

Living Well

Mental Health in Adults

Revised: 16/12/2016

Introduction

In the same way that health is seen as a resource for everyday living, and not just the absence of disease, mental health is not just the absence of mental ill health but a state of positive mental Wellbeing *Source: World Health Organisation.*

Foresight (2008) defined mental wellbeing as 'a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community'. It is enhanced when an individual is 'able to fulfill their personal and social goals and achieve a sense of purpose in society'. Mental wellbeing also encompasses; having life satisfaction, optimism, self-esteem, and feeling in control, having a purpose in life a sense of belonging, feelings of contentment, enjoyment and having confidence.

Mental health and wellbeing can be affected by different factors such as; bereavement, money worries, relationship problems and mental health problems. The term 'mental health problem' can be used to describe a diagnosable condition on a spectrum ranging from common experiences, (such as feeling depressed or anxious) almost entirely managed in primary care, to more severe clinical symptoms (such as clinical depression and enduring problems such as schizophrenia) that are almost exclusively managed by specialists.

Mental health problems are very common; around one in four people will experience a mental health problem in the course of a year, with approximately one in six people experience a mental health problem at any one time. Mental ill health is associated poor health outcomes and premature mortality.

Mental health and wellbeing should be considered as important as physical health for a person's general wellbeing.

This section considers mental health in adults. Maternal mental health, Child and adolescent mental health, mental health in old age, Adults with a learning disability and Adults with autism are considered separately.

What do we know?

In 2015, 15,077 people aged 18 to 64 were predicted to have a common mental health disorder in West Berkshire. This figure is to remain relatively stable for the next 15 years.

Figure 1: People aged 18-64 in West Berkshire predicted to have a mental health problem, projected to 2030.

	2014	2015	2020	2025	2030
People aged 18-64 predicted to have a common mental disorder	15,057	15,077	15,043	15,005	14,840
People aged 18-64 predicted to have a borderline personality disorder	421	422	420	419	414
People aged 18-64 predicted to have an antisocial personality disorder	327	327	328	326	326
People aged 18-64 predicted to have psychotic disorder	374	375	374	373	369
People aged 18-64 predicted to have two or more psychiatric disorders	6,732	6,740	6,731	6,710	6,650

Source: *Projecting Adult Needs and Service Information (2014)*

For those with serious mental illnesses including personality psychiatric disorders, there is not expected to be any growth in the numbers of people affected. However, as the data shows, there are a considerable number of people in West Berkshire who do experience a mental health illness and it is necessary to ensure there are appropriate services in primary care, secondary care and adequate voluntary sector provision for these people.

Depression

Table 1: Depression: recorded prevalence (aged 18+), 2014/15

Area	Value	Lower CI	Upper CI
England	7.3	7.3	7.3
South Central NHS region	-	-	-
NHS North & West Reading CCG	8.1	7.9	8.3
NHS Aylesbury Vale CCG	7.7	7.6	7.8
NHS Bracknell And Ascot CCG	7.6	7.5	7.8
NHS Swindon CCG	7.5	7.4	7.6
NHS Oxfordshire CCG	7.5	7.4	7.6
NHS Chiltern CCG	7.0	6.9	7.1
NHS Gloucestershire CCG	6.8	6.8	6.9
NHS Wiltshire CCG	6.6	6.6	6.7
NHS Newbury And District CCG	6.6	6.4	6.8
NHS Bath And North East Somerset CCG	6.6	6.5	6.7
NHS Wokingham CCG	6.4	6.2	6.5
NHS Slough CCG	5.6	5.4	5.7
NHS South Reading CCG	4.7	4.6	4.9
NHS Windsor, Ascot And Maidenhead CCG	4.7	4.5	4.8

Source: *Quality and Outcomes Framework, NHS Health and Social Care Information Centre*

In 2014/15, Newbury and District Clinical Commissioning Group had 5,989 people over the age of 18 presenting with depression, equating to 6.6% of all adults on GP practice registers in Newbury and District Clinical Commissioning Group. As shown in Table 1, this is lower than the average for England.

Secondary mental health services: Berkshire Healthcare Foundation Trust (BHFT) provides secondary mental health services to residents in West Berkshire. The data shows that 3.7% of adults (aged 18 to 74) in West Berkshire are in contact with secondary mental health services. As shown in figure 2, the figure is lower than for the South East and England.

Figure 2: Proportion of adults in the population in contact with secondary mental health services, 2013/14

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	2,007,343	5.3	5.3	5.3
South East region	-	274,099	4.5	4.4	4.5
Isle of Wight	-	13,951	14.4	14.2	14.7
East Sussex	-	25,884	7.1	7.0	7.1
Brighton and Hove	-	14,506	6.9	6.8	7.0
Southampton	-	9,173	5.1	5.0	5.2
Medway	-	9,408	4.9	4.8	5.0
Kent	-	49,448	4.8	4.7	4.8
Reading	-	5,329	4.6	4.5	4.7
Portsmouth	-	6,612	4.4	4.3	4.5
Slough	-	4,101	4.2	4.1	4.3
West Sussex	-	23,368	4.1	4.1	4.2
Hampshire	-	37,864	4.1	4.0	4.1
Bracknell Forest	-	3,264	4.0	3.8	4.1
Milton Keynes	-	6,590	3.7	3.6	3.8
West Berkshire	-	3,995	3.7	3.6	3.8
Windsor and Maidenhead	-	3,514	3.5	3.4	3.6
Oxfordshire	-	16,302	3.4	3.4	3.5
Buckinghamshire	-	11,771	3.3	3.2	3.4
Surrey	-	25,843	3.2	3.2	3.3
Wokingham	-	3,176	2.9	2.8	3.0

Source: https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Data/NHSOF_1.5_L_100665_D.xls

Physical health of people with mental health problems: There are strong links between physical and mental health problems. The Five Year Forward View for Mental Health (2016) reported that compared to the overall population, a higher proportion of people with long term mental health problems will have an additional long term physical condition. In addition they may find it difficult to access the physical healthcare they need and experience inequalities in health as a consequence.

Serious Mental Illnesses (SMI) include a range of disorders that have a longer duration and health service usage. Examples include schizophrenia, bipolar disorder and other psychoses and personality disorders. People with SMI die on average 15 to 25 years earlier than the general population. This is a serious health inequality that can be addressed by monitoring the rate of premature deaths for this group over time and compare this with the rate for the general population.

The measure of excess mortality calculates the increased number of deaths that occurred under age 75 where the patient had SMI, and compares it with the rate for the general population. Having an SMI impacts on the under 75 mortality rate, as

people with a SMI often have an underlying physical illness which may not be diagnosed or treated due to the focus on their mental illness. Figure 3 shows that in West Berkshire, patients with a serious mental illness have a much higher rate of mortality under age 75 compared with the general population. In addition, the rate is higher than both national and regional averages.

Figure 3: Excess under 75 mortality rate in adults with serious mental illness, 2014/15

Area	Value	Lower CI	Upper CI
England	351.8	347.3	356.3
South East region	338.9	327.4	350.7
West Berkshire	458.8	351.8	588.2
Southampton	445.8	370.8	531.5
Medway	424.0	352.4	505.9
Portsmouth	405.1	329.6	492.7
Slough	403.5	300.4	530.5
Windsor and Maidenhead	400.0	295.9	528.8
Hampshire	386.7	354.6	420.9
Reading	382.0	290.8	492.8
West Sussex	371.2	331.3	414.5
Bracknell Forest	361.9	252.1	503.3
Surrey	356.1	319.6	395.7
Kent	353.6	327.0	381.8
Brighton and Hove	332.6	278.3	394.4
Wokingham	330.1	233.6	453.1
Buckinghamshire	302.6	250.6	362.0
Milton Keynes	298.8	228.6	383.9
Oxfordshire	292.3	247.2	343.2
East Sussex	275.6	241.7	312.8
Isle of Wight	135.4	109.7	165.4

Source: HSCIC

Mental Wellbeing is about feeling good and functioning well. According to the UK's Faculty of Public Health (2016), having good mental wellbeing includes the capacity to;

- realise our abilities, live a life with purpose and meaning, and make a positive contribution to our communities
- form positive relationships with others, and feel connected and supported
- experience peace of mind, contentment, happiness and joy
- cope with life's ups and downs,
- be confident and resilient
- take responsibility for oneself and for others as appropriate

Wellbeing therefore is a much broader feeling than happiness, although this is an important aspect of wellbeing.

Since 2011, the Office for National Statistics (ONS) introduced a new national survey on wellbeing that asked four key questions:

West Berkshire Council Joint Strategic Needs Assessment

1. Overall, how satisfied are you with your life nowadays? Where 0 is 'not at all satisfied' and 10 is 'completely satisfied'.
2. Overall, to what extent do you feel the things you do in your life are worthwhile? Where 0 is 'not at all worthwhile' and 10 is 'completely worthwhile'.
3. Overall, how happy did you feel yesterday? Where 0 is 'not at all happy' and 10 is 'completely happy'.
4. Overall, how anxious did you feel yesterday? Where 0 is 'not at all anxious' and 10 is 'completely anxious'.

These questions have been incorporated within the main Annual Population Survey (APS). Data is unavailable at local authority level but regional and national figures are shown in Table 2 below. The data shows that overall, levels of satisfaction, worthwhile and happiness are slightly higher than England and the United Kingdom (UK). The proportion of people who reported low levels anxiety was similar to England and UK.

Table 2: Measuring National Wellbeing, April 2012 to March 2015

	West Berkshire	South East	England	United Kingdom
% of People reporting a very high rating of satisfaction with their lives overall	28.69	28.12	27.14	27.48
% of people reporting a very high rating of how worthwhile the things they do are	35.99	33.82	32.94	33.15
% of people rating their happiness yesterday as very high	32.96	33.26	32.44	32.66
% of people rating how anxious they were yesterday as very low	19.95	19.71	20.08	20.06

Source: Office of National Statistics (2016)

Health and wellbeing is affected by a range of factors, some specific to the individual and other wider determinants of health such as housing, employment, and access to local services. Addressing the wider determinants of health could have a good effect on general wellbeing.

What is the data telling us?

There are a number of groups within the general population that are at particularly higher risk of developing mental health problems and experience inequalities in mental health.

Minority groups, relative to the White majority, report significantly higher scores of psychological distress, a high prevalence of diabetes, poor self-assessed general health, and a severe lack of social support (Sashidharan, 2003). We know demographically that the largest ethnic groups in West Berkshire are Asian-Indian, and Black-Caribbean. These communities are largely centred in the wards on the Reading fringe, such as Calcot, but also in the main district towns of Newbury, Thatcham and Theale.

74% of drug service users and 85% of alcohol service users experience mental health problems. Clients with this dual diagnosis have high-level needs and can pose behaviours which impact on child welfare, crime, domestic violence, prostitution and other socially problematic behaviours.

Offenders have a 5-fold increased risk of suicide (with an 18-fold increased risk amongst young offenders, a 35.8-fold increased risk amongst female offenders and an 8.3-fold increased risk for recently released offenders).

Migrants may be at increased risk of poor mental health as a result of their experiences prior to, during, or after migration to the UK. Therefore, mental health services need to be able to respond to their needs. Milder mental health issues such as 'home sickness', anxiety or sleep disorders may arise for anyone who is separated from family and friends, or integrating into a new community or culture. For some migrants, more serious problems may arise as a result of traumatic experiences in their past.

Mental health problems following childbirth are common. Problems occurring at this time can have adverse effects on the mother, the child, and the wider family so it is important that these are identified and addressed. According to the Maternal Mental Health Alliance, 10% to 20% of women in the UK experience develop a mental illness during pregnancy or within the first year after having a baby. This includes; antenatal and postnatal depression, obsessive compulsive disorder, post-traumatic stress disorder (PTSD) and postpartum psychosis. Women with bi-polar disorder have a one in three chance of suffering an episode early after birth and women with obsessive compulsive disorder, social anxiety and panic disorder are at risk of relapse during the post-natal period.

Mental health problems in older age are common. As the population ages, the number of older people who suffer with mental health problems is likely to also increase. The NHS National Service Framework for older people recognises the need to provide older people with early diagnosis and support for dementia and other mental health conditions.

Other groups include:

- People with learning disabilities and mental health problems
- Homeless people
- Unpaid carers
- Asylum seekers and refugees,
- Lesbian, gay, bisexual and transgender adults

The key inequalities experienced by people with mental health problems are:

- Low levels of employment:
- Social exclusion:
- Barriers to accessing health services
- Poorer physical health and increased mortality from some diseases.

What are the unmet needs/ service gaps?

- Although more people are seeking help from their GP with depression, there could be more people who would benefit from attending **Talking Therapies**.

We need to ensure that people with mental health problems have opportunities for employment.

- There needs to be more of an emphasis on preventing mental health problems from occurring in the first place. This would help reduce the burden on both GPs and Talking Therapy services.
- Greater general awareness of mental health problems for frontline staff. Training on mental health could be enhanced so that signs of mental health problems are picked up early.
- Lack of knowledge on health promotion and prevention programmes for people with a mental health problem. Access to preventative services may not be consistent, for example, the local smoking cessation service.
- Support for individuals in the community after discharge from hospital may need to be bolstered in terms of, for example, appropriate accommodation.
- People who have mental health problems as well as other health problems may not have access to enough mental health support within the local community.

Recommendations for consideration

- Initiatives to help reduce the number of people with depression and ensure that more people with depression access IAPT.
- Increase employment opportunities for people in contact with secondary mental health services.
- Prevent the onset of mental health problems, especially among children and young people. Continue to raise awareness of good mental health and wellbeing among West Berkshire residents.
- Ensure that people with mental health conditions are supported to lead healthier lifestyles that will improve their physical health and prevent illness. This could include; support to quit smoking, support with losing weight, improving levels of physical activity, support in alcohol and substance use, support in sexual and reproductive health, dental and oral health and reducing falls.
- There is an increasing focus on the Recovery Model, which means not just focusing on treating mental health problems or managing symptoms, but supporting both the recovery and building of resilience in people with mental health problems. This can help to prevent relapse and reduce the demand for hospital admissions by providing a greater community focus. This aspect needs to be addressed more fully within West Berkshire.

Other services and partner organisations

[Emotional Wellbeing West Berkshire](#) – “Your Guide to Local Mental Health Services” contains information about local mental health services and other resources.

Friends in Need

[Pulling Together for mental health](#)

[Eight Bells for Mental Health](#)

[West Berkshire Village Agents](#)

[Books on prescription](#)

[Prospect Park Hospital](#) helps people who are suffering from mental illness. There are a number of admission wards, therapeutic service day services, and specialist units for people with learning disabilities and older people as well as high dependency and rehabilitation wards.

[Community Mental Health Team \(CMHT\)](#)

Based at the West Berkshire Community Hospital site, staff at CMHT provide services for people with severe and enduring mental illnesses or distress. Typically the people who access this service have more complex mental health difficulties. This team offers cognitive behavioural therapy, anti-psychotic medication and help with social interventions (such as housing and employment issues). They provide psychiatric support for people in their own homes, in the wider community and at the hospital. Referrals to this service are made by a GP, health/social care professionals, social workers and carers. People can also self-refer. There is also a standalone Older Persons mental health team.

[Talking Therapies](#) is an NHS service provided by Berkshire Healthcare NHS Foundation Trust. This service is dedicated to supporting people with depression, insomnia, anxiety, phobias, panic, stress and obsessive compulsive disorder. Treatment options include; computerised cognitive behavioural therapy (CBT), guided self-help, wellbeing courses and stress control. Face to Face CBT, counselling and interpersonal therapy are also available. People are referred to Talking Therapies by a GP or other health professional. It is also possible to self-refer online or on the telephone.

[Mental Health Crisis Team](#)

There is a 24 hour service available for people experiencing mental health crisis who need urgent support or treatment.

National and local strategies

[Healthy Lives, Healthy People: Our strategy for public health in England \(2010\)](#)

This public health strategy gives equal weight to both mental and physical health, recognising that people with mental health problems are more likely to; smoke, die younger and have problems with alcohol or drugs. It highlights the importance of work for good mental health and how early intervention in schools can reduce the likelihood of mental health problems in adulthood.

[No health without mental health: a cross-government mental health outcomes strategy for people of all ages \(2011\)](#)

By adopting a life course approach, this National Mental Health Strategy sets out the Government's vision of improving the mental health and wellbeing of the population and improve outcomes for people with mental health problems.

[NICE Guidelines PH16 \(2008\) Mental Wellbeing and Older People](#)

This guidance recognises the importance of both physical and mental health. Recommendations for occupational therapy and physical activity among older people are provided.

[NICE Guidance CG123 \(2011\) Common Mental Health Disorders](#)

This guidance focuses on primary care with the aim of improving access to services, improving identification and recognition and advice on how to develop appropriate referral and care pathways.

[HDA Briefing \(2007\) Public Health Interventions to Promote Positive Mental Health and prevent mental health disorders Among Adults](#)

Comprehensive evidence review of literature aimed at highlighting effective ways to promote positive mental health and prevent mental health problems in adults (aged 16+).

[NICE Guidelines PH22 \(2009\) promoting mental wellbeing at work](#)

Guidance for employers on how to promote the mental wellbeing of all employees through specific policies and practices, tackling stress, assessing mental wellbeing among staff and introducing flexible working.

[NICE Guidance PH15 \(2008\) Identifying and supporting people most at risk of dying prematurely](#)

This guidance aims to help identify services for disadvantaged people who are at risk of dying prematurely from cardiovascular disease and other smoking related diseases. Risk of dying early could be prevented by offering smoking cessation services and treatment for high cholesterol.

[Smoking and mental health \(2013\)](#)

This joint report by the Royal College of Physicians and the Royal College of Psychiatrists reports that smokers with mental health problems are overlooked when it comes to stop smoking services. This can impact on life expectancy and quality of life.

Other chapters you might be interested in

Maternal Mental Health
Child and Adolescent Mental Health
Mental Health in Old Age
Adults with a Learning Disability
Adults with Autism

If you have any questions about this chapter, please contact Public Health and Wellbeing Team on publichealthandwellbeing@westberks.gov.uk or 01635 503437