MENTAL HEALTH

WHAT DO WE MEAN BY MENTAL HEALTH?

" Mental health is a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her own community (World Health Organisation, 2014) "

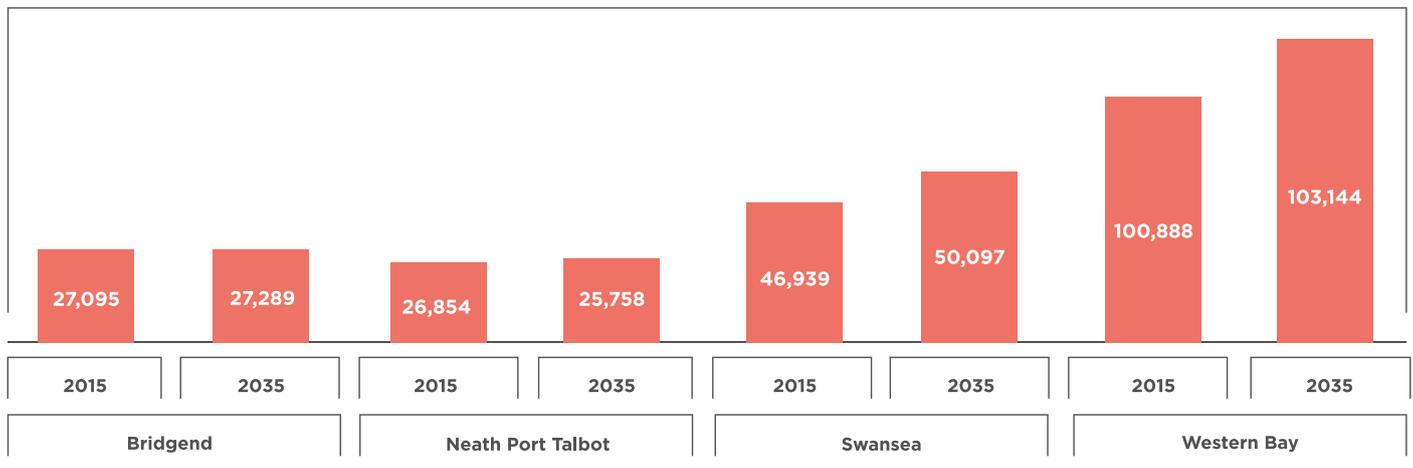▲   **http://www.who.int/features/factfiles/mental_health/en/**

The estimated prevalence of adult mental health problems (in those aged 16-74) has been surveyed in the Psychiatric Morbidity Survey within the UK every seven years since 1993, with the survey in 2000 the last year for which data has been published with estimates relating to Wales, as well as for England and Scotland. The terms used in the survey include:

✚ Mental Disorder – refers to all mental health illnesses covered by the survey.

✚ Common Mental Disorders (CMD) – refers to a specific range of the six most common mental illnesses:

> ▶ Mixed anxiety and depressive disorder
>
> ▶ Generalised anxiety disorder
>
> ▶ Depressive episode
>
> ▶ Phobias
>
> ▶ Obsessive compulsive disorder
>
> ▶ Panic disorder

✚ Probable psychosis – this term is used to describe mental illness that is more severe than common mental disorders and mostly relates to schizophrenia and schizotypal illnesses (characterised by cognitive or perceptual distortions and the inability to maintain any close relationships) and serious mood disorders. The term 'probable' has been applied because the prevalence data is taken from a survey hand diagnosis was not possible.

✚ Personality Disorder – there are a number of categories of personality disorder, including dependent, paranoid, borderline, anti-social and obsessive compulsive.

WHO IS AFFECTED AND HOW?

Mental disorders are very common. In Wales, 1 in 4 adults will experience some kind of mental health problem or illness within their lifetime, 2 in 100 people will have a severe mental illness such as schizophrenia or bipolar disorder (Together for Mental Health, 2012).

▼ **Projected number of people with at least one mental disorder - Wales (PMS 2000)**

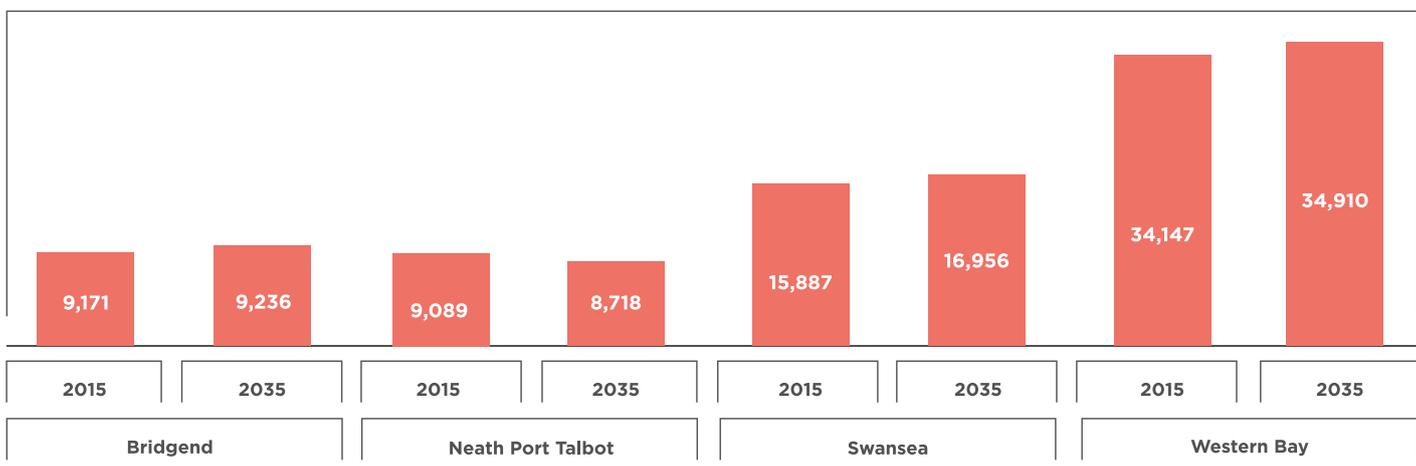| Bridgend		Neath Port Talbot		Swansea		Western Bay	
2015	2035	2015	2035	2015	2035	2015	2035
27,095	27,289	26,854	25,758	46,939	50,097	100,888	103,144

COMMON MENTAL DISORDERS

+ Results from the 2000 survey show the prevalence of Common Mental Disorders was slightly higher in Wales (19% of people) compared to the overall United Kingdom result of 16%. Common Mental Disorders are the most commonly occurring type of mental disorder for which people are likely to seek treatment or support.

+ The prevalence of personality disorder in Wales in 2000 was 4.4%

+ 5% of the population in Wales, aged 16-74 have a probable psychotic disorder.

	Bridgend		Neath Port Talbot		Swansea		Western Bay	
	2015	2035	2015	2035	2015	2035	2015	2035
Projected number of people with at least one common mental disorder - Wales (PMS 2000)	19,800	19,942	19,624	18,823	34,303	36,609	73,726	75,374
Projected number of people with any personality diorder (PMS 2000)	4,585	4,618	4,544	4,359	7,944	8,478	17,073	17,455
Projected number of people with a probable psychotic disorderWales (PMS 2000)	521	525	516	495	903	963	1,940	1,984

The most frequently-occurring Common Mental Disorder is mixed anxiety and depressive disorder, (sometimes called Cothymia) with 8.8% of the adult population experiencing this disorder:

▼ Projected number of people with at least one mental disorder - Wales (PMS 2000)

	Bridgend		Neath Port Talbot		Swansea		Western Bay	
	2015	2035	2015	2035	2015	2035	2015	2035
	9,171	9,236	9,089	8,718	15,887	16,956	34,147	34,910

PERSONALITY DISORDER

Personality disorders are persistent and they are often expressed through dysfunctional patterns of behaviour that are found to be pervasive and adversely affect a person's life. Levels of distress and treatment-seeking vary across the personality disorders. In many cases, personality disorders are extremely difficult to treat.
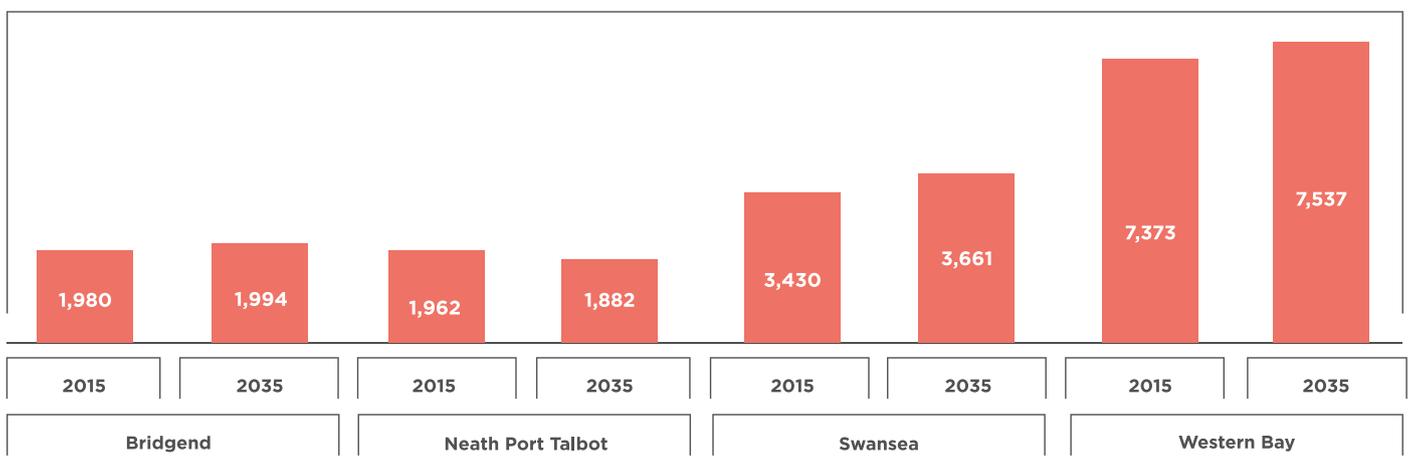
▼ **The following chart shows the projected numbers across Western Bay to 2035 at fiveyear intervals, given a prevalence of 4.4% of the adult population.**

▼ **Projected number of people with any personality disorder (PMS 2000)**

	2015	2020	2025	2030	2035
Bridgend	4,585	4,602	4,575	4,608	4,618
Neath Port Talbot	4,544	4,498	4,427	4,398	4,359
Swansea	7,944	8,089	8,163	8,325	8,478
Western Bay	17,073	17,189	17,331	17,331	17,455

The most frequently-occurring personality is obsessive-compulsive personality disorder with 1.9% of the adult population affected:
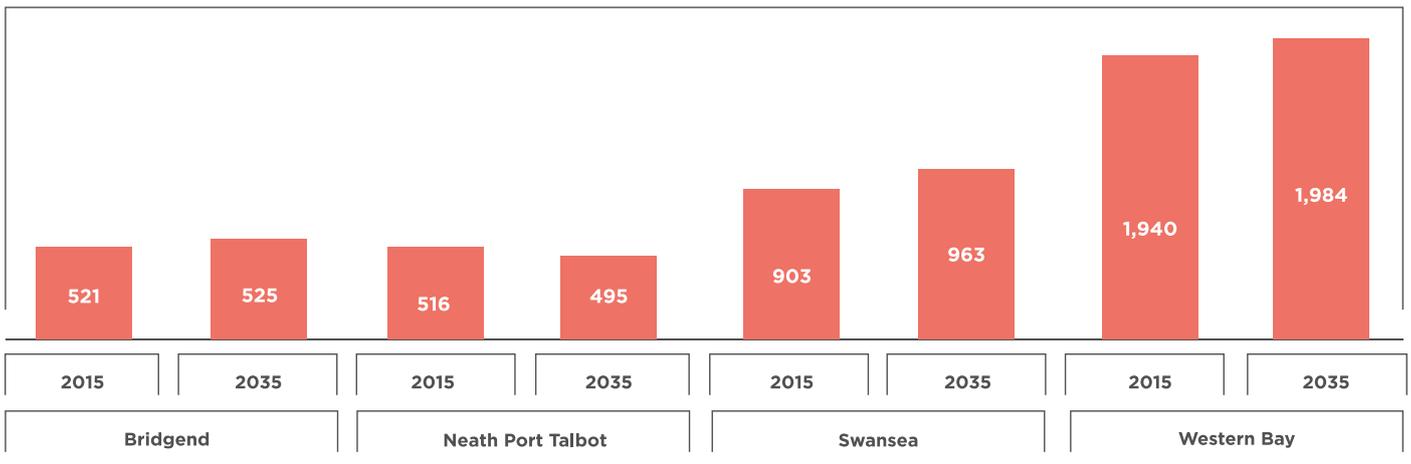
▼ **Projected number of people with an obsessive-compulsive personality disorder (PMS 2000)**

	Bridgend		Neath Port Talbot		Swansea		Western Bay	
	2015	2035	2015	2035	2015	2035	2015	2035
	1,980	1,994	1,962	1,882	3,430	3,661	7,373	7,537

COMMON MENTAL DISORDERS

The following chart shows the projected numbers of people with probable psychotic disorder across Western Bay to between 2015 and 2035.

▼ **Projected number of people with a probable psychotic disorder Wales (PMS 2000)**

2015	2035	2015	2035	2015	2035	2015	2035
521	525	516	495	903	963	1,940	1,984
Bridgend		Neath Port Talbot		Swansea		Western Bay	

EARLY ONSET DEMENTIA

Numbers in this population group are projected to remain stable, however improvements in diagnosis may increase these figures.

▼ **Projected number of people with a probable psychotic disorder Wales (PMS 2000)**

✚	2015	2020	2025	2030	2035
Bridgend	38	40	42	40	38
Neath Port Talbot	39	39	39	37	35
Swansea	60	62	63	61	60
Western Bay	137	141	144	138	133

WHO IS RECEIVING HELP AND WHAT SUPPORT IS AVAILABLE ?

According to the 2000 Psychiatric Morbidity Survey the treatment used most often for CMDs and people with probable psychosis is medication, with 99% of those with probable psychosis receiving medication as part of their treatment, and 83% of those with CMDs receiving medication as part of their treatment. Of those with probable psychosis 48% receive some form of therapy / counselling, while just 38% of those with CMDs receive this form of therapy. Of those with CMDs 62% receive only medication as treatment.

Looking at the whole of Western Bay using the projection for having seen GP within last 2 weeks for 2015, approximately 4,700 GP consultations in a fortnight were carried out with people with CMDs or a probable psychotic disorder. Over a 52-week period, this is over 122,000 consultations (125,000 by 2035).

For the whole of 2015, approximately 30,100 patients with CMD / probable psychosis will have spoken to their GP about a mental or emotional problem. Compared to the 122,000 consultations undertaken, it could be suggested that each CMD / probable psychosis patient, on average, will speak to their GP about a mental or emotional problem roughly 4 times in a year.
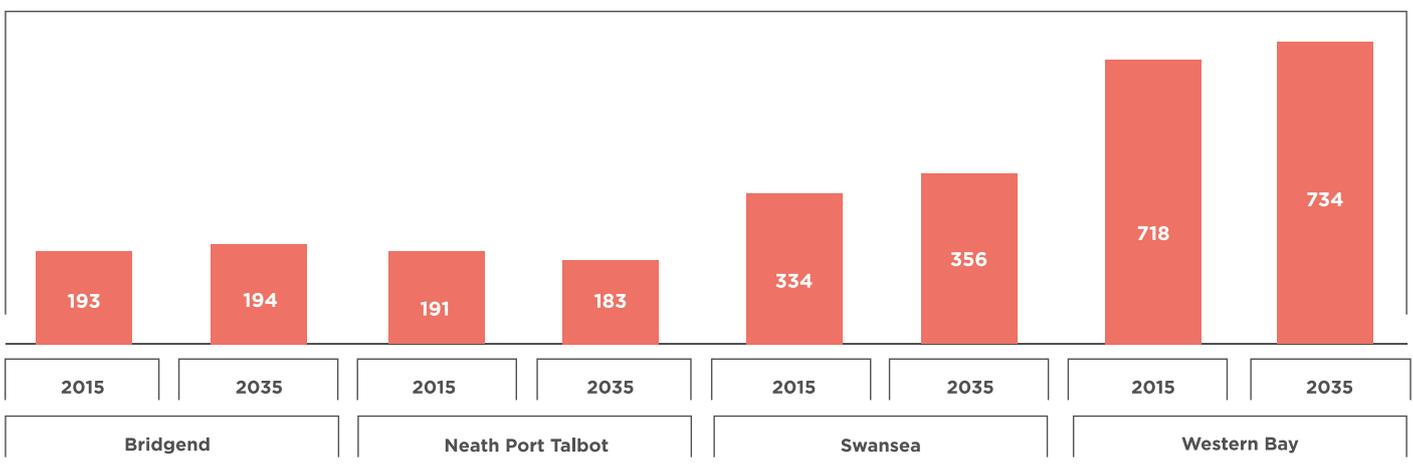
GPs treat the highest proportions and numbers of people with mental disorders. The majority of people with mental health issues either live in the local community with minimal support from Adult Social Care (ASC) or from specialist mental health services, they either self-manage, have family/community support or access primary health care. There are also a significant number of people with serious mental health problems who are supported to live in the community by specialist community services, such as:

- ▶ Psychiatrists
- ▶ Psychologists
- ▶ Community psychiatric nurses
- ▶ Community learning difficulty nurses
- ▶ Other nursing services
- ▶ Social workers
- ▶ Self-help/support groups
- ▶ Home help/home care workers
- ▶ Outreach workers

18% of people with a CMD are anticipated to use community care services within a year, while 51% of those with a probable psychosis are also anticipated to use community care services.

Day service is another aspect of community provision and is usually most focussed on those with the most serious disorders, particularly psychotic disorders. Only 3% of people with CMDs use day services compared to 37% of people with a probable psychosis.

▼ **Projected number with a probable psychotic disorder receiving day service during the previous year (PMS 2000)**

	Bridgend		Neath Port Talbot		Swansea		Western Bay	
	2015	2035	2015	2035	2015	2035	2015	2035
Value	193	194	191	183	334	356	718	734

Across Western Bay services for those aged 65 and over with mental health problems are provided in hospitals and in community settings. Inpatient services are provided from both General and Community Hospitals across Bridgend, Neath Port Talbot and Swansea and include:

✚ Assessment and admission: provided at Cefn Coed Hospital, Neath Port Talbot Hospital, Tonna Hospital, Ystradgynlais Community Hospital and Princess of Wales Hospital.

✚ Continuing care and respite: provided at Cefn Coed Hospital, Garngoch Hospital, Neath Port Talbot Hospital, Tonna Hospital, Glanrhyd Hospital and the Croeso Centre and Maesteg Community Hospital.

The rate of adults aged 65 and over receiving mental health services in Neath Port Talbot has increased gradually but in comparison to other local authorities in Wales is still very low and is well below the Wales average.

▼ **There are a range of community based mental health services and teams across Western Bay.**

✚ Complex Needs Services for Women – Dechrau Newydd: Community Dialectical Behaviour Therapy service for women with mental health complex needs (primarily borderline personality disorder). This service works with patients in secondary care in close partnership with Community Mental Health Teams and in-patient services.

✚ Crisis Resolution Home Treatment Teams (CRHTT): offer support and care for those people who without it would be admitted to hospital. They act as the gatekeeper to inpatient beds in order to ensure that all alternatives to inpatient care have been explored. Also support the early discharge of those people who have required inpatient care. Provide advice and signposting to people referred to them, but who they assess as not requiring their services.

✚ Crisis Recovery Units (CRU): A day hospital type environment for people who require more support than can be delivered in their own home but do not require hospital admission.

✚ Prison In- Reach Team (PIR): Community Mental Health Team based within both HMP Parc and HMP Swansea. The service provides assessment, management and Care Co-ordination of prisoners who are presenting with serious mental illness. Close liaison with probation (MAPPA) and wider third sector services to manage presenting risks.

THINGS PEOPLE TOLD US MATTER TO THEM

- Support people to feel safe and involved in communities with sufficient amenities and services.

- Help local support groups to provide practical support.

- Improve access to information including support around financial management e.g. debt, welfare benefits

- Help people to 'have a voice' and make informed choices and decisions

- Access to GP appointments and social services

- Improve public transport to help people to independently access services to carry out day to day activities.

WHAT CHANGES DO WE NEED TO PLAN FOR ?

An effective mental health care pathway will ensure:

- People experiencing an acute mental health episode are kept safe and provided with a therapeutic environment to begin to recover. Often these settings need to be secure,

- Access to recovery and rehabilitation services when the initial crisis has passed and the person is ready to continue their recovery,

- Resettlement/step down services to help people make the move back to the community when they no longer need more intensive support, and

- Medium to long term on-going community based support so people with mental health needs are supported to live where they choose e.g. in supported living, in their own tenancies, with host families etc.

The current pattern of mental health support is not yet in line with this model, individual service user outcomes and levels of independence could be better supported.

Secure settings, residential care and nursing care are used more than they should be and service users can stay in them longer than is ideal. Reasons for this include:

✚ A lack of specialist mental health respite/short term crisis beds to use to stabilise a person during a mental health relapse so to be safe staff may choose to use residential care

✚ A lack of specialist mental health step down services to help people make the transition from hospital or from a residential care setting back to the community so there is a tendency to support people in residential setting for longer

✚ A lack of acute mental health beds which means there is significant pressure to discharge people from hospital as quickly as possible. Sometimes this is before people are ready to move back to their home in which case a safe place needs to be found

✚ A lack of specialist community mental health recovery/ rehabilitation service to continue to support people to recover in a community setting, and;

✚ A lack of community based support services that can meet the needs of people with complex mental health needs, notably behaviour that is challenging to services. This includes a lack of:

   ▶ Mental health supported living services

   ▶ Shared lives carers with mental health expertise

   ▶ Housing (specialist and disbursed) that is suitable for adults with mental health needs

✚ In Western Bay there is currently no single point of access for children and young people to receive universal or specialist mental health support.

✚ Need to improve Transitions from Children's Services - Transition planning should start at an early age and needs to focus on skills development and building resilience for young people. Currently mental health needs are not always detected during transitions work and plans to meet mental health needs are not put in place.

+ Adult Population - Currently people with mental health needs can often only access generic support until they experience a mental health crisis that brings them into contact with specialist services. When this is the case, individual outcomes and wellbeing suffer and support costs escalate. Specialist mental health respite/short term crisis beds are used to stabilise a person during a mental health relapse which could lead to the use of residential care.

+ Demographics - It is expected that demand on all social care services will grow due to the anticipated demographic changes in Western Bay. Projections indicate that there will be an increase of people with a mental health problem. In order to facilitate choice, control and longterm independence, we need to explore and invest in a range of preventative and supportive services within the community.

+ Prison Population – A significantly high number of prisoners have a mental health problem, with 9 in 10 prisoners experiencing a diagnosable mental health and/or substance misuse problem (Together for Mental Health 2012).

+ Direct Payments – Adult Social Care expenditure on Direct Payments has significantly increased over the last five years. It is important to ensure that those who receive services directly commissioned from ASC and those who are in receipt of direct payments have sufficient information, advice and advocacy to make informed decisions about their care and are involved in their care planning as much as their capacity allows.

+ Financial drivers – Local Authorities are facing a challenging financial future and will have to face difficult decisions in terms of services and how they will be delivered. The financial climate and the need to make significant efficiencies requires us to look at innovative ways of service improvement, including collaborative models and to review the balance between what is directly owned and provided by the Authority and what is provided by external partners.

+ Section 117 of the Mental Health Act – Health and Social Services have a statutory joint duty to work in partnership with other relevant agencies to provide aftercare to certain patients that have been detained for treatment in hospital under particular sections of the Mental Health Act. Service Users in receipt of aftercare provided under S117 cannot be charged for these services.

+ Rurality - Across Western Bay there are a number of rural and valley communities. Current accommodation based support commissioned by Adult Social Care is largely based in and around town centre. It is important to look at the services we commission to ensure that Service Users can remain within their own homes when possible and receive support and care within their communities.

➕ Deprivation – Evidence suggests that there is a link between poor mental health and deprivation. Factors including homelessness, poverty, abuse, social isolation and poor working conditions can have a negative impact on a person's mental wellbeing.

➕ Enabling Independence – Moving away from traditional care models will require us to work closely with Service Users, Carers and families to help vulnerable people attain the skills and confidence that will enable them to attain maximum independence and also to support people to maintain their levels of independence for as long possible. This will also require changes to our care co-ordination and assessment processes to ensure that there are positive responses to risk taking and that support is appropriate to the level of need.

➕ Complexity of need and co-occurring conditions – There has been an increase in the number of people with a mental illness who also have other health and/ or wellbeing issues. It is important to work in partnership with Health and other Agencies to develop services that can meet these needs and develop integrated pathways to ensure that Service Users receive a holistic response.

➕ Need to build up the community infra-structure to better support people with mental health needs - There is a need to develop:

▶ The skills of staff so they better support people with mental health needs,

▶ Provider services to better support people with complex mental health needs and in particular to better support people with behaviour that is challenging,

▶ Better information and advice so that child and adult service users and staff are better able to access the existing community infrastructure,

▶ A clinical crisis response service that provides a 365 24/7 response as the current service only operates from 9 a.m. to 9 p.m.

▶ Non-clinical crisis house services in the main towns. These could also house an information hub, drop in services etc. to help people self-manage their mental health needs,

▶ More effective employment support for people with mental health needs.

▶ Peer support networks to offer low level support to people self-managing their mental health needs (including social activities) across all of Western Bay

▶ The Mental Health care and support market and the local community infrastructure each need to be improved.

✚ Consideration should also be given to the challenge of providing responsive mental health care to asylum seekers or refugees who are coping with trauma of migration, uncertainties around their immigration status and cultural differences.
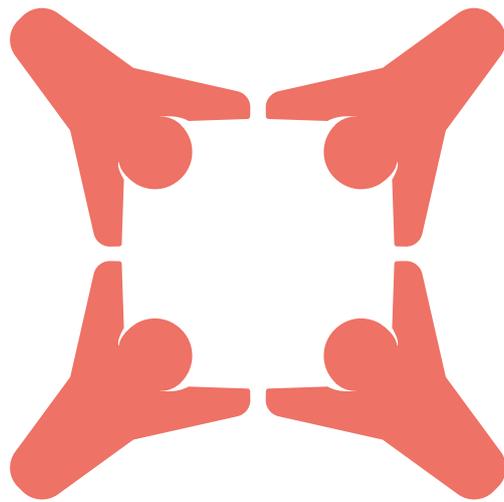
WESTERN BAY

POPULATION ASSESSMENT REPORT

www.westernbay.org.uk