Wokingham Mental Health Needs Assessment – Executive Summary

What is the mental health needs assessment for?

The Wokingham mental health needs assessment (MHNA) provides a robust summary of the mental health experiences of the local population. This information and analysis can inform strategies and policies to improve the mental health (MH) of the population.

Assessment scope

The assessment primarily focuses on MH needs in adults aged 18 years or older. Some of the data presented covers those in younger age groups, but the study does not aim to provide an assessment of MH needs in children and young people.

The needs assessment includes the following chapters:

- Common Mental Health Disorders (CMD) – ***Chapter 2***
- Severe and Enduring Mental Health Illness (SMI) – ***Chapter 3***
- Suicide and Self-Harm – ***Chapter 4***
- Substance Use and Addiction – ***Chapter 5***
- Living with Dementia – ***Chapter 6***
- MH needs in the Vulnerable Groups and Inequalities – ***Chapter 7***
- Covid-19 and Mental Health – ***Chapter 8***

What was the methodology used to produce this needs assessment?

The methods used for the needs assessment are outlined below:

- A review of the available evidence base on mental health, prevalence and outcomes was done to set the context regarding the importance of mental health disorders, their impact on the affected population, and relevant outcomes.
- National and local policies were reviewed and cited where relevant and appropriate to explain any observed patterns in the data at both local and national levels.
- Analyses of local data were done to describe mental health disorder prevalence, service use, and related outcomes, if they were available.
- Where local data were not available, modelling of local prevalence was based on national prevalence figures, if appropriate.

The full needs assessment, including all references, can be viewed on the Berkshire West Observatory via the link below –

Berkshire Observatory – Wokingham – Needs assessments and further resources

Wokingham MHNA – Executive Summary: Introduction

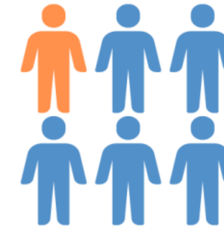
Mental ill health is the single largest cause of disability in the UK, contributing up to 22% of the total burden of disease, compared to 16% for cancer and 16% for cardiovascular disease. At least one in four people will experience a mental health problem at some point in their life, and one in six adults has a mental health problem at any one time.

Mental Health problems affect all ages and very often start when we are young, with half of those with lifetime mental health problems first experiencing symptoms by the age of 14, and three-quarters before their mid-20s. It is estimated that one in ten children aged between 5 and 16 years has a mental health problem, and many continue to have mental health problems into adulthood.

People with severe mental illness (SMI) such as bipolar disorder or schizophrenia have a life expectancy up to 20 years less than the general population, and the gap is widening. It is estimated that for people with SMI, 2 in 3 deaths are due to physical illnesses and can be prevented, with those in contact with secondary mental health services aged under 75 years experiencing a 3.7 time higher mortality rate compared with the general population.

There is great economic cost too. In England poor mental health is estimated to carry an economic and social cost of £105 billion a year. Almost three quarters of this cost is due to the lost productivity of people living with mental health conditions and costs incurred by unpaid informal carers who take on a great deal of responsibility in providing mental health support in our communities.

Despite this high prevalence and cost, mental health problems are often hidden, stigma is still widespread, and many people are not receiving support to access services.



1 in 6

Adults has a mental health problem at any one time

(1)

People with severe mental illness have a life expectancy up to 20 years less than the general population

(2)

1 in 10

Children aged between 5 and 16 has a mental health problem

(3)

In England poor mental health is estimated to carry an economic and social cost of £105 billion a year

(4)

Those in contact with secondary mental health services aged under 75 experience a 3.7 times higher mortality rate, when compared with the general population

(5)

Wokingham MHNA – Executive Summary: Common Mental Health Disorders

Common mental health disorders

The National Institute for Health and Care Excellence (NICE) define common mental health disorders (CMD) as depression, generalised anxiety disorder, panic disorder, obsessive-compulsive disorder and post-traumatic stress disorder. There are also 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.

While CMD can cause marked emotional distress and interfere with daily functioning, they do not usually impair insight or cognition. They are frequently mild to moderate, but if left undiagnosed, untreated or if they stop responding to treatment, they may become severe.

Conclusions and considerations

Prevalence of CMD in Wokingham is lower than national and regional averages. However, there are indications that there may be differences in diagnosis and treatment of CMD based on gender, ethnicity and levels of deprivation. Outcomes for people with CMD in Wokingham using IAPT (improving access to psychological therapies) services are better than national averages but, again, 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 is recommended that:

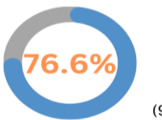
- Partners should consider preventive measures to improve mental wellbeing of the population including raising awareness of the problem with a view to reducing the stigma associated with mental health problems.
- Local stakeholders should consider measures to improve access to timely and effective support for those with CMD and identify barriers contributing to inequalities in access to treatment and associated outcomes.
- Due to the projected population increases, local plans should consider how partners can increase support capacity.

17% of Wokingham residents aged 16 years and over have a mental health disorder (6)

The prevalence of common mental health disorders amongst women is 20.5% (7)

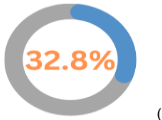
The prevalence of common mental health disorders amongst men is 13.5% (8)

76.6% of all Wokingham residents registered with a local GP who were on the depression register were on other GP disease registers, this suggests a significant prevalence of other long-term conditions among those with depression diagnoses



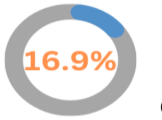
(9)

32.8% of patients with depression were on the obesity register



(10)

16.9% of patients with depression were on the hypertension register



(11)

1/2

Using age-standardised figures, the common mental health disorder rate in employed people aged 16 to 64 was half that of their non-employed counterparts (12)

20% women develop a mental health condition during pregnancy or in the first year after birth (13)

Smokers were significantly more likely than non-smokers to have a common mental health disorder

14.1% (non smoker)

vs

23.3 %(smoke less than 15 day)

31.3% (smoke 15 or more) (14)

Wokingham MHNA – Executive Summary: Serious Mental Illness

Serious Mental Illness

Serious, or severe, mental illness (SMI) is a term used to describe psychological conditions in people which can have a debilitating effect to the point where it impacts their ability to function normally, both in their personal and professional lives. It includes schizophrenia and other psychoses, and affective disorders including bipolar disorder.

Eating disorders have been included in this chapter as even though they are not a severe mental illness under the Quality and Outcomes Framework (QOF), they have debilitating and sometimes life-threatening consequences for those who live with them.

Conclusions and considerations

Wokingham has a relatively low prevalence of SMI compared with our neighbours and other areas of England. It is likely, however, that local pockets of health inequalities exist relating to SMI, and identifying these in order to target interventions to those that need them most would help alleviate the total burden of SMI. The following considerations should be given to supporting residents with SMI:

- Improve uptake of annual physical health assessments for those who live with SMI in accordance with NICE guidelines.
- Local partners to work to understand the apparent inequalities relating to excess mortality among those with SMI.
- Ensure access to key interventions including smoking prevention and cessation, weight management, substance misuse reduction, and support in leading healthy lifestyles
- Ensure treatment is holistic and integrated between different care pathways – particularly physical health and mental health.
- Local services should be designed to consider the needs of residents living with SMI, ensuring there is appropriate access or support so as not to exacerbate any inequities which exist as a result.
- As the population increases, local partners should work to increase capacity to support those with SMI.

Year on Year increase

There were 1,022 patients with serious mental illness among GP-registered patients across Wokingham practices in 2020/21 compared with 994, in 2019/20, an increase of 28 (2.8%). (15)

Wokingham practices recorded a serious mental illness prevalence significantly lower than Berkshire West CCG and England

England 0.95%
Berkshire West CCG 0.74%
Wokingham 0.59%

(16)

From 2018-2020, the excess mortality rate for under 75 adults with serious mental health illness in Wokingham was 5.5 times higher than for the general population. This was higher than both the South East region (4.4) and England (3.9) averages over the same time period. (17)

People in England with a serious mental health illness have an average lifespan 15-20 years shorter than the general population, and a 3.7 times higher death rate aged under 75 years old compared with the general population. (18)

15.6% of the population aged 16 or older possibly have an eating disorder (19)

Women are significantly more likely to report a possible eating disorder. The proportion increases as household income decreases (20)

Wokingham MHNA – Executive Summary: Suicide and Self Harm

Suicide and Self Harm

Suicide is a devastating event which, aside from resulting in tragic loss of live, has a ripple effect on others. Factors which contribute to a person's decision to take their own life are complex and, in many cases, there is usually no single cause. There are established links, however, between suicide and mental health conditions such as depression, and alcohol use disorders.

Self-harm is defined as "*any act of self-poisoning or self-injury carried out by an individual irrespective of motivation*" *(National Institute for Health and Care Excellence, 2013).* Although self-harm is not necessarily a suicide attempt, it remains a prominent risk factor for suicide later in life.

Conclusions and considerations

Although Wokingham has a comparably lower rate of suicide and self-harm compared with regional and national averages, there were indications of slight upward trends in their prevalence and prevalence of some of the risk factors e.g., unemployment rate.

Evidence from a systematic review showed that contact with primary health care prior to suicide is common event in the final month before death and this highlights the importance of placing suicide prevention strategies and interventions within the primary health care setting.

The implementation of the Berkshire Suicide Prevention Strategy should consider establishing effective partnerships to address the underlying risk factors, raise awareness among residence and professional groups and improve access to effective mental health support. Additionally, emphasis should be laid on involvement of primary care in identifying cases.

Suicide is the leading cause of death in males under 50 in England (21)

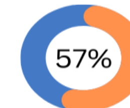
5244 In 2020 there were 5244 registered suicides (22)

3/4 Three quarters of these suicides were men (23)

45-49 The age range of 45-49 has the highest suicide rate. (24)

Homeless people are over 9 times more likely to commit suicide than the general population (25)

People with mental health co-existing with drug/alcohol use conditions are more likely to self-harm or die by suicide. (26)



57% of people who died by suicide had a history of drug or alcohol misuse (27)

1 in 5

In Wokingham 1 in 5 adults aged 16 or older would have experienced suicidal thoughts at some point in their lives (28)

In 2020/21 there were 205 emergency hospital admissions for self-harm across all ages in Wokingham (29)

There were 90 suicide deaths in Wokingham between 2011 and 2020 (30)

Wokingham MHNA – Executive Summary: Substance Use and Addiction

Substance use and addiction

Drug and alcohol use can pose a risk to an individual's mental health and wellbeing, especially to those with severe mental illness. It is very common for people who experience problems with alcohol/drug use to also have a mental health condition. This is commonly known as dual diagnosis which is the co-occurrence of a mental (psychiatric) disorder alongside substance use problems.

The relationship between substance use and mental illness is very complex and it is not always possible to establish a clear causal pathway between the two. The relationship is not static and can change over time as well as varying between people and can differ depending on the timing of mental health issue experienced and the amount of substance used.

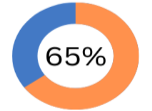
Given the upward trends in numbers of Wokingham residents in treatment services, it is likely the number of people with dual diagnoses will see a commensurate upward trend even if the prevalence remains stable.

Conclusions and considerations

From the findings in the needs assessment, it is recommended the following are considered:

- Local partners to work to raise awareness of drug and alcohol use problems with a view to stemming the rising trend.
- Raise awareness among health care and other professionals about dual diagnoses among those with drug and alcohol use problems Local partners to work to increase access to drug and alcohol treatment services.
- Local partners to develop clear pathways in Wokingham to support partnership working between mental health and substance use services to effectively manage dual diagnoses in local residents Ensure a dedicated support within mental health service for people with dual diagnosis problems within the local mental health service to meet the mental health needs of this group and reduce inequalities.

65% of Wokingham adults entering drug and alcohol treatment services were identified as also having a mental health treatment need (2020/21)



(31)

140 Wokingham residents presented to drug and alcohol treatment services. The highest proportion being opiate users (2020/21)

69% of those presenting were males

(32)

Between 2019/20 and 2020/21, adults in Wokingham who were in treatment for drug and alcohol problems increased by 25.1%

(33)

Between 2018-2020 there were 10 drug use deaths in Wokingham, and 46 hospital admissions due to drug poisoning attributable to Wokingham residents

(34)

Between 2020/21 there were 418 alcohol-related hospital admissions attributable to Wokingham residents

(35)

Wokingham MHNA – Executive Summary: Living with Dementia

Dementia

Dementia is an umbrella term for a range of progressive conditions that affect the brain. Individual symptoms differ but tend to involve decline in memory, reasoning, and communication skills which is further exacerbated by loss of daily functional skills to manage daily living. Around 225,000 people will develop dementia each year and one in six people over the age of 80 has dementia. There is increasing recognition that, as people are living longer, the number of older people who will be affected by cognitive decline and dementia is subsequently rising. Nationally, numbers are projected to rise to over one million by 2025 and two million by 2051.

Dementia has historically been managed as a mental illness due to the affect the disease has on the brain. More recently, dementia has been recognised as a long-term physical health condition.

Conclusions and considerations

The findings of the needs assessment indicated there is a significant likelihood dementia prevalence will increase. The main drivers for the predicted increase are increasing prevalence of lifestyle risk factors such as obesity and physical inactivity, physical health condition risk factors such as diabetes, an ageing population as result of increasing life expectancy, and national policy aimed at improving diagnosis of dementia.

From a prevention perspective, evidence has shown that prevention is possible through identifying and addressing some of the risk factors and considering the wider determinants of health. It is recommended preventive measure are delivered at scale to reduce their prevalence and aim to reduce local inequalities. Early diagnoses of physical health risk factors will ensure early management of these factors and reduce the risk of developing dementia.

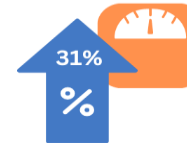
Local capacity to manage dementia patients was adequate at the time of the needs assessment but there were indications of the growing constraints on inpatient capacity as indicated by the increasing trends in ratio of inpatient service use to recorded dementia diagnoses, which has been most likely driven by increasing emergency and short-stay admissions. The underlying causes of these admissions are potentially preventable. It is therefore recommended that partners work to identify and rectify any issues in the management of these patients with a view to reducing unplanned inpatient service use and improving the quality of the end-of-life care.

People with a current mental health condition, or a history of a mental health condition, are more likely to develop dementia (36)

2250
People aged 65 plus in wokingham were living with dementia in 2020 (37)

330
New cases of dementia are diagnosed in people aged 65 years or older in Wokingham every year (38)

Lifestyle factors can greatly affect an individuals chance of developing dementia



Obese individuals are 31% more likely to develop dementia (39)

Those with diabetes are 73% more likely to develop dementia (40)

Smokers are significantly more likely to develop Alzheimer's disease or vascular dementia (41)

Regular exercise can significantly reduce the risk of developing dementia (42)

Wokingham MHNA – Executive Summary: MH needs in Vulnerable Groups

Mental health needs in vulnerable groups

Health inequalities are defined as avoidable and unfair differences in the health status between groups of people or communities. Inequalities can be shown in access to services, service experiences, and outcomes.

Certain population subgroups (for example, people with learning disabilities, people from ethnic minority backgrounds, individuals experiencing homelessness, young people not in education, employment, or training) are more exposed and vulnerable to unfavourable social, economic, and environmental circumstances, and these subgroups are at higher risk of mental health problems.

Conclusions and considerations

This needs assessment highlights mental health inequalities across a range of disadvantaged communities. Health inequalities are not new, nor are they caused by one single issue, but by a complex mix of factors impacting disproportionately on certain groups having differential access, experience, and outcomes of mental health services. To help tackle these inequalities, the following should be considered by local partners:

- Raising awareness of mental health issues among vulnerable population with a view reducing stigma and improving access to support and services.
- Improve engagement with communities to improve trust and relationships, with the aim of improving access to mental health services among disadvantaged and marginalised communities.
- Identify the specific mental health needs of vulnerable service users to ensure that services are equipped to meet their needs.
- Working in partnership with trusted third/voluntary sectors to establish effective relationships with marginalised population groups to improve mental health.
- Raise cultural awareness amongst professionals to promote better working practices and reduce discrimination (actual or perceived) experienced by certain groups
- Ensure services are joined up to ensure seamless access to appropriate range of services to meet the often-complex needs of these population groups.

2X The poorest fifth of the population are twice as likely to develop mental health problems (44)

In 2022, people from deprived areas in Wokingham were significantly more likely to be on the depression register compared with those from the least deprived areas (45)

Rates of depression are reportedly much higher in minority ethnic communities than in white communities. Evidence suggests rates of depression are particularly high for South Asians. especially women (46)

African Caribbean people are three to five times more likely to be diagnosed and admitted to hospital for schizophrenia, more than any other ethnic group (47)

Some illnesses, such as personality disorders are less likely to be diagnosed in Black African and Caribbean patients compared to White patients (48)

The 2014 Adult Psychiatric Morbidity Survey found treatment rates varied by ethnicity in England. White British people were most likely to report receiving treatment for a mental health problem; 14.5% reported this compared with around 7% of people in minority ethnic groups (49)

Wokingham MHNA – Executive Summary: Covid 19 and Mental Health

Covid 19 and mental health

The impacts of the COVID-19 pandemic on mental health and wellbeing are a significant public health concern with some being short-term while others are likely to be long-term.

Some evidence indicates that people with COVID-19 infection are more likely to have a mental health diagnosis. A review by the UK Parliament Post found high numbers of patients reporting symptoms of depression and anxiety, even with milder infection. Elevated rates of post-traumatic stress disorder (PTSD) symptoms have also been identified in those requiring higher intensity medical treatment in the UK, such as hospital admission with or without ventilation.

One of the most consistent findings across studies was the negative impact of COVID-19 on young adults' mental health, who experienced higher depression and anxiety. Those with pre-existing mental health conditions, such as disordered eating and self-harm, appeared to be at greater risk of developing symptoms of depression, anxiety and poor mental wellbeing during the pandemic, compared with those without pre-existing conditions.

Conclusions and considerations

Evidence on the mental health impact of COVID-19 is emerging and the impact will need to be monitored on an on-going basis at both national and local levels. Even with the uncertainties regarding the long-term mental health impact of COVID-19, it is undeniable that the virus and the pandemic response have introduced additional mental health vulnerability factors which will influence the mental health of our population, both in the short and long term. Local stakeholders and partners will need to consider the resource implications of the potential increases in services use and plan to address these anticipated increases in demand.

23%
of COVID-19 patients reported symptoms of depression (50)

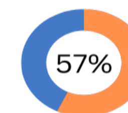
16%
of COVID-19 patients reported symptoms of anxiety (51)

Young adults experienced higher depression and anxiety (52)

Those from minority ethnic backgrounds have higher levels of self reported depression, anxiety, abuse, self-harm, and thoughts of suicide/self harm across the pandemic. (53)

The stress put on many front line care staff during the pandemic may cause significant after effects, with 50% estimated to experience one or more mental health problem, and up to 40% potentially developing post traumatic stress disorder (54) (55)

In July 2021, around 30% with post COVID-19 infection reported experiencing moderate to severe depressive symptoms in the last 2 weeks compared with 16% of those who have not had Coronavirus (56)



57% of adults who reported to have experienced Long Covid said it had negatively affected their general well-being. (57)

Wokingham MHNA – Executive Summary: References

1, 2, 3, 4, 5 - Office for Health Improvement and Disparities. (2022). Wellbeing and mental health: Applying All Our Health

6, 7, 8, 12, 14, 28, 49 - Adult Psychiatric Morbidity Survey (APMS) (NHS Digital 2016) and ONS 2020 Mid-year Population

9, 10, 11 - Data from Berkshire West Connected Care (December 2021)

13 - Royal College of Obstetricians & Gynaecologists. (2017, February). Maternal Mental Health - Women's Voices.

15, 16 - NHS Digital and Quality Outcomes Framework (2021)

17 - NHS Digital. (2022). Excess under 75 mortality rates in adults with serious mental illness - 2018 to 2020

18 - Mental Health Taskforce . (2016). Five Year Forward View for Mental Health. London: NHS England

19, 20 - Beat. (2022). How many people have an eating disorder in the UK? and ONS Mid-Year Population Estimates (June 2020) for Wokingham and Health Survey for England 2019.

21, 22, 23, 24 - Office for National Statistics (2020)

25 - Crisis. (2011, December). Homelessness: a silent killer

26, 27 - National Institute for Health Research. (2021). Suicide prevention in high-risk groups

29 – Fingertips (Office for Health Improvement and Disparities, 2022)

30 - ONS Civil Registrations Data

31, 32, 33, 34 - National Drug Treatment Monitoring System NDTMS - ViewIt – Adult

35, 38, 43, 44 - Office for Health Improvement and Disparities. (2022).

37 - Prince, M., Ali, G., Guerchet, M., Prina, A., Albanese, E., & Wu, Y. (2016). Recent global trends in the prevalence and incidence of dementia, and survival with dementia. Alzheimers Res Ther, 30(8). doi:10.1186/s13195-016-0188-8 and Office for National Statistics (2020

39 - Ma, Y., Ajnakina, O., Steptoe, A., & Cadar, D. (2020). Higher risk of dementia in English older individuals who are overweight or obese. Int J Epidemiol, 49(4), 1353-1365. doi:10.1093/ije/dyaa099

40 - Gudala, K., Bansal, D., Schifano, F., & Bhansali, A. (2013, November 27). Diabetes mellitus and risk of dementia: A meta-analysis of prospective observational studies. J Diabetes Investig., 4(6), 640-50. doi:10.1111/jdi.12087

41 - Action on Smoking and Health (ASH). (2019). ASH Fact sheet: Smoking and Dementia

42 - Alzheimer's Society. (2022). Physical exercise and dementia

45 - Connected Care accessed via Frimley ICS System Insights (30 June 2022)

46, 47, 48 - Bignall, T., Samir, J., Helsby, E., & Butt, J. (2019). Racial disparities in mental health: Literature and evidence review. Race Equality Foundation

50, 51, 52, 53 - The Parliamentary Office of Science and Technology. (2021). Mental health impacts of the COVID-19 pandemic on adults. London: The Parliamentary Office of Science and Technology

54, 55 - O'Shea, N. (2021). Covid-19 and the nation's mental health - Forecasting needs and risks in the UK. Centre for Mental Health

56, 57 - Office for National Statistics. (2021) Coronavirus and depression in adults, Great Britain: July to August 2021