

Mental Health, Suicide & Learning Disabilities across Lancashire & South Cumbria ICS

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Depression, anxiety and other common mental disorders

Depression, anxiety and other common mental disorders

Prevalence Estimates

Adult Psychiatric Morbidity Survey

The Adult Psychiatric Morbidity Survey (APMS) gathers information on mental illness among adults (aged 16+) living in private households across England. According to the 2014 APMS, one in six people in England reported having symptoms of a common mental disorder (CMD) in the week before being surveyed. This breaks down as 1 in 5 women and 1 in 8 men. CMDs are more common among women than men in every age category¹:

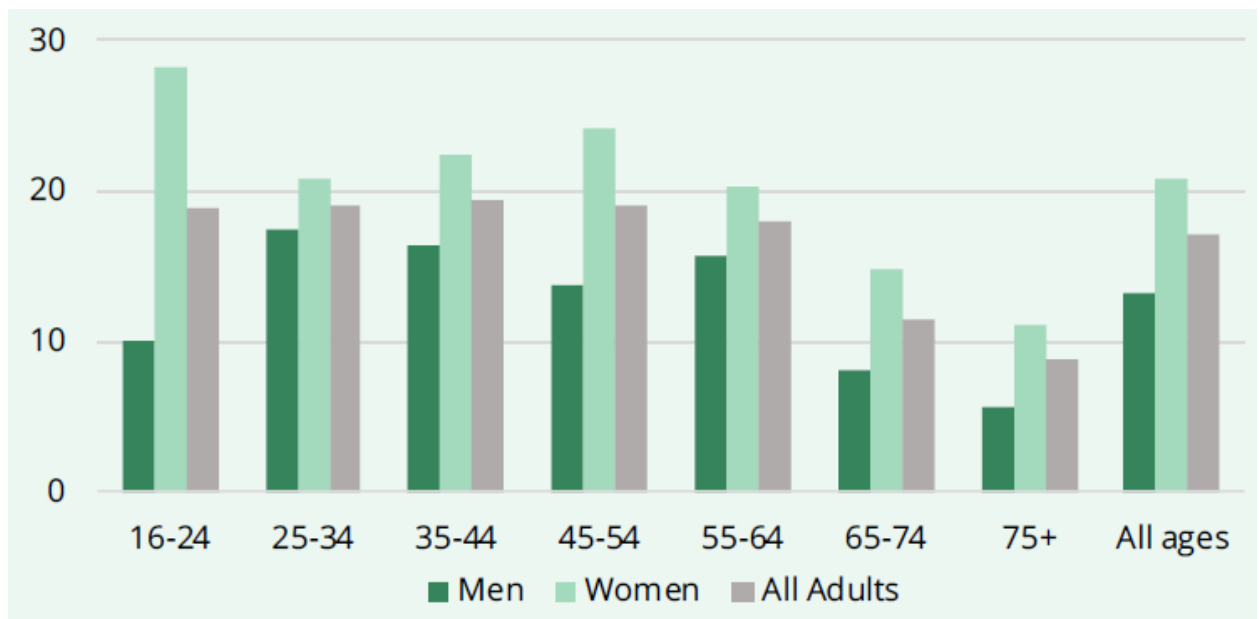


FIGURE 1 - % OF PEOPLE REPORTING A COMMON MENTAL DISORDER IN LAST WEEK (BY AGE AND GENDER, ENGLAND, 2014).
[DATA FROM APMS¹, CHART BY HOUSE OF COMMONS LIBRARY²]

If the crude proportions are applied to the 16+ resident population of Lancashire & South Cumbria (mid-2016), they equate to approximately 83,420 men and 138,960 women, or 222,380 people in all.

GP Patient Survey

The 2016/17 GP Patient Survey of respondents aged 18+ found that 14.4% of respondents in Lancashire & South Cumbria had self-reported depression or anxiety. Most of the CCGs in the area had similar rates to England (13.7%), with only Blackpool being significantly higher (18.5%).³

Quality and Outcomes Framework (QOF)

The QOF Depression Register counts those patients aged 18+ who are recorded by their GP as having depression. In Lancashire and South Cumbria in 2016/17, it contained 11.2% of all adult registered patients (155,554 people), which is significantly higher than the England average of 9.1%. However, Public Health England considers that the QOF register may be an under-estimate of the true level of depression in general practice.⁴

Depression, anxiety and other common mental disorders

The number of patients recorded as having a *new* episode of depression during the year was 27,252, giving an incidence rate of 2.0%, significantly higher than the England average of 1.5%.

Area	18+ Depression Register		18+ new diagnoses of Depression	
	Number	% (i.e. prevalence)	Number	% (i.e. incidence)
Blackburn with Darwen CCG	14,593	11.1%	2,942	2.2%
Blackpool CCG	20,594	14.7%	3,580	2.6%
Chorley & South Ribble CCG	17,373	12.0%	2,828	1.9%
East Lancashire CCG	27,822	9.4%	4,701	1.6%
Fylde & Wyre CCG	14,865	11.9%	2,774	2.2%
Greater Preston CCG	19,012	11.4%	2,954	1.8%
Morecambe Bay CCG	31,827	10.7%	5,670	1.9%
West Lancashire CCG	9,468	10.3%	1,803	2.0%
Lancashire & South Cumbria ICS	155,554	11.2%	27,252	2.0%
England	4,187,797	9.1%	700,031	1.5%

TABLE 1- QOF DEPRESSION REGISTER 2016/17⁵

HIGHER THAN ENGLAND

Services for people with Common Mental Disorders

Hidden problem

The APMS found that nationally, only just over a third of people with a CMD were currently receiving mental health treatment. After taking account of the level of symptoms, it showed that: ¹

- Men were less likely to be receiving treatment than women
- The 16-24 age-group was less likely to be receiving treatment than older age-groups
- BME adults were less likely to be receiving treatment than White British adults
- People in employment were less likely to be receiving treatment than the economically inactive

Improving Access to Psychological Therapies (IAPT)

The IAPT programme focuses on providing ‘talking therapies’ for people experiencing common mental health problems such as anxiety and depression. Referral rates are generally higher in deprived areas, but success rates are lower.²

Waiting times

NHS England targets state that 75% of patients should wait less than 6 weeks between referral and first treatment, and 95% should wait less than 18 weeks.² The denominator is the number of referrals that *finished* a course of treatment. Public Health England tracks these indicators on a monthly basis. Both targets are now being comfortably exceeded across Lancashire and South Cumbria as a whole, as well as nationally. They were also met in all eight constituent CCGs, although Morecambe Bay seemed to be least secure on the 6-week target in March 2018 (76%) and Chorley and South Ribble on the 18-week target (96%).⁵

Depression, anxiety and other common mental disorders

Entry to IAPT

In the last quarter of 2017/18, and when expressed per 100,000 residents aged 18+, Lancashire and South Cumbria had the fifth highest rate of entry to the IAPT programme out of 44 ICSs. This rate has been above the England average for some time, and is on a rising trend. When broken down by CCG, it can be seen that the highest rates within the area are in Blackburn with Darwen, Blackpool and East Lancashire (Figure 2)⁵:

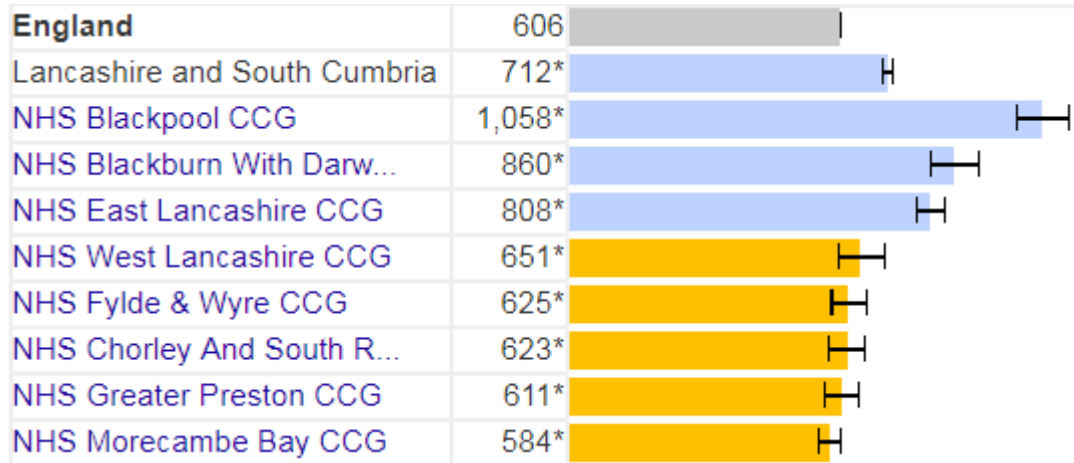


FIGURE 2 - RATE (QUARTERLY) OF ENTRY TO IAPT TREATMENT PER 100,000 RESIDENTS AGED 18+ (2017/18 Q4)
(* = BASED ON ROUNDED COUNTS)

Recovery rates

An IAPT referral has 'moved to recovery' if their symptoms of anxiety or depression were severe enough to be regarded as a clinical case at the start of their treatment, but not by the end of it.⁶ There is a government target for 50% of patients finishing a course of IAPT to move to recovery.²

Recovery rates are very variable on a monthly basis, so it is more useful to look at the annual figures for 2016/17 (Figure 3). The England average recovery rate was 49.3%.⁷

FIGURE 3 - PROPORTION OF ELIGIBLE IAPT REFERRALS MOVING TO RECOVERY' (2016/17, PRE-2017 CCGs)

	Moved to recovery	
	Number	%
NHS West Lancashire CCG	455	58%
NHS Chorley & South Ribble CCG	755	57%
NHS Fylde & Wyre CCG	750	56%
NHS East Lancashire CCG	1575	51%
NHS Blackburn with Darwen CCG	560	49%
NHS Lancashire North CCG	545	47%
NHS Greater Preston CCG	645	45%
NHS Blackpool CCG	790	38%

Severe Mental Illness

Severe Mental Illness

Prevalence Estimates

Adult Psychiatric Morbidity Survey

The Adult Psychiatric Morbidity Survey (APMS) looked at psychotic disorders and bipolar disorder separately, and in different ways. Its best national estimate of the prevalence of psychotic disorder is 0.5%, but this relates to occurrences in the past year only, and combines the results from the 2007 and 2014 surveys. Bipolar disorder was asked about for the first time in 2014, and was estimated to have a lifetime prevalence of 2.0%.

QOF Mental Health Register

The QOF Mental Health Register captures patients known to their GPs with a recorded diagnosis of bipolar affective disorder, schizophrenia and other psychoses, or on lithium therapy. This is actually the *severe* end of mental health problems and is what PHE defines as "Severe Mental Illness".*

Across the eight CCGs that make up the Lancashire and South Cumbria ICS, there are 18,608 patients (all ages) on the QOF Mental Health Register. This equates to 1.1% of all patients, significantly higher than the England average of 0.9%.

Area	Mental Health Register		
	Number	%	
Blackburn with Darwen CCG	2,205	1.3%	Lower than England
Blackpool CCG	2,689	1.6%	
Chorley & South Ribble CCG	1,635	0.9%	Similar to England
East Lancashire CCG	4,103	1.1%	
Fylde & Wyre CCG	1,591	1.1%	
Greater Preston CCG	2,172	1.0%	
Morecambe Bay CCG	3,305	0.9%	Similar to England
West Lancashire CCG	908	0.8%	Lower than England
Lancashire & South Cumbria ICS	18,608	1.1%	
England	534,431	0.9%	

TABLE 2- QOF MENTAL HEALTH REGISTER 2016/17⁵

Modelled estimates

The PHE Severe Mental Illness profile contains some modelled estimates of the prevalence and incidence of psychosis at the CCG level. However, these are getting quite old now (2012 and 2011), and there are concerns regarding their quality, so they are not discussed here.⁹

* It is understood that the number on lithium therapy is typically small and makes little difference to the overall percentage.⁸

Severe Mental Illness

Services for people with Severe Mental Illness

Secondary mental health services

NHS Digital publishes monthly statistics on the number of people in contact with what are often called 'secondary' or 'specialist' adult mental health services.¹⁰ This term does not imply that the person is in hospital, and does not include people who are only in contact with IAPT services.²

The House of Commons Library² and PHE⁹ each publish these figures in the form of rates. The differing rates across the country may partly reflect variation in *need* for services, but they are also likely to reflect variation in the local *provision* of mental health services.

The two agencies work out the rates in slightly different ways (Table 3). However, whichever way it is done, Blackburn with Darwen CCG had the highest contact rate in the country in both December 2017 and March 2018, with East Lancashire CCG and Greater Preston CCGs also in the top four.

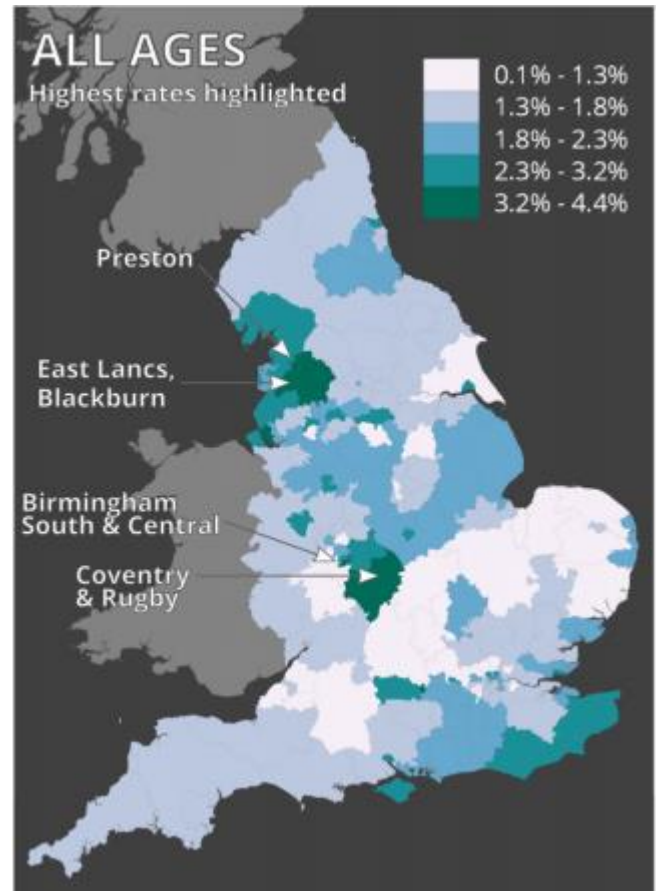


FIGURE 4 - PEOPLE IN CONTACT WITH ADULT MENTAL HEALTH SERVICES AS AT DECEMBER 2017, AS A PROPORTION OF ALL-AGE RESIDENT POPULATION (MAP BY HOUSE OF COMMONS LIBRARY²)

Area	People in contact with adult mental health services, March 2018			
	Number	As a % of 18+ resident population*	As a % of all-age resident population†	
Blackburn with Darwen CCG	6,960	6.4%	4.7%	
Blackpool CCG	3,960	3.6%	2.8%	
Chorley & South Ribble CCG	5,375	3.9%	3.1%	
East Lancashire CCG	14,960	5.1%	4.0%	
Fylde & Wyre CCG	3,635	2.6%	2.2%	
Greater Preston CCG	8,705	5.4%	4.3%	
Morecambe Bay CCG	8,790	3.1%	2.5%	
West Lancashire CCG	3,255	3.6%	2.9%	
Lancashire & South Cumbria ICS	55,640	4.2%	3.3%	
England	1,012,781	2.3%	1.8%	

TABLE 3 - CONTACT WITH SPECIALIST MENTAL HEALTH SERVICES: SNAPSHOT AS AT END MARCH 2018^{2,9,22}
HIGHER THAN ENGLAND

* As calculated by PHE⁹

† As calculated by House of Commons Library², but updated to March 2018 by author

Severe Mental Illness

Mental health admissions to hospital

When we look at mental health admissions to hospital, expressed as an annual rate per 100,000 adult residents, Lancashire & South Cumbria comes third *lowest* ICS out of 44 nationally (2017/18 Q4). The Lancashire & South Cumbria rate of 130.0 per 100,000 is less than half the England average (274.3). All of its constituent CCGs are either similar to England (Blackpool only), or else significantly lower (Figure 5):⁹

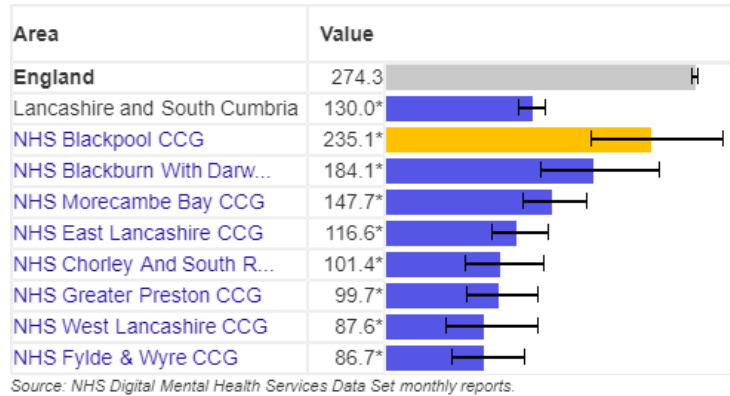


FIGURE 5 - MENTAL HEALTH ADMISSIONS TO HOSPITAL: RATE PER 100,000 POPULATION (2017/18 Q4)⁹

The implications of a high or low mental health admissions rate can be difficult to disentangle, and this is not attempted here.¹¹

People subject to the Mental Health Act

NHS Digital publishes figures on the number of people subject to the Mental Health Act at the end of each month, most of whom will either be detained in hospital, or subject to a Community Treatment Order. The overall rate in Lancashire & South Cumbria (per 100,000 population aged 18+) is close to average, although there is wide variation between its constituent CCGs (Figure 6). The rate in Greater Preston CCG is the 6th highest in England:

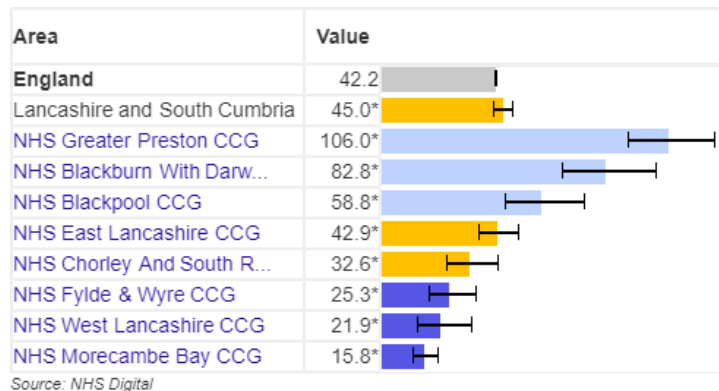


FIGURE 6 - PEOPLE SUBJECT TO THE MENTAL HEALTH ACT: RATE PER 100,000 POPULATION AGED 18+ (2017/18 Q4)⁹

Mortality

Excess mortality in people with severe mental illness

The mortality rate in people aged under 75 is considered a measure of the level of premature mortality within a population. Using data for 2014/15, NHS Digital has calculated that adults in England with a serious mental illness have a mortality rate 3.5 times higher than would be expected, based on age-specific mortality rates in the general population. Across Lancashire and Cumbria, this excess mortality rate ranges from approximately 3 times higher than the general England population in Lancashire to 5 times higher in Blackpool.¹²

Self-harm

Self-harm

Admission rates

In 2016/17, Blackpool had the highest rate in England of emergency hospital admissions for intentional self-harm. Eight other local authorities in the Lancashire and South Cumbria area were also significantly higher than the England average of 185.3 per 100,000:

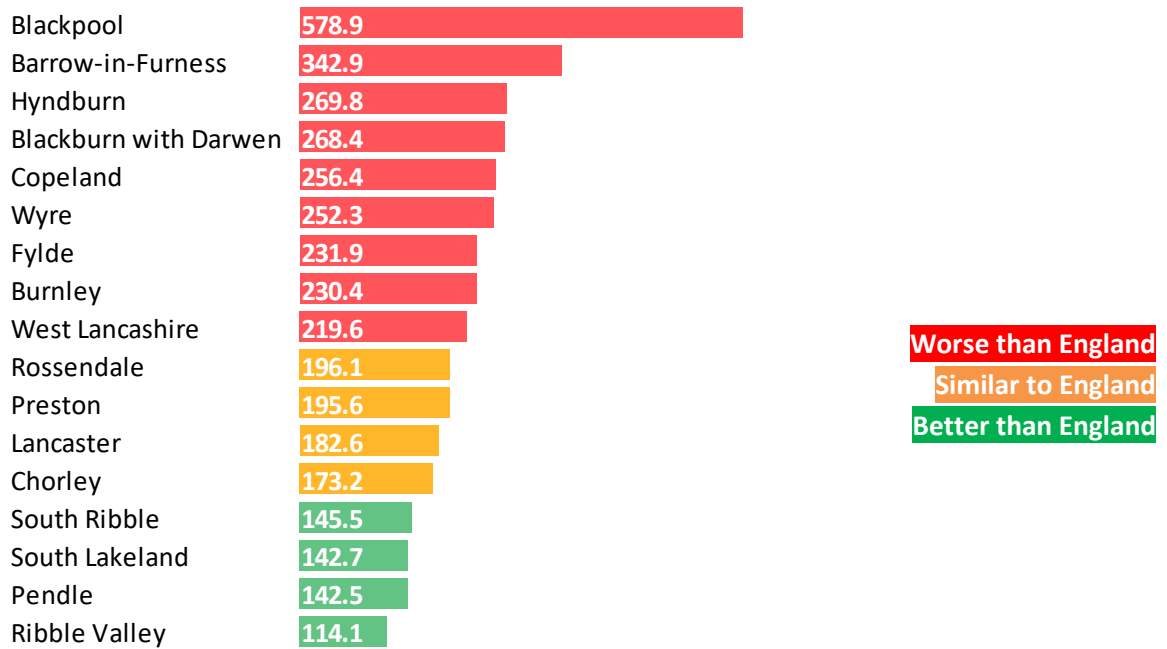


FIGURE 7 - EMERGENCY HOSPITAL ADMISSIONS FOR SELF-HARM (2016/17, AGE-STANDARDISED RATE PER 100,000)¹³

Suicide

Suicide

Suicide rates by ICS

In the three years from 2014-16, 518 people in Lancashire and South Cumbria died from suicide. This gives a rate of 12.0 per 100,000, which is significantly worse than the England average of 9.9, and the 5th highest rate out of 44 ICS areas nationally:¹⁴

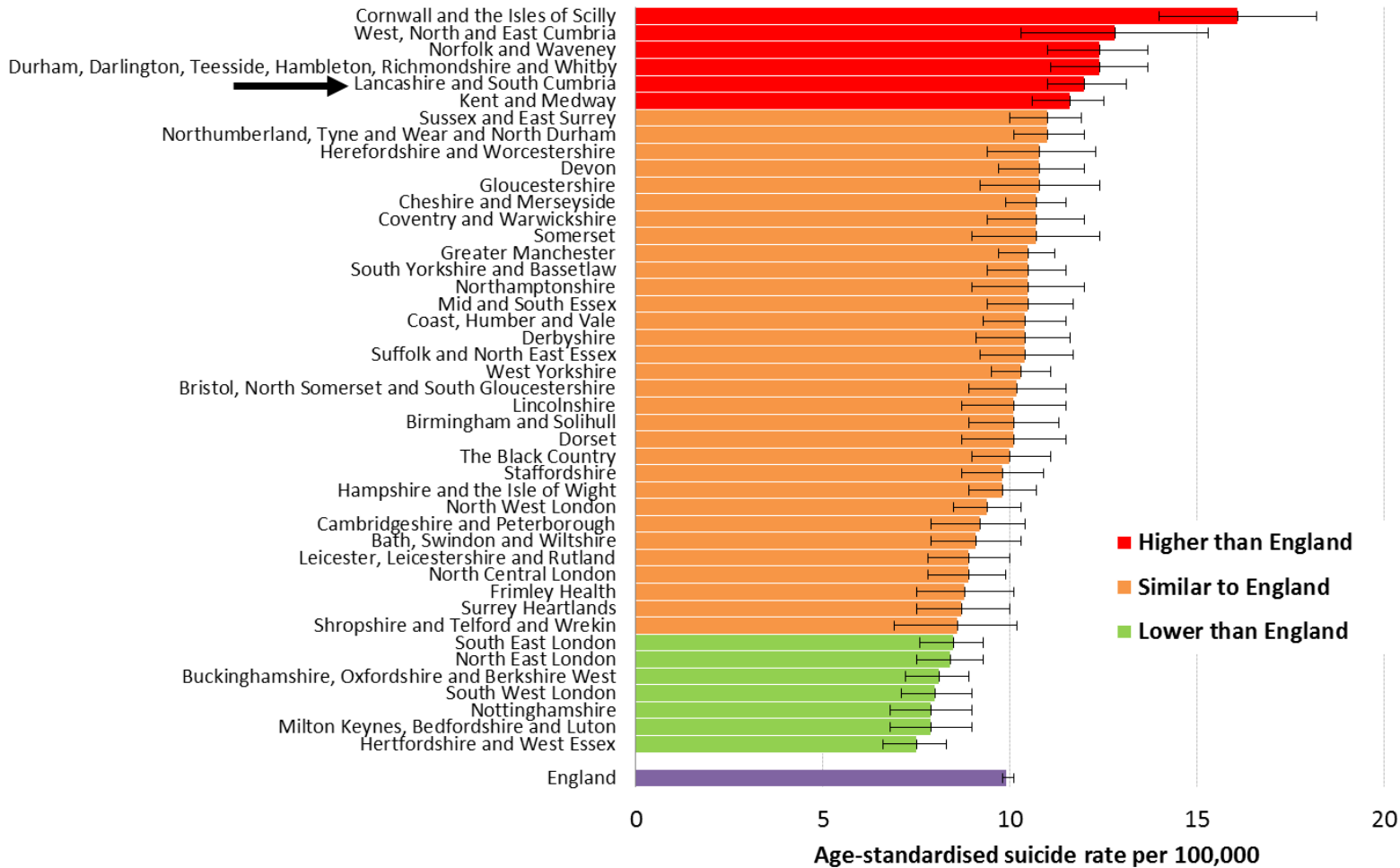


FIGURE 8 -AGE-STANDARDISED SUICIDE RATE PER 100,000 BY ICS, 2014-2016¹⁴
(LANCASHIRE & SOUTH CUMBRIA HIGHLIGHTED)

Suicides in Lancashire & South Cumbria

Age/sex profile

Nationally, 75.4% of all suicide deaths were male¹³, but in Lancashire and South Cumbria the proportion was 71.6%.¹⁴ Its female suicide rate was the second highest out of 44 ICS's.¹⁴ The age-sex breakdown of the 518 suicides in Lancashire and South Cumbria was as shown in Table 4:¹⁴

	Male	Female	Persons
Under 25	31	16	47
25+	340	131	471
Total	371	147	518

TABLE 4 - AGE/SEX BREAKDOWN OF SUICIDES IN LANCASHIRE AND SOUTH CUMBRIA, 2014-16

Suicide

Age- and sex-specific rates for the Lancashire and South Cumbria ICS area are also available, but the most recent ones are for the year 2013-15 (Figure 9):¹⁵

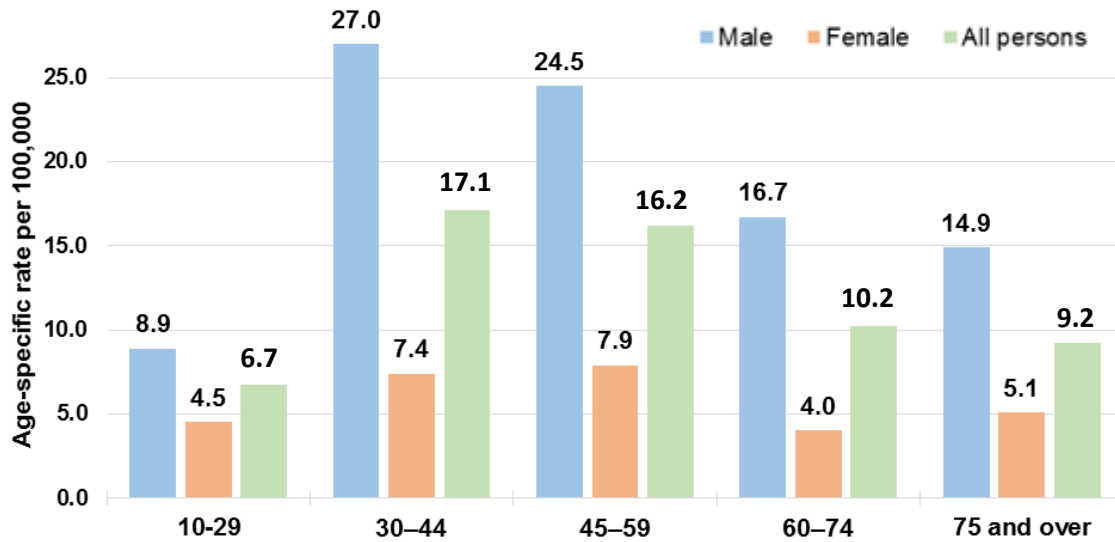


FIGURE 9- AGE-SPECIFIC SUICIDE RATES PER 100,000 POPULATION BY AGE AND SEX (LANCS & S CUMBRIA, 2013-15)

District rates and numbers

At the district level, the numbers of suicides are relatively small, which results in wide confidence intervals. However, Blackpool, Hyndburn and Preston rates for 2014-16 are significantly higher than the England average:¹³

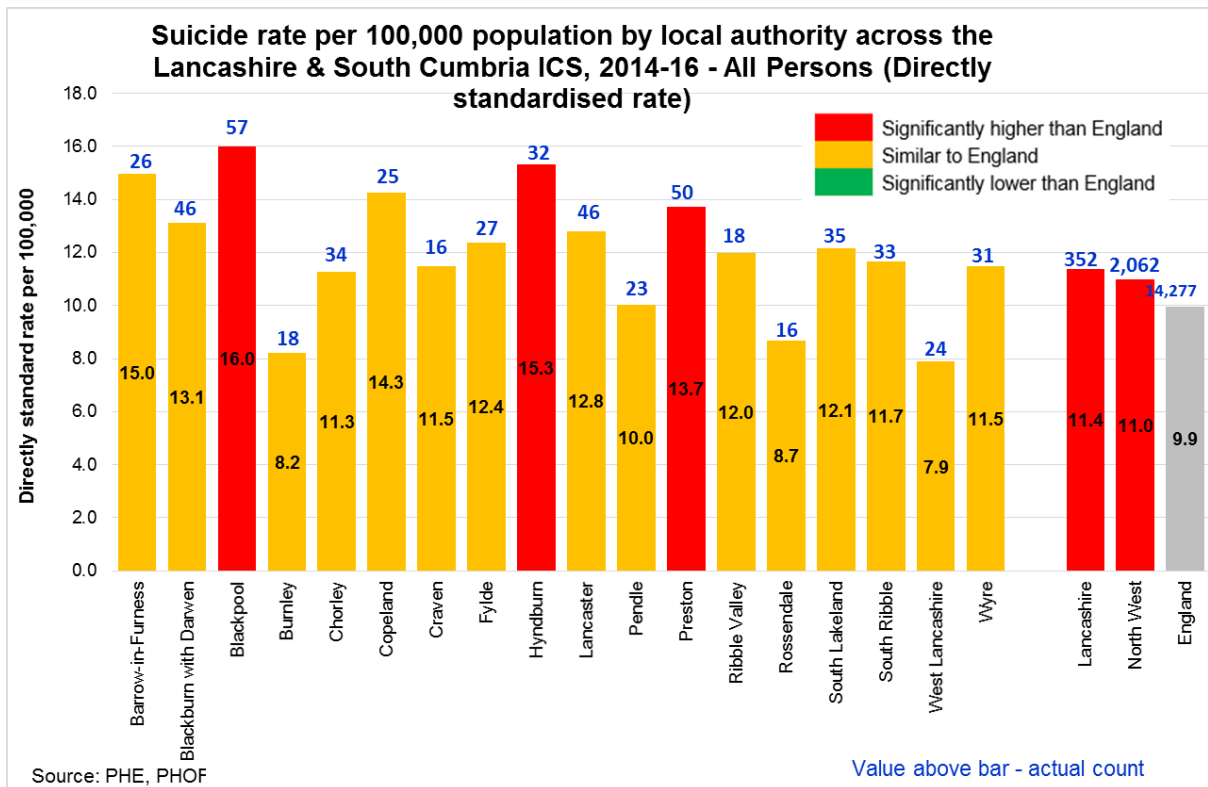


FIGURE 10 - SUICIDE RATE PER 100,000 POPULATION BY LOCAL AUTHORITY DISTRICT ACROSS LANCASHIRE & SOUTH CUMBRIA (2014-16, DIRECTLY STANDARDISED RATE)

Across all 326 Local Authorities in England, Blackpool is ranked 7th highest; Hyndburn is ranked 11th; while Barrow-in-Furness is ranked 14th.¹³

Suicide

Suicide Audits

Main findings

Across the Local Authorities within Lancashire & South Cumbria, Suicide Audits have been carried out in Lancashire (April 2013-March 2015; Blackburn with Darwen (2012-2013); Blackpool (2011-13); and Cumbria 2012-2013).

Across the Local Authorities, the majority of suicides were male (71-90%) and the most common ethnic group was white British.

Almost half of people (41-54%) had a diagnosis of depression. In Blackpool, 46% of people were in contact with specialist mental health services (in the month before suicide), this compares to 24% in Lancashire and 22% in Cumbria. In Lancashire, 1 in 4 people (25%) had a history of alcohol misuse; in Blackpool, 1 in 5 people (22%) had a history of alcohol and drug misuse; in Cumbria this was 17%. Almost half (48%) of people in Lancashire had a physical health condition; in Cumbria this increased to 58%.

Risk Factors

Particular risk factors identified by the suicide audits were as follows:

- Depression
- Mental illness
- Alcohol and substance misuse
- Self-harm
- Relationship breakdown
- Financial difficulty

Substance Misuse

Substance Misuse

Prevalence Estimates - opiate and crack cocaine use

New estimates of the prevalence of opiate and/or crack cocaine use (OCU) for upper-tier local authorities were issued in 2017, relating to the year 2014/15:¹⁶

TABLE 5- ESTIMATED PREVALENCE OF OPIATE AND CRACK COCAINE USE 2014/15

Similar to England
Higher than England

Area	Opiate and/or Crack Cocaine (OCU) prevalence estimates (age 15-64)	
	Number	Per 1000
Blackburn with Darwen	1363	14.47
Blackpool	1762	19.95
Cumbria (whole)	2744	8.90
Lancashire	6711	8.96
England	300,783	8.57

Hospital admissions

Substance Misuse admissions

Rates of hospital admission due to substance misuse among young people aged 15-24 in each of the Lancashire and South Cumbria CCGs are significantly worse than or similar to the England average:

Hospital admissions due to substance misuse (15-24 years) 2014/15 - 16/17 Directly standardised rate - per 100,000

Area	Count	Value	95% Lower CI	95% Upper CI
England	18,848	89.7	88.4	90.9
Lancashire and South Cumbria NHS region	-	-	-	-
NHS Blackburn With Darwen...	113	170.1	140.2	204.6
NHS Blackpool CCG	183	311.7	268.2	360.3
NHS Chorley And South Rib...	58	102.8	78.0	132.9
NHS East Lancashire CCG	192	146.4	126.4	168.6
NHS Fylde & Wyre CCG	65	142.8	110.2	182.2
NHS Greater Preston CCG	80	89.0	70.5	111.0
NHS Morecambe Bay CCG	194	137.1	118.5	157.8
NHS West Lancashire CCG	43	100.7	72.9	135.7

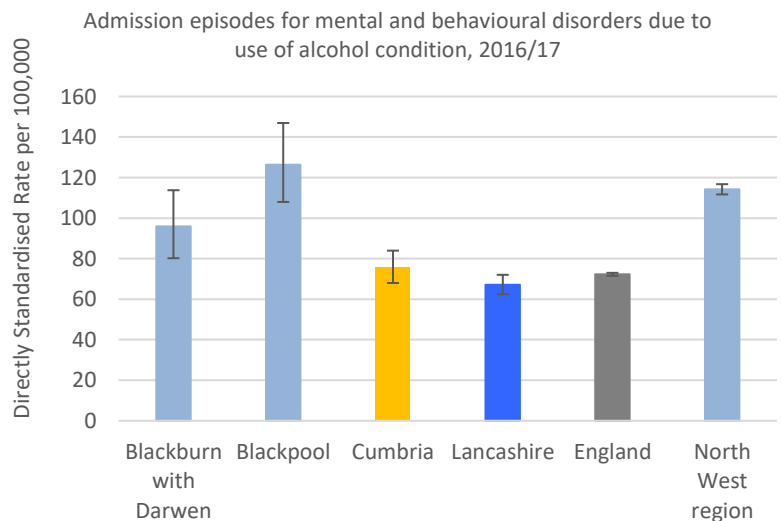
Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of NHS Digital. All rights reserved.

Compared with England Better Similar Worse

FIGURE 11 – HOSPITAL ADMISSIONS DUE TO SUBSTANCE MISUSE (15-24 YEARS) SOURCE: OVERVIEW OF CHILD HEALTH¹⁷

In Blackburn with Darwen and Blackpool the rates of hospital admissions for mental and behavioural disorders due to use of alcohol are significantly higher than the England average, while in Lancashire they are significantly lower:

FIGURE 12 – ADMISSION TO HOSPITAL FOR MENTAL AND BEHAVIOURAL DISORDERS DUE TO ALCOHOL¹²



Substance Misuse

Mortality

Substance Misuse deaths

Deaths from drug poisoning involving illegal drugs are referred to as drug misuse deaths. In the three year period 2015-17, there were a total of 349 drug misuse deaths of all ages across Lancashire, Blackburn with Darwen, Blackpool, and the three districts constituting most of South Cumbria.¹⁸ Six local authorities in the area had rates of drug misuse death significantly worse than the English average of 4.3 per 100,000; these were: Blackpool (18.5), Burnley (11.7), Barrow-in-Furness (10.1), Blackburn with Darwen (8.7), Pendle (7.6) and Preston (7.6).

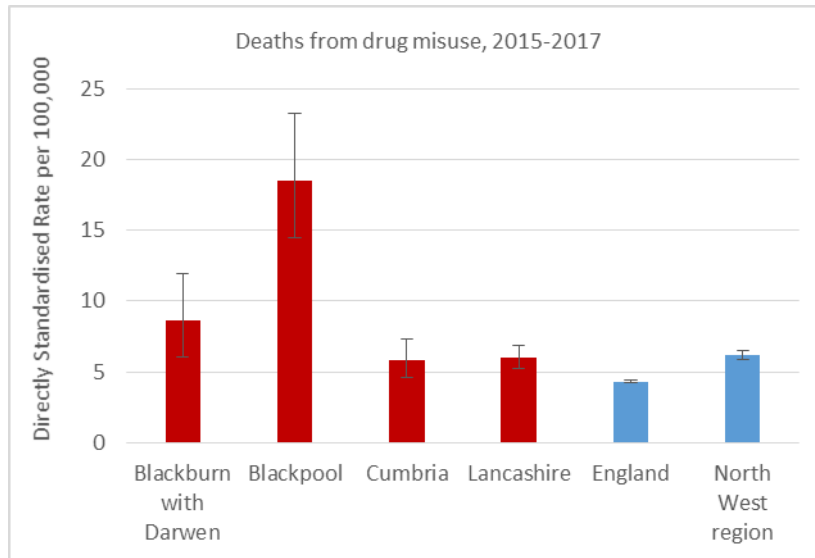


FIGURE 13 – DEATHS FROM DRUG MISUSE¹²

Learning Disabilities

Learning Disabilities

Prevalence estimates

There is no single way of estimating the number of people with a learning disability at the local level, so we have to rely on proxy measures.*

Children with learning disabilities known to schools

Children with special educational needs are allocated to one of the following four categories, only three of which are defined as 'learning disabilities' by Public Health England:¹⁹

- | | | |
|--|---|---|
| <ol style="list-style-type: none"> 1. Moderate learning difficulties 2. Severe learning difficulties 3. Profound and multiple learning difficulties 4. Specific difficulties (e.g. dyslexia) | } | PHE refers to these three categories as 'learning disabilities' |
|--|---|---|

On this basis, there are 9,399 children with learning disabilities known to schools in the Lancashire & S.Cumbria ICS area (1132 in Blackburn with Darwen, 857 in Blackpool, 6026 in Lancashire, and 1384 in S. Cumbria).^{19,20}

Quality and Outcomes Framework (QOF)

Across the Lancashire and South Cumbria ICS, there were 8198 registered patients on their GP's Learning Disability register as at March 2017. This equates to 0.5% of all patients, similar to the England average of 0.5%.²¹

Services for people with learning disabilities

Adults with learning disabilities receiving local authority support

Rates of adults (18+) with learning disabilities receiving support are greater than the national average in Blackburn with Darwen, Blackpool and Lancashire, and close to average in Cumbria:¹⁹

Area	Adults (18+) with learning disability getting long term support from LA	
	Number	Per 1000 population
Blackburn with Darwen	420	3.9
Blackpool	440	4.0
Cumbria (whole)	1,325	3.3
Lancashire	3,600	3.8
England	143,710	3.3

Similar to England
Higher than England

TABLE 6 - ADULTS WITH LEARNING DISABILITY GETTING LONG TERM SUPPORT FROM LAs, PER 1000 POPULATION (2015/16)

The number of people receiving these services can be compared with the number of people on their GP's (QOF) Learning Disability register. This is not an exact comparison, but it gives an impression of the extent to which support is reaching those who need it. Table 7 shows that Lancashire has the best results in the ICS area.¹⁹

Area	Adults (18+) with learning disability getting long term support from LA per 100 people on GP learning disability register	
	Number	%
Blackburn with Darwen	420	51.7%
Blackpool	440	51.0%
Cumbria (whole)	1,325	51.2%
Lancashire	3,600	66.1%
England	143,710	54.5%

Worse than England
Similar to England
Better than England

TABLE 7 - ADULTS RECEIVING LONG-TERM LEARNING DISABILITIES SUPPORT FROM LOCAL AUTHORITY PER 100 PEOPLE ON GP LEARNING DISABILITIES REGISTER (2015/16)

* A question about learning disabilities is also asked in the GP Patient Survey, but the relevant website is reportedly unsafe.

Learning Disabilities

Health Checks

People aged 14 or over with a learning disability are eligible for an annual health check from their GP. Table 8 shows what percentage of people on their GP's learning disability register received these checks in 2016/17.* The proportion in Blackpool is worse than the England average:

Area	% of eligible adults with a learning disability having a GP health check	
	Number	%
Blackburn with Darwen	433	52.0%
Blackpool	306	35.5%
Cumbria (whole)	1153	43.0%
Lancashire	2699	48.6%
England	133,962	48.9%

Worse than England

Similar to England

TABLE 8- % ELIGIBLE ADULTS WITH A LEARNING DISABILITY (AGE 14+) HAVING A GP HEALTH CHECK IN 2016/17¹⁹

Accommodation and Employment

As part of the Adult Social Care Outcomes Framework, local authorities are asked each year about the employment status and accommodation[†] of working age adults with a learning disability for whom they provide long-term support. The Lancashire & South Cumbria local authorities all compare well with England on the accommodation measure, but less so on the employment indicator:

Area	1E – The proportion of adults with a learning disability in paid employment		1G – The proportion of adults with a learning disability who live in their own home or with their family	
	Number	%	Number	%
Blackburn with Darwen	9	2.4%	324	86.6%
Blackpool	19	4.9%	351	90.5%
Cumbria (whole)	45	3.7%	966	79.1%
Lancashire	67	2.0%	2,861	85.5%
England	7422	5.7%	99,193	76.2%

TABLE 9 - EMPLOYMENT AND ACCOMMODATION OF WORKING-AGE ADULTS (18-64) WITH A LEARNING DISABILITY RECEIVING LONG-TERM SUPPORT FROM LOCAL AUTHORITY (ASCOF, 2016/17)²²

Worse than England

Similar to England

Better than England

* The PHE Learning Disability profile variously refers to this indicator as a '%' and as a 'proportion per 1000'. It has been confirmed that it is in fact a percentage.

[†] The category of living 'in their own home or with their family' was previously referred to as living 'in settled accommodation'

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