly considered under the CMD term, for example, social anxiety disorder, phobias (e.g., agoraphobia), body dysmorphic disorder and peri/postnatal depression.

2.2.2 Depression & Depressive Disorders

NHS England (NHS England (1), 2022) defines depression as '*a low mood that can last a long time or keep returning, affecting your everyday life*'. It is more than someone feeling unhappy for a short period. This is reflected by the main symptoms of depression which can include feeling low, losing pleasure in things that were once enjoyable. Additional symptoms can also include feeling tired, irritable, tearful with changes in concentration, memory, sleep and or appetite. Diagnosis may be termed mild, moderate, or severe depression (NICE, 2011). Depression can be persistent or periodic in nature.

There are different types of depression for example:

- Seasonal affective disorder (SAD) – depression that occurs at a particular time of year, or during a particular season.
- Dysthymia – continuous mild depression that lasts for two years or more. Also called persistent depressive disorder or chronic depression.
- Prenatal depression – depression that occurs during pregnancy. This is sometimes also called antenatal depression.
- Postnatal depression (PND) – depression that occurs in the first year after giving birth.

- Premenstrual dysphoric disorder – this is not defined specifically as a depressive condition but there is recognition that people experiencing the condition tend to find that depression is a common symptom (Mind, 2019).

2.2.3 Anxiety & Anxiety Disorders

NHS England (NHS England (2), 2022) defines anxiety as *'a feeling of stress, panic or fear that affect your everyday life physically and psychologically'* and it is the main symptom of many mental health conditions. General symptoms of anxiety include feelings of rapid and or pounding heartbeat that make the individual feel sweaty, shaky, or short of breath, it can also cause changes in behaviour, such as becoming overly careful or avoiding triggers of anxiety. A diagnosis of one of the anxiety disorders, such as generalised anxiety disorder (GAD), social anxiety disorder, post-traumatic stress disorder, panic disorder, obsessive compulsive disorder (OCD) and body dysmorphic disorder, will be dependent on the type experience a person has and the frequency (NHS England (2), 2022). Anxiety is experienced in different ways and some commonly diagnosed anxiety disorders are defined as following:

2.2.3.1 Panic Disorder

NHS England (NHS England, 2020) describes panic disorder as having regular or frequent panic attacks without a clear cause or trigger. Experiencing panic disorder can mean a person feels regularly afraid that at any given time for no obvious reason. Often people with panic disorder have increase fear of having a panic attack, to the point that the fear itself can trigger an attack creating a cycle.

2.2.3.2 Generalised Anxiety Disorder (GAD)

GAD is when a person experiences regular and uncontrolled worries about different things. Similar to panic disorders, it is not always in response to one specific thing or event. There are lots of possible symptoms of anxiety and therefore it can be quite a broad diagnosis meaning that the experience may be specific to the individual and quite different from another person's experiences (NHS England (2), 2022).

2.2.3.3 Obsessive Compulsive Disorder (OCD)

OCD is a condition which results in the person experiencing obsessive thoughts and compulsive behaviours and these can cause distress and interfere with someone's life. Whilst it can affect anyone at any age, it frequently begins around puberty or during early adulthood. People with OCD may also have or develop other mental health disorders e.g., depression, an eating disorder or GAD (NHS England , 2019).

2.2.3.4 Post-Traumatic Stress Disorder (PTSD)

PTSD is defined as 'an anxiety order caused by very stressful, frightening, or distressing event/s'. A person with PTSD may frequently relive past trauma and this can manifest through nightmares or flashbacks. People may become isolated, feel increasingly irritable or have guilt. Symptoms can be severe and persistent enough to have a significant impact on the person's day-to-day life. Repeated exposure to traumatic events i.e., violence, neglect or abuse, can result in complex PTSD which can be more severe (NHS England, 2018).

2.2.3.5 Body Dysmorphic Disorder (BDD)

BDD is linked to body image and how the individual sees themselves. A BDD diagnosis is given if an individual experiences obsessive worries about one or more perceived or slight flaws in their physical appearance which are unnoticeable to others. A person with BDD can develop compulsive behaviours and routines, such as excessive use of mirrors or picking at their skin, to help deal with the worries they have about the way they look. The obsessive worries and/or behaviours can cause significant emotional distress and upset and there are similarities to OCD in the way it is expressed through behaviour (NHS England (3), 2020).

2.2.3.6 Phobias

A phobia is defined as an '*overwhelming and debilitating fear of an object, place, situation, feeling or animal*' (NHS England (3), 2022). Phobias are the most common type of anxiety disorder**.** There are two types, simple and complex phobias, and can affect anyone regardless of age, sex, and social background.

Simple phobias can often be linked to an early negative childhood experience, usually between the ages of four and eight years old. For example, getting stuck in a lift may result in a fear of enclosed spaces (claustrophobia). It is also thought phobias can sometimes be "*learnt*" e.g., if someone in the family has a fear of the dentists or spiders, this can be learnt by other family members who develop the same fear (NHS England (3), 2022).

Complex phobias are defined as conditions like agoraphobia and social phobia. This is likely due to the impact and complexity around these conditions and the implications on someone's life (NHS England (3), 2022). Agoraphobia develops as a complication of panic disorder and can also be linked to suffering a panic attack in a certain social place or situation. Onset is often preceded by several adverse life events in the year or so before diagnosis. (NHS England , 2018) (Anxiety UK , 2022)

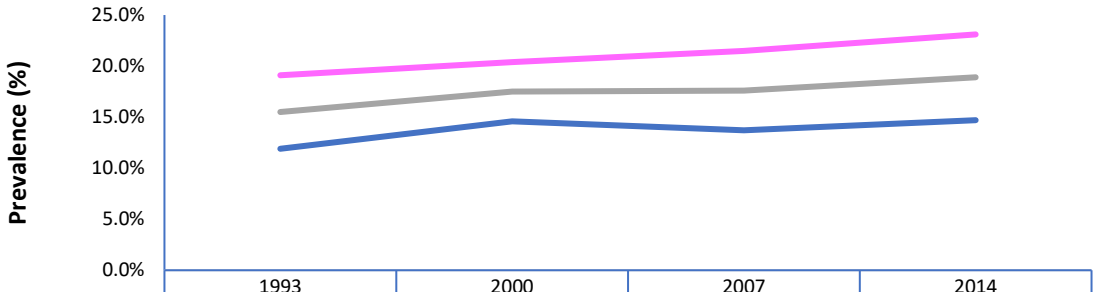
2.3 Prevalence

2.3.1 All CMDs

2.3.1.1 National profile

According to the Adult Psychiatric Morbidity Survey (APMS) (NHS Digital (1), 2016) results, CMD prevalence has increased overall over the 4 successive survey periods - the prevalence among women rose over the period while the that among men seemed to have stabilised from 2000 onward (Figure 2.1).

Figure 2.1: Trend for CMD prevalence by sex in England – adults aged 16-64 years (1993 - 2014)

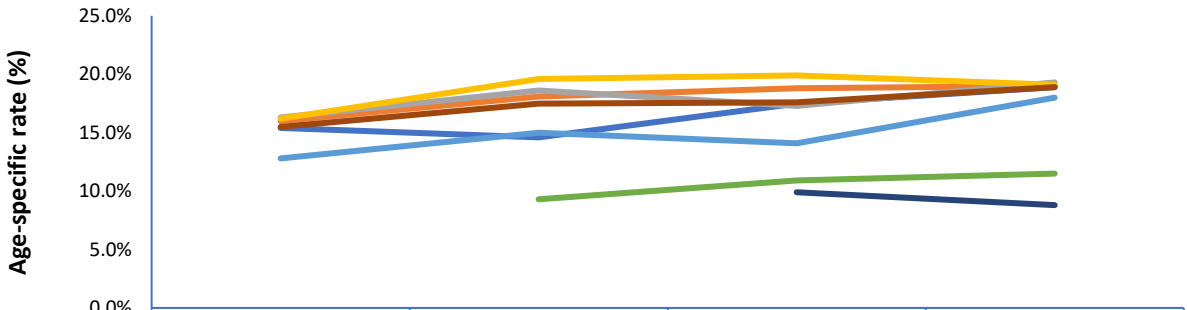


	1993	2000	2007	2014
Men	11.9%	14.6%	13.7%	14.7%
Women	19.1%	20.4%	21.5%	23.1%
All adults	15.5%	17.5%	17.6%	18.9%

Source: APMS 2014 (NHS Digital (1), 2016)

The prevalence of CMDs has also generally increased across all age groups except for those aged 75 years or older. The biggest increase was among those aged 55-64 years (Figure 2.2).

Figure 2.2: Trend for CMD prevalence by age group in England (1993 - 2014)



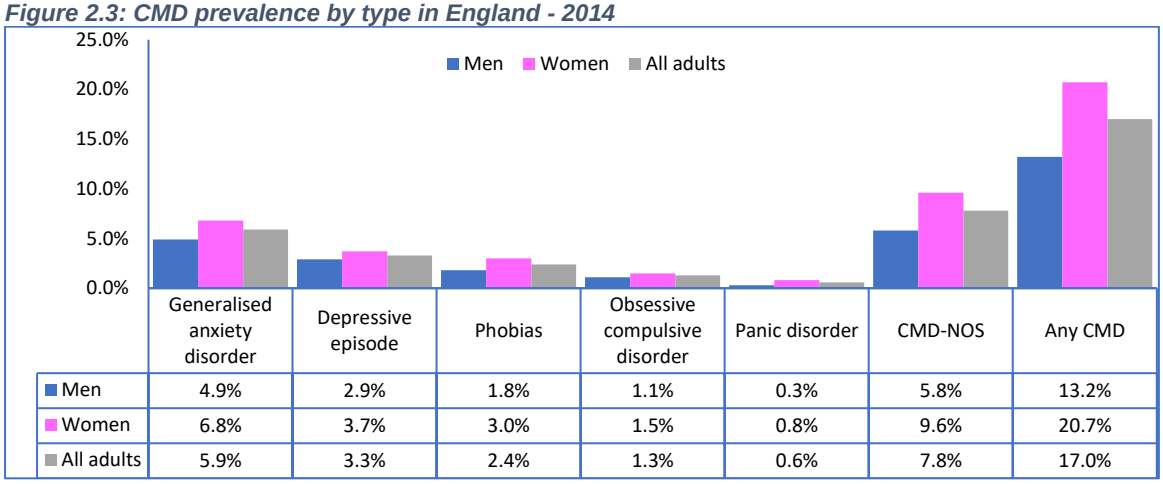
	1993	2000	2007	2014
16-24	15.4%	14.6%	17.5%	18.9%
25-34	16.0%	18.1%	18.8%	19.0%
35-44	16.3%	18.6%	17.3%	19.3%
45-54	16.2%	19.6%	19.9%	19.1%
55-64	12.8%	15.0%	14.1%	18.0%
65-74		9.3%	10.9%	11.5%
75+			9.9%	8.8%
All 16-64	15.5%	17.5%	17.6%	18.9%

Source: APMS 2014 (NHS Digital (1), 2016)

In 2014, it was estimated that 17.0% of adults aged 16 years or older in England had CMD with the prevalence being higher among women compared with men (20.7% in women and 13.2% in men). The most common CMD type reported in the APMS apart from CMD-NOS[1] was GAD – 5.9% reported having GAD (6.8% in women and 4.9% in men) – and the least common type was panic disorder (0.6% overall; 0.8% in women and 0.3% in men) (Figure 2.3).

[1] Not otherwise specified (NOS) categorisation is generally used to note the presence of an illness where the symptoms presented were sufficient to make a general diagnosis, but where a specific diagnosis was not made.

Figure 2.3: CMD prevalence by type in England - 2014



	Generalised anxiety disorder	Depressive episode	Phobias	Obsessive compulsive disorder	Panic disorder	CMD-NOS	Any CMD
Men	4.9%	2.9%	1.8%	1.1%	0.3%	5.8%	13.2%
Women	6.8%	3.7%	3.0%	1.5%	0.8%	9.6%	20.7%
All adults	5.9%	3.3%	2.4%	1.3%	0.6%	7.8%	17.0%

Source: APMS 2014 (NHS Digital (1), 2016)

In general, the prevalence was higher among those aged 16-64 years. Among women, those aged 16-24 years had the highest prevalence of 28.2%, while those aged 25-34 years had the highest prevalence of 17.4% (Table 2.1).

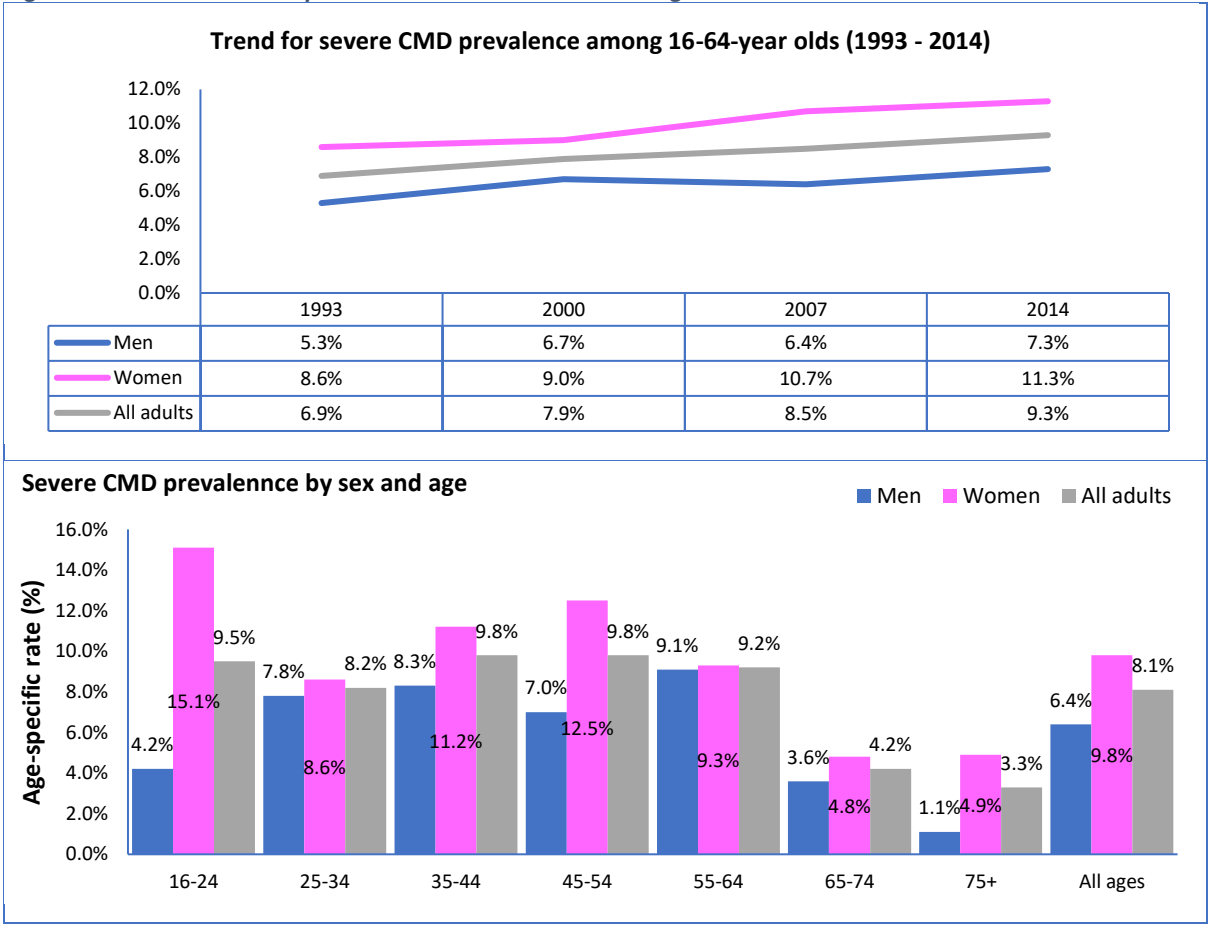
Table 2.1: Age-specific CMD prevalence by type and sex in England - 2014

CMD	Age group							
	16-24	***25-34***	***35-44***	***45-54***	***55-64***	***65-74***	***75+***	***All***
Men								
Generalised anxiety disorder	3.8%	6.0%	6.8%	6.0%	6.2%	2.0%	0.9%	4.9%
Depressive episode	0.9%	4.1%	2.7%	4.2%	4.2%	2.4%	0.3%	2.9%
Phobias	1.3%	2.8%	2.5%	2.3%	1.2%	0.7%	0.3%	1.8%
Obsessive compulsive disorder	1.2%	1.1%	1.7%	1.4%	0.7%	0.3%	0.3%	1.1%
Panic disorder	0.4%	0.3%	0.2%	0.1%	0.7%	0.4%	0.3%	0.3%
CMD-NOS	5.6%	7.9%	6.1%	5.6%	6.8%	3.5%	3.8%	5.8%
Any CMD	***10.0%***	***17.4%***	***16.3%***	***13.8%***	***15.6%***	***8.1%***	***5.6%***	***13.2%***
Women								
Generalised anxiety disorder	9.0%	6.3%	7.0%	8.5%	6.7%	5.8%	3.6%	6.8%
Depressive episode	3.8%	2.8%	5.5%	4.8%	4.4%	1.9%	2.0%	3.7%
Phobias	5.4%	3.8%	3.5%	3.0%	3.3%	0.5%	0.6%	3.0%
Obsessive compulsive disorder	2.4%	1.6%	1.6%	1.8%	2.1%	0.4%	0.2%	1.5%
Panic disorder	2.2%	0.6%	0.3%	0.8%	0.4%	0.9%	0.8%	0.8%
CMD-NOS	11.3%	10.2%	10.3%	11.8%	9.4%	6.9%	5.7%	9.6%
Any CMD	***28.2%***	***20.7%***	***22.3%***	***24.2%***	***20.2%***	***14.7%***	***11.0%***	***20.7%***
All adults								
Generalised anxiety disorder	6.3%	6.1%	6.9%	7.3%	6.4%	4.0%	2.5%	5.9%
Depressive episode	2.3%	3.5%	4.1%	4.5%	4.3%	2.1%	1.3%	3.3%
Phobias	3.3%	3.3%	3.0%	2.7%	2.3%	0.6%	0.5%	2.4%

CMD	Age group							
	16-24	***25-34***	***35-44***	***45-54***	***55-64***	***65-74***	***75+***	***All***
Obsessive compulsive disorder	1.8%	1.4%	1.6%	1.6%	1.5%	0.3%	0.3%	1.3%
Panic disorder	1.2%	0.5%	0.3%	0.5%	0.5%	0.7%	0.6%	0.6%
CMD-NOS	8.4%	9.1%	8.2%	8.7%	8.1%	5.2%	4.9%	7.8%
Any CMD	***18.9%***	***19.0%***	***19.3%***	***19.1%***	***18.0%***	***11.5%***	***8.8%***	***17.0%***

Clinical Interview Schedule – Revised (CIS-R) (Lewis, Pelosi, Araya, & Dunn, 1992) is an interviewer administered structured interview schedule covering the presence of non-psychotic symptoms in the week prior to interview. CIS-R score of 12 or more is the threshold applied to indicate that a level of CMD symptoms is present such that primary care recognition is warranted. CIS-R score of 18 or more denotes more severe or pervasive symptoms of a level very likely to warrant intervention such as medication or psychological therapy (NHS Digital (1), 2016).

Figure 2.4: Trends for and prevalence of severe CMD in England



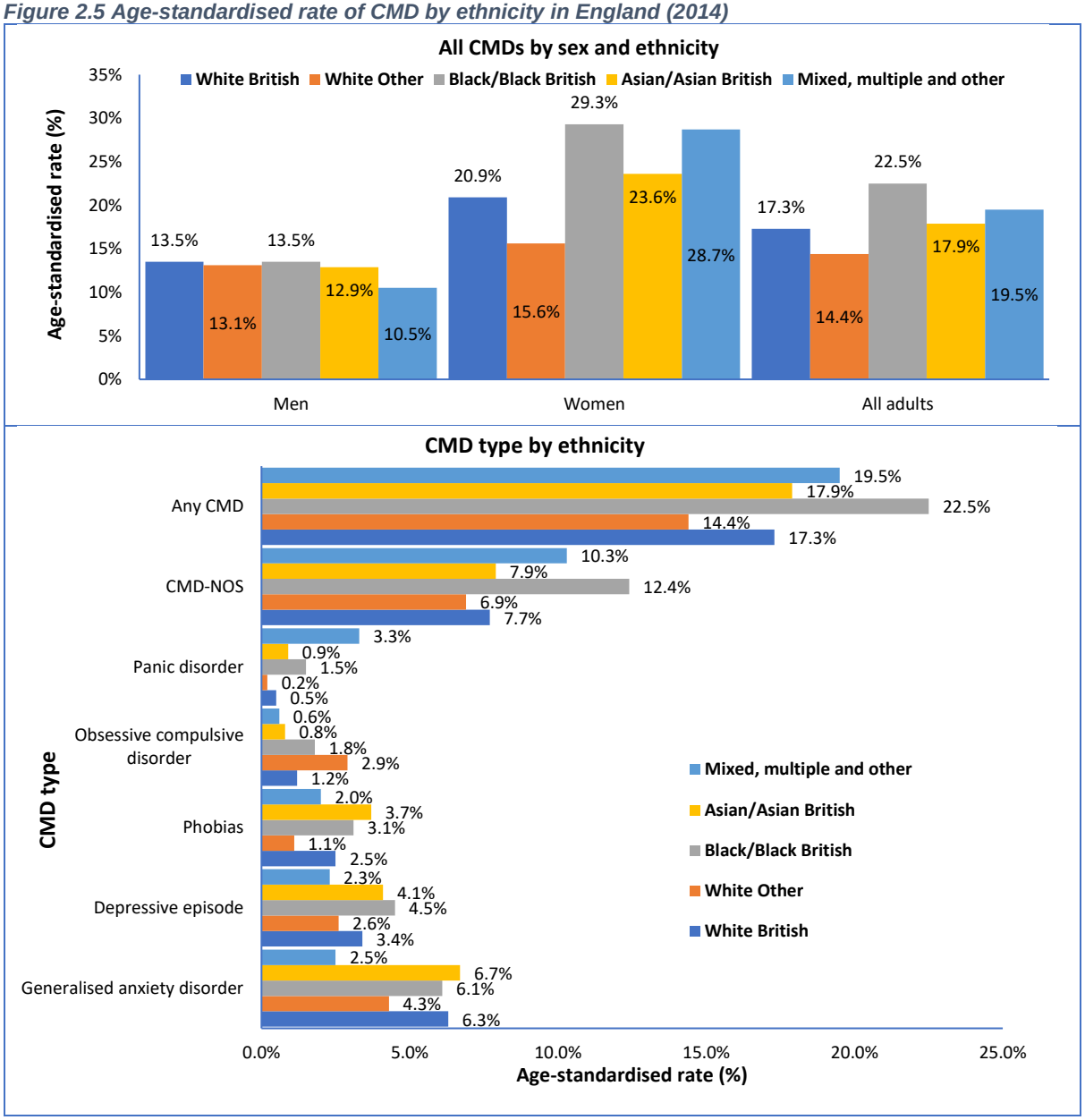
Source: APMS 2014 (NHS Digital (1), 2016)

In tandem with the general CMD prevalence trend (see Figure 2.1), the trend for severe CMD (i.e. CIS-R score of 18 or more) has increased over the survey periods from 6.9% in 1993 to 9.3% in 2014 – the increase in women was from 8.6% to 11.3% compared with men (from 5.3% to 7.3%) (Figure 2.4). In 2014, the overall prevalence of severe CMD among all age groups was 8.1% - the rate in women was 9.8%

compared with 6.4% in men. The highest rate in women was among those aged 16-24 years (15.1%) while the highest rate in men was among those aged 55-64 years (9.1%) (Figure 2.4).

Overall, prevalence of CMD was highest among Blacks (22.5%) and lowest among those from Other White background. In men, prevalence of CMD did not vary significantly by ethnic group, whereas it did in women. Black women had the highest age-standardised prevalence of 29.3% while those from Other White background had the lowest of 15.6% (Figure 2.5). GAD seemed to be least common among those from Other White background but similar across all other ethnicities.

Figure 2.5 Age-standardised rate of CMD by ethnicity in England (2014)



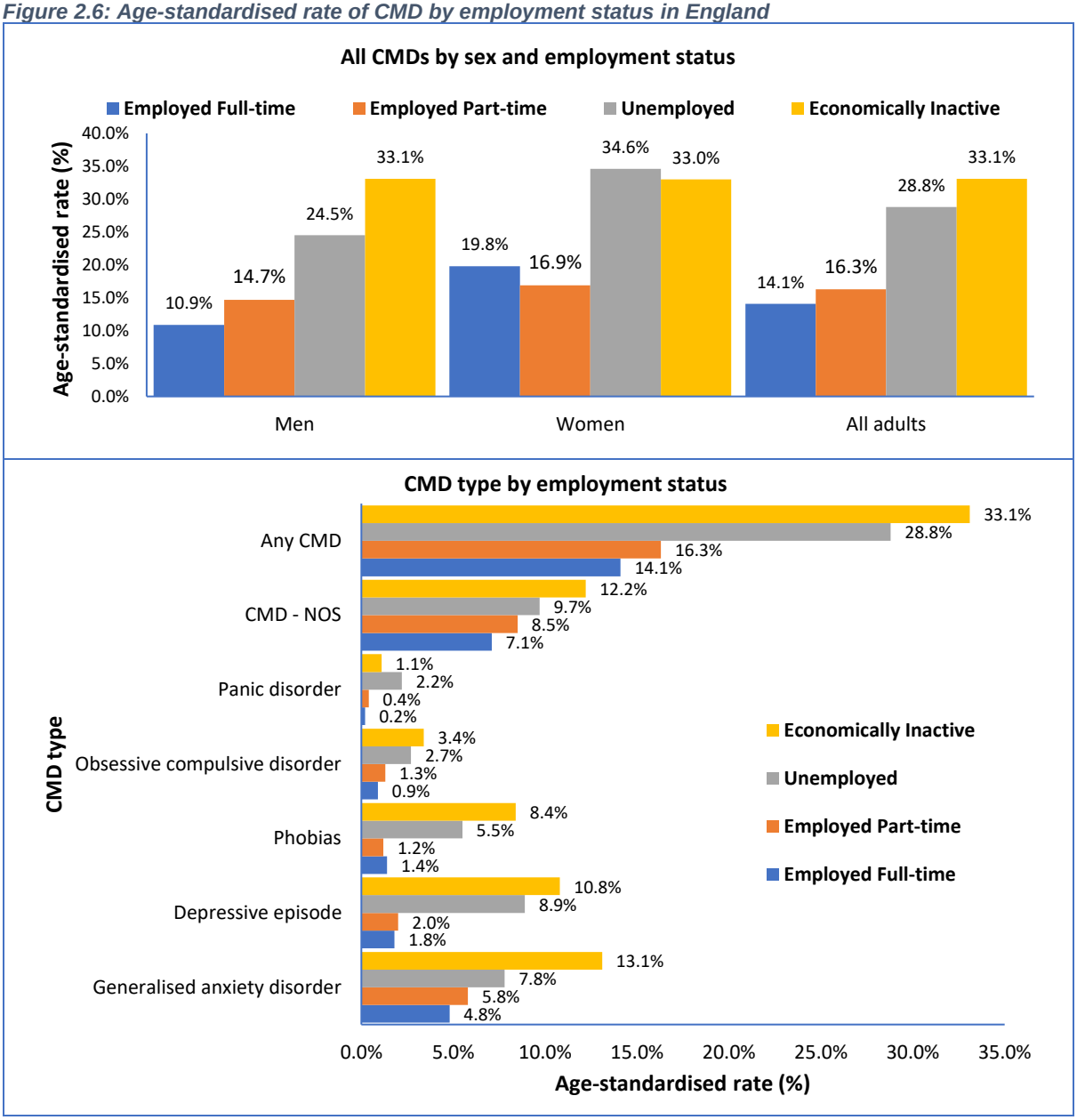
Source: APMS 2014 (NHS Digital (1), 2016)

Employed adults were less likely to have a CMD than those who were economically inactive or unemployed. There was no difference in the overall prevalence of CMDs between those in full-time and in part-time employment.

Using age-standardised figures, the CMD rate in employed people aged 16 to 64 was half that of their non-employed counterparts (14.1% of those in full-time employment and 16.3% of those in part-time employment, compared with 28.8% of unemployed people looking for work, and 33.1% of the economically inactive).

Women in full-time employment were twice as likely to have CMD as full-time employed men (age-standardised 19.8%, compared with 10.9% respectively). Unemployed women were also more likely to have CMD than unemployed men (34.6% of women and 24.5% of men). However, there was no significant difference in prevalence between men and women employed part-time (14.7% and 16.9% respectively), nor was there a significant difference between economically inactive men and women (33.1% and 33.0% respectively).

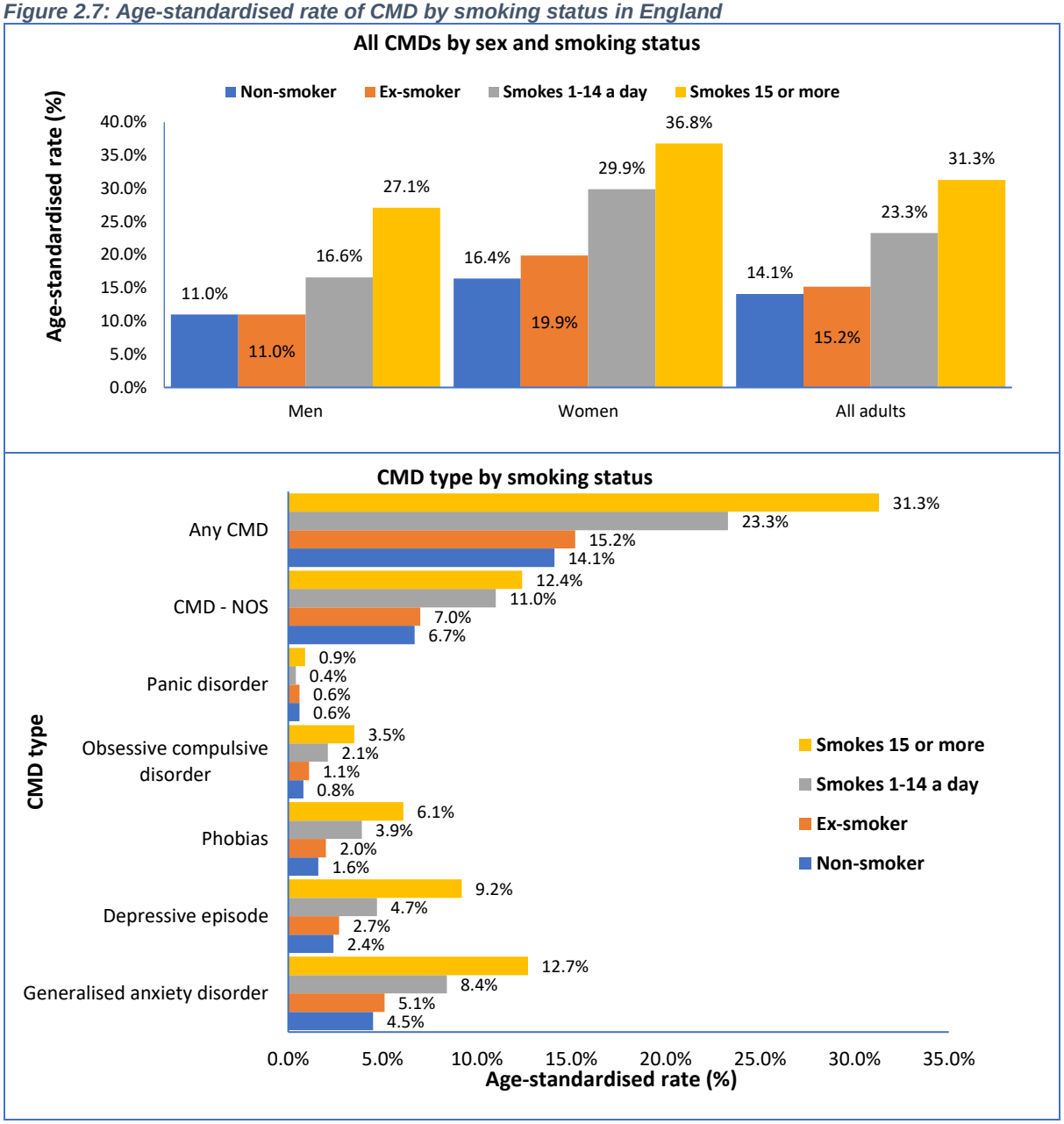
Figure 2.6: Age-standardised rate of CMD by employment status in England



Source: Adult Psychiatric Morbidity Survey - 2014 (NHS Digital (1), 2016)

Smokers were significantly more likely than non-smokers to have a CMD. Among smokers, those smoking 15 or more cigarettes a day were more likely to have a CMD than those who smoked fewer – 31.3% of those smoking 15 or more per day have a CMD compared with 14.1% of those who had never smoked, 15.2% of ex-smokers and 23.3% of those smoking fewer than 15 (Figure 2.7). A similar pattern among smokers and non-smokers was present when looking at the prevalence of each type of CMD (although not all differences were significant) (NHS Digital (1), 2016).

Figure 2.7: Age-standardised rate of CMD by smoking status in England

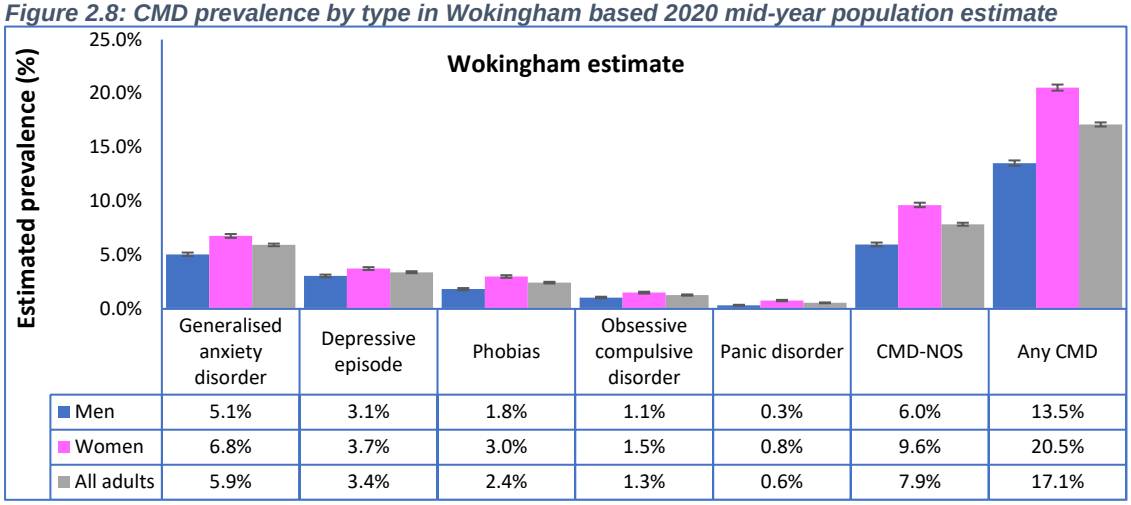


Source: Adult Psychiatric Morbidity Survey - 2014 (NHS Digital (1), 2016)

2.3.1.2 Wokingham CMD profile

Using the 2014 APMS data (Table 2.1) and ONS 2020 Mid-year Population Estimates for Wokingham, it has been estimated that 17.1% of all adults aged 16 years or older have any form of CMD (i.e., including those that may not meet the clinical threshold of CIS-R score of 12) in 2020 – the prevalence among women is 20.5% compared with 13.5% in men (Figure 2.8).

Figure 2.8: CMD prevalence by type in Wokingham based 2020 mid-year population estimate

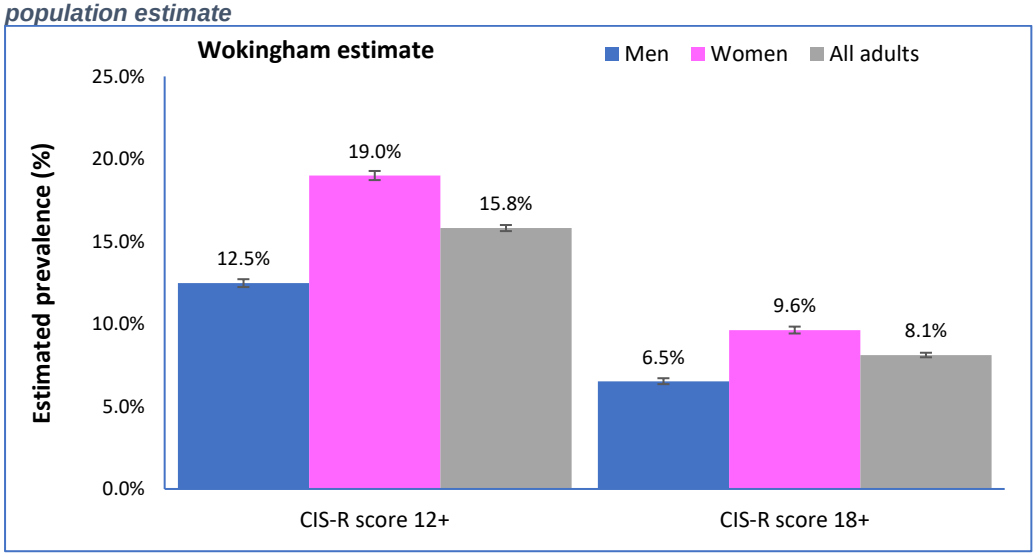


	Generalised anxiety disorder	Depressive episode	Phobias	Obsessive compulsive disorder	Panic disorder	CMD-NOS	Any CMD
Men	5.1%	3.1%	1.8%	1.1%	0.3%	6.0%	13.5%
Women	6.8%	3.7%	3.0%	1.5%	0.8%	9.6%	20.5%
All adults	5.9%	3.4%	2.4%	1.3%	0.6%	7.9%	17.1%

Source: 2020 ONS Mid-year population estimate & APMS 2014 (NHS Digital (1), 2016)

Clinically recognisable CMD prevalence (CIS-R score 12+) was 15.8% in 2020 in Wokingham - the rate in women was 19.0% compared with 12.5% in men. Severe forms of CMD (CIS-R score 18+) were also more prevalent in women and their rate was significantly higher than the Wokingham average (Figure 2.9).

Figure 2.9: Estimated CMD prevalence by sex and severity in Wokingham based 2020 mid-year population estimate



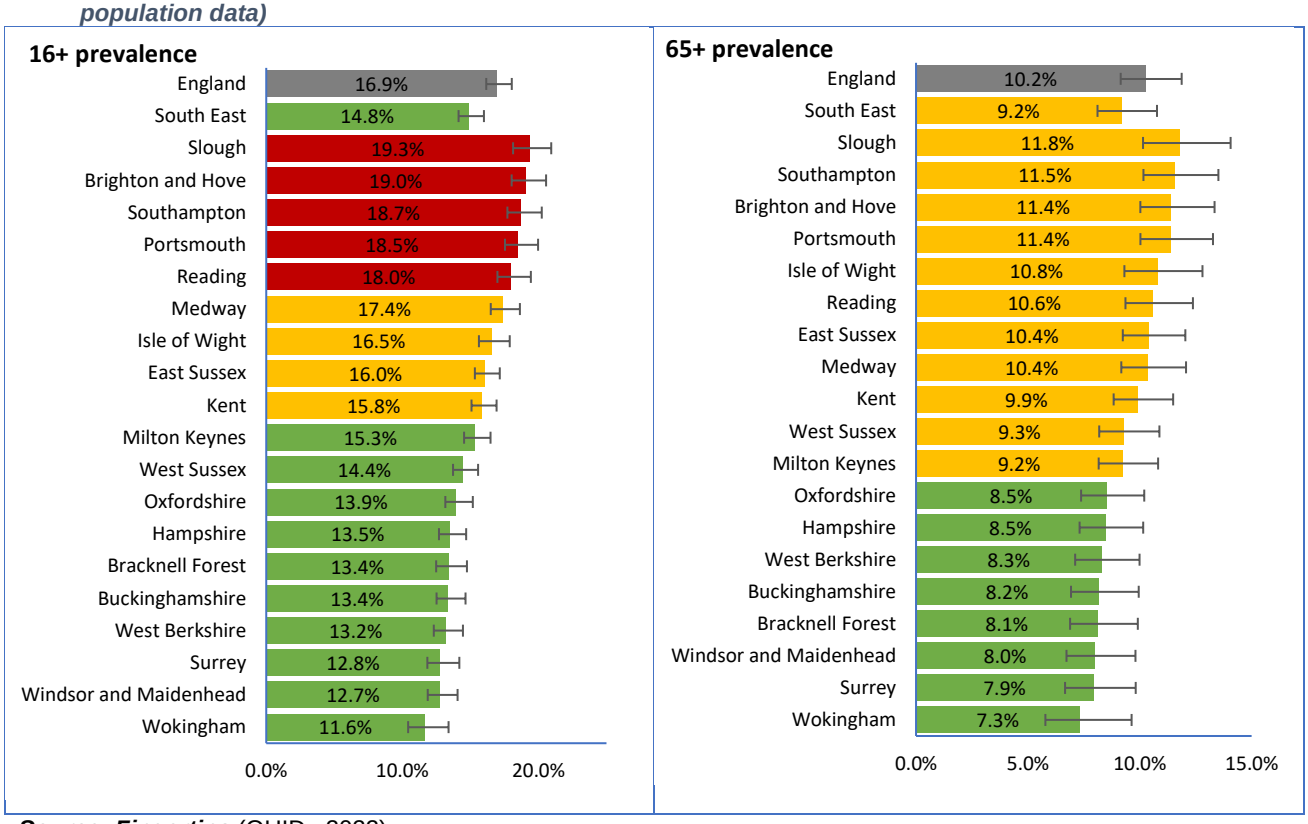
Source: 2020 ONS Mid-year population estimate & APMS 2014 (NHS Digital (1), 2016)

The Office for Health Improvement and Disparities (OHID , 2022) estimated that the prevalence of CMD among those aged 16 years or older in Wokingham was 11.6% in 2017, the lowest rate in the South East and significantly lower than the national average but similar to the South East average. The prevalence of among those aged

65 years or older was 7.3%, also the lowest in the South East and significantly lower than the national average (Figure 2.10).

These estimates are likely to underestimate the prevalence as the survey (APMS) on which they are based as they excluded those living in institutional settings such as care homes, offender institutions, prisons, or in temporary housing or sleeping rough. People living in such settings are more likely to have worse mental health than those living in private households.

Figure 2.10: CMD prevalence in England compared with local authorities in the South East (2017 population data)

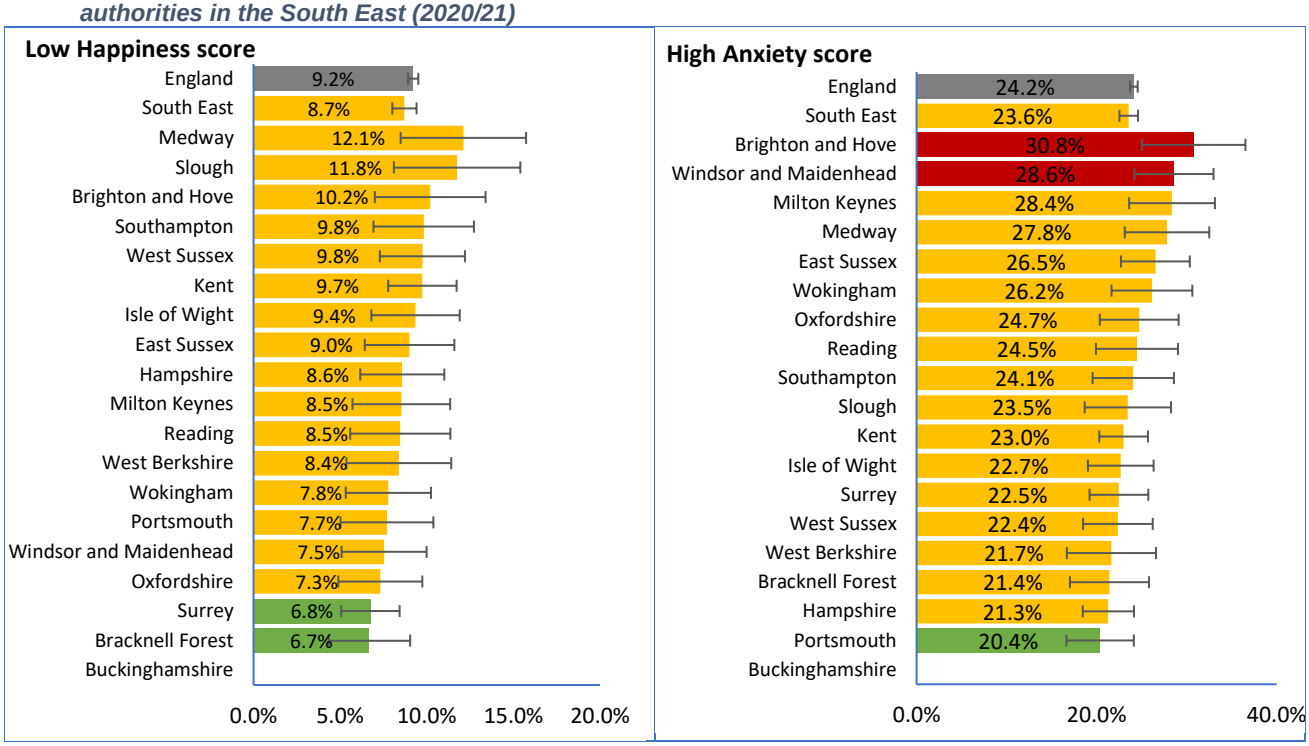


Source: Fingertips (OHID , 2022)

Mental health influences our well-being and vice versa. People with higher well-being have lower rates of illness, recover more quickly and stay recovered for longer, and generally have better physical and mental health.

The proportion of Wokingham residents aged 16 years or older reporting low levels of happiness in 2020/21 using on the ONS Four Personal Well-Being questions was 7.8%, the 6th lowest in the South East and similar to the national average of 9.2%. For anxiety score, 26.2% reported having a high anxiety score, the 6th highest in the South West and similar to the national average of 24.2% (Figure 2.11). Note that there was no data reported for Buckinghamshire.

Figure 2.11: Prevalence of low happiness and high anxiety scores in England compared with local authorities in the South East (2020/21)

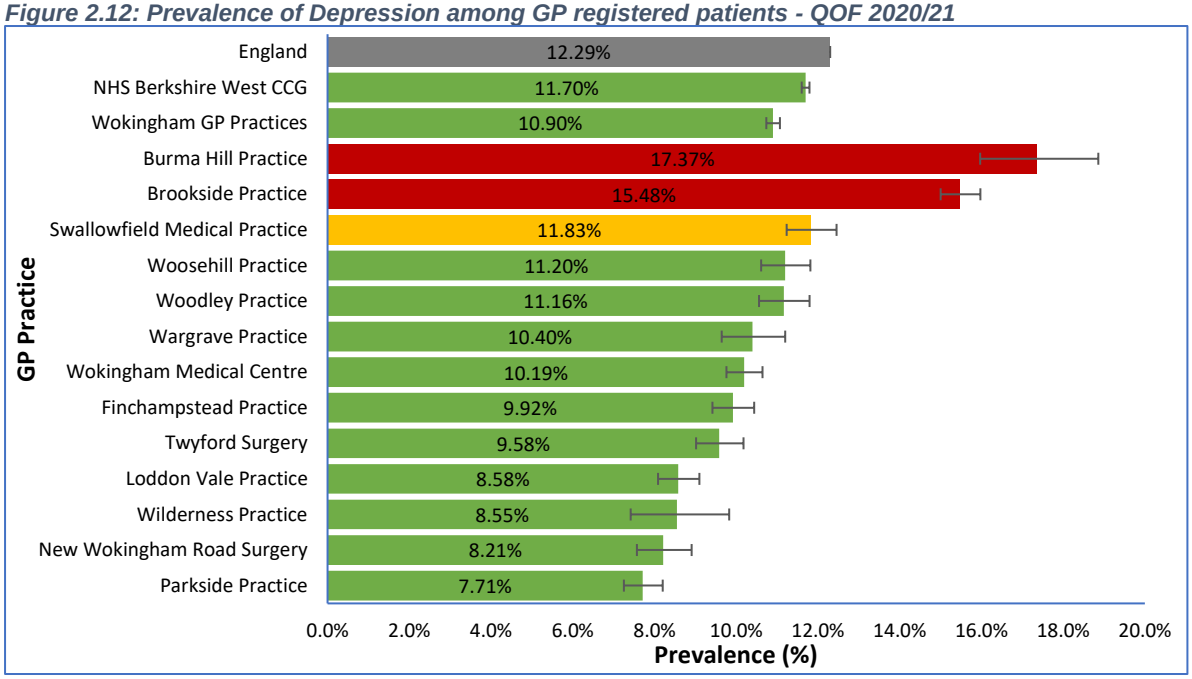


Source: Fingertips (OHID , 2022)

2.3.2 Depression prevalence - GP depression register

Whilst there is no local prevalence data by all types of CMD GPs keep a register of people with a diagnosis of depression via the Quality and Outcomes Framework (QOF) data which show the prevalence depression as a proportion of all those aged 18 years or older.

Figure 2.12: Prevalence of Depression among GP registered patients - QOF 2020/21



In 2020/21, Wokingham practices recorded significantly lower prevalence of depression among their patients (10.90%) compared with Berkshire West CCG and England averages in 2020/21 (11.70% and 12.29% respectively) (Figure 2.12 above).

Two practices (Burma Hill and Brookside Practices) had significantly higher prevalence compared with Berkshire West CCG and England averages while all others recorded significantly lower prevalence compared with the national average except Swallowfield Medical Practice whose prevalence was similar to the national average (Figure 2.12 above).

Overall, there were 14,673 patients with depression among GP-registered patients across Wokingham practices in 2020/21 compared with 13,222, an increase of 1,451 (11.0%). This represented 0.95%-point increase in depression prevalence across Wokingham practices between 2019/20 and 2020/21 compared with 0.84%-point increase across NHS Berkshire West CCG. The biggest increase of 2.15% points was among Twyford Surgery patients while Burma Hill Practice recorded the highest reduction of 0.17% points among their patients (Table 2.2).

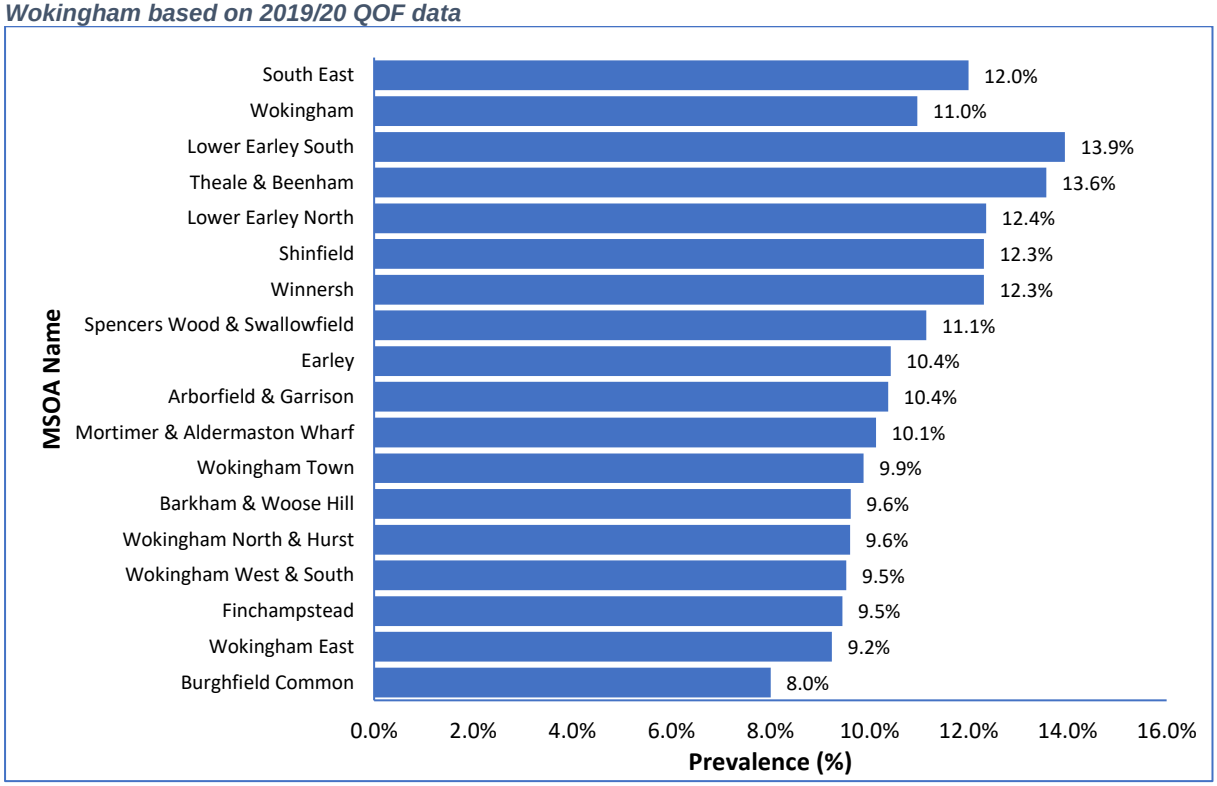
Table 2.2: Prevalence of depression among GP registered patients (2019/20 to 2020/21)

Practice name	2019/20		2020/21		%-point change
	Number (18+)	Prevalence	Number (18+)	Prevalence	
Brookside Practice	3,241	15.2%	3,289	15.5%	0.29%
Burma Hill Practice	421	17.5%	458	17.4%	-0.17%
Finchampstead Practice	1,220	9.5%	1,305	9.9%	0.42%
Loddon Vale Practice	951	8.0%	1,011	8.6%	0.56%
New Wokingham Road Surgery	448	7.3%	531	8.2%	0.96%
Parkside Practice	872	7.2%	935	7.7%	0.48%
Swallowfield Medical Practice	1,126	11.1%	1,272	11.8%	0.76%
Twyford Surgery	749	7.4%	947	9.6%	2.15%
Wargrave Practice	519	8.9%	616	10.4%	1.47%
Wilderness Practice	173	8.6%	177	8.5%	-0.03%
Wokingham Medical Centre	1,426	7.9%	1,841	10.2%	2.25%
Woodley Practice	969	10.0%	1,113	11.2%	1.16%
Woosehill Practice	1,107	10.7%	1,178	11.2%	0.51%
Wokingham GP Practices	***13,222***	***10.0%***	***14,673***	***10.9%***	***0.94%***
NHS Berkshire West CCG	***47,151***	***10.9%***	***51,443***	***11.7%***	***0.84%***

Source: *Invalid source specified.**NHS Digital and Quality Outcomes Framework*** ***(2021)***

Modelled Middle Super Output Area (MSOA) estimates based on 2019/20 QOF data shows that Lower Earley South had the highest prevalence of depression (13.9%) while Burghfield Common had the lowest of 8.0% (Figure 2.13).

Figure 2.13: Modelled estimate of depression prevalence by Middle Super Output Area (MSOA) in Wokingham based on 2019/20 QOF data

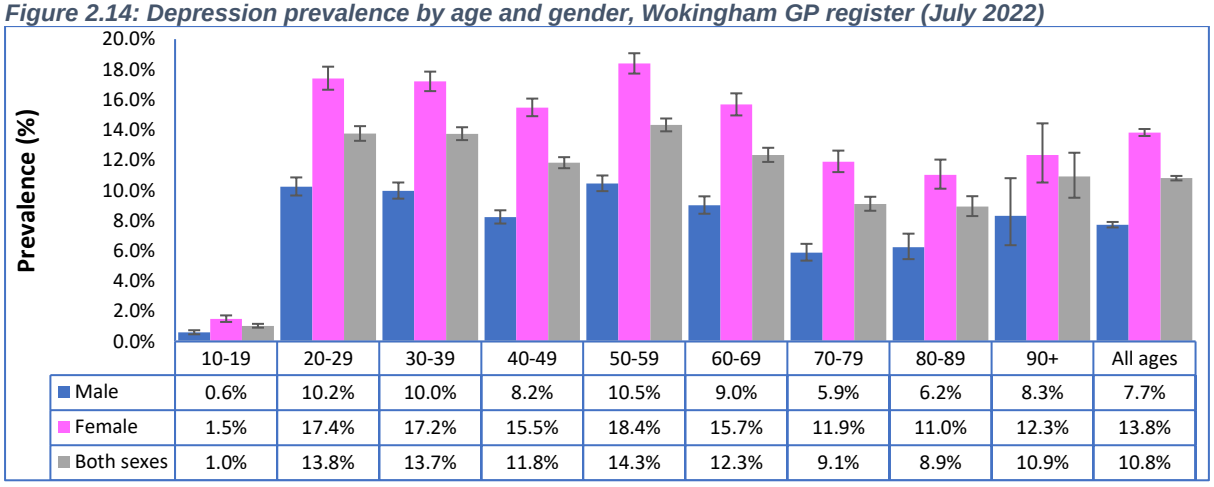


***Source:** House of Commons Library Constituency Data: Health Conditions*

Figure 2.14 provides a further breakdown of depression register data by age and gender based on data from Connected Care. As of July 2022, the overall depression prevalence was 10.8%, slightly lower than estimates from other sources outlined earlier which may be due when time the data were extracted. Females in Wokingham were significantly more likely than males to appear on a depression register. Those aged 50-59 years were most likely to be included on the register.

This profile (i.e., prevalence based on QOF register) may be a reflection of health-seeking behaviour patterns associated with depression and not necessarily a true reflection of depression prevalence.

Figure 2.14: Depression prevalence by age and gender, Wokingham GP register (July 2022)



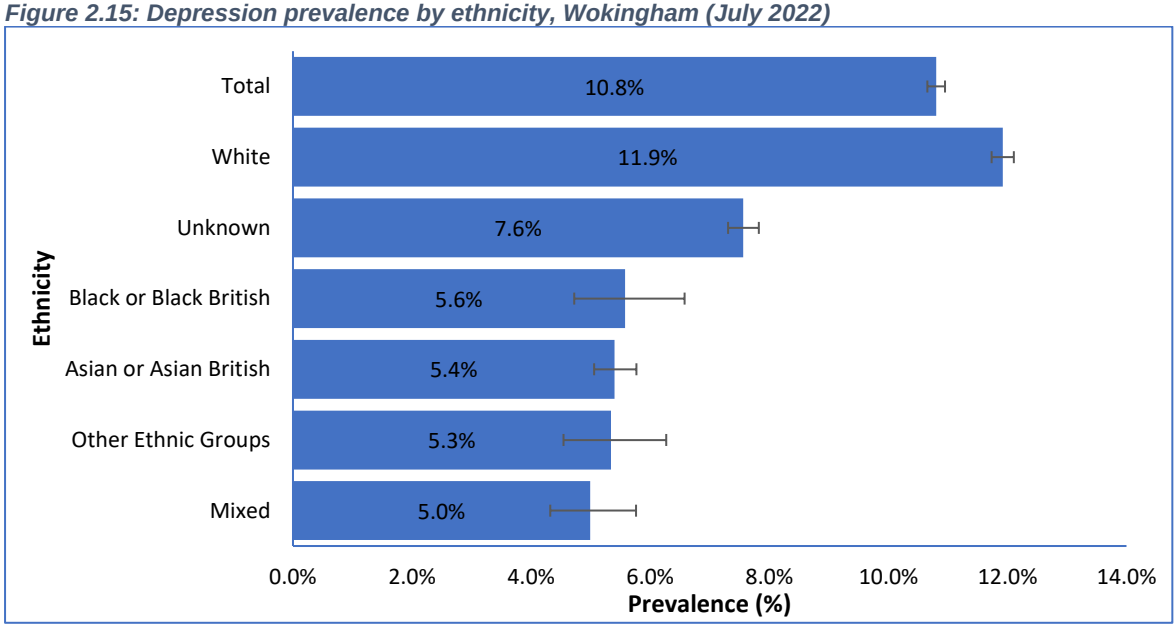
	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+	All ages
Male	0.6%	10.2%	10.0%	8.2%	10.5%	9.0%	5.9%	6.2%	8.3%	7.7%
Female	1.5%	17.4%	17.2%	15.5%	18.4%	15.7%	11.9%	11.0%	12.3%	13.8%
Both sexes	1.0%	13.8%	13.7%	11.8%	14.3%	12.3%	9.1%	8.9%	10.9%	10.8%

Source: Connected Care accessed via Frimley ICS System Insights (08 July 2022)

As of July 2022, local data showed White British were most likely to be on the depression register (11.9%) – significantly higher than the Wokingham average - while those from Mixed background are least likely (5.0%) (Figure 2.15).

Comparing Figure 2.5 and Figure 2.15 it could be inferred that those from minority ethnic backgrounds may not be seeking support for depression from primary care given the higher prevalence from the national survey.

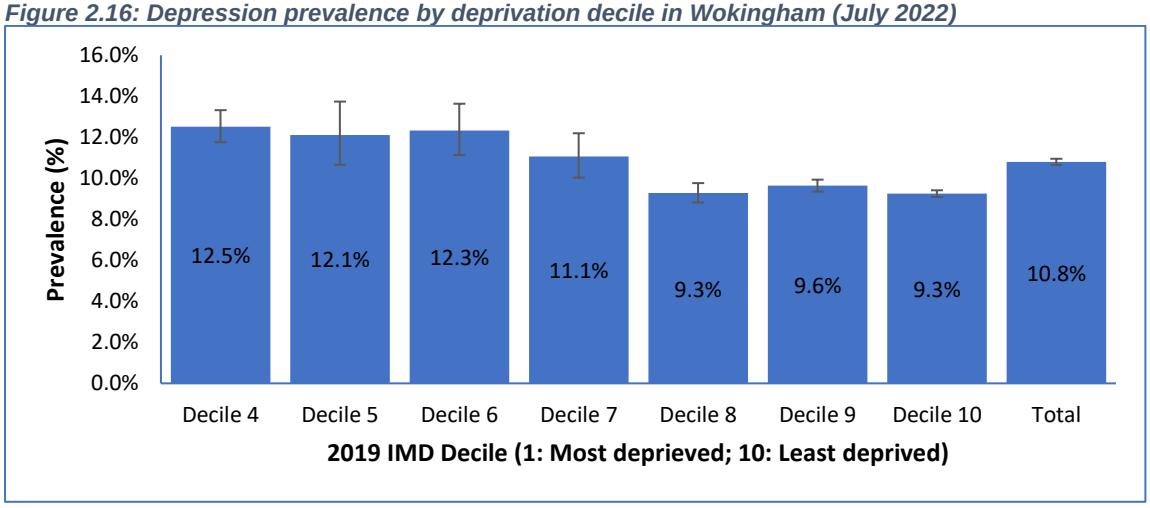
Figure 2.15: Depression prevalence by ethnicity, Wokingham (July 2022)



Source: Source Connected Care accessed via Frimley ICS System Insights (20 June 2022)

Indices of multiple deprivation (IMD) deciles are used to classified areas based on levels of deprivation. Figure 2.16 provides a further breakdown of patients on the local depression register by the 2019 IMD deciles. People who are from more deprived areas in Wokingham (Deciles 4, 5, 6 and 7) were significantly more likely to be on the depression register compared with those from the least deprived Decile 8, 9 and 10 areas.

Figure 2.16: Depression prevalence by deprivation decile in Wokingham (July 2022)



Source: Connected Care accessed via Frimley ICS System Insights (30 June 2022)

Data from Connected Care (December 2021) for people with long-term conditions registered with Wokingham PCN indicates that individuals with depression may also have other long-term conditions. Table 2.3 shows the prevalence of other long-term conditions among those on GP depression register in Wokingham. Overall, 76.6% of all who were on the depression register were on other QOF registers suggesting a significant prevalence of other long-term conditions among those with depression diagnoses - 32.8% of patients with depression were on the obesity register and 16.9% are on the hypertension register.

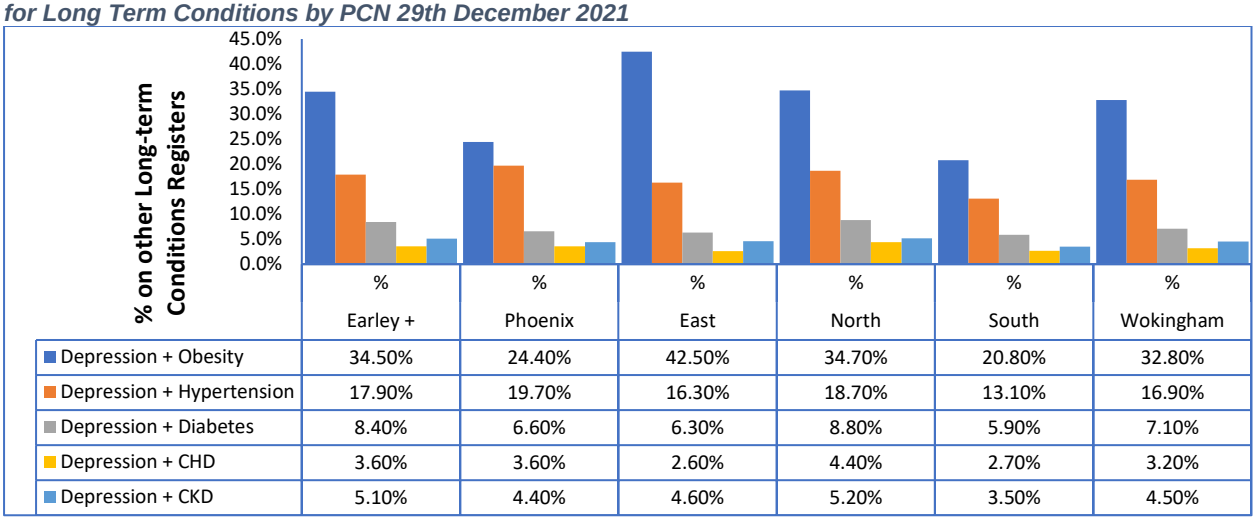
Table 2.3: Prevalence of Patients in Wokingham on QOF Depression Register and other QOF Registers for Long Term Conditions by PCN 29th December 2021

QOF Register	Number on register	% on other QOF registers
Depression	17,764	100%
On other QOF registers	***13,599***	***76.6%***
• Obesity	5,828	32.8%
• Hypertension	3,004	16.9%
• Asthma	1,875	10.%
• Diabetes	1,270	7.1%
• Cancer	830	4.7%
• CKD	792	4.5%
• CHD	568	3.2%

Source: Connected Care accessed via Frimley ICS System Insights (29 December 2021).
Please note: some may be on more than one QOF register

A further breakdown of this data by PCN shows a similar pattern (see Figure 2.17). Across all PCNs, those on depression register were most likely to be on obesity register as well.

Figure 2.17: Prevalence of Patients in Wokingham on QOF Depression Register and other QOF Registers for Long Term Conditions by PCN 29th December 2021



	% Earley +	% Phoenix	% East	% North	% South	% Wokingham
Depression + Obesity	34.50%	24.40%	42.50%	34.70%	20.80%	32.80%
Depression + Hypertension	17.90%	19.70%	16.30%	18.70%	13.10%	16.90%
Depression + Diabetes	8.40%	6.60%	6.30%	8.80%	5.90%	7.10%
Depression + CHD	3.60%	3.60%	2.60%	4.40%	2.70%	3.20%
Depression + CKD	5.10%	4.40%	4.60%	5.20%	3.50%	4.50%

Source: Connected Care accessed via Frimley ICS System Insights (29 December 2021)

Existing evidence shows the relationship between obesity and depression can support each other resulting in a vicious circle (Patsalos O., 2021). Obese people have an increased risk (~55%) of developing depression in their lifetime, whereas

depressed people had an increased risk (~58%) of becoming obese (Bergantin, 2020).

2.3.3 Perinatal Mental Health

The perinatal period refers to pregnancy and the first year following the birth of a child. Perinatal mental health problems are mental health problems that occur during this period. Some can develop mental health disorders, or experience exacerbations of existing conditions during this period. For some, this may be mild and short-lived and for others, this can be long term and profoundly affect life. It should be noted that some postnatal mental health problems are not limited to the mothers but can also affect the fathers or partners (NHS England , 2018). If left undiagnosed and/or untreated, perinatal mental health issues can have significant impacts on the mother, the baby, and the wider family.

Nationally it is estimated that one in five (20%) women develop a mental health condition during pregnancy or in the first year after birth (Royal College of Obstetricians & Gynaecologists, 2017). If a mother is suffering from serious perinatal mental ill-health or untreated postpartum psychosis, there is a greater risk of suicide. Research shows that suicide is the leading cause of maternal death within a year of ending pregnancy, with one in nine of maternal deaths in the UK being due to suicide. A 2016-2018 study found that 35% of the women who died by suicide had existing mental health problems sometimes alongside difficult life circumstances and physical health problems (MBRRACE-UK, 2021).

There are no estimates for numbers of women in Wokingham who have had or have a CMD pre or postnatal. The Joint Commissioning Panel for Mental Health drew together data from various research on the prevalence of perinatal mental health conditions to provide the overview of prevalence shown in Table 2.4. Applying the national prevalence estimates to the total number of annual live births in Wokingham provided the local estimates in Table 2.4. The estimates potentially include those with more than one perinatal mental health conditions and did not consider socioeconomic factors or any other factors that may cause local variation in prevalence. Additionally, they exclude estimates related to mothers who experienced still births and pregnancy losses.

Table 2.4: Estimated rates of perinatal psychiatric disorder per 1,000 maternities in Berkshire

Condition	Rate per 1,000 (Joint Commissioning Panel for Mental Health report)	Average Wokingham Live births 2013-2020 (ONS)	Estimated number of women in Wokingham
Postpartum psychosis	2	1,760	4
Chronic serious mental illness	2		4
Severe depressive illness	30		53
Mild-moderate depressive illness and anxiety states	100-150		177 - 265
Post-traumatic stress disorder	30		53
Adjustment disorder and distress	150-300		265 - 529

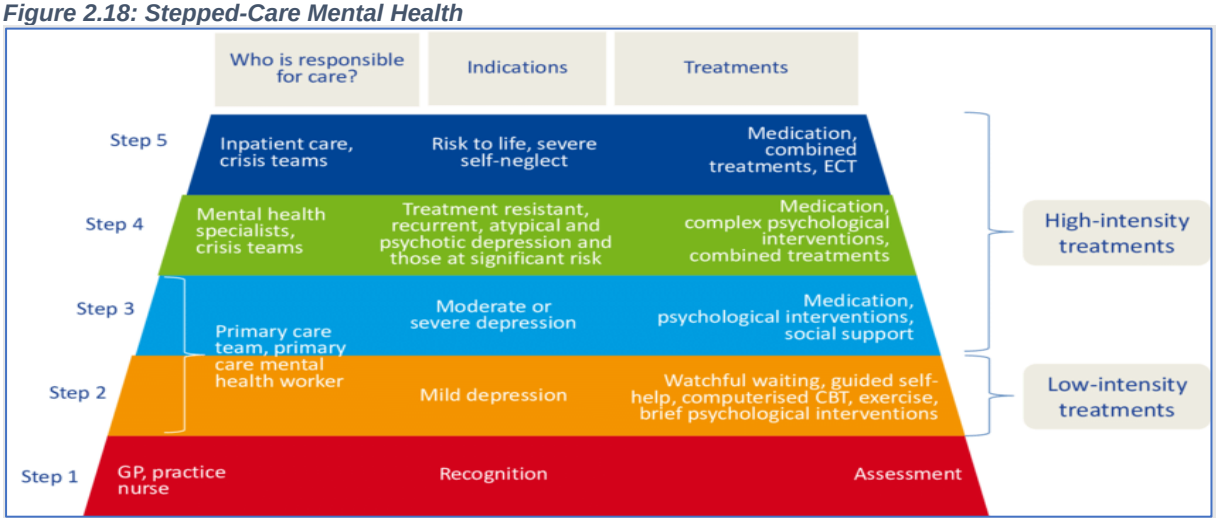
***Source:** Joint Commissioning Panel for Mental Health, 2012 & Live births in England and Wales, 2021 (ONS)*

2.4 Service Model

2.4.1 Stepped-Care Mental Health

NICE recommends a 'stepped-care' approach to mental health, starting with the least intrusive and effective interventions being offered. Figure 2.18 shows the stepped care approach and who is responsible for the care, identification and treatments across each level. More evidence is required around the most effective way to offer support and/or treatment to those with anxiety which is why this is not specifically outlined in the current stepped care model. Irrespective of the CMD, evidence-based treatments should be offered and made accessible, flexible and personalised. It should include an offer of choice of psychological and non-psychological interventions, and consider engaging with the community sector i.e., voluntary sector.

Figure 2.18: Stepped-Care Mental Health



Source IAPT - The Nationhttps://www.researchgate.net/figure/Stepped-care-model-developed-by-NICE_fig4_302519689al Programme

It is thought that a large proportion of people who have a CMD, either anxiety and/or depression will not seek treatment. Up to 90% of diagnosed CMDs are treated in primary care. Recognition of mild cases of CMD (particularly anxiety disorders) in patients by GPs is nationally considered poor. This in part may stem from patients being worried about disclosing information to the GP for fear of stigma. There is no local data available to be able to determine if this is similar, but it is reasonable to recommend that reducing stigma around mental health should be a priority for all.

2.4.2 Factors influencing access to mental health treatment among people with CMD

The 2014 APMS (NHS Digital (1), 2016) showed the following were independently associated higher likelihood of accessing mental health treatment:

- Age: Compared with 16–24-year-olds, those aged 35 to 44 and 45–54 were more than 3 times more likely to access treatment (Odds Ratio 3.11 and 3.10 respectively)
- Sex: Females were 58% more likely to access mental health treatment compared with males (Odds Ratio: 1.58)
- Ethnicity: Compared with White British ethnicity, other ethnicities, particularly those from Black ethnic background, were less likely to access treatment.

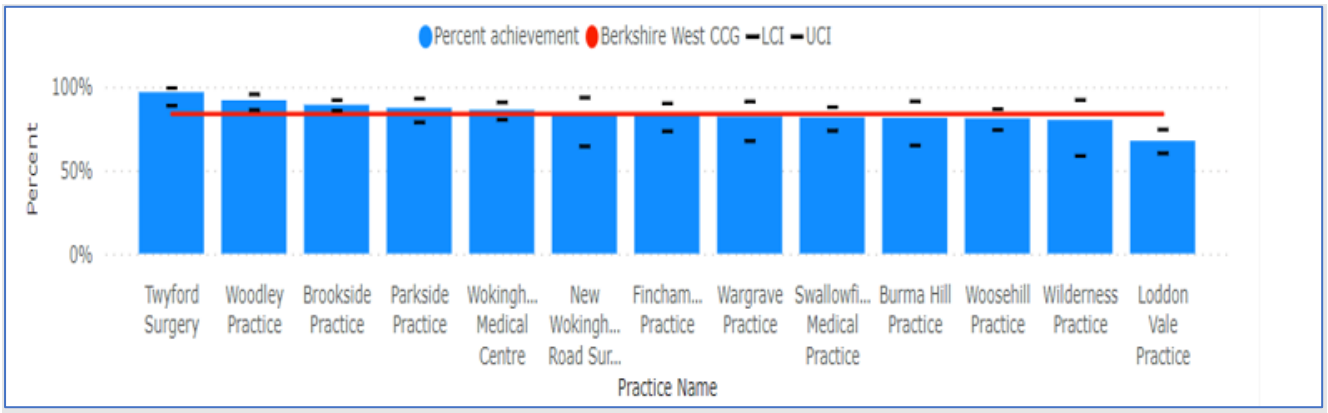
Blacks were 73% less likely, those from mixed or other ethnic backgrounds were 64% less likely, those from Asian background were 53% less likely, while those from other White background were 42% less likely.

- Economic activity: Those who were economically inactive were more than 2 times more likely to access mental health treatment compared to those employed (Odds Ratio: 2.04)
- General Health: Those in poor general health conditions were more than 3 times more likely to access mental health treatment compared with those in excellent/very good health conditions (Odds Ratio: 3.28)
- Mental health status: Those experiencing moor mental health, especially those with CIS-R score 18 or higher were almost 8 times more likely to access treatment compared with those with CIS-R score 0–5 (Odds Ratio: 7.66).

2.4.3 Referral and support intervention times

In England, 82% of patients with a new diagnosis of depression have been reviewed not earlier than 10 days and not later than 56 days after receiving a diagnosis in 2020/21, the rate in the South East is 83% and is 84% in Berkshire West CCG. There is little variation among Wokingham PCN practices with the vast majority practices being similar to the CCG average and three practices significantly higher, and one lower (Figure 2.19).

Figure 2.19: Percentage of patients aged 18 years or over with a new diagnosis of depression who have been reviewed no earlier than 10 days after and no later than 56 days after the date of diagnosis - 1 April to 31 March 2020/21



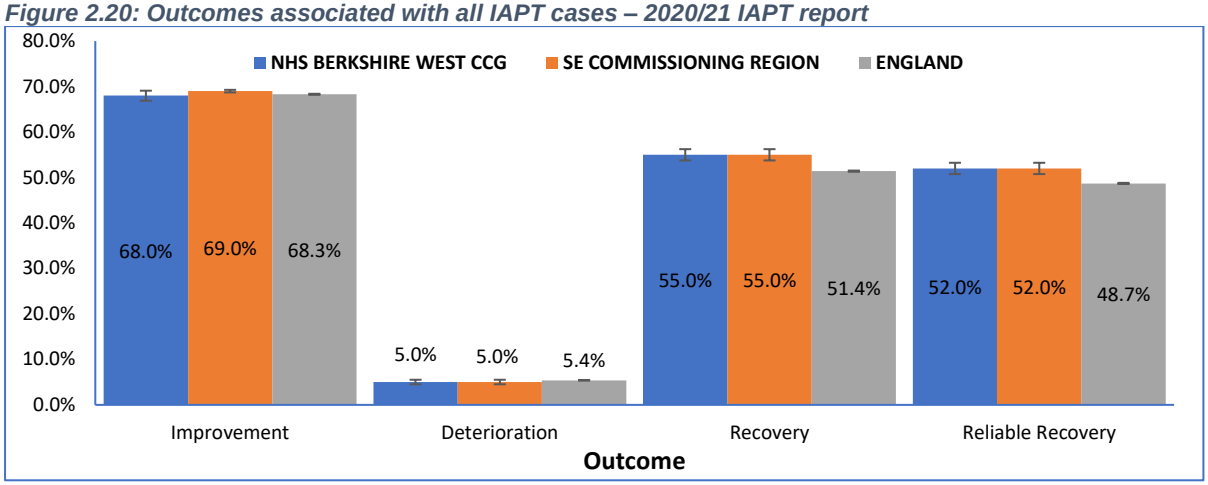
2.4.4 Adult Improving Access to Psychological Therapies (IAPT) Programme

Psychotropics medications have been the most common treatment for CMDs in primary care. This is possibly due to the limitations of psychological interventions and/or patient preference. The IAPT programme began in 2008 in England and sought to transform the treatment of adult anxiety disorders and depression. IAPT services are evidence-based psychological therapies. Plans set out the NHS Long Term Plan aims to improve capacity and access by 380,000 per year to reach 1.9 million adults in England by 2023/24 (NHS England , 2022).

The IAPT Programme publishes data returned by IAPT services across England CCG level and not available at local authority level. In 2020/21, 11,725 referrals were received for Berkshire West CCG patients. Overall, the proportion of referred patients who showed improvement was 68.0%, similar to the regional and national averages, but those who showed reliable recovery (i.e., service user who moved to

recovery and shown reliable improvement) were significantly higher for Berkshire West CCG patients compared with the England average (52.0% local; 48.7% England) but same as the regional average (Figure 2.20).

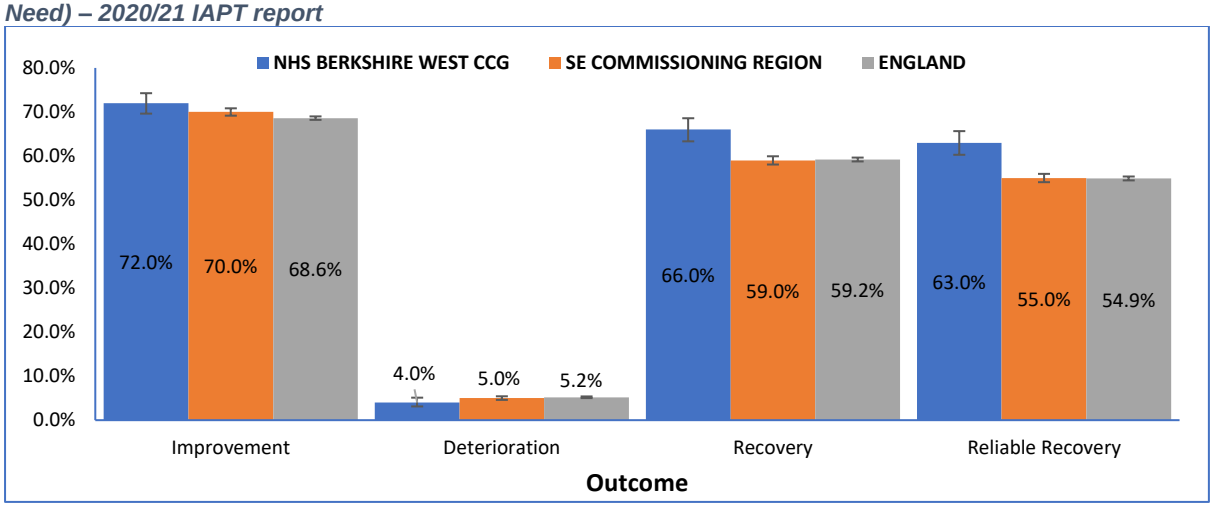
Figure 2.20: Outcomes associated with all IAPT cases – 2020/21 IAPT report



Source: *Psychological Therapies, Annual report on the use of IAPT services, 2020-21*

Outcomes for patients with Common Mental Health Problems (low severity with greater need) were better than those for all referrals. The proportion that showed improvement in Berkshire West CCG (72.0%) was significantly higher than the England average of 68.6% but similar to the South East average of 68.6%. The proportion who showed reliable improvement (63.0%) was also significantly higher than the regional average of 55.0% and the England average of 54.9% (Figure 2.21).

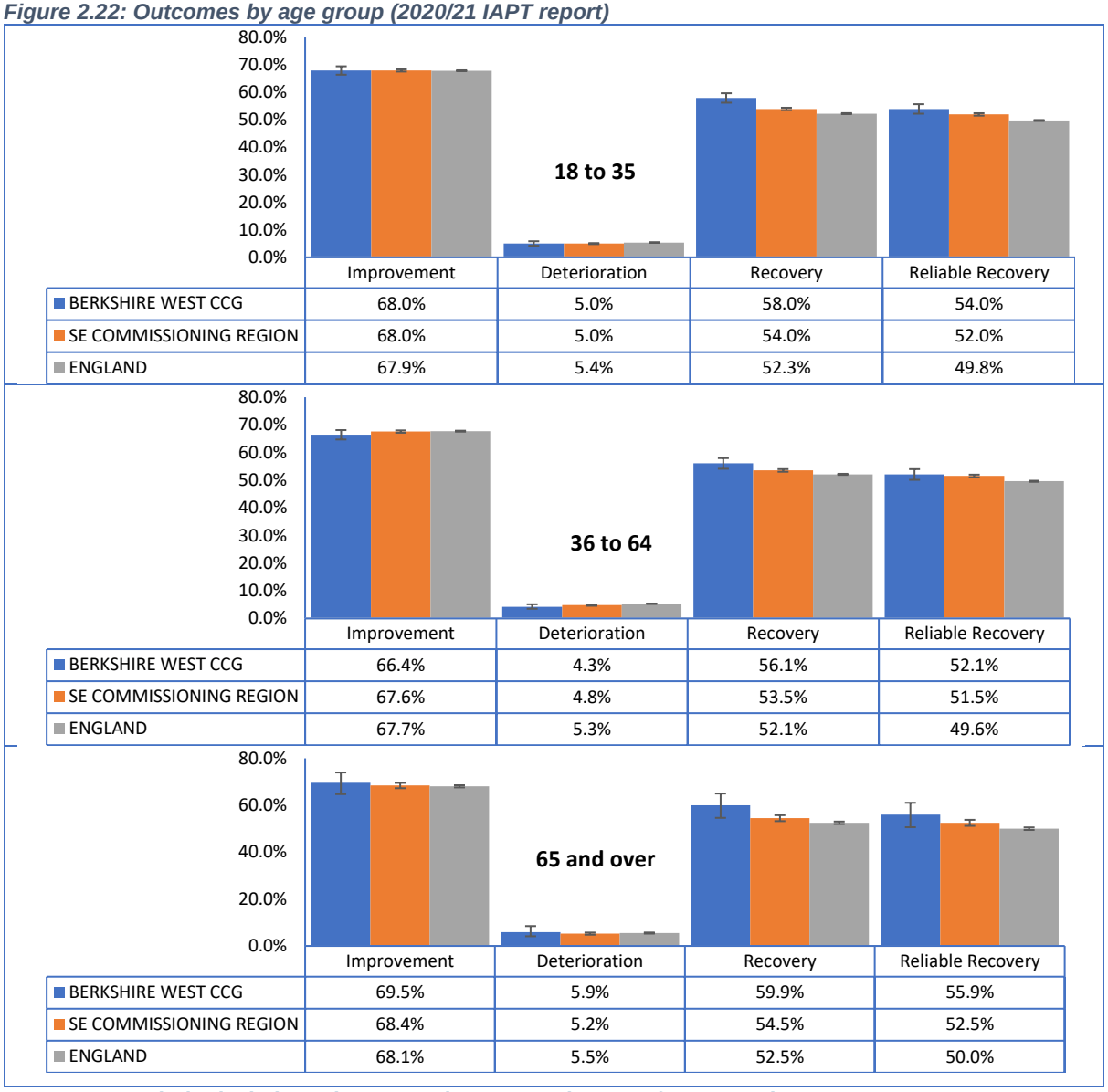
Figure 2.21: Outcomes associated with Common Mental Health Problems (Low Severity with Greater Need) – 2020/21 IAPT report



Source: *Psychological Therapies, Annual report on the use of IAPT services, 2020-21*

Overall, those aged 65 years or older tended to achieve better outcomes, but the differences were not significant between the various age groups (Figure 2.22). Recovery and reliable recovery rates for Berkshire West patients were significantly higher than national averages across the three age groups.

Figure 2.22: Outcomes by age group (2020/21 IAPT report)



	Improvement	Deterioration	Recovery	Reliable Recovery
BERKSHIRE WEST CCG	68.0%	5.0%	58.0%	54.0%
SE COMMISSIONING REGION	68.0%	5.0%	54.0%	52.0%
ENGLAND	67.9%	5.4%	52.3%	49.8%

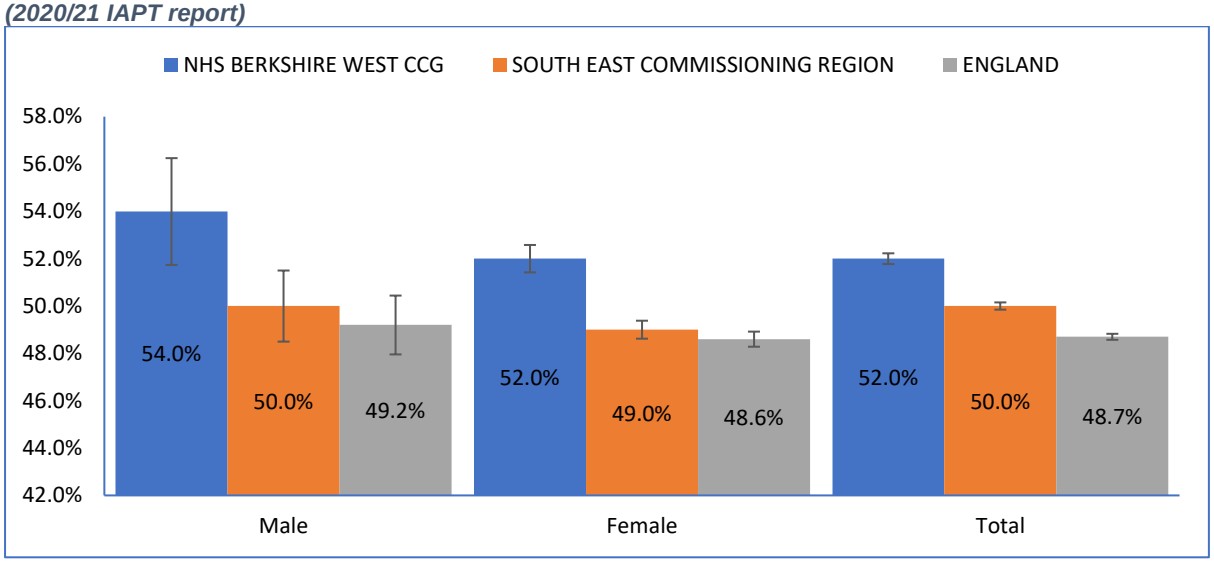
	Improvement	Deterioration	Recovery	Reliable Recovery
BERKSHIRE WEST CCG	66.4%	4.3%	56.1%	52.1%
SE COMMISSIONING REGION	67.6%	4.8%	53.5%	51.5%
ENGLAND	67.7%	5.3%	52.1%	49.6%

	Improvement	Deterioration	Recovery	Reliable Recovery
BERKSHIRE WEST CCG	69.5%	5.9%	59.9%	55.9%
SE COMMISSIONING REGION	68.4%	5.2%	54.5%	52.5%
ENGLAND	68.1%	5.5%	52.5%	50.0%

Source: *Psychological Therapies, Annual report on the use of IAPT services, 2020-21*

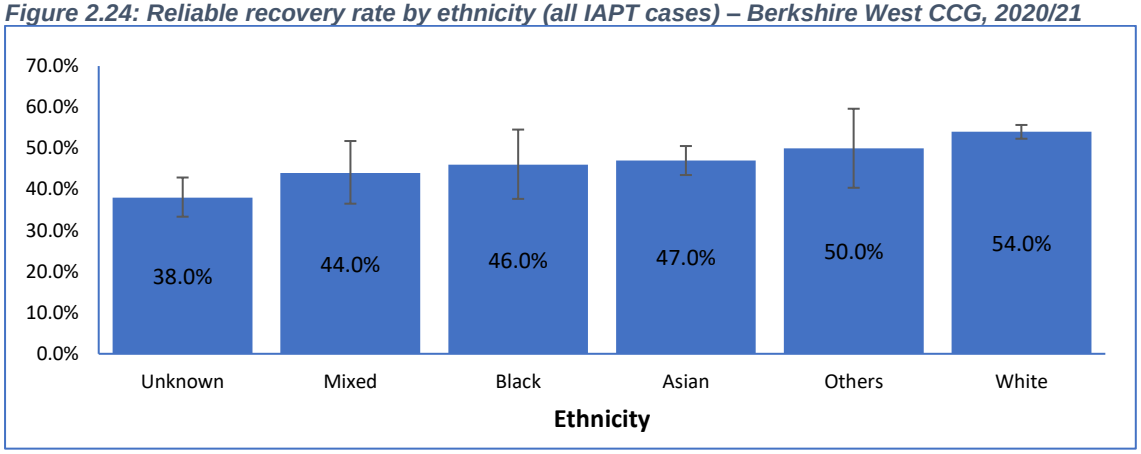
Generally, males referred to IAPT programme tended to achieve better outcomes compared with females. In Berkshire West CCG, 54.0% of males achieved reliable recovery compared with 52.0% of females but the difference was not statistically significant. Reliable recovery rate among both sexes in West Berkshire were significantly better than the South East and England averages (Figure 2.23).

Figure 2.23: Reliable recovery rate by sex in Berkshire West compared with South East and England (2020/21 IAPT report)



Generally, there were lower reliable recovery rates among minority ethnic groups compared with those from White background. Those from mixed background were significantly less likely to achieve reliable recovery (44.0%) compared with 54.0% for those from White background. Though other ethnicities have lower reliable recovery rate compared to their White counterparts, the differences were not statistically significant. Those with no known ethnicity specified had the lowest reliable recovery rate of 38.0% (Figure 2.24).

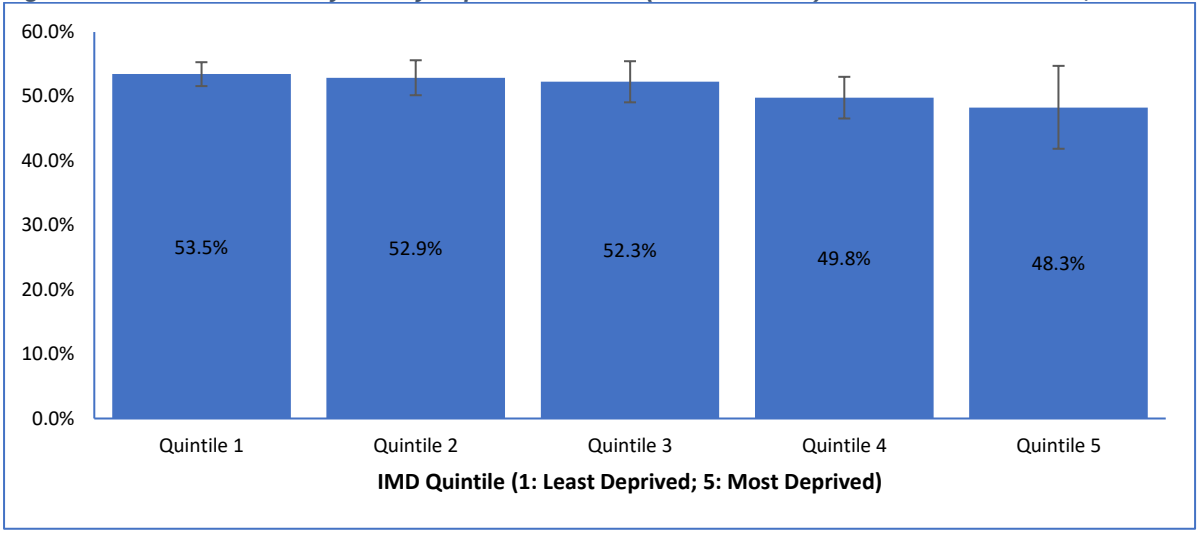
Figure 2.24: Reliable recovery rate by ethnicity (all IAPT cases) – Berkshire West CCG, 2020/21



Source: *Psychological Therapies, Annual report on the use of IAPT services, 2020-21*

Generally, outcomes correlated with deprivation level with more deprived areas achieving lower reliable recovery rates. Those from the least deprived areas 1st IMD quintile areas of Berkshire West achieved highest reliable recovery rate of 53.5% while those from the most deprived 5th IMD quintile areas achieved the lowest rate of 48.3%. The observed differences were however not statistically significant (Figure 2.25).

Figure 2.25: Reliable recovery rate by deprivation levels (all IAPT cases) – Berkshire West CCG, 2020/21



***Source:** Psychological Therapies, Annual report on the use of IAPT services, 2020-21*

It must be noted that there are limitations associated with inferences based unadjusted rates as these may not reflect true associations. For example, deprived communities may have higher concentration of younger age groups who tended to have poorer outcome and as a result the observed differences based on deprivation may be due to differences in the population age structure.

2.4.5 Social Prescribing in Wokingham

NHS England's Long-Term Plan committed to building infrastructure for social prescribing in primary care, with social prescribing link workers becoming an integral part of multi-disciplinary teams within Primary Care Networks (PCNs). This is part of a drive to deliver a Universal Personalised Care.

In Wokingham there are Social Prescribers who work for five PCNs. The social prescribing service in three of these is delivered through Involve Community Services whilst the other two PCN's provide an in-house solution.

2021 data for social prescribing showed the most frequent reason a person was referred to them was for social isolation and loneliness (780 referrals), 40% these referrals for those aged 75 years or older. 81% of the total referrals were from a White British background and 59% were female, mirroring what is seen nationally. Individuals with long term health conditions were the second highest area for referral.

There are gaps in data for social prescribing provision in Wokingham which makes it difficult to be confident that all GPs are referring patients. Available data suggests there is some disparity, but this would require further review to be certain of this finding.

2.4.6 Berkshire Mind - Wokingham Wellbeing Service

This service was commissioned in line with community need following an increase in people attending GP for support with common mental health disorder with 75% of respondents in a community survey stating they did not want to have to go to their GP for mental health and wellbeing support and would prefer quicker access to support via a wellness worker. In addition, the WBC strategy and commissioning team undertook an assessment of Voluntary and Community Sector (VCS)

services providing mental health support which demonstrated a wide but fragmented provision with no single key organisation having a pivotal and overarching role.

Wellbeing workers from Mind work with people in Wokingham who are ages 18 and over with mild to moderate mental health needs. Support includes developing tools and techniques to increase wellbeing.

Access to the service has been improved by increasing referral sources into the service including primary care, the voluntary and community sector e.g., The Link Visiting Scheme, Citizens Advice Bureau and The Stroke Association as well as statutory services including adult social care and Berkshire Hospital and NHS Foundation Trust. Self-referrals have also been increasing with referral being accessed via The Joy Platform.

2.4.7 Wokingham Recovery College

The Wokingham Recovery College offers free mental health and wellbeing training courses. They provide support to everyone, particularly those who are recovery journey and those who wish to learn more about mental health and wellbeing. Courses are co-produced, devised and delivered by people with personal experience of mental illness working together with mental health professionals.

The college aims to help people self-care and enable family, friends and staff to better understand mental health. The Recovery College also offers wellbeing groups including the fortnightly Hearing Voices Group, the Recovery Together Group and a monthly Family and Friends Support Group. Courses are group into four main categories, which help provide people with an option to focus on a specific area:

- Wellbeing Courses: These courses are to help manage their mental health and to teach skills to self-manage. These courses include two on Mindfulness
- Life skills Courses: These aim to increase knowledge and skills to help overcome and manage everyday challenges
- Creativity Courses: To support students to explore their creativity
- Next Steps Courses: For those further ahead in recovery who are ready to take the next steps e.g., help and support for volunteering and employment

2.4.8 The Community Mental Health Team

The team support patients, carers, family members, GPs, NHS professionals and anyone else in Wokingham who has questions or concerns about a mental health related issue.

2.4.9 Perinatal mental health support

Nationally, as part of the £2.3bn investment in mental health identified in the Long-Term Plan, additional investment was earmarked to support further service developments for perinatal mental health. This includes (NHS England, n.d.):

- Increasing the availability of specialist PMH community care for women who need ongoing support from 12 months after birth to 24 months
- Improving access to evidence-based psychological therapies for women and their partners
- Mental health checks for partners of those accessing specialist PMH community services and signposting to support as required.

There were specialist PMH community services in all 44 local NHS areas in England in 2018/19, and further developments planned. These enabled over 13,000 additional women to receive support from specialist PMH services in 2018/19 against our target of 9,000 (NHS England, n.d.).

Wokingham Health Visiting service provides vital support and advice to new parents and children aged 0-5 years. In 2020/21 there were 1,644 new births in Wokingham reported to the service. 1,542 maternal mood reviews conducted during the same period, of which there were 50 onward referrals (3.2%) for women who required addition support. If we apply the national estimate of 20% of women experiencing a CMD to the live birth numbers reported in 2020/21, we could expect up to 330 women could experience a CMD. There is a potential for demand to increase in the future as annual births increase in tandem with population increases.

2.4.10 Other Support & Interventions

Supporting people to improve their mental health is a priority in Wokingham. This is reflected in specific support and services that include an offer or, are specifically designed to support people who are living with a mental health condition. Whilst services and interventions evolve and change the following outlines broadly what programmes are available, what support they offer and how to find out more information.

Local

Programme/Service	Description
Wokingham's Mindful Health and Wellbeing programme	This is a 10-week programme to promote and encourage positive & mental wellbeing through sport and physical activity. Sessions are run in a relaxed environment by qualified coaches. Participants must: • Be 16 years of age or over • Reside within Wokingham Borough • Complete a referral form signed by a GP or Health Professional • Be managing to mild to moderate mental health condition preventionteam@wokingham.gov.uk
Rethink Mental Illness	Provide a community support service, offering people in Wokingham with mental illness the support and help they need to regain confidence to engage in everyday activities. https://www.rethink.org/ wokingcarers@rethink.org
Mental Health Advocacy	Provide advocates who will support and represent another person in a variety of situations, in which they feel unable to represent their own interests. https://www.wokingham.gov.uk/care-and-support-for-adults/assessments-and-support/advocates-someone-to-speak-on-your-behalf/
	Wellbeing workers from MIND work with people in Wokingham who ae ages 18 and over with mild to moderate mental health needs. The wellbeing workers can offer six sessions to help with stress, lifestyle or social issues that may be affecting wellbeing. This is not a counselling service and workers are unable to prescribe medication. Referral is via a local GP. http://www.oxfordshiremind.org.uk/wokingham-wellbeing-service/

Programme/Service	Description
Wokingham Recovery College	Wokingham Recovery College gives people with mental health problems the chance to access education, workshops and training programmes designed to help them on their road to recovery. These courses are co-produced, devised and delivered by people with personal experience of mental illness working together with mental health professionals. recoverycollege@wokingham.gov.uk
Link Visiting Scheme (LVS)	The mission of the LVS is to tackle the serious impact of loneliness and celebrate and enable friendship. The focus is on older people though all ages are welcome. The core service is one to one befriending either face to face or over the phone. 0118 979 8019
It's about time	This is a wellbeing drop-in support group for people who have experienced incidences of mental health. Itsabouttimewokingham@gmail.com
SMART	SMART work in partnership with CMHT. They support people with lower-level mental health needs through non-structured and structured intervention. More complex cases are referred to CMHT. wokingham@smartcjs.org.uk
Citizens Advice	Citizens Advice Wokingham run a 'One Front Door' service and can help with finding services to support meta health and addressing issues such as debt and domestic violence that may be negatively affecting wellbeing. https://citizensadvicewokingham.org.uk
Tuvida	TuVida are the Wokingham Outreach Carers Service. At Tuvida, they know that each person and family face their own journey. The team aim to work with people to understand what will make their lives better. hello@tuvida.org
Optalis	Optalis are the supported employment service and supports vulnerable adults and transition age to gain the necessary skills to access paid or voluntary work, education, work experience and training. info@optalis.org
The Breathing Space	Berkshire West Breathing Space is a safe, welcoming, and supportive space for anybody aged over 18 experiencing emotional distress and struggling to cope. Wokingham residents are welcome and access though the location is based in Reading. Berkshire West Breathing Space - Together: A leading UK mental health charity (together-uk.org)
Depression Xpression	Depression Xpression run monthly support groups in Wokingham. https://depressionxpression.org.uk/contact/
Mental Health Mates	This is a peer support group organising walk and talk events for those with mental health difficulties and their family and friends. https://www.mentalhealthmates.co.uk/support/
Grief and a Cuppa	This is a community peer support group for the bereaved run by the bereaved. No matter the length of time since a loss, this group is there to support. reception@finchampstead.com
Berkshire West Your Way	This service provides information and support to adults living in Wokingham, Reading and West Berkshire who are worried about their mental wellbeing. Support includes: one to one support, peer Support and Self-Management Groups. berkshirewest-yourway@together-uk.org
Wokingham Healthwatch	They are the independent champion for people using local health and social care services. They listen to what people like about services and what could be improved. People can also speak to us to find information about health and social care services (e.g., mental health support services) available locally.

Programme/Service	Description
	https://www.healthwatchwokingham.co.uk/
Sport in Mind	Sport in Mind are a mental health charity with a mission: "To improve the lives of people experiencing mental health problems through sport and physical activity". Currently the offer in Wokingham is a yoga session new in 2022. https://www.sportinmind.org/
Early Help Hub Cafes	The early hub cafes are situated at three Wokingham sites Trinity, St Nicholas, and Brookside. The cafes offer the opportunity for a chat over a cuppa and cake with optional puzzles, book swaps etc
Wokingham Adult Education	This service provides short adult education courses across the borough covering a range of topics from building confidence for work to supporting your child with maths or getting connected online for older residents

National

Programme/Service	Description
Samaritans	Provide emotional support, 24 hours per day for people who are experiencing feelings of distress or despair. They offer phone line support. https://www.**samaritans**.org
Sane Line	Offer phone support for people affected by mental illness (4.30pm – 10.30pm, daily) https://sane.org.uk/how-we-help/emotional-support/saneline-services
Age UK	Has a free, confidential national phone service for older people, their family, friends, carers, and professionals. https://www.**ageuk**.org.**uk**
BEAT – Eating Disorder Charity	This charity offers telephone support lines for adults, youth and students. https://www.**beat**eatingdisorders.org.uk
Campaign against living miserably	This is a mental health helpline. https://www.thecalmzone.net
Cruse Bereavement Care	Help and support for those who are bereaved. https://www.**cruse**.org.uk
Drinkline	Free, confidential helpline for anyone who is concerned about their drinking, or someone else's.
MIND	Helpline for mental health issues. https://www.**mind**.org.uk
National Domestic Abuse Helpline	Offers confidential, non-judgmental support and information. https://www.nationaldahelpline.org.uk
NHS Volunteer Responders	Help if you need assistance accessing food, medicine, or social connection. https://nhsvolunteerresponders.org.uk
NSPCC	Offer support and advice if worried about a child. https://www.**nspcc**.org.uk

Programme/Service	Description
No Panic	Help if you suffer from panic attacks, phobias, obsessive compulsive disorders and other related anxiety disorders. https://**nopanic**.org.uk
Shelter	Help if you are at risk of being homeless. https://www.**shelter**.org.uk
Switchboard	Operates a confidential helpline for LGBTQ+ communities across the UK. https://switchboard.lgbt
Talk to Frank	National Drugs Helpline - offering honest information and support about drugs. htttps://www.**talktofrank**.com
The Silver Line	Provides support and friendship for those aged 55 and over. https://www.**thesilverline**.org.uk
SHOUT	This is a free, confidential, anonymous text support service. You can text from wherever you are in the UK. By texting the word 'SHOUT' to 85258 you will start a conversation with a trained volunteer. https://giveusashout.org
Every Mind Matters	Provide information to support your wellbeing and make a free NHS plan that includes tailored advice to help you manage your mental health. www.nhs.uk/every-mind-matters/

Source: Compiled by Public Health 2022

2.4.11 Potential unmet needs

The 2014 APMS (NHS Digital (1), 2016) showed that overall, 1.7% of people reported having asked for, but not received, a particular mental health treatment in the past 12 months. This was strongly associated with CMD symptoms - 10.3% of adults with severe CMD symptoms (CIS-R 18+) had an unmet treatment request in the previous 12 months, compared with just 0.3% of people with very few or no CMD symptoms (CIS-R score 0–5). The people who had asked for but not received treatment were overwhelmingly those with symptoms of CMD, suggesting that such requests tended to be made by people who might have benefited from the treatment requested. Almost half of people (46.8%) with an unmet treatment request were not receiving any other mental health treatment at the time of the interview.

There are no local data on unmet needs at the time of writing this needs assessment.

2.5 Summary of main findings

2.5.1 Evidence from 2014 APMS

- Nationally, CMD prevalence has seen an upward trend in the recent period preceding the development of the needs assessment. The biggest increase was among those aged 55-64 years
- Overall, prevalence of CMD was highest among Blacks and lowest among those from Other White background
- Employed adults were less likely to have a CMD than those who were economically inactive or unemployed
- Smokers were significantly more likely than non-smokers to have a CMD

2.5.2 Local prevalence

- Prevalence of CMD in Wokingham is significantly lower than the regional and national averages. It has been estimated that in 2020 17.1% of all adults aged 16 years or older have some form of CMD – the prevalence among women is 20.5% compared with 13.5% in men. Clinically recognisable CMD prevalence was 15.8% - the rate in women is 19.0% compared with 12.5% in men.
- The proportion of Wokingham residents aged 16 years or older reporting low levels of happiness in 2020/21 was 7.8%, the 6th lowest in the South East. For anxiety score, 26.2% reported having a high anxiety score, the 6th highest in the South West.
- In 2020/21, Wokingham practices recorded significantly lower prevalence of depression among their patients (10.90%) compared with Berkshire West CCG and England averages in 2020/21 - (11.70% and 12.29% respectively)
- Modelled Middle Super Output Area (MSOA) estimates based on 2019/20 QOF data shows that Lower Earley South had the highest prevalence of depression (13.9%) while Burghfield Common had the lowest of 8.0%
- White British are most likely to be on the depression register (11.9%) – significantly higher than the Wokingham average - while those from Mixed background are least likely (5.0%).
- People from more deprived areas in Wokingham are significantly more likely to be on the depression register compared with those from the least deprived areas.
- Overall, 76.6% of all who are on the depression register are on other QOF registers suggesting a significant prevalence of other long-term conditions among those with depression diagnoses. 32.8% of patients with depression are on the obesity register and 16.9% are on the hypertension register

2.5.3 Service utilisation

- In 2020/21, 11,725 referrals were received for Berkshire West CCG patients. Overall, the proportion of referred patients who showed improvement was 68.0%, similar to the regional and national averages, but those who showed reliable recovery were significantly higher for Berkshire West CCG patients compared with the England average
- Generally, there were lower reliable recovery rates among minority ethnic groups compared with those from White background.
- Males referred to IAPT programme tended to achieve better outcomes compared with females.
- Outcomes correlated generally with deprivation level with more deprived areas achieving lower reliable recovery rates. Those from the least deprived areas 1st IMD quintile areas of Berkshire West achieved highest reliable recovery rate of 53.5% while those from the most deprived 5th IMD quintile areas achieved the lowest rate of 48.3%. The observed differences were however not statistically significant

2.6 Conclusion and considerations

Prevalence of CMD in Wokingham is lower than national and regional averages. However, there are indications at both national and local level that there may be differences in diagnosis and treatment of CMD based on gender, ethnicity and levels of deprivation.

The prevalence figures (mainly based on GP data) presented are likely to be an underestimate as evidence shows that people are less likely to seek support for mild to moderate conditions, particularly anxiety.

Outcomes for people with CMD in Wokingham using IAPT services are better than national averages but there are indications of inequalities.

Given the fact that low level CMD can escalate to higher levels of mental health problems some of which are predictors of suicide, it recommended that:

- Partners should consider preventive measures to improve mental wellbeing of the population including raising awareness of the problem with a view to reducing the stigma associated with mental health problems.
- Local stakeholders should consider measures to improve access to timely and effective support for those with CMD and identify barriers contributing to inequalities in access to treatment and associated outcomes
- The population is increasing and even if the estimated proportionate prevalence remains stable, the absolute number of cases will increase. Local plans should consider how partners can increase capacity with services to support cases and ensure seamless provision to reduce the chances of people falling through the gap.

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