1. MENTAL HEALTH JSNA 2013

Executive Summary

The WHO defines mental health as including subjective wellbeing, perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realize one’s intellectual and emotional potential.

Mental health and wellbeing in childhood influences MH across the life course. Up to 50% of lifetime mental health problems have started by the age of 14; 75% by mid-20s which emphasises the importance of factors influencing key life stages including antenatal, early childhood and adolescence.

Between 25% and 50% of adult mental illnesses may be preventable with appropriate interventions in childhood and adolescence.

Public mental health approach is emphasised in national policy which takes a population wide approach to understanding and addressing risk and protective factors for mental health whilst reducing the enduring inequalities in the distribution of mental health and wellbeing issues.

Waltham Forest (WF) has high levels of risk factors for mental illness including high level of deprivation, higher percentage of certain Black and ethnic minority groups and low employment rates.

In any given week, approximately 18% of adults in Waltham Forest will have a mental health problem, which is not statistically different to the London average. It is estimated that about 50% of these conditions may require treatment.

Common mental health disorders (CMD) also known as neurotic disorders are more common while severe mental health illness (SMI) also known as psychotic disorders is less common. Under-detection of CMD is a key issue.

DH published data on PCT expenditure per 100,000 population across main programmes in 2010/11 showed that Waltham Forest was above the national average. However, Waltham Forest had a lower spend compared to our statistical comparators such as Enfield and Haringey while Croydon and Greenwich was below that of Waltham Forest.

The expenditure percentage split across care settings for mental health disorders in Waltham Forest in 2010/11 showed that community care had the highest percentage spend much above the national average.

Common mental health disorders (CMDs)

An estimated 30,000 people have CMDs in Waltham Forest compared to the London average Waltham Forest has a similar prevalence estimate for common mental health disorders (CMD).

Mixed anxiety and depressive disorder is estimated to be the most prevalent CMD in Waltham Forest.

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1 Department of Health programme budgeting data for 2010/11.
The actual prevalence of depression among people with diabetes and CHD is 6.5% of the adult population in Waltham Forest in 2011/12, which is lower than London (8.1%) and England (11.7%).

The acute care use reflected by Finished Consultation Episodes (FCE) rates for CMD from 2008/09 to 2009/10 was markedly higher within Waltham Forest than the national rate and showed a clear upward trend from 2008/09 to 2010/11.

There are 14,560 patients registered with GPs with depression among people with CHD and/or diabetes among aged 18+ with a prevalence of 6.5% in 2011/12.

Severe Mental Illness (SMI)

The 2011/12 SMI register for Waltham Forest showed 2,947 people with schizophrenia, bipolar disorder and other psychoses registered with GPs. This amounts to a prevalence of 1% (same value), higher than national; and is expected to be even higher as some patients currently treated at NELFT are not known to the primary care system.

BME groups and older people in Waltham Forest experienced significantly higher standardised emergency admission rates (198.5) for severe mental illness compared to their White counterparts – 103.1 /1000 in 2009/10 (JSNA 2011/12).

The rates of admission rates for schizophrenia in 2009-2010 were higher among males 150.2/1000) vs. 98.9/1000 for females. Leyton Leytonstone recorded the highest rate (180.6/1000) compared to Chingford and Leyton/Leytonstone.

Quality of primary care & service users’ views

The actual prevalence of depression among CHD/diabetes on GP registers in 2011/12 was 6.46%, lower than London and England rates. 92% of patients with depression have had the severity of their depression assessed.

The 2010/11 Quality and Outcome Framework (QoF) performance for SMI in Waltham Forest (MH9) with a review recorded in the preceding 15 months was 92.5%, higher than the London average. This is the latest as there is no data in 2011/12 QoF.

However, the exception rates for depression among diabetes and/or CHD, SMI and dementia are higher than national, London and ONEL sector with wide variation across practices in Waltham Forest. An education and training programme aimed at GPs and other primary care staff to strengthen evidence based care provision combined with audit would be useful in addressing this variation.

This also needs to be linked with strengthening the IAPTs service (the Improving Access to Psychological Therapies programme) as the current service capacity is inadequate to meet needs of the local population indicated by commissioners and service users.
Joint prevention strategy across NHS WF and LBWF has identified mental health as key priorities for commissioning and action plan is in place.

Focus group discussions conducted in Waltham Forest (2010) among service users, majority of who were BME groups confirmed that their socio-economic issues and culture and belief systems contributed to stigmatisation that prevented people from seeking support early from services.

Recommendations

Data

Consider adapting Rio in Health Analytics to improve data collection to improve reporting and monitoring of mental health services, throughout the care pathway particularly community care as this component of the pathway had the highest percentage expenditure across care settings which was much above the national average.

Analyse demographic data of patients who are exception reported on primary care mental health registers (common mental disorders and serious mental health conditions), to target this group for culturally sensitive interventions.

Quality

Further explore differences in service use by BME groups and older people to examine underlying variation related to above average use of acute care through health equity audit. Examining community care service provision is essential to understand the areas for service redesign/development to ensure integration of care across settings.

Work in partnership with LBWF and the voluntary sector particularly in addressing wider determinants such as education, employment and housing.

Undertake culturally appropriate awareness raising campaigns underpinned by knowledge, attitudes and experience of service users and carers to provide equitable access and improve effectiveness.

Establish screening of high risk groups for CMD and SMI to improve early detection and appropriate management particularly among patients with diabetes, COPD(Coronary Obstructive Pulmonary Disease) and heart failure. Consider including depression screening for people with these conditions as part of integrated care pilot to manage underlying psychological conditions.

Redesign care pathways for psychosis and dementia to align with national policy/guidance through wider stakeholder consultation and clinical leadership to reduce inequalities and higher dependency on acute care.

Undertake full analysis of secondary care services' performance and capacity for, value for money, quality and access.

Review the existing services on smoking, drinking, weight management and comorbid physical illness among people with SMI to plan and implement targeted and proactive interventions to improve outcomes and reduce inequalities.
Agree a plan to address the high admission rates among African and African Caribbean people, which is also a national priority.

Finalise the draft Public Mental Health Strategy and develop an action plan once the stakeholder consultation including service users is completed to promote mental health and wellbeing, prevent mental illness and for Waltham Forest to align with national strategies/guidance.

Improve access to employment for people with mental health problems using a targeted approach in collaboration with CCG and the LBWF. This requires initiatives to change the attitudes of employers and making the support systems designed to help people into paid work more accessible and flexible.

Work in partnership with Waltham Forest CVD Board and Diabetes Network in order to prevent vascular dementia in Waltham Forest.

Services

Deliver culturally appropriate mental health promotion to raise awareness of available services and to reduce stigma aimed at hard to reach and disadvantaged groups.

Education and training for primary care professionals about the importance of improved detection of depression among people with CHD and/or diabetes, COPD and heart failure as this impacts on self-management and clinical outcomes.

Work with schools, community groups and other appropriate settings to change the attitudes towards mental health problems and to reduce the stigma associated with mental illness.

Provide mental health training for service providers who come in contact with high risk groups e.g. those working in benefits advice, Job Centre Plus, counselling.

What is mental health?

There is widespread agreement that mental health is more than just the absence of clinically defined mental illness. The WHO\textsuperscript{5} defines the concept of mental health as including subjective wellbeing, perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realise one’s intellectual and emotional potential. It can also be understood as a state of wellbeing whereby individuals recognize their abilities, are able to cope with the normal stressors of life, work productively and fruitfully and make a contribution to their communities. Although definitions vary, mental health is generally seen to include a) emotion (affect/feeling) b) cognition (perception/thinking/resources) c) coherence (sense of meaning and purpose of life)\textsuperscript{6}.

One in four people in the UK will suffer a mental health problem in the course of a year. No other health condition matches mental illness in the combined extent of prevalence, persistence and breadth of impact. Using Disability Adjusted Life Years (DALYs) to indicate the burden, WHO (2008) showed mental illness resulted in


\textsuperscript{6}Friedli L, Parsonage M. 2009. Promoting mental health and preventing mental illness: the economic case for investment in Wales. All Wales Mental Health Promotion Network.
22.8% DALYs compared with 16.2% for cardiovascular disease and 15.9% for cancer\textsuperscript{7}. High prevalence, long duration, wide ranging impacts and early manifestation of mental illness contribute to this heavy burden\textsuperscript{8}.

Mental illness is consistently associated with deprivation, low income, unemployment, poor education, poorer physical health and increased health-risk behaviour. Mental illness has not only a human and social cost, but also an economic one with wider costs in England amounting to £105 billion a year\textsuperscript{9}.

Mental health problems range from common disorders like anxiety and depression to far more severe but less common conditions, such as schizophrenia. Reducing the prevalence of Common Mental Disorders (CMD) is a major public health challenge despite evidence for effective treatment.

\textbf{Mental ill health starts early}

Mental health and wellbeing in childhood influences mental health across the life course as indicated in Figure 1 below. Experience in early years affects risk of subsequent mental illness.

\textbf{Figure 1: Life course stages influencing mental health and wellbeing}

- Up to 50% of lifetime mental health problems start by the age of 14, 75% by mid-20s.
- Between 25% and 50% of adult mental illnesses may be preventable with appropriate interventions in childhood and adolescence.\textsuperscript{10}

\textbf{Mental health risk factors in Waltham Forest}

As shown in Fig. 2 below, a number of indicators reflecting wider determinants put people in Waltham Forest at a high risk of developing mental illness.


\textsuperscript{9} Royal College of Psychiatrists. 2010. No health without public mental health; the case for action. Royal College of Psychiatrists, London.

\textsuperscript{10} Royal College of Psychiatrists. 2010. No health without Public Mental Health; the case for action. Royal College of Psychiatrists, London.
### Figure 2: Mental health risk factors in WF

<table>
<thead>
<tr>
<th>Wider Determinants of Health</th>
<th>Local value</th>
<th>Eng. value</th>
<th>Eng. worst*</th>
<th>England Range</th>
<th>Eng. best*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Percentage of 16-18 year olds not in employment, education or training, 2011</td>
<td>3.6</td>
<td>6.2</td>
<td>11.9</td>
<td><strong>Significantly worse than England</strong></td>
<td></td>
</tr>
<tr>
<td>2 Episodues of violent crime, rate per 1,000 population, 2010/11</td>
<td>24.0</td>
<td>14.6</td>
<td>34.5</td>
<td><strong>Significantly worse than England</strong></td>
<td></td>
</tr>
<tr>
<td>3 Percentage of the relevant population living in the 20% most deprived areas in England, 2010</td>
<td>52.8</td>
<td>19.8</td>
<td>83.0</td>
<td><strong>Significantly worse than England</strong></td>
<td></td>
</tr>
<tr>
<td>4 Working age adults who are unemployed, rate per 1,000 population, 2010/11</td>
<td>86.1</td>
<td>59.4</td>
<td>106.2</td>
<td><strong>Significantly worse than England</strong></td>
<td></td>
</tr>
<tr>
<td>5 Rate of hospital admissions for alcohol attributable conditions, per 1,000 population, 2011/12</td>
<td>21.8</td>
<td>23.0</td>
<td>38.6</td>
<td><strong>Significantly lower than England</strong></td>
<td></td>
</tr>
<tr>
<td>6 Numbers of people (aged 16-74) in drug treatment, rate per 1,000 population, 2011/12</td>
<td>4.7</td>
<td>6.2</td>
<td>0.8</td>
<td><strong>Significantly higher than England</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Key**
- **London average**
- **England Average**

**Where perceived polarity:**
- **Significantly worse than England**
- **Significantly better than England**

**Where no perceived polarity:**
- **Significantly lower than England**
- **Significantly higher than England**

Source: Mental Health Community Profile (2013)

### Public mental health

A public mental health approach focuses on wider prevention of mental illness and promotes mental health across the life course. Prevention and promotion interventions are relevant at each life stage; interventions are grouped into five key domains:

- A life course approach: ensure a positive start in life and healthy older years
- Build strength, safety and resilience
- Develop sustainable, connected communities
- Integrate physical and mental health
- Promote purpose and participation.

### Figure 3: Public mental health framework
Robust evidence exists for a wide range of interventions in the following areas which prevent mental disorder, promote well-being and help strengthen resilience against adversity:

- interventions to improve parental health
- pre-school and early education interventions
- school-based mental health promotion and mental illness prevention
- prevention of violence and abuse
- prevention of suicide
- early intervention for mental illness
- alcohol, smoking and substance abuse reduction and prevention
- promoting healthy lifestyle behaviours
- promoting healthy workplaces
- prevention of mental illness and promotion of well-being in older years
- addressing social inequalities
- enhancing social cohesion
- housing interventions
- reduced stigma and discrimination
- positive mental health and recovery from mental illness

**Burden of Mental Illness in Waltham Forest**

Data on the prevalence and incidence of mental illness are relatively scarce.

**Common mental health disorders (CMD) in Waltham Forest**

- CMDs include problems such as anxiety, depression, phobias, obsessive compulsive and panic disorders.
- An estimated 30,000 people have common mental health problems in Waltham Forest and the prevalence estimate is similar to London.
- Mixed anxiety and depressive disorder is estimated to be the most prevalent CMD in Waltham Forest.
- Actual Prevalence for depression in Waltham Forest is 6.46% among the adult population in Waltham Forest, compared to 8.07% in London, and 11.68% in England.\(^\text{12}\)
- The prevalence of generalised anxiety disorder in men is estimated to be higher in Waltham Forest (3.4%) compared to London (2.6%). Is this SUS data?

Recorded number of patients with depression is available only among people with CHD and/or diabetes among aged 18+ as required by the Quality & Outcome Framework. There are 14,560 patients registered with GPs with a prevalence of 6.46%.

The prevalence varies from 1.0% to 15.9% across GP practices within the borough.\(^\text{13}\)

**Severe Mental illness (SMI)**

SMI also known as psychosis include conditions such as schizophrenia and bipolar affective disorders (manic depression).

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\(^\text{11}\) Joint Strategic Need Assessment Waltham Forest; 2011-2012.


\(^\text{13}\) HSCIC – Health & Social Care Information Centre
Waltham Forest currently has 2,947 people with SMI registered with GPs. This amounts to a prevalence of 1%, higher than national, London and ONEL (outer north east London) and is expected to be even higher as some currently treated at NELFT are not known to the primary care system. Prevalence across GP practices varies from 0.5% (same) to 1.9%.

Dementia
Waltham Forest currently has 987 people with dementia registered with GPs with a prevalence of 0.3% (same value for the borough overall) which ranges from 0.0% to 2.1% across practices.

Figure 4 shows the percentage of patients with specific diagnosis at discharge in 2009/10. Severe mental illness, anxiety related admissions and personality disorders make up the bulk use of acute care for mental health disorders.

**Figure 4: Mental health patients by diagnosis**

![Mental health patients by diagnosis 2009-10](image)

Source: Data provided by NELFT

**Higher dependency on acute care for mental health**

As shown in Figure 5, Waltham Forest experiences above average demand on acute care related to mental health and incur a higher cost to the local health and social care economy as Waltham Forest has the highest admission rates through A&E for mental health reasons in London (08/09 and 09/10).

**Figure 5: Spine chart on mental health related care in Waltham Forest and in England**

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14 HSCIC – Health & Social Care Information Centre, QoF 2011/12
15 HSCIC – Health & Social Care Information Centre
The Finished Consultation Episodes (FCE) rates for CMD from 2009/10 to 2011/12 were markedly higher within LBWF than the London and national rates showing a clear upward trend 08/09 to 2010/11.

- Standardised rate for emergency hospital admissions for mental health (2009/10 – 2011/12) in Waltham Forest is significantly worse than London 250 and England 243 vs 285. These are avoidable through the use of assertive community based services and crisis teams.

- The standardised rate for emergency hospital admissions for unipolar depressive disorders in Waltham Forest was significantly worse than England and ranked 21st highest among 151 local authorities.

- Emergency hospital admissions for Alzheimer’s and other related dementia in WF is significantly worse than London and England and was the 14th highest of 151 local authorities.

- Emergency hospital admissions for schizophrenia, schizotypal and delusional disorders were significantly higher in Waltham Forest than London and England.

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16 Community Mental Health Profiles 2013, NEPHO
17 Community Mental Health Profiles 2013, NEPHO
18 Community Mental Health Profiles 2013, NEPHO
19 Community Mental Health Profiles 2013, NEPHO
Emergency admission rate of self-harm in Waltham Forest (173) is significantly better than England (207) and worse than London (112).20

Inequalities related to mental health

BME groups and older people in Waltham Forest experienced significantly higher standardised emergency admission rates (198.5) for severe mental illness compared to their White counterparts – 103.1 /1000 in 2009/10 (JSNA 2011/12). The rates of admission rates for schizophrenia in 2009-2010 were higher among males 150.2/1000 vs 98.9/1000 for females. Leyton Leytonstone recorded the highest rate (180.6/1000) compared to Chingford and Leyton/Leytonstone. See this information – The rate of emergency hospital admissions for schizophrenia in females (15-74 years) is higher in Waltham Forest (26.26) compared to London (19.04) and England (13.55). Schizophrenia rates in males (15-74 years) are higher than in females in Waltham Forest (36.69), London (30.77) and England (24.78).21

Quality of primary care on depression in Waltham Forest

Table 1: Waltham Forest QOF performance for depression among patients with CHD and /or diabetes

<table>
<thead>
<tr>
<th>Indicator</th>
<th>PCT Range (%) 2010/11 and PCT value in brackets</th>
<th>PCT Range (%) 2011/12 and PCT value in brackets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Range with Exceptions</td>
<td>Range without exceptions</td>
</tr>
<tr>
<td>DEP1: % of patients on the diabetes register &amp; /or the CHD register for whom case finding for depression has been undertaken on one occasion previous 15M</td>
<td>68.19–99.54 (90.58)</td>
<td>65.89 – 98.80 (88.05)</td>
</tr>
<tr>
<td>DEP4: % (among those patients with a new diagnosis of depression, recorded between the preceding 01/Apr- 31/March) who had an assessment of severity</td>
<td>53.85 - 100.0 (91.68)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

20 Community Mental Health Profiles 2013, NEPHO
21 HSCIC – Health & Social Care Information Centre
Primary care mental health services

An estimated 91% of people with mental health problems are cared for entirely within primary care. The Quality and Outcomes Framework (QOF), requires GPs to monitor and assess the mental health of their patients and to provide high quality care in line with NICE guidance and to meet QOF targets.

Table 1 provides a summary of three QOF achievements in Waltham Forest with exceptions. Some interpretation of the table above is required. In 2010/11 there was an approximately 5% increase in DEP1, 10% decrease in DEP4 and 10% decrease in DEP5. Latha – Please check this interpretation. There is need for improvement in follow up for defaulters to reduce variation across practices. Patients not receiving regular review are likely to end up in acute care.

Table 2 shows QOF achievement by locality in 10/11 and 11/12. Leyton/ Leytonstone and Walthamstow achieved the 90% target for DEP1 and Chingford did not in both years (same). DEP 2 target was achieved by Chingford and Leyton/Leytonstone while Walthamstow did not achieve for both years (same). For DEP 3 all the localities did not achieve the 90% target in both years with Walthamstow being significantly lower in 10/11 than the other two localities.

<table>
<thead>
<tr>
<th>Locality</th>
<th>Dep1 (screening)</th>
<th>Dep4 (new diagnosis assessment)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>QoF target</td>
<td>% 10/11</td>
</tr>
<tr>
<td>Chingford</td>
<td>90%</td>
<td>86.63</td>
</tr>
<tr>
<td>Leyton</td>
<td>90%</td>
<td>91.05</td>
</tr>
<tr>
<td>Leytonstone</td>
<td>90%</td>
<td>92.44</td>
</tr>
<tr>
<td>Walthamstow</td>
<td>90%</td>
<td>90.58</td>
</tr>
<tr>
<td>Waltham Forest</td>
<td>90%</td>
<td>90.58</td>
</tr>
</tbody>
</table>

Rate of exceptions for QOF performance on depression in CHD and/or diabetes

Exception reporting rate for the above indicator in Waltham Forest is not significantly different from national and London rates.
Emergency admissions related to CMD
The four year average for finished consultation episodes (FCE) in Waltham Forest for all CMD by age group from 2007/08 to 2010/11 showed that Waltham Forest’s rate was almost twice the rate that for England 88.5 vs 47.9

The trend in emergency admissions related to CMD
The trend in emergency admissions for CMD in Waltham Forest 2008/09 - 2011/12 (Figure 13.5) shows that depressive episodes (approx. 84%) is the most common condition resulting in emergency admissions consistently across all years. It is important to note that depression was not the most common condition indicated by prevalence estimate for CMDs. Under-detection of depression in primary care is likely to be partly responsible for higher admissions.

Figure 6: Trend in emergency admissions related to CMD in Waltham Forest

GP registered prevalence of SMI in Waltham Forest
The actual prevalence of schizophrenia, bipolar affective disorder and other psychoses in Waltham Forest in 2011/12 was 1% similar to London rate but higher than England.22 (Table3). The total number of patients diagnosed as having any of the psychotic conditions referred above was 2947, which is an increase of 134 (about 4.8%) compared to the previous year. But the observed prevalence in 2011/12 was similar to that of in 2010/11. The APMS identified a need for continued focus on improving early intervention and support for people with a first episode of psychosis to improve clinical outcomes.

Table 3: GP registered SMI (QOF data 2010/11 - 2011/12)

<table>
<thead>
<tr>
<th></th>
<th>QoF 2010/11</th>
<th>QoF 2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number with Severe Mental Illness (SMI)</td>
<td>Prevalence (%)</td>
</tr>
<tr>
<td>Waltham Forest</td>
<td>2,813</td>
<td>1</td>
</tr>
<tr>
<td>London</td>
<td>86,365</td>
<td>1</td>
</tr>
<tr>
<td>England</td>
<td>437,914</td>
<td>0.8</td>
</tr>
</tbody>
</table>

Source: 2011/12 QoF Health & Social Care Information Centre (HSCIC)

22 HSCIC – Health & Social Care Information Centre, QoF 2011/12
Primary care QoF performance (QOF 2010/11)
Waltham Forest achievement of MH9 (92.46%) (see table 6.15) has declined slightly compared to 2009/10 achievement (93.6%) Table 4 below summarises the QoF achievement of MH6 and MH9 in Waltham Forest in 2010/11 MH9 has been dropped no data for 11/12. 46 practices achieved MH 6 and 44 practices achieved MH 9 with exceptions. Without exceptions, 46 practices achieved MH 6 and 13 practices achieved MH 9 which is an improvement compared to last year.

Table 4 shows mental health QoF achievement in GP consortia. Over all the 2010/11 achievement had marked improvements apart from MH9 and MH5 (lithium) where there was a slight decline. There were variations in achievements across the borough but Leyton/Leytonstone had the best achievement in MH9, MH4 and MH5 while Chingford had the best achievement in MH7 and Walthamstow in MH6. When compared with the national target Waltham Forest has achieved the national QoF target apart from MH5 where Chingford did not achieve the 90% target in both years. As the Mental Health targets for QoF have changed it is not possible at present to update table 6.15 from last year.

Table 4: Summary of MH6 and MH9 QoF achievements in Waltham Forest (10/11)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>QOF target</th>
<th>PCT range (%) 09/10 – PCT average in brackets</th>
<th>No. of practices achieving the target</th>
<th>PCT range (%) 10/11</th>
<th>No. of practices achieving the target</th>
</tr>
</thead>
<tbody>
<tr>
<td>MH6:</td>
<td>50%</td>
<td>60.0-100.0 (89.9)</td>
<td>46</td>
<td>58.06-100.0 (88.8)</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td></td>
<td>33.3-100.0 (82.1)</td>
<td>43</td>
<td>53.73-100.0 (83.01)</td>
<td>46</td>
</tr>
<tr>
<td>MH9:</td>
<td>90%</td>
<td>75.0-100.0 (94.2)</td>
<td>43</td>
<td>76.9-100.0 (92.46)</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td></td>
<td>33.3-100.0 (85.8)</td>
<td>12</td>
<td>66.67-100.0 (84.96)</td>
<td>13</td>
</tr>
</tbody>
</table>

Source: QMAS web site

Table 65: Mental health QoF locality achievements in 2009/10 and 10/11 Exceptions reporting rate

<table>
<thead>
<tr>
<th>Locality</th>
<th>MH9 (review)</th>
<th>MH6 (care plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>QoF target</td>
<td>% 09/10</td>
</tr>
<tr>
<td>Chingford</td>
<td>90%</td>
<td>93.35</td>
</tr>
<tr>
<td>Leyton</td>
<td>90%</td>
<td>94.12</td>
</tr>
<tr>
<td>Leytonstone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walthamstow</td>
<td>90%</td>
<td>93.09</td>
</tr>
</tbody>
</table>
The exception reporting rate for SMI in Waltham Forest in 2010/11 was 6.1%, lower than national and London rates.

**Emergency admissions for severe mental illness**

The trend in admission rates for schizophrenia and delusional disorders shows a marked increase since 2009/10. This indicates a clear need for redesign of this care pathway to ensure early detection and appropriate management of patients across care settings. It is important to understand the adequacy of existing capacity for early intervention and crisis intervention teams against the current needs and demand.

**Figure 7: Age standardized rates for emergency episodes for Schizophrenia and Delusional disorders using primary diagnosis in Waltham Forest**

![Graph showing emergency episodes for Schizophrenia and Delusional Disorders in Waltham Forest.](image)

Source: SUS data

Previous work undertaken on unscheduled care to identify hot spots with higher A&E attendance and targeted intervention aimed at identified postcodes is likely to achieve reductions in this costly use of acute care.

**Adults and older people in contact with secondary care mental health services**

The number of people in contact with adult and older people secondary care mental health services, excluding inpatient services in 2008/09 was 3306.6 per 100,000 population. This is markedly higher than the London rate of 2734.5. However, rates for Crisis Resolution Home Treatment (CRHT) caseload and ‘Early Intervention for Psychosis’ (EIP) service caseload during 2009/10 were not different from London, 23.6 and 52.0 per 100,000 weighted population.

Markedly higher admission rates experienced by people with SMI in Waltham Forest may be due to a number of factors including a low threshold for admission, or inadequate access to primary and/or community care services. Therefore this care
pathway needs to be reviewed in order to identify gaps in the current care pathway against NICE guidance and best practice models to prioritise service development opportunities to promote quality, reduce variation and improve efficiency.

**Perinatal mental health**
The risk for women of developing mental health problems in the perinatal period is linked to deprivation, domestic violence, substance misuse, unemployment, newly arrived refugee and asylum seekers.

In 2009/10 Waltham Forest had 4542 maternities and it is suggested that around 10% of women on average (454) will develop post natal depression and 5% (227) will present with more serious mental health issues which may involve self-harm or harm to their baby23.

**Suicide ,undetermined injury and self-harm**
Waltham Forest age standardised rate for suicide mortality in 2009-11 is 6.4 per 100,000 population which is lower than England average of 7.9 and London average of 6.9. Waltham Forest is ranked 19th highest compared to other London boroughs. Waltham Forest age standardised mortality rate from suicide is higher than Croydon and Enfield, two of our statistical comparators but lower than Greenwich, our other comparator. See figure 5 below.

**Figure 8: Mortality Age Standardised Rates per 100,000 (ASR) from Suicide and injury of undetermined intent in Waltham Forest and Statistical comparators, 2009-2011 pooled data**

<table>
<thead>
<tr>
<th>All ages</th>
<th>Number</th>
<th>ASR</th>
<th>Ranking in 33 London Boroughs (Where 1 is the worst)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waltham Forest</td>
<td>51</td>
<td>6.4</td>
<td>19</td>
</tr>
<tr>
<td>Croydon</td>
<td>55</td>
<td>4.9</td>
<td>32</td>
</tr>
<tr>
<td>Greenwich</td>
<td>57</td>
<td>7.4</td>
<td>10</td>
</tr>
<tr>
<td>Enfield</td>
<td>49</td>
<td>5.1</td>
<td>30</td>
</tr>
</tbody>
</table>

Source: PHOF data tool (provisional rates)

Nationally more men die of suicide than women, the ratio of male to female is 3:1, but Waltham Forest’s ratio is higher than England average. Men in Waltham Forest are 5 times more likely to end their own lives compared to women.

In the UK the highest suicide rate was in males aged 30-44 and female suicide rates were highest in 45-59-year-olds in 2011. Waltham Forest by and large had young and middle aged people committing suicide in 2011, all the suicides were by people aged 18-48 and majority (64%) were of people aged 15-34 years.

There is a social -economic gradient in suicide risk. Those in the lowest socio-economic group and living in the most deprived areas are 10 times more at risk of suicide than those in the most affluent group living in the most affluent areas24. Waltham Forest has similar pattern, where majority (90%) of suicides are by people living in the most deprived wards in the borough.

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23 Waltham Forest Perinatal Mental health Liaison Services report to scrutiny sub-committee, 7th January 2009.

Suicide prevention goes hand in hand with addressing self-harm. People who self-harm are at increased risk of suicide. UK studies have estimated that in the year after an act of deliberate self-harm the risk of suicide is 30–50 times higher than in the general population. Non-fatal self-harm leading to hospital attendance is the strongest risk factor for completed suicide. Self-harm is one of the top five causes of acute medical admission and those who self-harm have a 1 in 6 chance of repeat attendance at A&E within the year.

On average Waltham Forest has over 400 hospital admissions due to self-harm annually. In 2010/11 a total of 566 admissions were due to intentional self-harm. Directly standardised rate for self-harm admission for Waltham Forest in the same year was 253.2 per 100,000 populations and is significantly higher than the London average of 124.9 and England average of 212. Waltham Forest has the highest rates for hospital admission and number of hospital admissions due to self-harm compared to all London boroughs.

**Spend on mental health disorders in Waltham Forest**

DH published data on PCT expenditure per 100,000 population across main programmes in 2010/11 showed that Waltham Forest was above the national average. However, Waltham Forest had a lower spend compared to our statistical comparators such as Enfield and Haringey while Croydon and Greenwich were below that of Waltham Forest.

**Figure 9: Expenditure % split across care settings for mental health disorders benchmarked against national average.**

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26 Public Health England, Knowledge and intelligence south West team.(2012).Injury profiles

*Provisional data

As shown in Fig. 9, the expenditure percentage split across care settings for mental health disorders in Waltham Forest showed that community care had the highest percentage spend with other secondary care having the second highest percentage much above the national average. GP, dental and ophthalmic had a comparatively lower percentage. This reflects the need for examining community care service provision and the level of integration with other care settings.

What are the effective interventions?

Key national policy drivers

The National Service Framework (NSF) for Mental Health\textsuperscript{28} which helped transform mental health services ended in 2009. In 2009, ‘New Horizons’\textsuperscript{29} a cross Government mental health strategy was introduced with twin aims to:

1) Improve quality and accessibility of services for people with poor mental health
2) Improve mental health and well-being of the population

A cross government public mental health strategy document ‘Confident communities, brighter futures’ was produced in 2010\textsuperscript{30}. This outlined the case for public mental health including the level of evidence for a range of effective interventions. The Public Health White Paper\textsuperscript{31} of the Coalition Government published in November 2010,

Emphasis on public mental health
Highlighted impact of mental illness and mental wellbeing across life course
New approach for public health - mental health integral and complementary part of proposed new direction for public health in England:
  - mental health and wellbeing influence a wide range of health and other outcomes
  - key attributes of mental wellbeing such as self esteem, confidence and resilience have an important impact on health behaviour
  - importance of mental health for effective public health campaigns
  - mental health and physical health should be integrated

National Mental health Strategy

The cross government mental health strategy ‘No health without mental health’ published in February 2011, maintained a twin track approach suggested in New Horizons'. This signalled that mental wellbeing requires a life course approach, focussed on people of all ages requiring cross government action. There are two major aims:
  - Improve the mental health and wellbeing of the population and keep people well
  - Improve outcomes for people with mental health problems through high quality services that are equitable and accessible for all.

Underlying these are six objectives:
  - More people will have good mental health
  - More people with good mental health will recover
  - More people with mental health problems will have good physical health
  - More people will have a positive experience of care and support
  - Fewer people will suffer avoidable harm
  - Fewer people will experience stigma and discrimination

Long term mental health conditions (London Model)

The London model of care for long term mental health conditions aims to support and promote wellbeing and recovery through improvements in the quality and delivery of services and improved access to mental health interventions when required. This is due to the distinct challenges with regard to mental health faced by London compared to the rest of the country. These include:

- High levels of deprivation.
- Higher prevalence of psychosis and a higher proportion of mental health admissions.
- Higher than average numbers of people with complex needs including refugees, asylum seekers and people with dual diagnosis of mental illness and drug or alcohol problems.
- Higher spend per head on mental health services with wide variation between different localities.

The principles of the proposed London model of care for long term mental health conditions include:

Recovery: to promote and support recovery and to enable those who no longer need specialist services to control the planning and delivery of their own care.

34 NHS London health programmes: Mental health model of care for London. 2011
**Appropriate care setting:** to increase the numbers of people whose support is appropriately managed within primary care through the introduction of ‘shared care’. This would free up capacity in specialist secondary mental health services to enable quicker access for those who need it.

**Shared care:** describes a transfer of clinical responsibility to primary care with the support and collaboration of secondary care. By improving the competence and capacity of primary care services, the model is designed to ensure that other health problems, such as physical health, are not neglected. Moreover, a ‘navigator’ role is proposed to facilitate access to services available to support people with a range of other issues such as employment and housing, which may well be integral to their recovery.

**Partnership working:** Improved and effective communication and partnership working underpins the model. By working in partnership, it is envisaged that the expertise of the individual, their family members, friends and carers, and a range of relevant professionals, can be harnessed to develop the most appropriate plan for their care.

**Best Buys in Mental Health**

- Supporting parents and early years: parenting skills training/pre-school education/home learning environment;
- Improving working lives: employment/workplace;
- Positive steps for mental health: lifestyle (diet, exercise, sensible drinking) and social support;
- Supporting communities: environmental improvements.  
  
- School-based interventions to reduce bullying result in returns of £14 for each £ invested

**Early provision of effective treatment as soon as problems emerge**

- Early diagnosis and treatment of depression at work results in £5 for every spent (savings year 1)
- Early detection in psychosis results in £10 for every £ spent with savings by year 2
- Early intervention of psychosis results in £18 for every £ spent with savings in year 1
- Screening and brief interventions in primary care for alcohol misuse results in savings of £12 for each £ spent with savings in year 1

**Interventions to promote mental health**

- Debt advice services result in total returns of £4 for each £ invested with savings by year 2
- Time banks: costs per time bank member averages less than £450 each year while the value could exceed £1300 for each member.

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35 Friedli L, Parsonage M. 2009. Promoting mental health and preventing mental illness: the economic case for investment in Wales. All Wales Mental Health Promotion network.

- Community navigators: Costs are £300 together with costs of visits to Citizens’ Advice Bureau or Job Centre Plus (estimated as (£180)\(^{37}\). Estimated economic benefits are £900 per person in the first year.
- Anti-stigma interventions: economic impact of an anti-stigma campaign is £421 for people with depression\(^{38}\).
- Walking and physical activity programmes in older people: cost per QALY estimates ranging from £5,000 to £12,000\(^{39}\).

**Interventions to prevent mental disorder and suicide**

- Suicide prevention – GP education results in £44 for each $ invested while bridge safety barriers result in £54 for each £ spent

**Case for prevention and early detection of mental ill health**

National Policy emphasis,

- Current levels of treatment reduces burden by 13%
- Optimal treatment at optimal coverage reduces the burden by 28% \(^{40}\)
- 70% of the burden of mental disorders not averted through treatment\(^{41}\)
- Good Evidence exist on effectiveness of prevention & early intervention
- Prevention, alongside early diagnosis and intervention reduce the burden and cost, promote well-being and reduce inequalities\(^{42}\).

This is particularly important as the current allocation of resources for mental health in Waltham Forest is mainly within secondary care. Expenditure is around £41,626 million compared to primary care investment of only £1.7 million. This expenditure in primary care is disproportionate to the number of people who access primary care mental health services.

**What is being done locally to address this issue?**

Currently mental health services are being commissioned from a number of providers as shown in the Figure 10 below.

**Figure 10: Current service provision on mental health**


\(^{39}\) Windle et al, 2008

\(^{40}\) Andrews et al, 2004

\(^{41}\) Andrews et al, 2004

Community Services

**Improving Access to Psychological Therapies (IAPT) programme**
The Improving Access to Psychological Therapies (IAPT) programme aims to improve access to psychological therapies, especially relating to people with depression and anxiety disorders.

It also aims to promote a more person-centred approach to therapy and provide NICE recommended therapies. One of the treatments they recommend is **Cognitive Behavioural Therapy (CBT)**. This treatment was developed from the idea that the way an individual feels is related to the thoughts and belief systems held, and by the individual's behaviour. Based on its clinical efficacy, CBT is the preferred method of therapy within the IAPT programme. Early Intervention Team and Crisis Resolution teams are in place.

**‘Solutions IAPT’ service**
Aims to provide access to NICE recommended psychological therapies using a stepped care approach in the treatment of mild to moderate depression and anxiety disorders. The route of referral to the service is by self and GP referrals. The service is open to all residents of Waltham Forest registered with a local GP and accepts referrals from anyone from the ages 18 upwards. Referrals are not accepted from those who are already in secondary care services.

The step care approach has two components high and low intensity interventions. Low intensity interventions have a duration of a maximum of 4 hours and focus on these interventions: guided self-help, psycho education groups, behavioural activation groups, relaxation groups, bibliotherapy, and computerised CBT.
High intensity interventions are at two levels step 3a up to 8 hours and step 3b up to a maximum of 20 hours of therapy. The therapeutic modalities offered are CBT, Interpersonal Psychotherapy, Dynamic Interpersonal Therapy and Behavioural Couples Therapy but the predominant therapy modality is CBT. Commissioners and service users indicate that the current capacity is inadequate to meet the local need for this service.

**EVOLVE**
Community Bridge Building – works with adults aged 18 – 64 years whose mental health difficulties are being treated and managed within Primary Care. The aim of the project is to reduce the risk of social isolation by working with people to help them engage with a meaningful activity or opportunity within their mainstream community. All the relevant life domains are covered and include education, volunteering, employment, sports, arts and community including faith.

All work undertaken has a person-centred focus and has a time boundary whereby the risk of dependency is minimised. Evolve ensures that people from the BME communities are encouraged to access the project and has use of Language Line.

Clients can be referred by their GP, a member of the Primary Care Psychological Practitioners Team or can submit a self-referral.

**Social care service provision**
The London borough of Waltham Forest social care provides various services that promote wellbeing and support people with mental health problems and their families/carers. This includes:
- Information and Advice Service.
- Individual Advocacy Service.
- Independent Mental Capacity Advocacy (IMCA) Service.
- Waltham Forest Carers Support Groups.
- Employment and Support and Health and Wellbeing LD.
- Dementia Support.
- Samaritans of Waltham Forest.

**Developments in mental health in Waltham Forest**
- Several documents providing policy and strategic direction on mental health and wellbeing in the borough have been completed or in the process of being consulted. This include:
  - Joint Adult mental health Commissioning strategy
  - Public mental health Strategy
  - Children and adolescent mental health strategy
  - Suicide and self-harm prevention strategy.
- A mental health transformation board has been established which bring together multi-disciplinary group and stakeholders and oversee overall implementation of mental health services.
Other multi-disciplinary, multiagency partnership groups in place include dementia steering group and suicide prevention steering group.