JSNA Mental Health Inequality Report

Equity of access to support services in York

Access to mental health support in York

This report is focused on access to support for people with mental health conditions in York.

This report takes the themes and priorities from the York Mental Health Strategy, and examines the extent to which the Health and Wellbeing Board can be assured that there is equity of access to mental health support services for the people of York.

Themes and priorities on a page

Top Theme: Getting better at spotting the early signs of mental ill health and intervening early	Priorities: technology; positive workplaces; mental health first aid training; information and advice; increase community resilience; increase timeliness of diagnosis; encourage the uptake of support; Crisis Care Concordat; signposting and support for carers
Theme 2: Improve services for mothers, children and young people	Priorities: Future in Mind; resilience and good mental wellbeing; access to support in schools; support for those who are vulnerable or in crisis; transitions; support during and after pregnancy; alignment with student mental health strategy; links to families and carers
Theme 3: Ensure that York becomes a Suicide Safer City	Priorities: Suicide Safer City; reduce the rate of suicide; encourage participaion in training; improve services for those affected by suicide; raise awareness of the impact of suicide; support for positive mental health and wellbeing; public sector equality duties; improve links with student support services
Theme 4: Focus on recovery and rehabilitation	Priorities: building self resilience; promoting self help and self management; development of peer support networks; access to help; recovery college; early intervention and prevention; reduce reliance on statutory services; work with drug and alcohol services; working alongside carers and families
Theme 5: Ensure that York is both a mental health and dementia friendly city	Priorities: recognition as a mental health and a dementia friendly city; develop the work of the Dementia Action Alliance; work with employers; consider the needs of people with a mental health condition (including dementia) and their families and carers; develop a joint strategy for improving dementia diagnosis and support services

Long term implementation of whole person, whole life, whole system approach

Summary and Recommendation

It is important that services are accessible by all. This report identifies that the data collected by mental health services in York provides a limited understanding of the people who access the services. In particular it is difficult to understand if LGBT people, people from ethnic minority groups, or people with physical disabilities are accessing services.

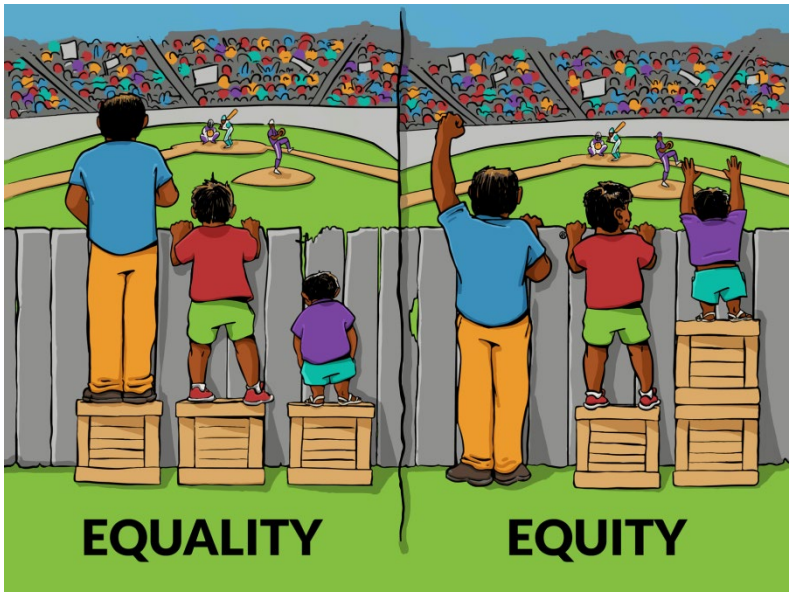
The JSNA group recommend that the mental health partnership progress this agenda by identifying an approach that balances the need to be assured that services are accessible by all against the need for data collection practices to be proportionate.

Equity is not the same as equality

If mental heath provision was **equal** then everyone would have the same access to mental health support, and all groups would be proportionately represented in the service data.

However, some groups of people are more likely to experience mental ill health than others.

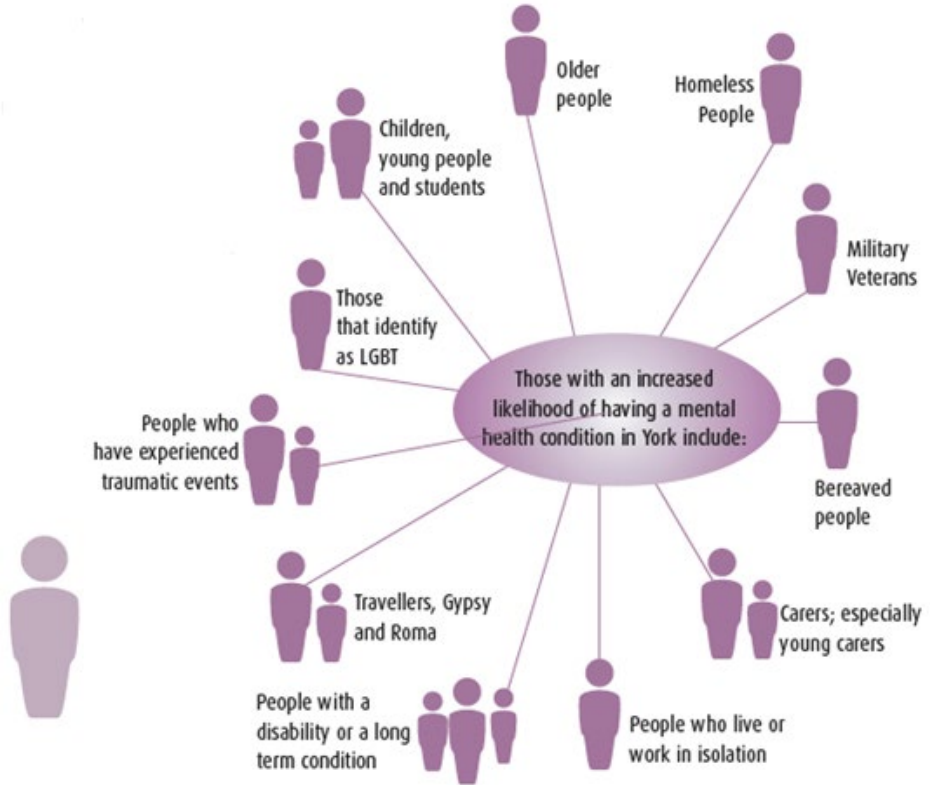
If mental health services are responsive to different levels of need in the population, then groups with the highest need would be overrepresented in the mental health service data. This would be **equity** of service provision.



Groups with higher need

The mental health strategy identifies some specific groups that are more likely to experience mental ill health.

In addition, this report will also look for evidence of equity of access by, age, gender including transgender, local authority ward including deprivation, as well as other population groups the evidence base suggests have higher levels of mental health need.



Theme: Improve services for mothers, children and young people

Priorities within this theme

- Build and further develop the local Future in Mind initiatives and the priorities of the Strategic Partnership for Emotional and Mental Health
- focus on resilience and good emotional and mental wellbeing at key life stages for children and young people
- broaden access to support in schools and other settings outside specialist health services
- ensure good access to support for those groups of children and young people who are particularly vulnerable or in crisis and their families and carers
- ensure that children and young people smoothly transition between child and adult services
- improve access to support for families and carers during and after pregnancy to maintain positive mental wellbeing
- further develop peri-natal mental health services
- ensure alignment with the student health needs assessment.

We will report

- The percentage of school/educational staff that report increased knowledge of and confidence in supporting children and young people's emotional and mental health
- the percentage of children and young people reporting increased wellbeing and resilience
- the number of hospital admissions for self harm amongst young people aged 10 to 24.

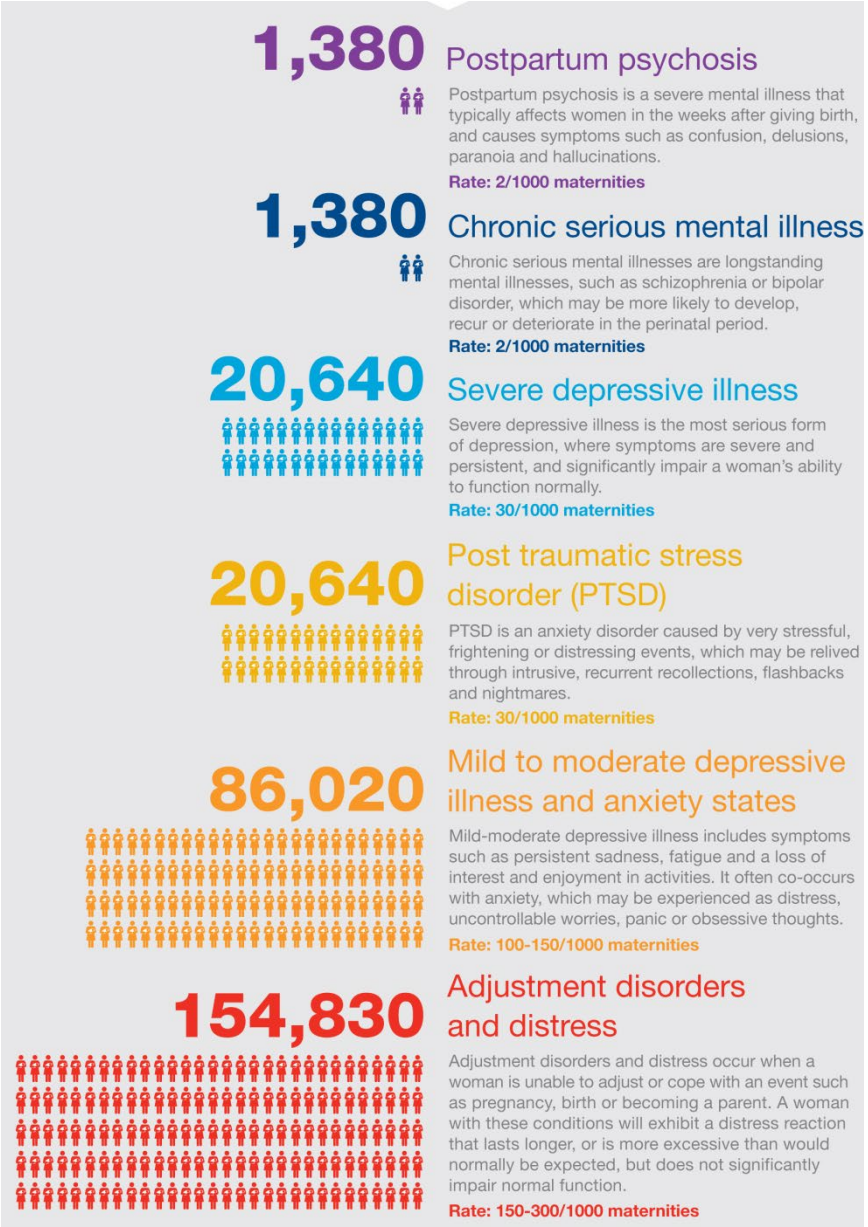
This inequalities report looks at two key services that support the mental health of children and young people.

The School Wellbeing Service (CYC) is an early intervention support service which aims to increase school's knowledge and confidence in supporting the mental and emotional wellbeing of pupils. The service also works to increase early identification of need, and increase the number of pupils that feel able to cope with mental health issues in the school setting.

Child and adolescent mental health service (TEWV) is a specialist multi-disciplinary NHS mental health service and is able to support young people with a broad range of mental health conditions.

A specialist **maternal mental health service** is currently being established in York. At this time it is not possible to report service data.

Perinatal mental illness in England each year



The mental health alliance has published estimates of perinatal metal ill health. If these figures are true for York, each year there would be:

- 300-600 women with adjustment disorders and distress
- 200-300 women with mild to moderate depressive illness and anxiety status
- 60 women with post traumatic stress disorder
- 60 women with severe depressive illness
- 4 women with chronic serious mental illness
- 4 women with postpartum psychosis

Published by the maternal mental health alliance. Data source: Joint commissioning panel for mental health 2012

Healthy Child Service

The healthy child service seeks to visit all mothers at specific intervals in the postnatal period: 10-14 days, 6-8 weeks, 9-12 months, and 2.5 years. The service currently sees around 85% of women at the 6-8 week period. The service is working to increase the proportion of women who receive their visits on time at every point in the postnatal period.

Practitioners aim to ask all mothers the two NICE recommended Whooley questions, and will use other mental health screening tools as appropriate.

The healthy child service collects some demographic information: mothers age and mothers postcode.

The service is not easily able to create bespoke reports using this data. In 2019, a SystmOne technical advisor is scheduled to work with the service to enable the service to make the most of their data.

The Whooley Questions

1) During the past month, have you often been bothered by feeling down, depressed, or hopeless?

2) During the past month, have you often been bothered by little interest or pleasure in doing things?

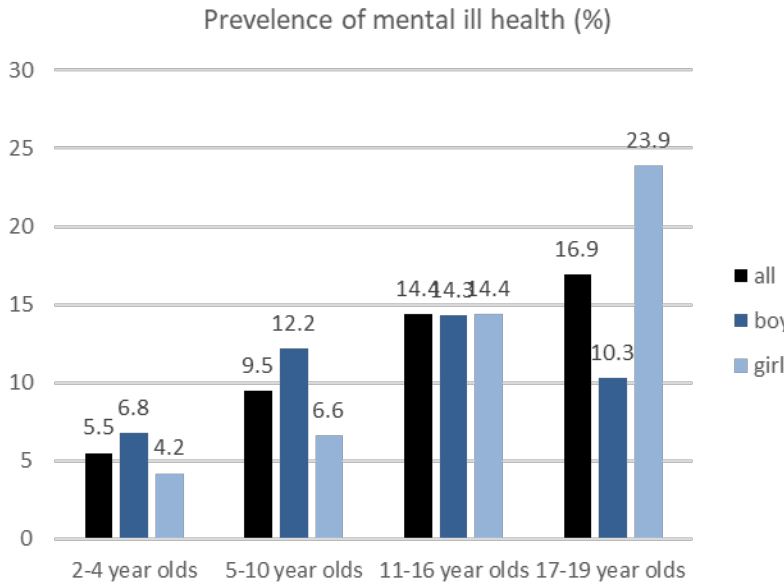
Mental health need in children and young people: national evidence

12.8% of school age children (5-19 years old) have at least one mental health disorder.

The prevalence of mental ill health in young people increases with age, in particular for emotional disorders.

In younger children, the prevalence of mental ill health is higher in girls than boys, in older children this trend is reversed.

The prevalence of emotional disorders is rising sharply. This is particularly true for girls aged 17-19, which has risen substantially since the last data collection period.

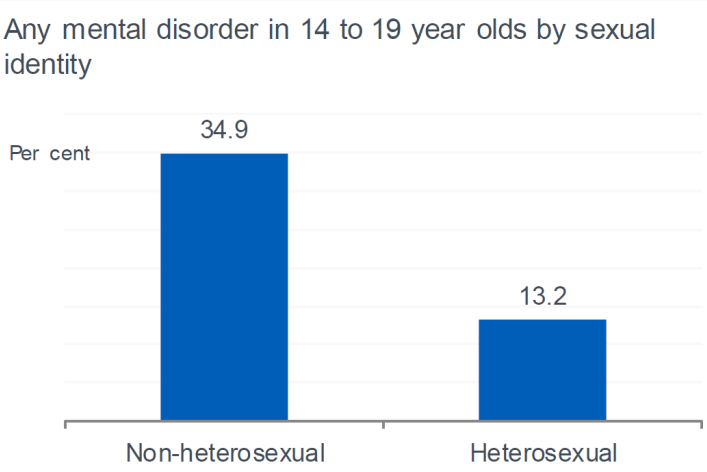


NHS digital (2018) Mental health of children and young people in England
https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

5.2% of young people with a mental health condition had high self-esteem, compared with 25% of young people without a mental health condition.

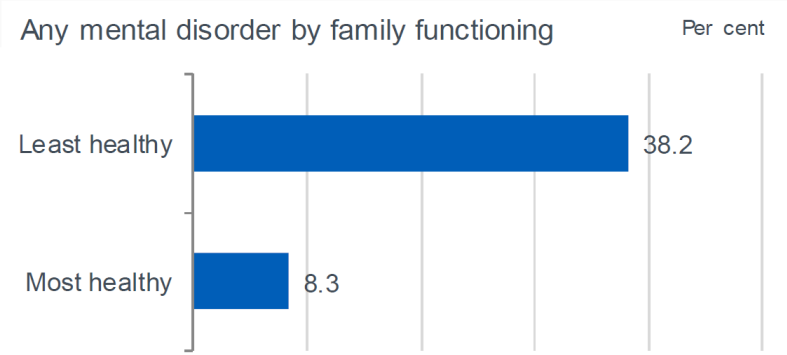
Associations with mental disorder

Young people who identified as lesbian, gay, bisexual or with an other sexual identity were more likely to have a mental disorder (34.9%) than those who identified as heterosexual (13.2%).



Family functioning

Family functioning was associated with the presence of mental disorder. Over a third (38.2%) of children living in families with the least healthy functioning had a mental disorder. While problems with family functioning may contribute to the onset of mental disorder, the presence of mental disorder could also lead to problems with family functioning.

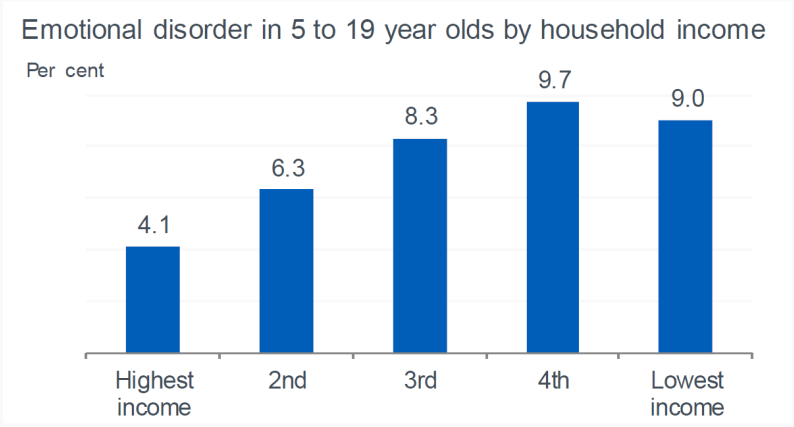


Young people with a mental health disorder were more likely to use social media daily and for more hours than young people without. This is particularly true for girls.

NHS digital (2018) Mental health of children and young people in England
https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

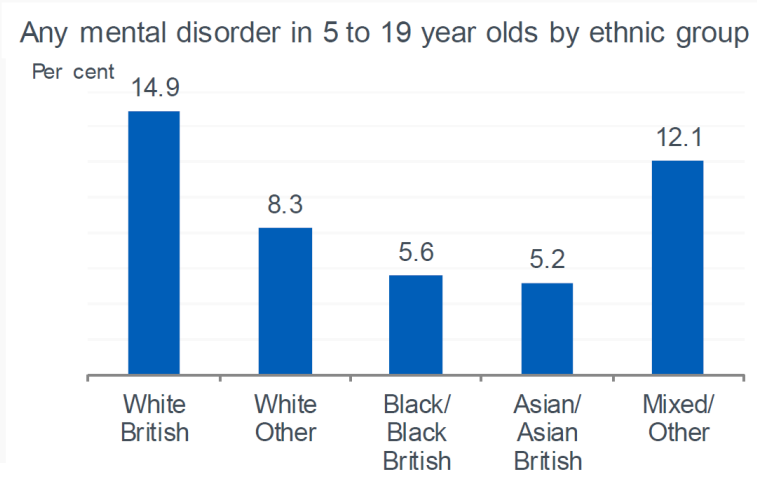
Socioeconomics

Mental disorders tended to be more common in children living in lower income households. This was evident for emotional, behavioural and autism spectrum disorders, but not for hyperactivity or eating disorders. Disorder rates tended to be higher in children whose parents were in receipt of low income benefits. Neighbourhood deprivation, however, was not associated with most types of disorder.



Ethnic group

Rates of disorder in 5 to 19 year olds varied between ethnic groups and tended to be higher in White British children and lower in those who were Black/Black British or Asian/Asian British. This pattern was evident overall (for rates of 'any disorder'), as well as for different types of disorder.

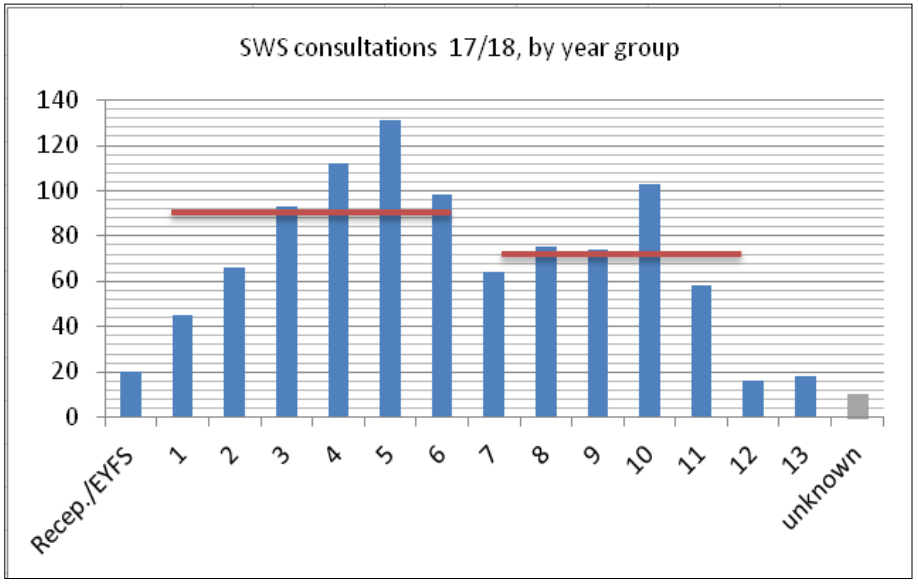


Among children with a mental health condition:

- 71.7% also had a physical or developmental health condition (epilepsy, migraines, obesity, speech or language delay)
- 25.9% had limiting long term illness
- 35.6% had a special educational need

NHS digital (2018) Mental health of children and young people in England
https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

School Wellbeing Service – pupil characteristics

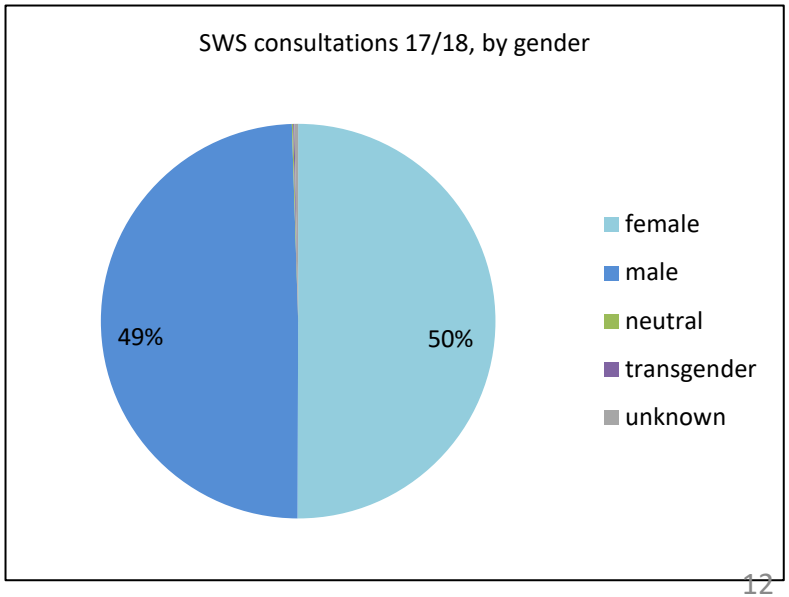


983 consultations in 2017/2018:
- 55% primary pupils (545 consultations)
- 38% secondary pupils (374 consultations)

Overall, 26% of consultations result in watchful waiting and ongoing review.

The service has an equal gender split for the pupils supported. Three pupils were transgender or gender neutral.

The service carried out fewer consultations with sixth form and college age pupils than at other ages.

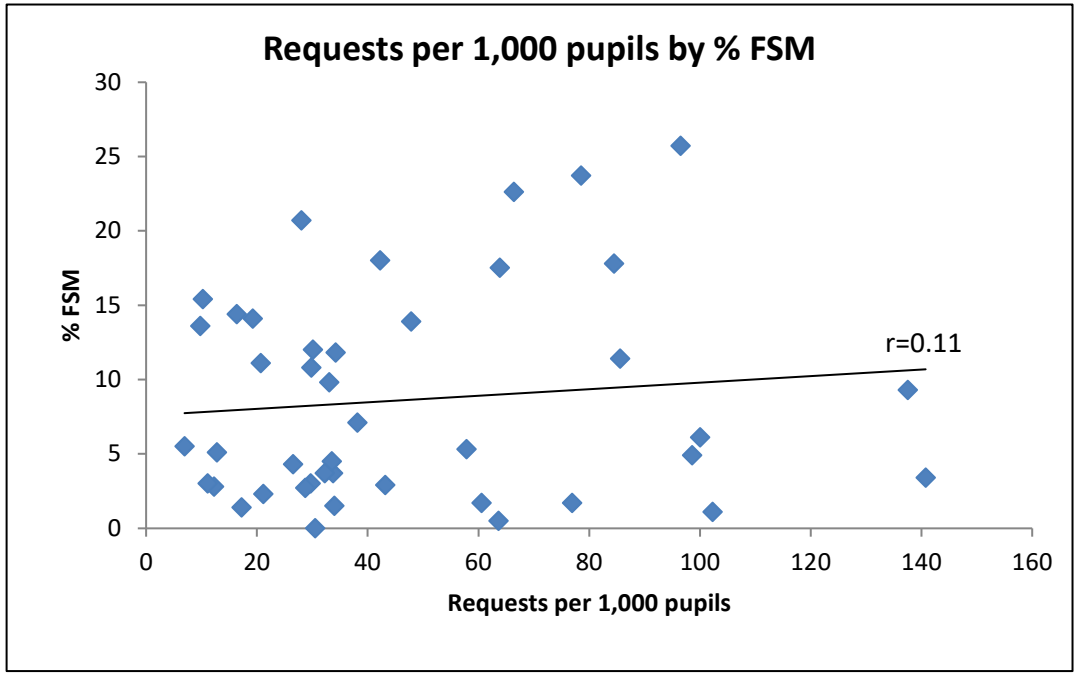


School wellbeing service – consultations by school

There is wide variation in the number of consultations the school wellbeing service carries out in each school. This is still true after the size of the school has been accounted for.

The number of consultations (per 1,000 pupils) ranges from 7 to 141 for primary schools, and 29 to 59 for secondary schools.

Nationally, deprivation correlates with higher levels of childhood mental ill health. The number of consultations per school in York is not associated with pupils eligibility of free school meals (an indicator of deprivation across the school catchment).

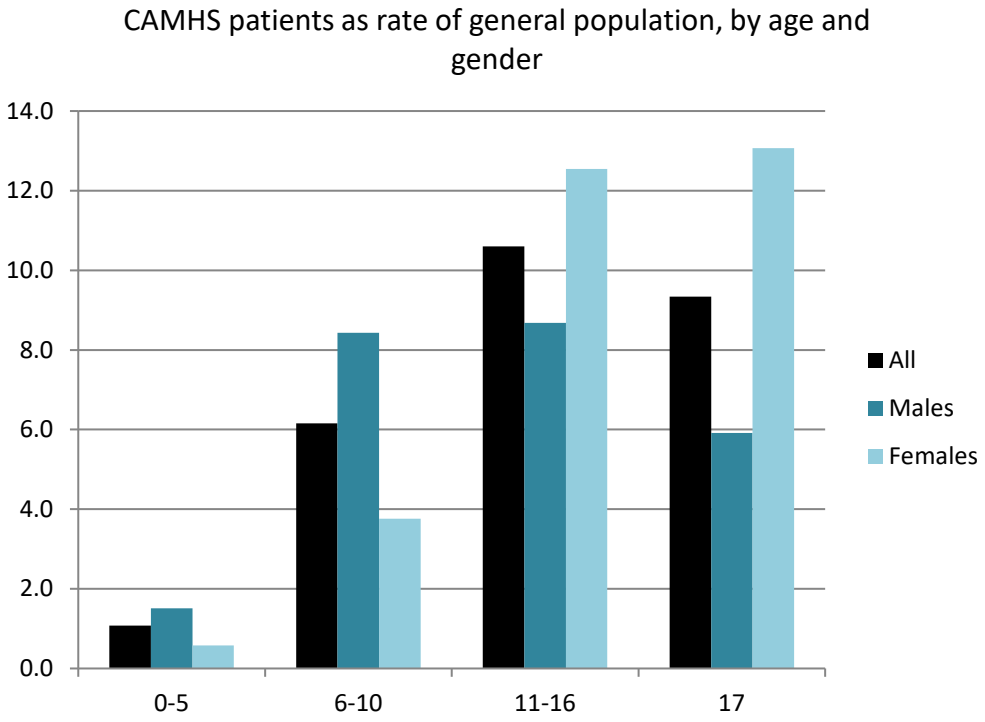


CAMHS – patient profile

2179 children and young people were seen by CAMHS from Nov 2017 to October 2018

Even gender split: 51.5% male, 48.5% female

Where age is known: 6.2% of primary school age pupils in contact with CAMHS, increasing to 10.6% for secondary age pupils.



In primary pupils, rate of support is more than double in boys as in girls (8.4% and 3.8% respectively).

In secondary pupils, the gendered trend is reversed. The rate of support is greater in girls than boys (12.5% and 8.7% respectively).

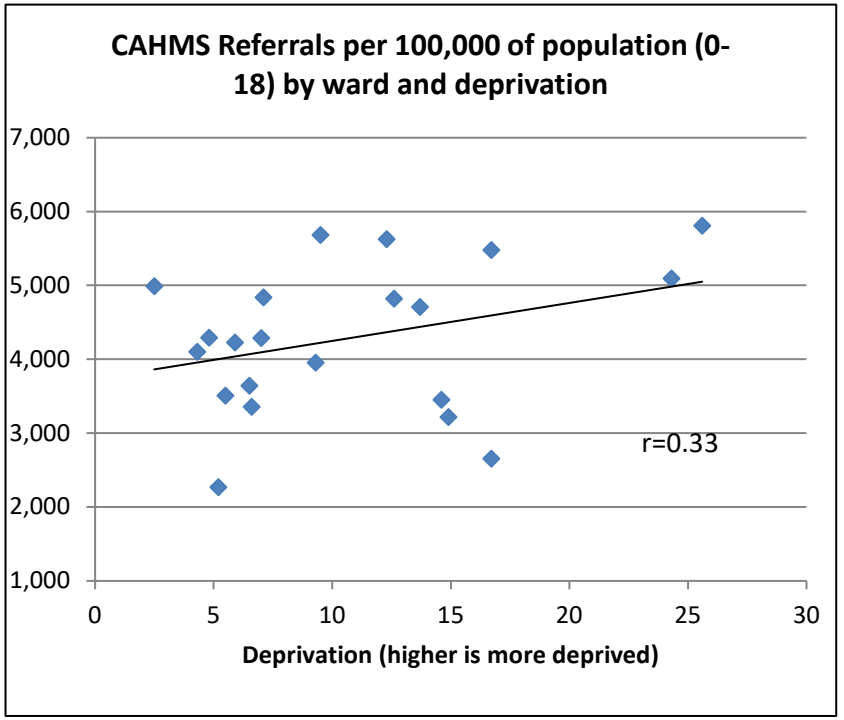
In 17 year olds total rates of support fall, but increase in girls to 13%.

CAMHS – geographical distribution

It is possible to see which geographic ward York CAMHS referrals come from.

Accounting for the 0-18 years population of each ward, the rate of referrals ranges from 2,269/100,000 young people to almost double at 5,807/100,00 young people.

There is a weak correlation between the rate of referrals and the ward deprivation score. This suggests that other factors are also important.

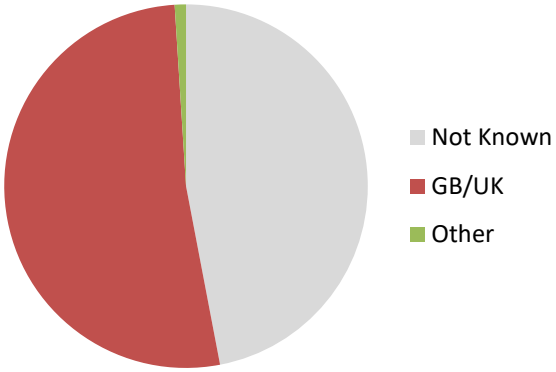


CAMHS – patient profile

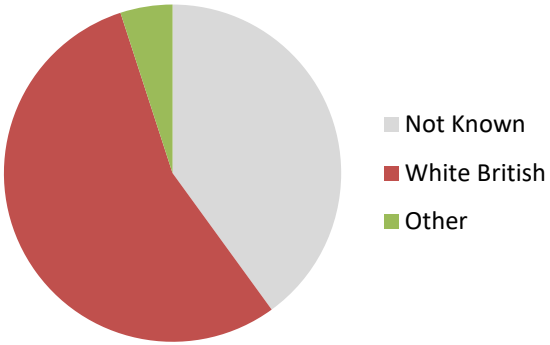
The CAMHS recording platform allows for some further information about the young people it supports; nationality, ethnicity, and religion. However, for most patients this information is not collected at present.

This means it is not possible to draw meaningful conclusions about equity of access to CAMHS services at this time.

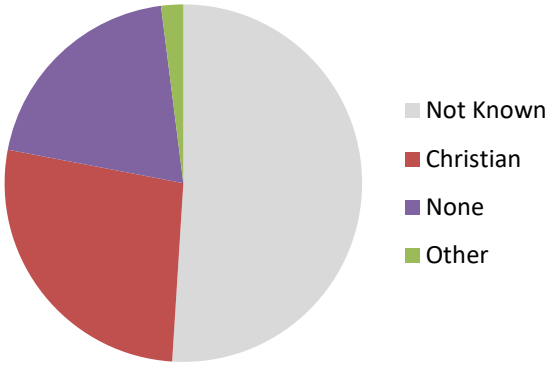
CAMHS patients, nationality



CAMHS patients, ethnicity



CAMHS patients, religion



Theme: Ensure that York becomes a Suicide Safer City

We will report

- The suicide rate per year
- the number of hospital stays because of self harm amongst the general population.

Priorities within this theme

- Develop York as a Suicide Safer City
- reduce the rate of suicide in York
- encourage participation in the safeTALK and the Applied Suicide Intervention Skills Training (ASIST) programmes
- improve support for people bereaved or affected by suicide
- raising awareness of the impact suicide has and that certain people are more at risk
- support for positive health and wellbeing through factors such as social inclusion and positive social networks
- commitment from statutory agencies to address their obligations under the public sector equality duty and duties to reduce health inequalities
- improve links with student support services at colleges and universities.

This inequalities report looks at data relating to self-harm admissions to hospital across all ages.

Admissions to hospital represent only a small fraction of the total self-harm that happens in York. It is an indicator of acute need.

In 2016 a suicide audit comprehensively explored the risk factors for suicide in York and nationally. It is available here.

York suicide risk factors

Ethnicity: 98% white or white british

Sexual orientation: 95% heterosexual, 5% homosexual

Home ownership: 45% owner occupiers, 40% private renters, 15% council tenants.

44% were living alone at the time of death

37% had a mental illness within a year of their death

Nearly half had a physical and/or sensory disabling condition

Nearly half had a history of alcohol or drug misuse.

Figure 9: Marital status

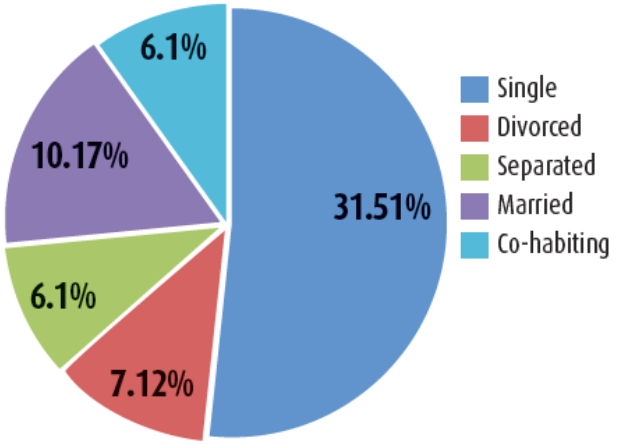


Figure 13: Employment Status

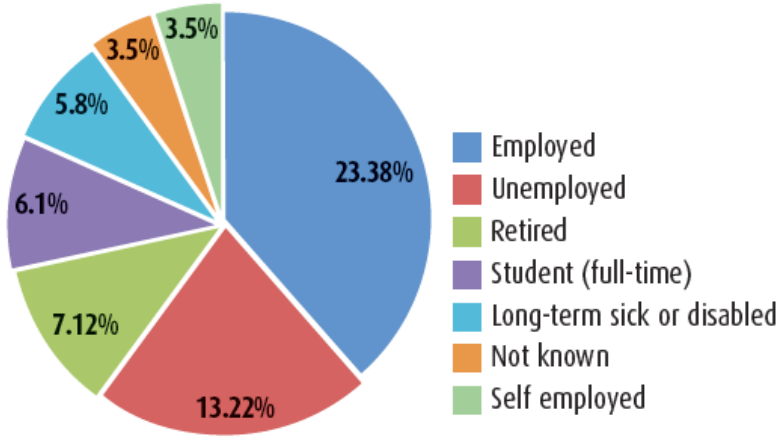
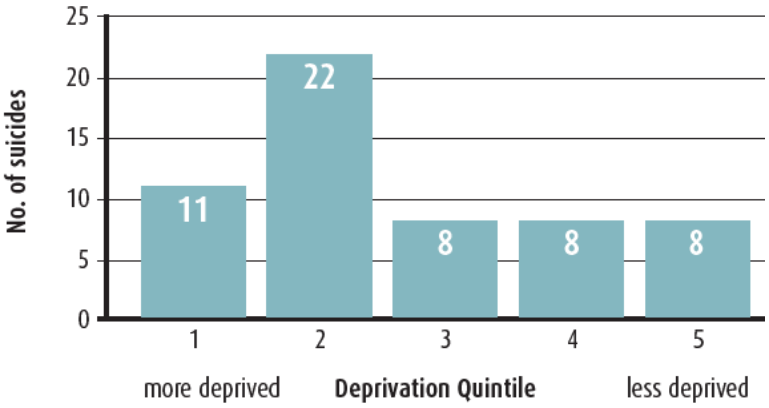


Figure 9: Number of suicides by deprivation quintile (York residents n= 57)



Data source: York Suicide Audit (2016)

National self harm risk factors

Survey data suggests 10% of young people self-harm. Some factors put young people at increased risk:

- Experience of a mental health disorder
- Being a young person in care
- Being part of the LGBT community.
- Having been bereaved by suicide.

In the general population, estimates of self harm vary between 4 and 14 per 1,000 people every year. It is thought to be more common in women than men.

It is thought that one in 600 people will insure themselves sufficiently to need hospital treatment.

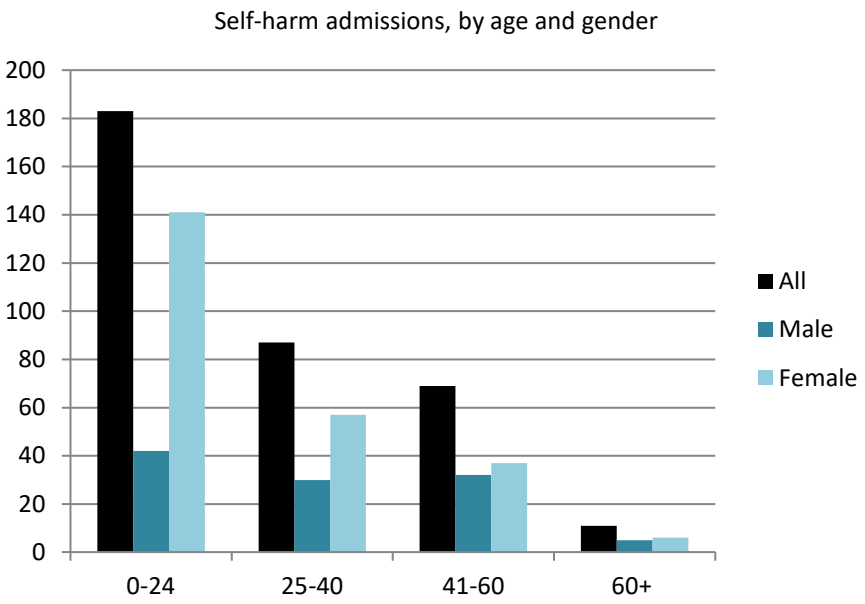
Information Source: Mental Health Foundation
https://www.mentalhealth.org.uk/publications/truth-about-self-harm https://www.mentalhealth.org.uk/publications/suicide-and-self-harm

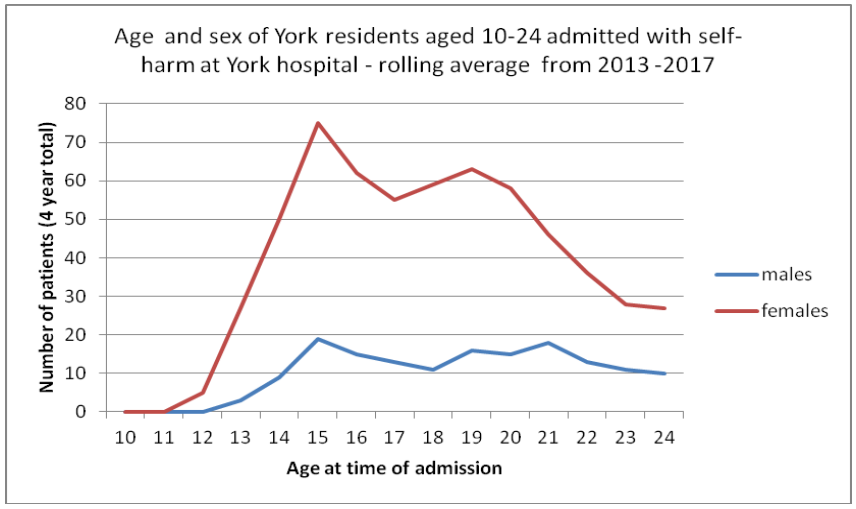
Admission to hospital following self-harm: patient demographics

In 17/18, 350 York residents were admitted to a ward as a result of self-harm.

52% of these people were aged 10-24 years old.

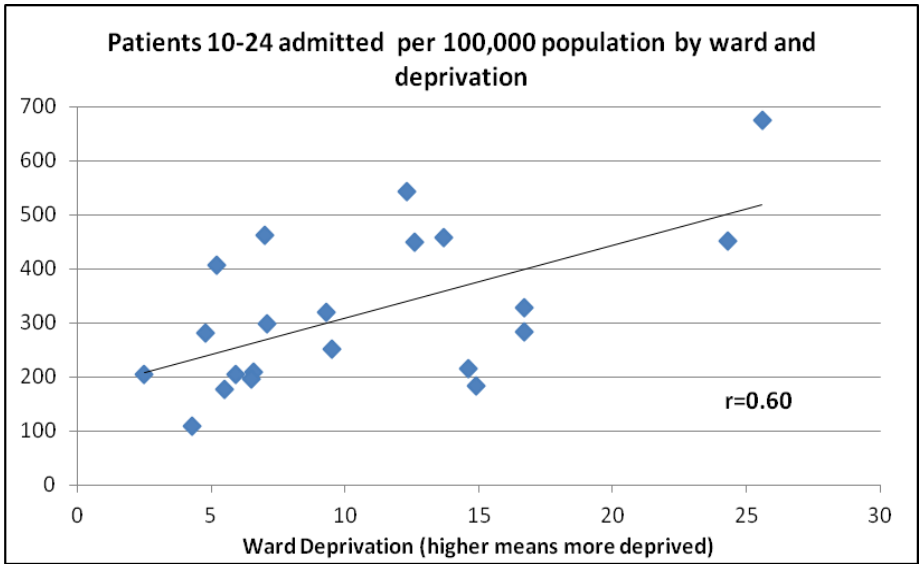
At every age band, greater numbers of women are admitted than men.

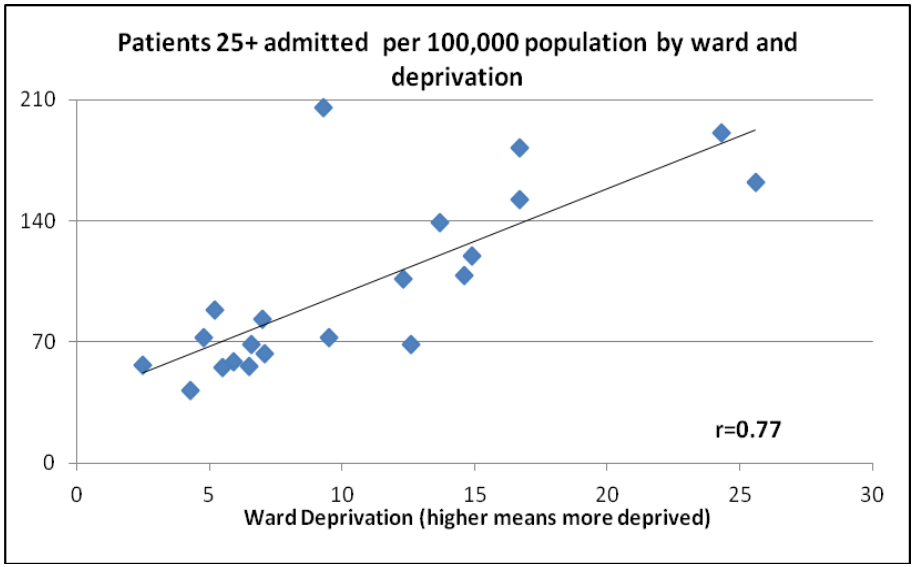




Within the 10-24 age band, admissions to hospital peak at age 15, and continue to be high until early 20's. This is especially true for women.
(Data collection period: 2013-2017)

Admission to hospital following self-harm: Geography





In both 10-24 and 25-60+ age groups, deprivation is correlated with self-harm admissions.

This correlation is stronger in the 25-60+ cohort, than in young people. This suggests that factors other than deprivation also have a substantial impact on self-harm behaviour in young people.

- In the 10-24 age group, hospital admission rates range from 110/100,000 (Wheldrake) to 1,089 (Rawcliffe and Clifton)

- In the 25-60+ age group, hospital admission rates range from 59/100,00 (Wheldrake) to 455/100,000 (Fishergate).

Reporting period: 2014/15 to 2017/18

Admission to hospital following self-harm: Geography

In both age categories, a small number of postcodes account for a substantial number of admissions.

Many of these postcodes contain either supported housing, or mental health service accommodation/inpatient centre.

These postcode hotspots partially explain why both Fishergate Ward and Rawcliffe and Clifton Without ward have higher rates of self-harm admission than would be explained by the ward deprivation scores alone.

10-24 ward admissions				
Postcode	Location	LA Ward	People	Admissions
YO10 5DD	York University (Student accommodation)	Hull Road	8	12
YO244HA	Howe Hill Hostel (Young person's hostel)	Holgate	6	10
YO105BN	The Retreat (Inpatient psychiatric)	Fishergate	6	7
YO317ES	Arclight (homeless accommodation)	Guildhall	4	10
YO105NA	York University (Student accommodation)	Hull Road	4	5

25-60+ ward admissions				
Postcode	Location	LA Ward	People	Admissions
YO105BN	The Retreat (Inpatient psych)	Fishergate	10	26
YO317ES	Arclight (homeless accommodation)	Guildhall	10	25
YO105BS	Garrow House (The Retreat)	Fishergate	10	28
YO19TR	YACRO (Housing for ex-offenders)	Guildhall	5	14
YO231AE	Residential area	Micklegate	5	6
YO305RA	Clifton House (MH services)	Rawcliffe and Clifton without	4	12
YO325UP	Residential area	Strensall	4	4

Reporting period: 2014/15 to 2017/18

Theme: Focus on recovery and rehabilitation

We will report

- The rate of access to psychological therapy referrals
- the percentage of those undergoing Improving Access to Psychological Therapies reporting imrpovement
- the percentage of opiate users successfully completing treatment
- the percentage of those in treatment for alcohol misuse successfully completing treatment.

Priorities within this theme

- Help people to build self resilience and facilitate their recovery journey
- promote ways for people to self help and self manage their own mental health
- further develop peer support networks to reduce social isolation
- enable access to help and support when required
- promote the work of the recovery college
- build on early intervention and prevention services to reduce and avoid the development of more complex needs
- reduce reliance on health, social care and emergency services
- work with services that treat alcohol and drug misuse.

This inequalities report looks at access to IAPT support in York, and access to mental health support for people who are also receiving support from the drug and alcohol misuse service.

The Improving Access to Psychological Therapies (IAPT) programme is designed for the treatment of adults with anxiety disorders and depression through the application of evidence based psychological therapies. In the main, this involves low intensity treatment such as a six week information and skills course.

A large proportion of people who are receiving support for substance misuse or addiction also have a mental health need. This report will explore whether people with this cohort of people had equity of access to support for their mental health.

Mental health need in adults: national evidence

Overall, one in six adults in England have a common mental health problem.

Women are more likely than men to have a common mental health problem (26% vs 9.1%).

Common mental health problems are more common in people of working age than people past the state retirement age.

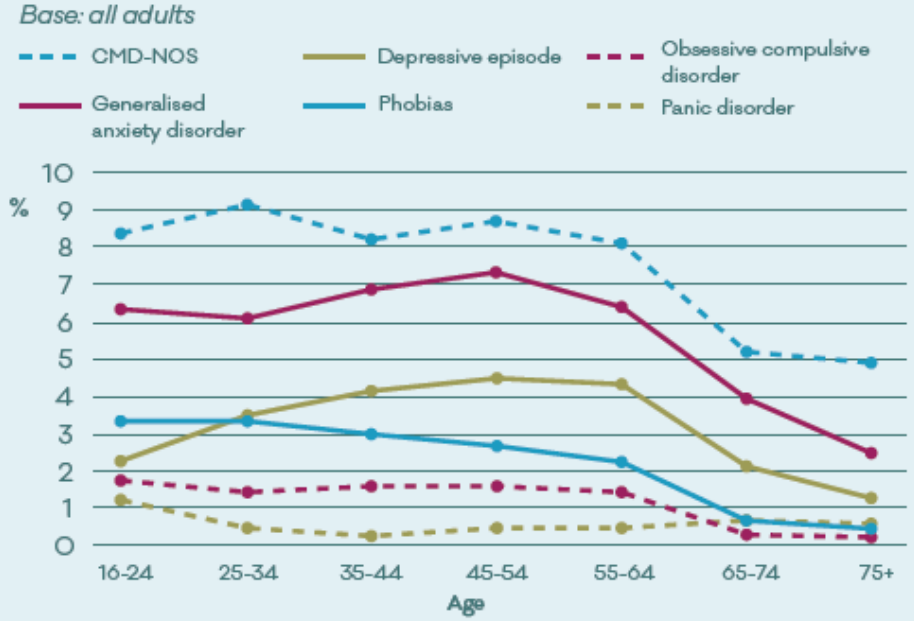


Figure 1b: APMS prevalence of common mental health problems by age

Stansfeld, S., Clark, C., Bebbington, P., King, M., Jenkins, R., & Hinchliffe, S. (2016). Chapter 2: Common mental disorders. In S. McManus, P. Bebbington, R. Jenkins, & T. Brugha (Eds.), *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. Leeds: NHS Digital.

Mental health foundation: fundamental facts about mental health (2016) https://www.mentalhealth.org.uk/publications/fundamental-facts-about-mental-health-2016

Mental health need in adults: national evidence

64% of adults with common mental health problems are employed. Women in full-time employment were twice as likely to have a common mental health problem as full-time employed men (19.8% vs 10.9% respectively).

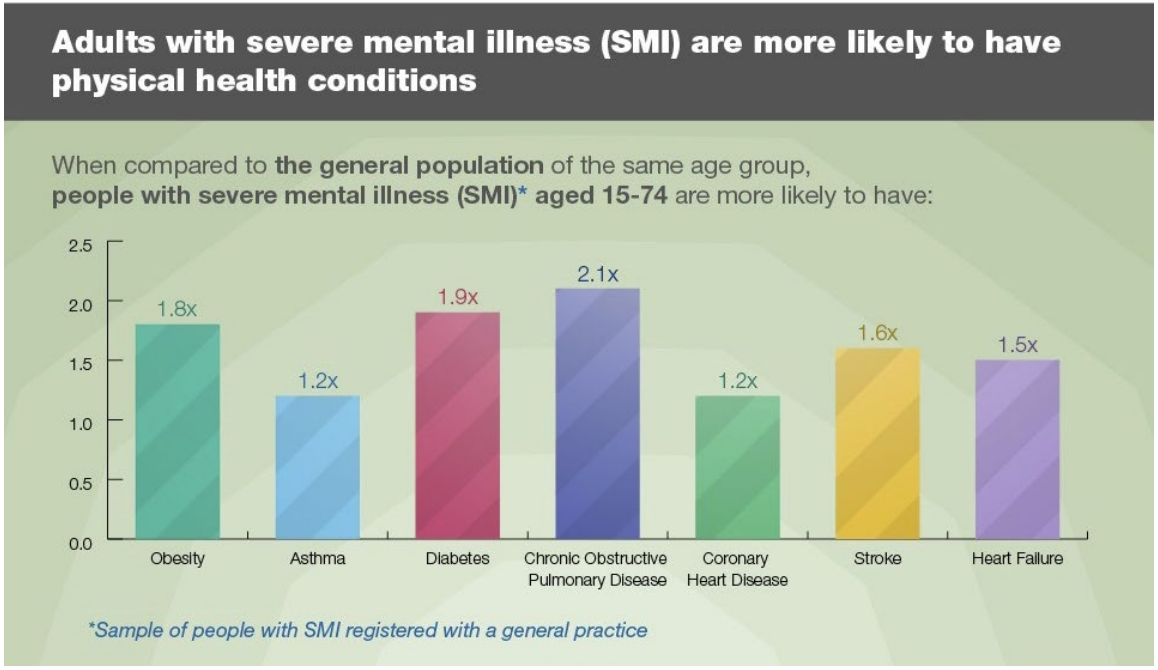
The mental health of women was found to vary between ethnicity groups, (APMS, 2014).

- White British 20.9%
- Non-british white 15.6%
- Black british 29.3%

Black adults were found to have lower mental health treatment rates than adults of other ethnicity groups.

Mental health foundation: fundamental facts about mental health (2016) https://www.mentalhealth.org.uk/publications/fundamental-facts-about-mental-health-2016

Mental health need in adults: national evidence (serious mental illness)



People with serious mental illness in contact with secondary mental health services face a 3.7 times higher mortality rate than the general population.

Young people with a serious mental illness are 5 times as likely to have multiple physical health conditions.

Mental health need in adults: national evidence (serious mental illness)

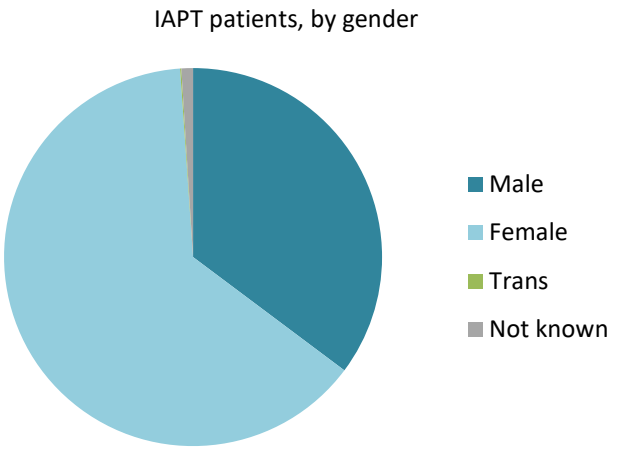
People with serious mental illness are more likely to seek help with paying household bills, housing and advice on accessing jobs from citizens advice than the general population.

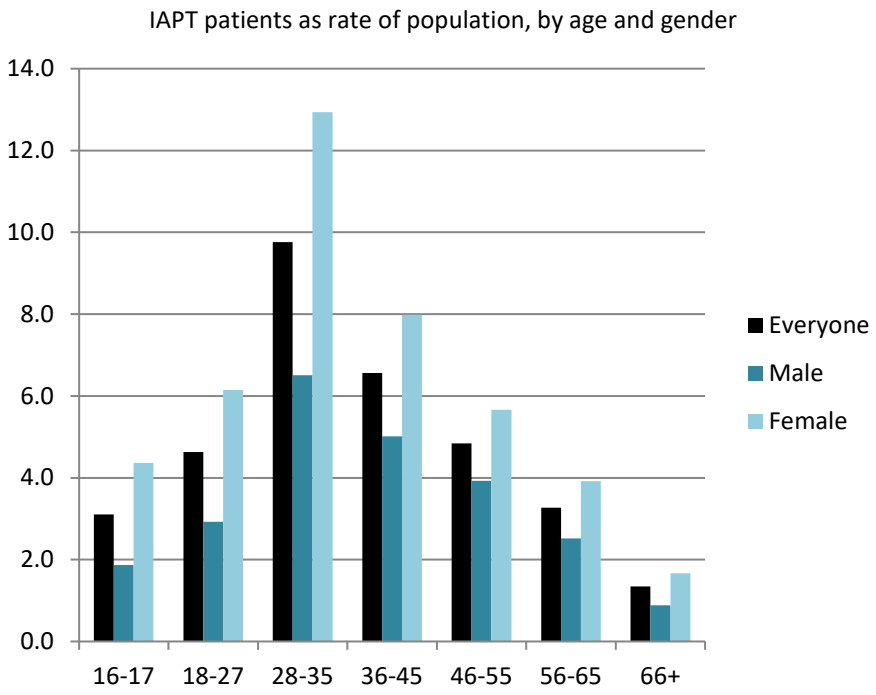
IAPT access – patient profile

In the 24 months Nov 2016 – Oct 2018 IAPT supported 8,383 adults in York.

This is an annual rate of 2.4% of the adult population.

25% of patients were 28-35 years old.





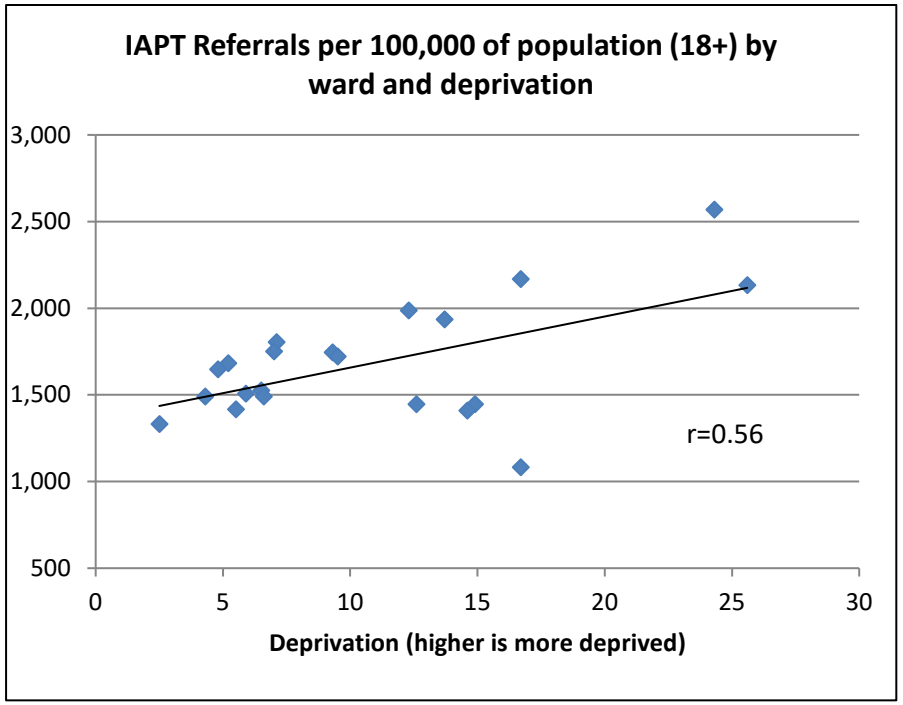
62% of all patients were female

In every age band, there are more women than men supported by IAPT

IAPT patient profile

Within York, the level of deprivation within a ward is moderately correlated with the number of referrals to IAPT services.

This graph indicates that activity within the IAPT service is somewhat directed to areas that are likely to have greater need.

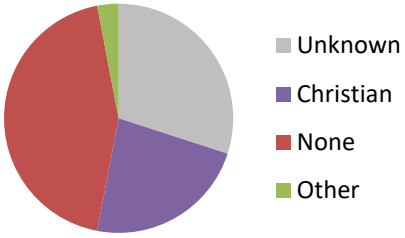


IAPT patient profile

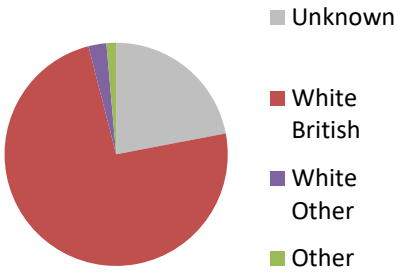
The IAPT recording platform allows for some further information about the people it supports; nationality, ethnicity, and religion, sexuality.

Ethnicity data suggests that the majority of IAPT patients are White British, it is not possible to make further statements about equity. However, for most patients this information is not collected at present.

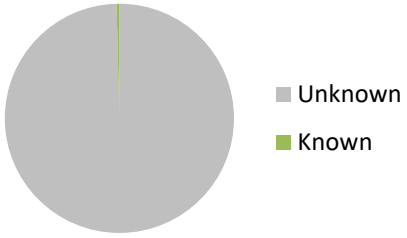
IAPT patients, religion



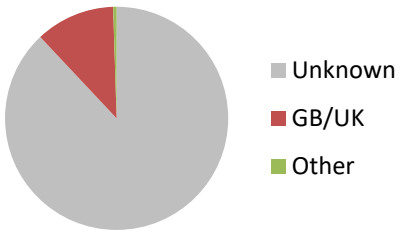
IAPT patients, ethnicity



IAPT patients, sexuality



IAPT patients, nationality



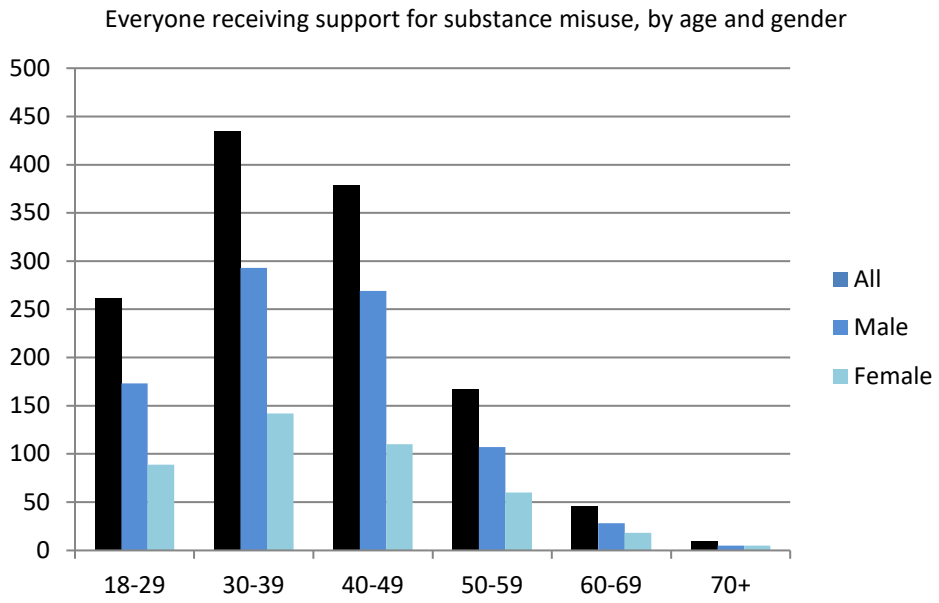
Access to mental health support for people in substance misuse recovery

There are currently 1,300 people in contact with the substance misuse recovery service in York.

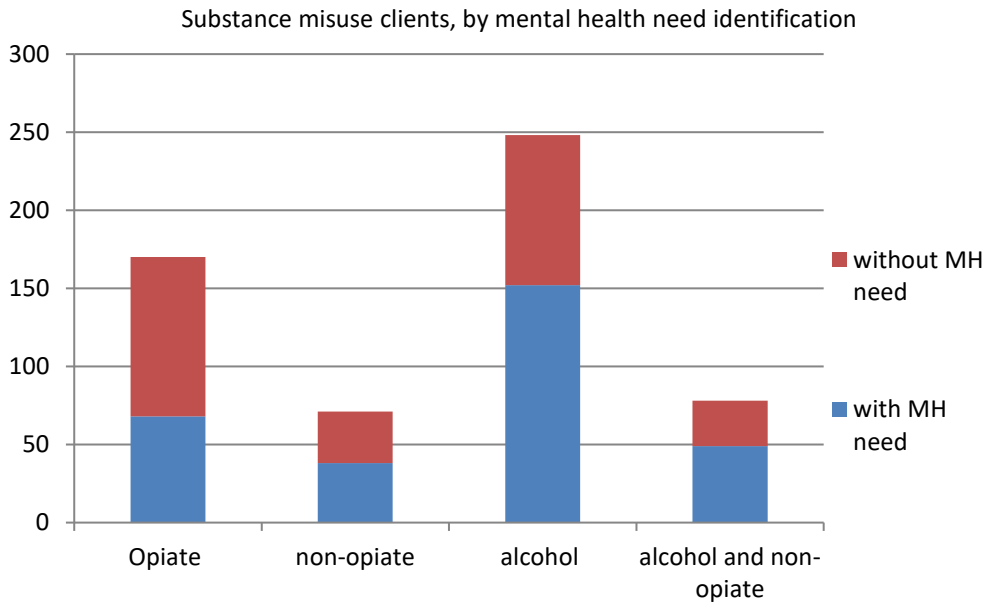
Of this group; 67% are male, 62% are aged 30-49 years old.

Half (53%) of people in recovery in York live in the five most deprived wards; these wards are home to 37% of the general adult population in York.

There is a strong overall correlation with deprivation.



Access to mental health support for people in substance misuse recovery



On entering substance treatment, mental health need and treatment plans are recorded.

More than half of people have an identified mental health need (54%), 307 people. Identified mental health need is most prevalent among alcohol recovery clients.

Mental ill health may be under reported at this stage, because individual clients may be self medicating or otherwise unwilling to disclose experiences of mental ill health.

Access to mental health services for people in recovery

Of the 567 people in recovery, 307 (54%) have an identified mental health need.

Of those 307 people, 29% do not have a treatment plan in place.

For those who do, the majority (63%) are under the care of their GP

Treatment type	Number receiving treatment	% of those with mental health need
Engaged with CMHT	74	24%
Engaged with IAPT	5	2%
Treatment from GP	139	45%
NICE recommended intervention	0	0%
Identified place of safety	1	0.3%
Need identified but no treatment in place	88	29%

Theme: Ensure that York is both a mental health and dementia friendly city

We will report

- The percentage of mental health service users in paid employment
- the extent of recorded dementia diagnosis in primary care practice disease registers.

Priorities within this theme

- To become recognised as a city that is both mental health and dementia friendly
- further develop the work of the Dementia Action Alliance to improve diagnosis rates and post diagnostic support
- work with employers and other organisations to take up training opportunities
- consider the needs of people with a mental health condition (including dementia) when making changes to the city environment
- develop a joint strategy for improving dementia diagnosis and support services.

This inequalities report will focus on equity of access to dementia diagnosis. It is recognised nationally that not everyone who has dementia has a diagnosis.

Having a diagnosis can help people and their families to understand their symptoms and find ways to live well with dementia.

It can also mean that people can benefit from the broad range of community support available in York, and also give people time to understand and plan for their futures.

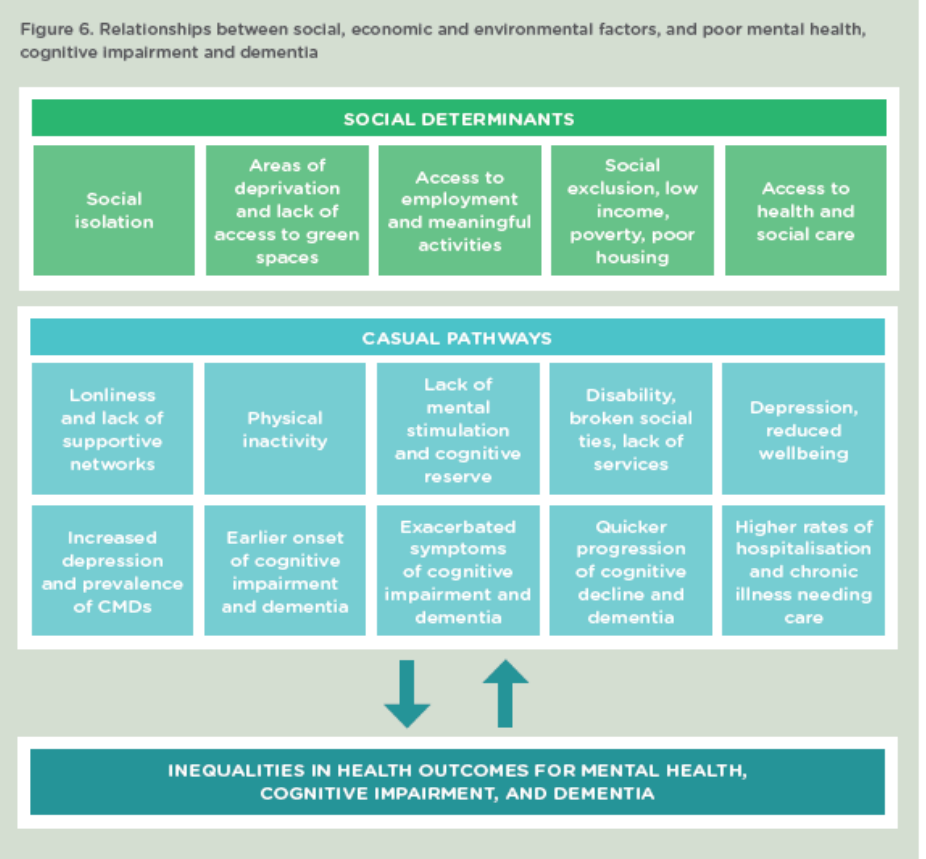
Who is most likely to get dementia?

Age is the most well understood risk factor for dementia, the risk doubles every 5 years after 65.

Other risk factors include obesity, physical inactivity, social isolation, poor mental health, poor diet, smoking, and excessive alcohol consumption. Because of these economic and social factors, some populations are at greater risk of developing dementia.

This includes people who live in deprived areas and black and minority ethnic groups.

Women are twice as likely to be diagnosed with dementia as men; this is part due to life expectancy and the higher incidence of depression. It may also be a diagnosis effect.



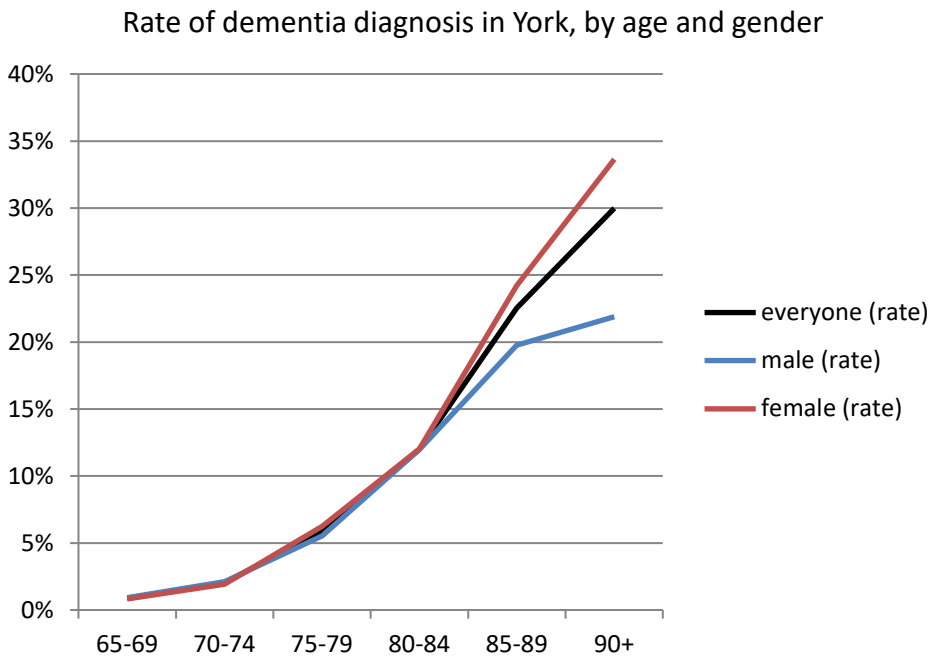
Institute of Health Equity (University College London) Inequalities in mental health, cognitive impairment, and dementia among older adults
http://www.instituteofhealthequity.org/resources-reports/inequalities-in-mental-health-cognitive-impairment-and-dementia-among-older-people

Dementia diagnosis equity – gender

The national target is to diagnose at least two in three people who have dementia. The Vale of York just meets this target; diagnosing 2,729 of the projected 4,469 people (61%).

The gender difference in life expectancy means that more women have a dementia diagnosis. After this has been accounted for, there is a significantly smaller gender difference in diagnosis.

Among people aged 65- 84 in York there is no indication of a gendered effect on dementia diagnosis rates. However, this is present in older adults, as after accounting for population size, women still have a higher rate of diagnosis.



Ethnicity data is collected, but is not recorded for 82% of patients. This means that it is not possible to comment on the data at the present time.

NHS digital dementia diagnosis data, September 2018 https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses/september-2018

Dementia diagnosis equity – by GP practice group

Between GP practices in York there is significant variation in the numbers of patients estimated to have dementia, and the proportion of this estimated cohort with a diagnosis.