Mental Health
Joint Strategic Needs Assessment
(JSNA)

December 2016

Contents

1 Introduction

The World Health Organization (WHO) defines mental health as "a state of well-being in which every individual realizes 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 her or his community." (Source: World Health Organisation; Mental Health: a state of wellbeing, August 2014).

Some of the most common forms of ill health are mental health problems. Good mental health underpins health and wellbeing. Mental health affects physical health as physical health affects mental health – both are significantly linked. Mental health problems are widespread yet are often hidden as many people suffering with conditions such as depression or anxiety often do so without seeking help. One in four people will be affected by a mental health problem in their lifetime, with one in six adults being diagnosed with a mental health problem in any given year. Mental health can affect people at any point in their lives including new mothers, children, teenagers, adults and older people.

As set out in the Department of Health's national mental health strategy: No Health Without Mental Health, 2011; and The 2016 Five Year Forward View for Mental Health, February 2016:

- mental illness is the single largest cause of disability in the UK
- at least 1 in 4 people will experience a mental health problem at some point in their life
- 1 in 6 adults have a mental health problem at any one time
- Around 1 in 100 people has a severe mental health problem
- 90% of all prisoners are estimated to have a diagnosable mental health problem (including personality disorder) and/or a substance misuse problem
- The estimated costs of mental health problems to the economy in England are around £105 billion
- Treatment costs are expected to double in the next 20 years

The purpose of this document is to provide a picture of mental health in Cumbria, focusing on a range of information to help provide an understanding of needs of the local adult population including: common mental health disorders (depression and anxiety disorders); A&E attendances for mental health; alcohol and substance misuse; suicide; self-harm; dementia; the document also considers service provision, including community support and housing. It is recognised that mental health issues are complex and that there are multiple factors which should be considered. Also, it is important to point out that the role of social care providers is just as important as primary care providers particularly in relation to prevention; social care providers can help to support people to manage their mental health and by doing so prevent a condition from worsening, recurring, and potentially preventing further support from specialist mental health services.

Please note that child mental health is not included in this document, however, information can be found in the Children & Families JSNA and the Children & Young People Emotional Health & Wellbeing in Cumbria JSNA refresh. In addition, although mentioned, detailed analysis of autism and learning disabilities is not included. This document will help Commissioners gain a better understanding of mental health issues across the county and will help to identify those who are most at risk and factors contributing to risk (such as alcohol and substance misuse; unemployment; poor housing and homelessness; long-term illness and disability) in order to improve and prevent mental health issues in the future.

1.1 Policy context

1.1.1 Better Mental Health for All; Mental Health Strategy for Cumbria: The Vision, November 2015

The vision for Cumbria is to deliver better mental health and best mental health care and support for the people of Cumbria, delivered sustainably. The aim is to make a difference to people's mental health and wellbeing through a person centred and holistic approach. Mental wellbeing that is multi-faceted, it includes an individual's psychological, social, physical and spiritual wellbeing; it is more than an absence of mental ill health and is a state "in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." We aim to ensure that people accessing mental health services in Cumbria will experience "parity of esteem" in relation to service availability, accessibility and resource allocation.

This Strategy for Cumbria covers 2015 – 2020 and considers the whole spectrum of mental health care and support from prevention through to service provision for people with specialist mental health needs and their carers, focusing on the adult population. The Strategy is guided by the national "No Health without Mental Health" strategy which defines 6 key outcomes (as set out in 1.1.2 below).

There are 3 key elements set out within the Strategy, which will help to improve mental health and mental health services:

- An overarching vision that will provide the direction of travel for service development and commissioning for the period 2015 – 2020 against which all proposals for service development will be tested
- A model of care that will translate the vision into a framework of service delivery that spans emotional health and wellbeing to specialist care. It will be innovative and strengthen the interfaces between services/ agencies to meet users' requirements for assessment, treatment, care, protection, recovery and quality of life through timely access to services and resources designed around the needs and aspirations of service users and carers

- A joint commissioning strategy for Cumbria Clinical Commissioning Group (CCCG) and Cumbria County Council (CCC) that will describe how commissioners will bring together their commissioning resources to deliver the vision and model of care.

Meeting the needs of the people of Cumbria is challenging particularly as the local authority and partners face significant financial difficulties. New ways of working and solutions have to be made in order to meet the mental health needs of the population. The Strategy will help to design and deliver services and systems which work with partners and organisations across the county.

Cumbria's mental health transformation programme will be aligned with the "Better Care Together" and "Success Regime" transformation programmes in the North and South of the county.

1.1.2 No Health Without Mental Health: A Cross Government Mental Health Outcomes Strategy for People of All Ages, Department of Health, 2011

In the Department of Health's National Mental Health Strategy: "No Health Without Mental Health, 2011" it sets out six shared objectives to improve people's mental health and wellbeing and improve services for people with mental health problems:

- More people will have good mental health
- More people with mental health problems 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

1.1.3 The Five Year Forward View for Mental Health. A report from the Independent Mental Health Taskforce to NHS England. February 2016"

Despite the initiatives set out in the 2011 National Mental Health Strategy, there were various challenges as well as increases in the number of people using mental health services which led to inadequate mental health provision and worsening outcomes including a rise in suicide.

In March 2015 the independent Mental Health Taskforce was formed bringing together health and care leaders, health experts and service users to produce a 2016 Five Year Forward View for Mental Health for the NHS in England. The 2016 Five Year Forward View for Mental Health sets out targets for mental health and recommends focusing investment on: improving crisis care, psychological therapies, liaison services in A&E departments, perinatal and children's services and suicide prevention.

The Mental Health Taskforce identified that mental health has not previously been given the same priority or status as physical health; that there has been a shortfall in qualified staff; and that it has not received the funding it needs.

1.1.4 Mental Health Act 1983, Department of Health

The Mental Health Act 1983 is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder – mental disorder means any disorder or disability of the mind. The provisions of the Act cover reception, care and treatment of mentally disordered patients, the management of their property and other related matters. In most cases people who are treated in hospital or other mental health facilities have agreed to be there, however, in some circumstances a person may be sectioned (detained) under the Mental Health Act 1983. Those who are sectioned (detained) require an urgent assessment and treatment for a mental health disorder and are at risk of harm to themselves and others.

1.1.5 Section 136

Section 136 of the Mental Health Act gives the police powers to move an individual who they think may have a mental illness and are in need of care to a place of safety such as a hospital or police station; this then enables them to be assessed by a medical or mental health professional. Individuals may, however, be discharged without being assessed. Section 136 is one of just two types of civil detention under the Mental Health Act for which no statutory form is required, therefore reliable data is not always available.

1.1.6 Mental Capacity Act 2005

The Mental Capacity Act (MCA) applies to people aged 16 years and over. It is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Not all people with a mental health issue lack capacity, however, people who may lack capacity include those with: dementia, severe learning disability, brain injury, mental health condition, stroke, unconsciousness caused by an accident or anaesthetic (please note that not all of these conditions are within the scope of this JSNA). The Act allows people to express their preferences for care and treatment in case they lack capacity to make these decisions. It allows an individual to appoint a trusted person to make a decision on their behalf should they lack capacity in the future.

1.1.7 NHS Outcomes Framework 2016-17

The NHS Outcomes Framework 2016-17 sets out the framework and indicators that will be used to hold NHS England to account for improvements in health outcomes. There are 5 key domains within the Framework which are as follows:

- Domain 1: Preventing people from dying prematurely
- Domain 2: Enhancing quality of life for people with long-term conditions
- Domain 3: Helping people to recover from episodes of ill health following injury
- Domain 4: Ensuring that people have a positive experience of care
- Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

In relation to mental health and associated indicators, its aim is to help to:

- reduce premature mortality in people with mental illness;
- enhance quality of life for people with mental illness;
- enhance quality of life for people with dementia

1.1.8 The Marmot Review: Reducing Health Inequalities Through Action on the Social Determinants of Health, UCL Institute of Health Equity 'Fair Society Healthy Lives;' February 2010

The Marmot Review into health inequalities in England was published on 11 February 2010. The aim of the review is to help to identify and address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities.

“People with higher socioeconomic position in society have a greater array of life chances and more opportunities to lead a flourishing life. They also have better health. The two are linked: the more favoured people are, socially and economically, the better their health.”

The Review sets out an evidence base around key themes all impacting on physical and mental health and inequalities including: education and early years; poverty and income; welfare; physical environment; employment and economics; disadvantage, social exclusion and vulnerability. This chapter will aim to identify the links between health inequalities and mental health, however, more information relating to health inequalities can be found in the Health Inequalities chapter.

2 Key issues and gaps

The Adult Psychiatric Morbidity Survey (APMS) gathers information on mental illness among adults living in private households. Of those surveyed in 2014, 1 in 6 had a common mental health

disorder (CMD); 1 in 5 women and 1 in 8 men. Based on these estimates and current population, in Cumbria there are around 70,770 people aged 16+ years with a common mental health disorder; 44,049 women; and 26,862 men. People with CMD are often hidden and untreated with just 1 in 3 people with a CMD reporting current use of mental health treatment.

Other disorders such as psychotic disorder and autism were more rare, affecting around 1 in 100. Bipolar disorder is more common affecting 1 in 50. Drug dependence was evident in 1 in 30; with a similar level found for probable alcohol dependence. Both types of substance dependence were twice as likely in men than in women.

In the 2014 Adult Psychiatric Morbidity Survey (APMS), the population identified as most at risk of poor mental health (common mental health disorders) are females aged 16 to 24 years; and also both men and women aged 55-64 years.

There are various risk factors associated with mental illness. In Cumbria populations with rates higher than the national average are single person households, working age people without formal qualifications, those experiencing insolvency, households with an income less than £10,000 and people with a long term health problem or disability. The risk factors affecting the largest number of people in Cumbria are those people with long-term health problems or disabilities and single person households.

Rates of suicide in Cumbria are higher than the national average. The circumstances surrounding suicide are often complex and that there isn't just one risk or attributable factor.

In Cumbria, throughout 2014-15, there were 1,147 emergency hospital admissions for intentional self-harm; a rate of 249.5 per 100,000 (all ages), greater than the national rate of 191.4; rates in Cumbria have been greater than England since 2012-13. The APMS 2014 reports that self-harming in both men and women has doubled since 2007, however, such differences may be linked to differences in reporting and/or reflect a real increase.

In 2015-16, there were 25,483 referrals to specialist mental health services in Cumbria. Overall, more females than males are accessing specialist mental health services in Cumbria, however, this varies depending on the service being accessed – more males than females are accessing early intervention and psychosis services; while more females than males are accessing Access Liaison Services (ALIS), Non-Psychosis, and Older Adults services.

Over a three year period (from 2013-14) numbers of referrals have remained relatively stable, however, this varies depending on the service: numbers of referrals to First Step; Psychosis and Non-Psychosis services have fallen, while referrals to ALIS have increased.

Anyone is at risk of developing dementia; however, it is more prevalent in older people aged 65 years and above. There is an estimated 7,721 people living with dementia in Cumbria with around 1,800 being diagnosed each year and this number is expected to rise substantially (+60.7%) as our population ages, to 12,410 in 2030. However from 2013-14 to 2015-16 there has not been an increasing trend in referrals for older adults services.

In the 2014 Adult Psychiatric Morbidity Survey (APMS), one of the populations identified as most at risk of poor mental health (common mental health disorders) are females aged 16 to 24 years. Of 220 referrals made to Early Intervention services; the greatest proportion of referrals are from those aged 18-25 years (40.0%); however there are more males (61.8%) than females (38.2%) being referred.

There are around 6,400 Adult Social Care (ASC) service users across Cumbria, of which, around 600 are receiving support for mental health. Around half (49.5%) of mental health service users in Cumbria are receiving community based support, while just over one third (35.3%) are receiving support in residential care.

Throughout 2015-16, there were 3,116 A&E attendances in Cumbria (CCG) for mental health conditions. The greatest number of attendances was by males aged 25-29 years; while the greatest number of female attendances was by females aged 15-19 years.

The Improving Access to Psychological Therapies (IAPT) programme is an NHS programme for treating people suffering from depression and anxiety disorders, approved by the National Institute for Health and Care Excellence (NICE). Recovery rates for people being treated for depression or anxiety and stress related disorders in Cumbria CCG are greater than the national average. The average waiting time for referrals entering treatment in Cumbria CCG is 19.2 days which is lower than the England average of 32.0 days.

Around 420 referrals reported as part of IAPT were for ex-British Armed Forces personnel (including dependents); 305 entered treatment of whom 230 completed treatment, around half of those completing treatment (51%) moved to recovery.

7.0% of people in Cumbria are in contact with mental health services at the same time as they access services for alcohol misuse, this is much lower than the national average of 20.0% in England. 9.4% of people in Cumbria are in contact with mental health services when they access services for drug misuse, this is much lower than the England average of 21.0%. It is unclear whether this reflects unmet need or there is inadequate provision.

The APMS 2014 reported that there were demographic inequalities among those who received treatment. After controlling for level of need, people who were White British, female, or in mid-life (especially aged 35 to 54) were more likely to receive treatment. People in the Black ethnic group had particularly low treatment rates. There was limited data available for ethnicity and service use to understand the possibility of unmet need in relation to ethnic minorities in Cumbria.

Evidence from academic research suggests that when people are involved in their own care, decisions are made more effectively and health outcomes improve.

3 Recommendations for consideration for commissioners

As set out in The Five Year Forward View for Mental Health, the picture of mental health is changing, public attitudes towards mental health are improving, and there is a growing commitment among communities, workplaces, schools and within government to change the way we think about it. There is now a cross-party, cross-society consensus on what needs to change and a real desire to shift towards prevention and transform NHS care. It is recommended Commissioners of mental health care consider the population needs included in this document.

4 What is the population overview?

The current population of Cumbria is 497,996; in England & Wales it is estimated to be 57.4 million. The number of people on Cumbria's GP Registers is higher than the resident population at around 521,742 people (October 2015)

Compared to England and Wales, Cumbria has an older age profile, with lower proportions of residents aged 0-44 years, and higher proportions of residents aged 45+ years. The age profile of Cumbria's districts varies considerably: Barrow-in-Furness, Carlisle and Copeland have the greatest proportions of residents aged 0-44 years, while the districts of Allerdale, Eden and South Lakeland have the greatest proportions of residents aged 45+ years. South Lakeland in particular has a high proportion of older residents aged 65+ years - out of 348 local authority districts in England & Wales, South Lakeland has the 12th highest proportion of residents aged 65+ (Source: Mid-2014 Population Estimates, Office for National Statistics). Further details of Cumbria's population can be found in the Population chapter of the JSNA.

GP Registered Population

Cumbria's GP registered population differs to Cumbria's district boundary population as it includes a GP practice outside of Cumbrian as well as residents who live outside of the county but who are

accessing GP services within. As at July 2016, the population of Cumbria's GP population was 522,121, greater than district boundary population. This should be considered when commissioning services. A further breakdown of GP population can be found in the Population chapter of the JSNA.

5 Who is at risk & why?

As set out in the 2016 Five Year Forward View for Mental Health, at least 1 in 4 people will experience a mental health problem during their lives; while 1 in 6 adults will be dealing with a mental health problem at any one time; furthermore, 1 in 100 people will have a severe mental health problem. The 2016 Five Year Forward View highlights the need for tackling inequalities as mental health problems disproportionately affect people living in poverty, the unemployed, and people from black and minority ethnic groups.

5.1 The Adult Psychiatric Morbidity Survey, 2014

The Adult Psychiatric Morbidity Survey (APMS) gathers information on mental illness among adults living in private households. It is commissioned by NHS Digital (Health & Social Care Information Centre), funded by the Department of Health, and carried out by NatCen Social Research and the University of Leicester. The survey aims to provide an understanding of mental illness, substance dependence and suicidal behaviour, their causes and consequences across households in England. The survey is carried out every seven years, the last being in 2014, where 7,500 people aged 16 plus years were surveyed, including those who do not access services and who aren't receiving treatment. Questions in the survey generate scores which then determine diagnosis.

The APMS identified the population most at risk of poor mental health (common mental health disorders) are females aged 16 to 24 years; and also both men and women aged 55-64 years.

In Cumbria there are 23,007 females aged 16-24 years, accounting for 4.6% of the county's total population; and 9.1% of the total female population. The greatest number and proportion of females aged 16-24 years are in the district of Carlisle; Eden has the least number of females aged 16-24 years. There are 68,856 people aged 55-64 years, accounting for 13.8% of the county's total population. The greatest proportion of people aged 55-64 years are in South Lakeland; the lowest proportion are in Carlisle.

Table 1: Total population; population of high risk groups; Cumbria, Districts and England

		Number			Proportion (%)		
	Total population	**Females 16-24 yrs**	**Males 55-64 yrs**	**Females 55-64 yrs**	**Females 16-24 yrs**	**Males 55-64 yrs**	**Females 55-64 yrs**
Cumbria	497,996	23,007	34,147	34,709	9.1%	13.9%	13.7%
Allerdale	96,660	4,309	6,633	6,841	8.8%	13.9%	13.9%
Barrow-in-Furness	67,515	3,390	4,277	4,385	9.9%	12.8%	12.9%
Carlisle	108,155	5,989	7,033	7,074	10.8%	13.3%	12.8%
Copeland	69,647	3,106	4,988	4,785	9.0%	14.2%	13.8%
Eden	52,565	2,174	3,907	3,933	8.2%	15.0%	14.8%
South Lakeland	103,454	4,039	7,309	7,691	7.6%	14.4%	14.6%
England	54,786,327	3,024,178	3,044,343	3,138,700	10.9%	11.3%	11.3%

Source: Mid-Year Population Estimates, Office for National Statistics, 2015

Of those surveyed, 1 in 6 had a common mental health disorder (CMD); 1 in 5 women and 1 in 8 men. Other disorders such as psychotic disorder and autism were more rare, affecting around 1 in 100. Bipolar disorder is more common affecting 1 in 50. Drug dependence was evident in 1 in 30; with a similar level found for probable alcohol dependence. Both types of substance dependence were twice as likely in men than in women.

Table 2: Prevalence estimates of mental health based on the 2014 APMS

	Estimates	Total population (aged 16+ years)	Estimated prevalence
Common Mental Health Disorder	1 in 6 people (17.0%)	416,293	70,770
	1 in 5 women (20.7%)	212,795	44,049
	1 in 8 men (13.2%)	203,498	26,862
Psychotic disorder	1 in 100	416,293	4,163
Autism	1 in 100	416,293	4,163
Bipolar	1 in 50	416,293	8,326

Source: APMS, 2014

Since 2000, overall rates of CMD in England steadily increased in women and remained largely stable in men. Reported rates of self-harming increased in men and women and across age groups since 2007. However, much of this increase in reporting may have been due to greater awareness about the behaviour. The gap between young women and young men has increased.

CMDs are more prevalent in certain groups of the population including adults under the age of 60 who live alone; women who lived in large households; adults not in employment; those in receipt of benefits; and those who smoke - associations to poverty and increased social disadvantage.

The APMS identified key characteristics, associations and risks linked to poor mental health as follows:

- Young women aged 16-24 years
- Men and women aged 55-64 years
- Living alone

- Single or divorced
- People in receipt of Employment and Support Allowance (ESA) – benefit provided to those unable to work due to poor health or disability
- Chronic physical conditions (asthma, cancer, diabetes, epilepsy, and high blood pressure)
- Low intelligence/intellectual impairment/learning disabilities
- Poverty, debt and financial strain
- Poor quality housing
- Unemployment or working in a low quality job
- People with common mental disorders (anxiety and depression) are more likely to have experienced stressful events; and have smaller social networks
- Key lifetime stressors include sexual abuse, domestic violence, bullying, and running away from home or institutional care in childhood

In addition to the characteristics and risks set out above, a number of risk factors have been identified in the Department of Health's "Preventing suicide in England" strategy, as follows:

- Alcohol and substance misuse
- Long-term health problems or disabilities
- Housing and homelessness
- Unemployment
- Financial difficulties
- Living alone and social isolation

5.1.1 Single person households

One group of people who are of particular risk of mental health issues are those who live alone, conversely, for some who end up living alone may be because of their mental health issues. There are around 71,700 one person households in Cumbria, equating to 14.6% of all households across the county, above the England average of 12.8%. Across the districts, Barrow-in-Furness has the greatest proportion of one person households at 15.8% compared to 13.4% in Copeland where there are the least. There is significant variation across different communities in the county, for example, in Barrow Island ward in Barrow-in-Furness more than half (53.7%) of all households are one person, compared to 17.8% in the Moresby ward in Copeland. The greatest levels of one person households are typically in urban areas, however, because of the county's rural nature almost half (48.9%) of one person households in Cumbria are in rural areas, compared to just 15.4% in England. The district of Allerdale has the greatest proportion of one person households in rural areas at 68.9% compared to 22.1% in Carlisle. Not all people living in a rural area will feel socially isolated, however, if there are geographical barriers to accessing services and community groups then they may be more vulnerable.

5.1.2 Marital status – separated or divorced

In Cumbria, 8,498 people aged 16+ years reported being separated (but still legally married/civil partnership) in the 2011 Census, accounting for around 2% of all people aged 16+ years. The greatest number and proportion were aged 35 to 39 years and 40-44 years and were resident in Carlisle, accounting for 5% of the population aged 16+. 5% of those aged 40-44 years were resident in Barrow-in-Furness.

39,523 people aged 16+ years reported being divorced, accounting for around 9% of all people aged 16+. The greatest proportion of people reporting as divorced were aged 50-54 years accounting for 17% of the 16+years population. Across the districts, the greatest proportion of people who reported being divorced were resident in Barrow-in-Furness accounting for 11% of the 16+ population; this increased to 20% for those aged 50-54 years; Carlisle and Copeland had the second highest proportion at 18%; while Eden and South Lakeland had the lowest at 15% and 16% respectively. Further details of marriage and civil partnership can be found in the Equality Impact Assessment.

5.1.3 Lone parent households

There are 49,343 lone parent households in Cumbria, accounting for 1 in 10 households (10.1%), this is below than the national average of 11.7%. Across the districts, Barrow-in-Furness has the greatest proportion of lone parent households at 12.7% followed by Carlisle at 11.2%; South Lakeland and Eden have the lowest proportions at 7.6% and 7.9%. 60.5% of lone parent households are female while around two thirds have dependent children.

5.1.4 Black and Minority Ethnic population

Mental health problems disproportionately affect people from black and minority ethnic groups (BME), as highlighted in The 2016 Five Year Forward View for Mental Health. In the 2011 census 17,734 Cumbrian residents reported that they were from Black and Minority Ethnic (BME) groups (3.5%); this is much lower than the average for England & Wales (19.5%). Across Cumbria's districts, the proportion of residents from BME groups ranged from 2.4% in Allerdale to 5% in Carlisle. More than half (51.8%) of BME groups are of Asian ethnicity (Source: Census, 2011). Although levels of BME groups in Cumbria are relatively low they have been increasing and it is therefore important that service provision reflects this.

5.1.5 Poor physical health and physical disabilities

19.8% of people living in Cumbria have a long term health problem or disability; this is above the England average of 17.2%. Levels are greater than the national average in all Cumbrian districts,

with the greatest levels being in Barrow-in-Furness where almost 1 in 4 people (24%) have a long-term health problem or disability, the district with the lowest levels is Eden at 17.5%. More than half of people in the county with a long-term health problem or disability are aged 65+ years with the greatest number between 60-64 years. Numbers of people with a long-term health problem or disability start to increase from ages 35-39 upwards.

28,515 people living in Cumbria report that they have bad or very bad health, accounting for 5.8% of all people, just above the national average of 5.3%. The greatest proportion of people reporting that they have bad or very bad health are living in the district of Barrow-in-Furness at 8.2%, compared to 4.3% in South Lakeland. Slightly more males than females report bad or very bad health at 51.6% compared to 48.4% males. Most people with bad or very bad health are aged 65+, however, 1 in 5 people (19.5%) are aged between 25-49 years.

5.1.6 Chronic physical conditions

Comorbidity of additional conditions or diseases is common in people with poor mental health. The APMS 2014 reports that low mental wellbeing and mental disorders are associated with chronic physical conditions such as asthma, cancer, diabetes, epilepsy, and high blood pressure.

In 2014/15 there were 34,741 people in Cumbria on GP Registers for Asthma, accounting for 6.69% of all patients, this is above the England average of 5.99%.

In the same period, there were 14,863 people on the GP Cancer Register, accounting for 2.86% of all patients, this is above the England average of 2.26%. There were 30,716 people on the GP Diabetes Register, accounting for 7.14%, above the England average of 6.37%. There were 3,849 people on the GP Epilepsy Register, accounting for 0.91%, above the England average of 0.79%. In addition, there were 266,940 people (aged 45+ years) on GP register's for high blood pressure, accounting for more than half at 51.44%, above the England average of 42.54%.

5.1.7 Unemployment

Unemployment, particularly long-term unemployment, has a significant impact on both physical and mental health; being in good employment incorporating decent pay, good working conditions, job development and job security contribute to good health while unemployment contributes to poor health. Levels of unemployment are greater among people with no or few qualifications or skills; people with disabilities and poor mental health; people who provide care; lone parents; black and minority ethnic groups; young people; and older workers. When in employment these people are more likely to be in low-paid, poor quality jobs, low opportunities; and bad working conditions

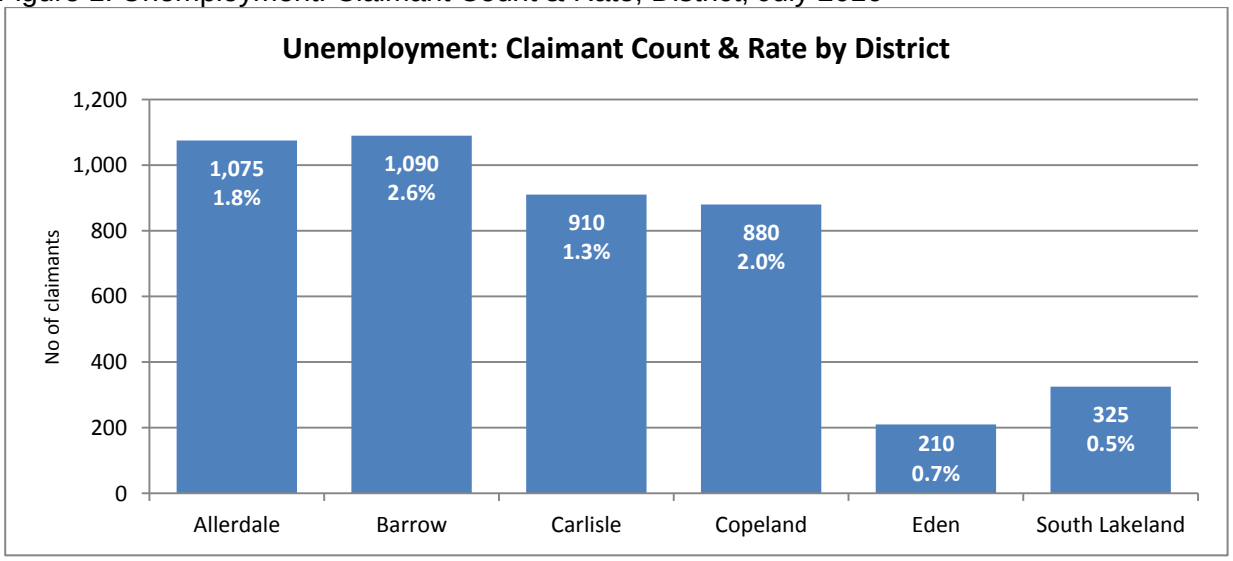
which result in poor health. People in poor quality employment are more at risk of poor physical and mental health (Source: Marmot Review).

Those classified with a work-limiting disability in Cumbria are significantly less likely to work than those without a disability. Half (50.1%) of people with a disability are economically active compared to 85.7% of those who do not have a disability (Source: Annual Population Survey, March 2016).

In addition to this, there is clear evidence that those with no, or low level, qualifications are less likely to be active in the labour market than those with higher skills. Almost half (45.1%) of working age people in Cumbria are economically inactive (not working and not looking for work), 5.9% are unemployed and 49.1% are employed. In contrast, only 13.6% of those with level 4+ qualifications are economically inactive, 2.3% are unemployed and 84.1% are employed.

There are around 4,600 people in Cumbria claiming unemployment benefits (Job Seekers Allowance or those on Universal Credit required to seek work), a rate of 1.5% of the working age population (16-64 years), this is below national levels of 1.8%. The district of Barrow-in-Furness has the highest rate of unemployment at 2.6%, above national levels. Unemployment rates are above national levels in the districts of Barrow-in-Furness (2.6%) and Copeland (2.0%). Levels of youth unemployment (claimants aged 18-24 years) are high in the county at 3.0% compared to 2.8% nationally; across the districts, rates are above national levels in Allerdale (3.8%); Barrow-in-Furness (5.1%); and Copeland (4.6%). Levels of unemployment are relatively low in Cumbria and have fallen in recent years indicating more people are in employment or have ceased claiming for another reason such as changes to the benefit system.

Figure 1: Unemployment: Claimant Count & Rate, District, July 2016



Source: Office for National Statistics, July 2016

5.1.8 Qualifications and skills

There are 47,982 working age people (aged 16-64 years) in Cumbria with no formal qualifications, accounting for 15.3% of the working age population; this is higher than the national average of 14.8%. Across the districts, Allerdale (17.6%) and Copeland (17.6%) have the highest proportions of working age population with no formal qualifications; only Eden (13.1%) and South Lakeland (10.8%) have rates below the national average. Conversely, the proportion of working age people in Cumbria qualified to level 4 or above is lower than the national average at 26.0% compared to 29.8% in England; this is particularly low in Barrow-in-Furness (21.1%) and Copeland (22.8%), whilst South Lakeland has the highest proportion (34.6%) above the national average.

5.1.9 Debt – insolvencies

Throughout 2014 there were a total number of 900 insolvencies (bankruptcies, debt relief orders and individual voluntary arrangements) in Cumbria, a rate of 22.2 per 10,000 of the adult population, this is above the England average of 21.5. Rates of insolvencies are greatest in the district of Carlisle at 26.3, above both county and national averages. Rates are above the national average in the districts of Allerdale (23.5), Barrow-in-Furness (23.7) and Copeland (25.3). Rates of insolvencies are below the national average in South Lakeland (16.5%) and Eden (17.4%).

5.1.10 Income – low income households

Household incomes in Cumbria are relatively low compared the national average. The current median household income in Cumbria is £26,192 compared to £29,449 nationally. There is significant variation across Cumbria's districts: £22,623 in Barrow-in-Furness compared to £31,189 in South Lakeland. Around 30,000 households in Cumbria have an income of less than £10,000, accounting for 13.3% of all households in the county, compared to 11.6% nationally. The picture varies across the county's districts. Four districts have proportions higher than both the national and county average: Allerdale (14.8%); Barrow-in-Furness (16.4%); Carlisle (14.1%) and Copeland (14.8%). The highest proportion of low income households is in Barrow-in-Furness (16.4%), while the lowest is in South Lakeland (9.3%). (Source: Paycheck, CACI, 2016)

5.1.11 Welfare – benefit claimants

There are currently more than 33,000 people claiming some type of benefit in the county, at a rate of 11.1% of the working age population (16-64 years), this is below the national average of 11.4%. Across the districts, rates of benefit claimants are greatest in Barrow-in-Furness (16.1%) compared to 6.9% in both Eden and South Lakeland. Benefit claimant rates are above the national average in the districts of Allerdale (11.8%); Barrow-in-Furness (16.1%); Carlisle (11.6%)

and Copeland (13.2%). Areas with high levels of benefit claimants tend to be areas with greater levels of unemployment; households with low income; and areas with high levels of deprivation.

In the APMS it emerged that people in receipt of Employment and Support Allowance (ESA), a benefit aimed at people unable to work due to poor health or disability, were a particularly vulnerable group. In Cumbria, there are 8,890 people (of working age) claiming ESA relating to mental and behavioural disorders, accounting for almost half (46.8%) of all ESA claimants. The greatest number and proportion of claimants are in the district of Carlisle (2,320) compared to Eden where numbers are the lowest in the county (510). It is worth noting that the number of ESA claimants is likely to be greater but unfortunately due to welfare reform and changes in the way benefits (Universal Credit) are now reported means we are unable to get the full picture.

Since the changes to welfare reform in 2012, and the introduction of Universal Credit there have been reductions in the number of households in receipt of various benefits including housing benefit; unemployment benefits; and child and working tax credits (CWTC). Reductions in benefits can cause financial worry and stress affecting mental health. All districts have experienced significant reductions in numbers of families eligible for CWTC, in particular Carlisle (-3,700 families); South Lakeland (-3,300); and Allerdale (-3,100). Universal Credit is still being rolled out therefore total impact cannot yet be measured, however, where possible, this should be monitored.

5.1.12 Poor housing

Having somewhere safe and warm to live is fundamental to mental health wellbeing. Housing should provide shelter and a secure and positive environment. Research has shown that people who are homeless or at risk of homelessness are much more likely to experience mental health issues. Mental ill health is individual and can occur in different ways at different times in people's lives therefore needs and support may differ (Source: Mental Health and Housing Policy Paper, 2016, Mental Health Foundation).

The Department of Health published priorities for the national Mental Health Strategy in 2014, identifying 25 areas across mental health care where improvements would be directed. Housing was identified as a key concern under the section "more people with mental health problems will live in homes that support recovery" reinforcing the links between housing and health by looking at how people with mental health problems can "live safely and more independently for longer."

In the Marmot Review it states that bad housing conditions – including homelessness, temporary accommodation, overcrowding, insecurity, and housing in poor physical condition – constitute a risk to health. Poor neighbourhoods often have high levels of social housing with almost half of all

social housing located in the most deprived fifth of neighbourhoods. People living in social housing tend to have higher rates of unemployment, ill health and disability. A study carried out by Shelter in 2006 suggested that children in bad housing conditions are more likely to have mental health problems, such as anxiety and depression as well as other health problems.

As set out in the "Equality Impact Assessment - living well with dementia: National Dementia Strategy; Department of Health, 2009:

Supportive housing and telecare for people with dementia Outcome 10: Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers. The needs of people with dementia and their carers should be included in the development of housing options, assistive technology and telecare. As evidence emerges commissioners should consider the provision of options to prolong independent living and delay reliance on more intensive services.

Good quality dementia care for people in care homes Outcome 11: Living well with dementia in care homes. Improved quality of care for people with dementia in care homes by the development of explicit leadership for dementia within care homes, defining the care pathway there, the commissioning of specialist in-reach services from community mental health teams, and through inspection regimes.

It is a priority within Cumbria to help people disabilities including mental health issues to live independent lives by supporting them to remaining in their own homes for as long as possible; in order to do this suitable housing and support is needed. Various support schemes are available including assistive technology, daily living equipment, adaptions and Extra Care Housing.

5.1.13 Extra Care Housing

In Cumbria there are currently 15 Extra Care Housing schemes with around 500 units available. Cumbria County Council's Adult Social Care have the provision to allocate to around 50% of available units; and are currently providing formal care to around 230 people living in Extra Care Housing, some of which will be receiving care relating to mental health . Across the districts, available schemes are as follows: Allerdale (2); Carlisle (4); Copeland (2); Eden (3); Furness (1); and South Lakes (3).

In addition to the schemes provided above, there are also 3 private schemes: Eden (1); and South Lakes (2), providing around 160 units.

5.1.14 Social housing

There are 31,778 socially rented households in Cumbria, accounting for 14.3% of all households, this is below the national average of 17.7%. The district of Allerdale has the greatest proportion of social housing at 19.1%, followed by Copeland at 18.6%; while Eden and South Lakeland have the least social housing at 10.1% and 10.4%.

5.1.15 Indices of Deprivation – Barriers to Housing and Services

Within the Indices of Deprivation the "Barriers to Housing and Services" sub domain considers household overcrowding, homelessness, and housing affordability (as well as access to key services). In Cumbria, there are 40 communities (Lower Super Output Areas) which fall within the 10% most deprived nationally. Eden has the greatest proportion of its LSOAs which fall within the 10% most deprived accounting for 31%. Further details can be found in Table 3.

Table 3: Indices of Deprivation - Barriers to Housing & Services: distribution of 10% most deprived LSOAs nationally, by District

District	Number of LSOAs	% of all LSOAs within the District
Allerdale	8	13%
Carlisle	6	9%
Copeland	6	12%
Eden	11	31%
South Lakeland	9	15%

Source: Indices of Deprivation, 2015

5.1.16 Indices of Deprivation – Living Environment

The Indices also measures "Living Environment" which considers housing in poor condition, houses without central heating (as well as air quality and road traffic accidents). In Cumbria, there are 78 LSOAs which fall within the 10% most deprived nationally. Eden and Barrow-in-Furness have the greatest proportion accounting for around 47% and 41% of their LSOAs. Further details can be found in Table 4 below.

Table 4: Indices of Deprivation - Living Environment: distribution of 10% most deprived LSOAs nationally, by District

District	Number of LSOAs	% of all LSOAs within the District
Allerdale	11	18%
Barrow-in-Furness	21	41%
Carlisle	10	15%
Copeland	6	12%
Eden	18	47%
South Lakeland	12	20%

Source: Indices of Deprivation, 2015

5.1.17 Homelessness

An individual is classed as homeless if they do not have a home of which they occupy; they do not have to be sleeping on the streets to be considered homeless (source: Shelter, legal definition of homelessness). The situation of being homeless can have a significant impact on both the physical and mental health of an individual, in addition to this, accessing health services can be difficult. Poor mental health (and physical health) can be the actual cause a person becoming homeless. Homeless people may often leave health problems untreated until they reach a crisis point causing issues and difficulties for both the individual and the service provider(s).

Using information supplied nationally by over 2,500 people in 'The unhealthy state of homelessness, Health Audit Results 2014' it highlights the extent to which people who are homeless experience some of the worst health problems in society, some of which relate directly to mental health. Some of those findings are as follows:

- 80% of respondents reported some form of mental health issue, 45% had been diagnosed with a mental health issue
- 39% said they take drugs or are recovering from a drug problem, while 27% have or are recovering from an alcohol problem
- 45% had been diagnosed with a mental health problem (compared to just 25% of the general population)
- 36% had taken drugs in the past six months (compared to just 5% of the general population)
- Two-thirds consume more than the recommended amount of alcohol each time they drink

In order to ensure the needs of homeless people are met, and in order to tackle and reduce homelessness, local authorities and health services must work together ensuring that accessible and appropriate services are provided.

Throughout 2015-2016, 139 individuals were accepted as being homeless and in priority need; across the districts, the number was greatest in Carlisle (53) and Allerdale (32) compared to Eden where there were none. It is likely that the number of homeless people is greater as not all seek help from local authorities.

5.1.18 Households affected by the December 2015 floods

Following the December 2015 floods across the county, 5,319 households were affected. Many people were displaced and around 1,574 have been unable to return home, accounting for 30%. Some households have relocated to temporary rented properties while others have had to make alternative temporary arrangements such as staying with friends and family. Across the districts,

the greatest number of flooded properties were in South Lakeland (2,250), followed by Carlisle (1,803) and Allerdale (1,758). Using ACORN, a socioeconomic profiling tool supplied by CACI Ltd, the flooded properties mainly affected residents in households categorised as "fading owner occupied terraces" and "semi-skilled workers in traditional neighbourhoods" household types which are also classed as financially stretched (Source: CACI, 2016).

It is important to consider the impact on the mental health and wellbeing of those affected by the floods. There are significant long-term health implications for many victims of flooding in particular mental health problems. Stress, depression, anxiety and panic attacks are conditions often reported by flood victims. Following the floods in 2009, mental health service providers reported a spike in the number of mental health referrals approximately 6 months after the floods; it is likely that the same will happen following the December 2015 floods and therefore service providers should be prepared for this.

5.1.19 Crime

Both victims of crime and those committing crimes are often linked to having mental health issues. Mental disorder and its subsequent impact on crime is considered to be significant, with links established to persistent offending and re-offending. Victims of crimes such as violence against a person are often against vulnerable people including those with alcohol or drugs misuse; learning difficulties; and mental health issues. There are links to crime and the criminal justice system as emerging risk factors in suicide in Cumbria include contact with the criminal justice system. More information about crime in Cumbria is available in the Stay Safe chapter of the JSNA.

Throughout 2015, there were 3,206 incidents reported to Cumbria Police involving a person who has, or appears to be suffering from, a mental disorder or mental impairment including learning difficulties. 200 incidents involved Section 136. Numbers of incidents are increasing, compared to the previous year numbers had increased by 12.4% from 2,852; and over a 3 year period, numbers of incidents received have increased by 32.5% from 2,420 in 2013. Victims with a mental health issue are mostly aged between 35-49 years, with the greatest number aged 40-44 years and are mostly female. Offenders with a mental health issue are mostly aged between 30-34 years and are mostly male. Across the districts, the greatest number of victims and offenders were resident in Carlisle and Barrow-in-Furness.

5.1.20 Domestic abuse

Mental health issues are apparent for both victims and perpetrators of domestic abuse. Evidence tells us that many victims of domestic abuse have mental health issues; around 1 in 8 have attempted or threatened suicide; around 1 in 10 some self-harm; while and there is evidence of

alcohol and drugs misuse. Almost half of perpetrators themselves have mental health issues; around half are misusing drugs and alcohol; and almost 1 in 4 have financial problems (Source: Let Go, 2014-15). Rates of domestic abuse incidents in Cumbria are below national levels at 16.2 per 1,000 population compared to 18.8 in England. Despite this, many domestic violence incidents remain hidden and many are not reported therefore the true level of domestic abuse in the county may not be known. Local data tells us that across Cumbria's districts rates of domestic abuse are greatest in Barrow-in-Furness (22.3 per 1,000); while rates in Allerdale (14.6); Carlisle (17.5) and Copeland (16.7) are all above the county average of 14.3. (Source: Cumbria Constabulary, 2015-16). For more information on domestic abuse and other crimes see the Stay Safe chapter.

5.1.21 Alcohol and substance misuse

Alcohol dependency (where an individual is physically or psychologically dependent upon drinking alcohol) is almost twice as high among people diagnosed with a psychiatric condition compared to the general population; furthermore, a high proportion of people committing suicide in Cumbria had consumed alcohol prior to taking their own lives, reflecting the national picture.

Estimated rates of substance misuse (opiates and/or crack cocaine) for those aged 15-64 years are relatively low in Cumbria compared to other areas and is below the England average at 7.5 per 1,000 compared to 8.4 nationally. Rates of admissions to hospital for mental health and behavioural disorders due to alcohol are above national levels in Cumbria at 126 per 100,000 compared to 87 in England. Rates of alcohol related hospital admissions (all persons) in Cumbria are also above national levels at 1,350 per 100,000 compared to 1,258 in England. Across the districts, rates are greater than the national average in Allerdale (1,274); Barrow-in-Furness (1,809); Carlisle (1,420); and Copeland (1,519). Rates are much higher (almost double) for males than females at 1,815 compared to 944, reflecting the national picture.

There are around 3,000 adult service users (aged 18+) in contact with Unity Drug and Alcohol Services in Cumbria, accounting for 0.7% of the total adult population. 2 out of 3 service users are male aged between 30-49 years. The largest number of service users are in Carlisle (790) and Barrow-in-Furness (616); the districts with the least number of service users are Eden (194); and South Lakeland (378). The main use of the service is for drugs, accounting for 60% of service users, while 40% of service users are using the service for alcohol related problems. Opiate drugs account for half of all service users, while heroin is the most commonly used drug (Source: Unity, 2016).

Levels of successful completion of drug treatment (drug users leaving drug treatment free of drug(s) of dependence who do not then re-present to treatment again within 6 months) in Cumbria

are above national levels: 13.4% of opiate drug users (aged 18 – 75 years) that left drug treatment successfully who do not re-present to treatment within 6 months in Cumbria compared to 7.4% in England. Levels of successful completion of alcohol treatment in Cumbria are also above national levels: 46.3% (aged 18+ years) compared to 38.4% in England.

Further information relating to alcohol and substance misuse can be found in both the Healthy Living and Lifestyles; and Stay Safe chapters of the JSNA.

6 What is the level of need and gaps?

6.1.1 Common mental health disorders

Common mental disorders (CMDs), also known as neurotic disorders, are mental conditions that cause emotional distress and interfere with daily function, but do not usually affect insight or cognition. CMDs include different types of depression and anxiety. Symptoms of depressive episodes include low mood and a loss of interest and enjoyment in ordinary things and experiences. They impair emotional and physical well-being and behaviour.

Anxiety disorders include generalised anxiety disorder (GAD), panic disorder, phobias, and obsessive and compulsive disorder (OCD). Symptoms of depression and anxiety frequently co-exist, demonstrated for example by the high proportions meeting the criteria for more than one CMD or for mixed anxiety and depressive disorder. OCD is characterised by a combination of obsessive thoughts and compulsive behaviours. Obsessions are defined as recurrent and persistent thoughts, impulses or images that are intrusive and inappropriate and cause anxiety or distress. Compulsions are repetitive, purposeful and ritualistic behaviours or mental acts, performed in response to obsessive intrusion and to a set of rigidly prescribed rules (source: APMS).

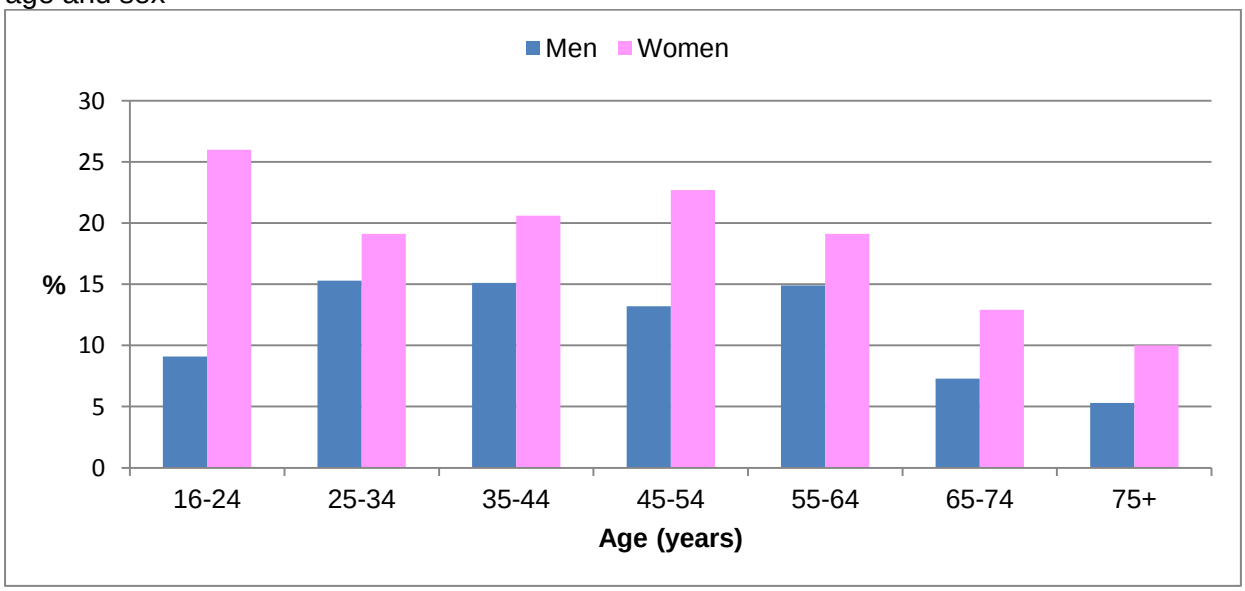
Reducing common mental disorders (CMDs) such as depression and anxiety is a major public health challenge. CMDs can result in physical impairment and problems with social functioning, and are a significant source of distress not only to the individual but to those around them. Anxiety and depression can remain undiagnosed as individuals do not seek help or treatment. If left untreated, CMDs are more likely to lead to long term disability and premature mortality. Although evidence exists for effective treatment of depression and anxiety, this seems to have had little

impact on the prevalence of these disorders. This may be because CMDs are relapsing conditions that can recur many years after an earlier episode, and people with CMD do not always adhere to treatment (Source: PHOF). Reasons why individuals do not adhere to or complete treatment can vary and there are often multiple reasons, however, local evidence is not currently available; some national research is available through the National Institute for Health & Care Excellence.

The APMS 2014 reports that around 1 in 6 adults have symptoms of CMD, while women are more likely than men to be affected: 1 in 5 women compared to 1 in 8 men. Women are also more likely to have severe symptoms. However, it is worth noting that men may be less likely to seek help. Based on these estimates and current population, in Cumbria there are around 70,800 people aged 16+ years with a common mental health disorder; 44,000 women; and 26,900 men. People of working age are twice as likely to have a CMD as people older people (those aged 65+). Rates of CMD symptoms peak in those aged 16-24 years (three times the rate than men); a second peak in women is evident around mid-life (45-54 years). In men, CMD symptoms remain stable between 25-64 years. People with CMD are often hidden and untreated with just 1 in 3 people with a CMD reporting current use of mental health treatment, an increase from 1 in 4 in the 2000 and 2007 surveys. This was driven by steep increases in reported use of psychotropic medication. Increased use of psychological therapies was also evident among people with more severe CMD symptoms.

The 2014 survey also reported that people with CMD are more likely to discuss their mental health with a GP.

Figure 2: Symptoms of common mental disorder (score of 12 or more - indicating symptoms of anxiety and depression of a level to benefit from acknowledgement and possible intervention), by age and sex



Source: Adult Psychiatric Morbidity Survey 2014

It is recognized that there are some concerns around the accuracy of the CMD data available in the Public Health Outcomes Framework (PHOF) and therefore caution must be used when using these figures as an evidence base; in addition to this and as a result, district level data is not available. As reported in PHOF, in Cumbria, there are an estimated 27,342 people aged 16-74 years who have a mixed anxiety and depressive disorder, accounting for 7.44% of the population, this is below the England average of 8.92%. There are an estimated 6,356 people aged 16-74 years living in Cumbria with a phobia, accounting for 1.73% of the population, similar to the estimated national average of 1.77%. There are an estimated 3,543 people aged 16-74 years in Cumbria with an obsessive compulsive disorder, accounting for 0.96%, below the national average of 1.10%. There are an estimated 2,081 people aged 16-74 years in Cumbria with a panic disorder, accounting for 0.57% of the population, below the national average of 0.65%.

6.1.2 Psychotic disorders

Psychotic disorders produce disturbances in thinking and perception that are severe enough to distort perception of reality. The main types are schizophrenia and affective psychosis. Psychotic disorder has a low prevalence, therefore data from the APMS 2007 and 2014 have been combined to increase the number of positive cases for analysis. Around 1 in 100 adults were found to have a psychotic disorder, with no significant differences between men and women. Although rates were greater in those aged 35-44 years they were not significantly different to other ages. Psychotic disorders did not vary significantly between ethnic groups of women, however, in amongst men rates were higher in black men. Psychotic disorders are more common in people who are economically inactive with around 1 in 7 people claiming Employment and Support Allowance. Psychotic disorder was more common in people who live alone, consistent with links between mental illness, social isolation, and the challenges that people with psychotic disorder may face with maintenance of relationships.

In Cumbria in 2011, there were 51 new cases of psychosis in people aged 16-64 years, a rate of 16.2 per 100,000, below the England average 24.2 (it should be noted that this is a modelled estimate based on area characteristics).

Between 2009/10-11/12, the rate of schizophrenia emergency admissions in Cumbria were lower than the national average at 40.0 per 100,000 compared to 57.0 in England.

6.1.3 Use of mental health treatment

The 2014 APMS reports that around 1 in 3 (36.2%) people with at least one CMD are in receipt of treatment - psychotropic medication and/or psychological therapy (psychotropic medication otherwise known as antidepressants, alter chemicals in the brain which then affect the mind,

emotions, and behaviour). The more severe an individual's symptoms of CMD are the more likely they are to be receiving treatment. Levels of treatment vary depending on the disorder; most people with a psychotic disorder are receiving treatment; more than half (59.4%) of people with depression; and around half for people with OCD, phobias, GAD, PTSD; while few people with autism receive treatment.

Medication is the most common treatment for all types of CMDs; around 1 in 2 (51.4%) people with depression are in using medication; 1 in 5 (21.3%) of those with a CMD-NOS; and 1 in 7 (15.1%) with a panic disorder (note – small base numbers mean figures for this group should be treated with caution). Compared to the previous APMS in 2007, there have been significant increases in the use of both psychotropic medication and psychological therapy. Medication is most commonly used for the treatment of anxiety and depression including psychosis, sleep problems and bipolar disorder. Furthermore, people with more severe symptoms of CMD were often using medication to treat substance misuse/dependence. There were demographic inequalities in those received treatment. After controlling for level of need, people who were White British, female, or in mid-life (especially aged 35 to 54) were more likely to receive treatment. People in the Black ethnic group had particularly low treatment rates.

Around 1 in 6 adults with severe CMD symptoms reported receiving psychological therapy, cognitive behavioural therapy (CBT) and counselling including bereavement counselling, were the most common types of psychological therapy. Almost half (44.1%) of people with a CMD reported discussing their mental health with a GP in the past year. This was most common in people with depression (66.1%), OCD (65.4%), phobia (65.4%) and GAD (54.8%). These people were also most likely to have been to hospital for mental health reasons.

In addition, there have been increases in the use of primary and community care for mental health. This is reflected locally with increased numbers of people accessing mental health services provided by Cumbria Partnership Foundation Trust.

6.1.4 GP Practice Mental Health Register (aged 18+)

GP practices in Cumbria maintain a register of patients with the following mental health conditions: schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy. Throughout 2014-15, there were 4,855 patients on GP mental health registers, accounting for 0.94% of all patients, compared to 0.88% in England. Across GP practices in the county, there is significant variation, from 2.05% in areas in Copeland to 0.27% in areas in Eden. Across the districts, Barrow-in-Furness has the greatest proportion of mental health registered patients at 1.11%, closely followed by Carlisle at 1.10%; South Lakeland has the lowest at 0.77%.

Barrow-in-Furness has a population with high risk factors therefore we would expect to see a greater number of mental health registered patients (Source: Quality Outcomes Framework, 2014-15).

6.1.5 GP Practice Depression Register (aged 18+)

GP practices in Cumbria maintain a register of patients aged 18 years or over with a diagnosis of depression. Throughout 2014-15, there were 33,932 patients in Cumbria (CCG) on the depression register, accounting for 8.0% of all patients, this is above the England average of 7.3%. There is significant variation in GP practices across the county, from 20.05% in areas of Carlisle to 0.4% in areas of Allerdale. Across the districts, Carlisle has the greatest proportion of patients registered with depression at 10.29%, followed by Barrow-in-Furness at 8.59%; Eden has the lowest proportion at 6.61%. Carlisle has a population with high risk factors therefore we would expect to see greater numbers of patients on the depression register. (Source: Quality Outcomes Framework, 2014-15).

6.1.6 Adult Social Care – Mental Health Service users

There are around 6,400 Adult Social Care (ASC) service users across Cumbria, of which, around 600 are receiving support for mental health accounting for approximately 10% of all service users. The greatest number and proportion of mental health service users are resident in Carlisle (189), accounting for almost one third (31%) of all mental health service users; followed by Furness (128), accounting for 21%. The districts of Eden (39) and Copeland (60) have the lowest number of mental health service users. Around half (49.5%) of mental health service users in Cumbria are receiving community based support, while just over one third (35.3%) are receiving support in residential care. Many mental health service users have additional health conditions, of those recorded: 47 (8%) have dementia; 42 (7%) have a physical long-term health condition; while 29 (5%) have 'other' mental health conditions.

Throughout 2015-16, 1,230 approved mental health assessments were carried out by a mental health professional within Adult Social Care. Across the ASC localities, the greatest number of assessments were carried out in Carlisle (292) and Furness (261); while the lowest number of assessments were carried out in the localities of Eden (85) and Copeland (137).

Table 5: ASC service users, by Health & Social Care District, as at 30th June 2016

Health & Social Care district	Total ASC Service Users	Total population (18+)	% of ASC service users of total population	% of ASC service users
Allerdale	1,141	71,924	1.6%	17.8%
Carlisle	1,437	86,551	1.7%	22.5%
Copeland	759	56,861	1.3%	11.9%
Eden	663	48,540	1.4%	10.4%

Furness	1,408	72,632	1.9%	22.0%
South Lakes	987	67,475	1.5%	15.4%
Cumbria	6395	403,983	1.6%	

Source: Adult Social Care, Cumbria County Council

Table 6: Mental Health ASC Service users by Health & Social Care District, as at 30th June 2016

Health & Social Care district	Mental Health support	% of all ASC service users	% of mental health service users
Allerdale	111	9.7%	18.1%
Carlisle	189	13.2%	30.9%
Copeland	60	7.9%	9.8%
Eden	39	5.9%	6.4%
Furness	128	9.1%	20.9%
South Lakes	85	8.6%	13.9%
Cumbria	612	9.6%	

Source: Adult Social Care, Cumbria County Council

6.1.7 A&E attendances for mental health conditions

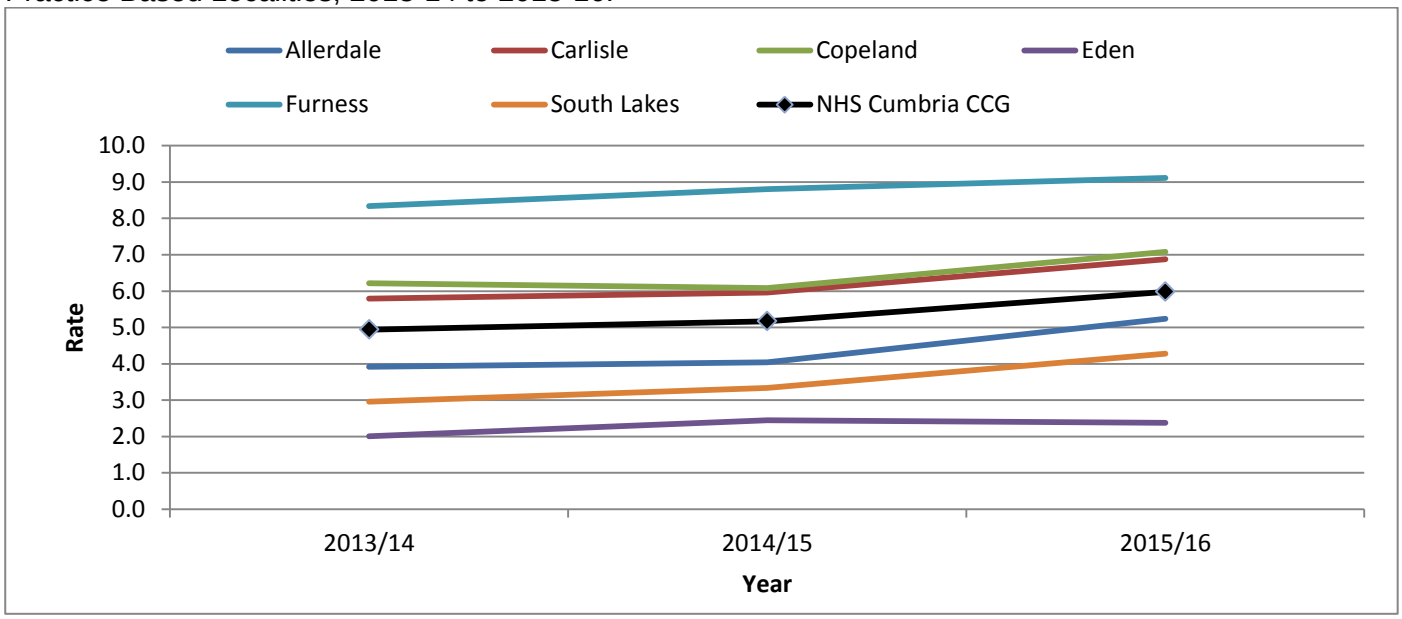
Throughout 2015-16, there were 3,116 A&E attendances in Cumbria (CCG) for mental health conditions. The definition used for mental health conditions includes psychiatric conditions and social problems (including chronic alcoholism and homelessness). The majority of attendances were for psychiatric conditions accounting for around 3 in 4. The data available is based on practice based commissioning localities which are not coterminous with statistical districts. Across the localities, Furness had the greatest number of attendances (762); while Eden had the least (124). Over a three year period (2013-14 to 2015-16), numbers of attendances have increased by 21% from 2,581 in 2013-14 to 3,116 in 2015-16. Rates of A&E attendances for mental health across all localities are increasing and have been increasing year on year since 2013-14.

Table 7: Numbers and rates (per 1,000) of A&E attendances for mental health conditions; NHS Cumbria CCG ar
GP Practice Based Localities, 2013-14 to 2015-16.

Locality	2013-14		2014-15		2015-16	
	Number	Rate	Number	Rate	Number	Rate
Allerdale	410	3.9	422	4.0	547	5.2
Carlisle	598	5.8	616	6.0	714	6.9
Copeland	386	6.2	377	6.1	438	7.1
Eden	104	2.0	127	2.5	124	2.4
Furness	705	8.3	738	8.8	762	9.1
South Lakes	343	3.0	384	3.3	493	4.3
Unassigned	35	-	26	-	38	-
NHS Cumbria CCG	**2,581**	4.9	**2,690**	5.2	**3,116**	6.0

Source: North of England Commissioning Support (NECS) Information Service

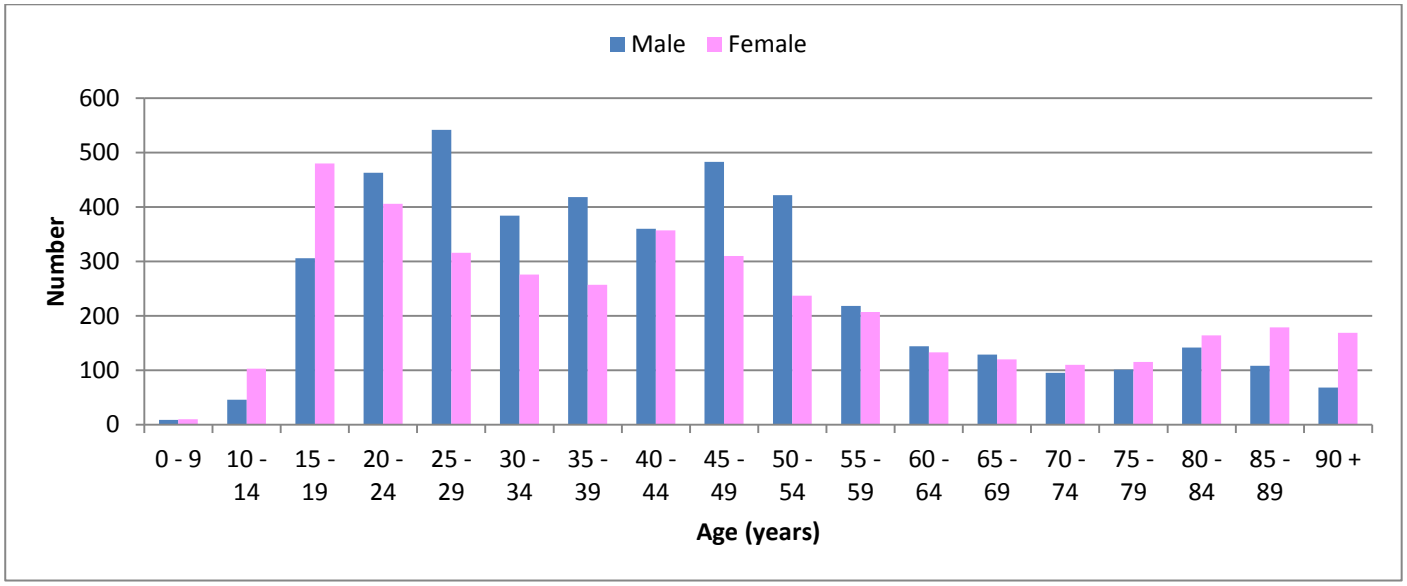
Figure 3: Rates of A&E attendances for mental health conditions, per 1,000; NHS Cumbria CCG and GP Practice Based Localities, 2013-14 to 2015-16.



Source: North of England Commissioning Support (NECS) Information Service

The greatest number of A&E attendances for mental health conditions were by those aged 20-24 years, accounting for 10.4%, closely followed by those aged 25-29 years, accounting for 10.2%. The greatest number of attendances were by males aged 25-29 years; while the greatest number of female attendances were by females aged 15-19 years. Numbers peak again around mid-life: males aged 45-49 years; and females aged 40-44 years (see Figure 4).

Figure 4: Number of A&E attendances for mental health conditions by age and gender; NHS Cumbria CCG, cumulative: 2013-14 to 2015-16.



(Source: North of England Commissioning Support (NECS) Information Service)

Compared to England, the rate of hospital admissions for unipolar depressive disorders in Cumbria are below national levels at 29.9 per 100,000 (aged 15 years+) compared to 32.1 in England (please be aware that there are some concerns regarding the quality of this data). (Source: Public Health Outcomes Framework).

6.1.8 Mental Health Services Monthly Statistics (Source: Monthly Statistics Mental Health Services Dataset) Cumbria Partnership Foundation Trust

Cumbria Partnership NHS Foundation Trust (CPFT) is Cumbria's main mental health service provider. CPFT provide support to people who are experiencing difficulties in their day-to-day lives due to mental health including: depression; anxiety; personality disorder; schizophrenia, eating disorders; dementia; alzheimers; and psychosis.

Monthly mental health statistics from CPFT are available through the Mental Health Services Dataset (MHSDS). The MHSDS is a patient level data set which provides information on children, young people and adults who are in contact with mental health services. The MHSDS includes services provided in hospitals; outpatient clinics; and services provided in the community, where the majority of people in contact with these services are treated.

At the end of April 2016, 7,665 adults in the county were in contact with adult mental health services (Cumbria Partnership Foundation Trust). Of those, 90 (1.2%) were aged 0-18 years; 3,670 (47.9%) were aged 19-64 years; while 3,905 (50.9%) were aged 65+ years. More adults aged 65+ in Cumbria are in contact with mental health services compared to the rest of England, 50.9% compared to 28.7% in England; while there are fewer 0-18 years 1.2% in Cumbria compared to 18.9% in England. The proportion of adults aged 19-64 years in Cumbria in contact with mental health services is similar to the national average at 47.9% compared to 52.3% in England.

6.1.9 Specialist NHS Mental Health Services – Cumbria Partnership NHS Foundation Trust

Cumbria Partnership NHS Foundation Trust (CPFT) provide community and mental health services to people living in Cumbria. The mental health services provided aim to support people who are experiencing difficulties in their day-to-day lives; helping people recover and to live as independently as possible. Details of the different types of services provided by CPFT can be found in Current Services and Assets section.

In 2015-16, there were 25,483 referrals to specialist mental health services in Cumbria. 3.4% of referrals received were admitted (received at least one day's inpatient care); while most referrals (78.9%) received outpatient or community based services; 17.7% received no care. Numbers of those receiving no care are affected by the GP 'opt in' referral basis for First Step services (details below). Across localities, Carlisle has the greatest number of referrals (6,808), followed by Furness (5,710); Eden had the lowest number of referrals (1,788).

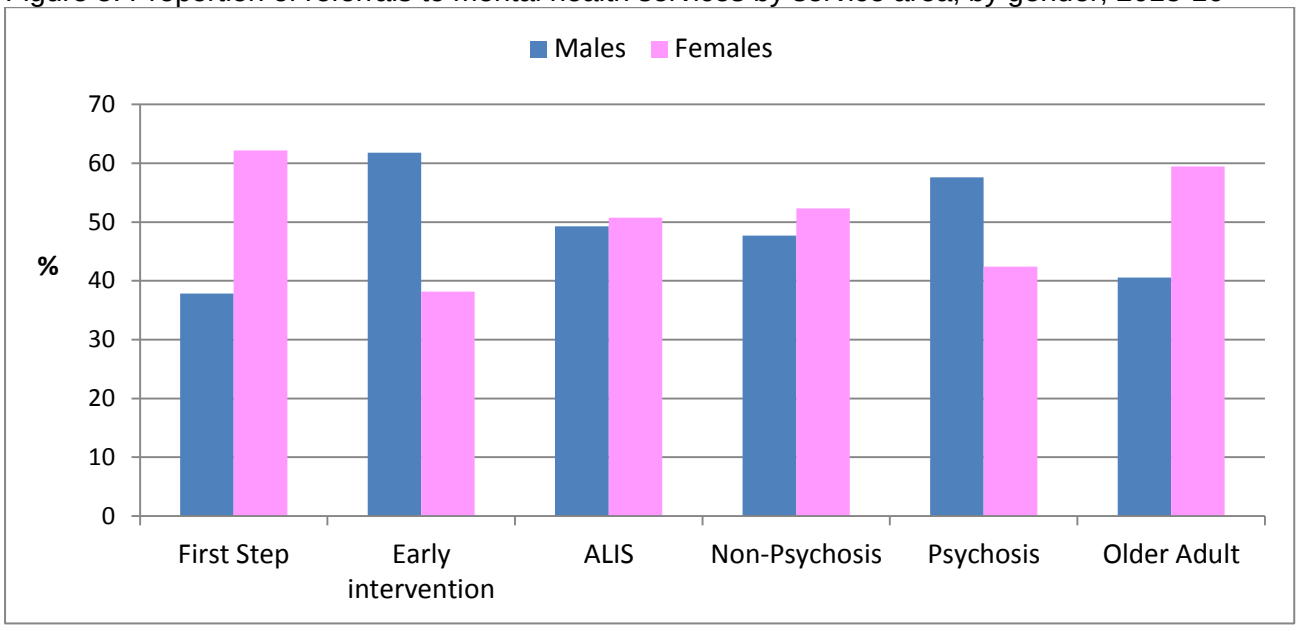
Table 8: Numbers of referrals to mental health services, by Locality, 2015-16

	Number of referrals	Admitted	Non-Admitted	No Care
Allerdale	5,005	188	4,203	614
Furness/Barrow	5,710	248	4,092	1370
Carlisle	6,808	259	5,677	872
Copeland	2,576	13	1,959	604
Eden	1,788	12	1,443	333
South Lakes	3,596	135	2,733	728
Cumbria	25,483	855	20,107	4,521

Source: Cumbria Partnership NHS Foundation Trust

Overall, more females than males are accessing mental health services, 57.2% compared to 42.8%; however, this varies depending on the service being provided – more males than females are accessing early intervention and psychosis services; while more females than males are accessing First Step. Access Liaison Services (ALIS), Non-Psychosis, and Older Adults services.

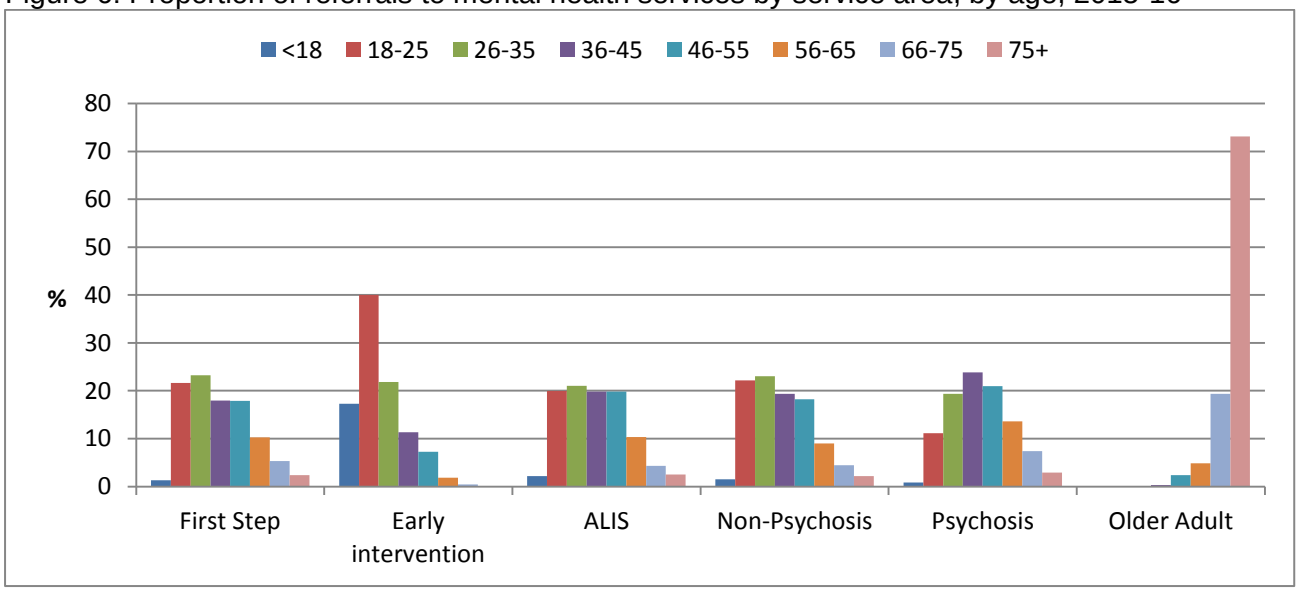
Figure 5: Proportion of referrals to mental health services by service area, by gender, 2015-16



Source: Cumbria Partnership NHS Foundation Trust

The greatest number of people accessing mental health services are aged 26-35years, however, this varies depending on the service provided. The second greatest number of referrals are from people aged 18-25 years.

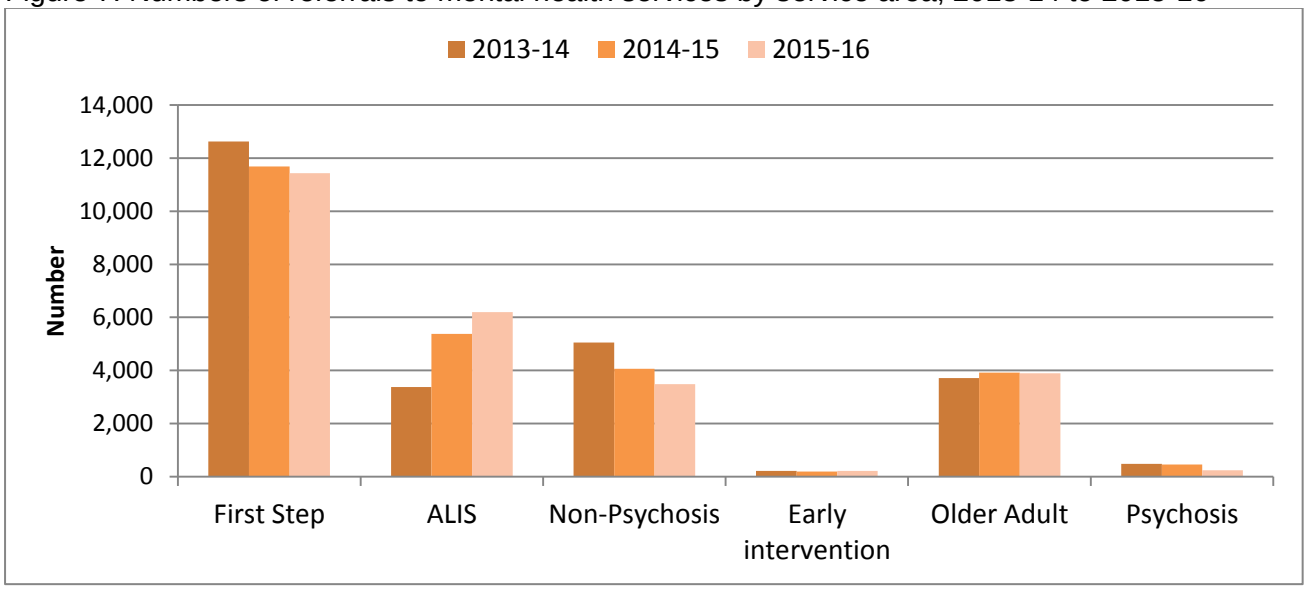
Figure 6: Proportion of referrals to mental health services by service area, by age, 2015-16



Source: Cumbria Partnership NHS Foundation Trust

The majority and almost half of all mental health services referrals were made to First Step, accounting for 44.9%; followed by referrals to Access Liaison Services (ALIS) accounting for 24.3%; Non-Psychosis services accounted for 13.7%. Over a three year period (from 2013-14) numbers of referrals have remained relatively stable, however, this varies depending on the service: numbers of referrals to First Step; Psychosis and Non-Psychosis services have fallen, while referrals to ALIS have increased. (Figure 7)

Figure 7: Numbers of referrals to mental health services by service area, 2013-14 to 2015-16



Source: Cumbria Partnership NHS Foundation Trust

In 2015-16, 11,432 referrals were made to First Step services; the greatest proportion of referrals received were from people aged 26-35 years (23.3%); closely followed by people aged 18-25 years (21.6%). More females than males are referred to First Step, 62.2% compared to 37.8%.

Across localities, the greatest number of referrals received were in Furness (2,485), closely followed by Carlisle (2,391); Eden had the lowest number of referrals (1,184). Compared to previous years, numbers of referrals to First Step are falling. Around 1 in 4 referrals receive no care; this is affected by patients being referred to the service by their GP on an 'opt-in' basis. The 'opt-in' take up rate is around 75-80%.

220 referrals were made to Early Intervention services; the greatest proportion of referrals are from those aged 18-25 years (40.0%); while there are more males (61.8%) than females (38.2%) being referred. Compared to previous years, numbers of referrals to Early Intervention services are increasing. Across localities, the greatest number of referrals were made in Carlisle (72); Eden had the lowest number (14).

6,201 referrals were made to Access Liaison Services (ALIS) accounting for almost half of mental health referrals (44.1%). The majority of people accessing these services are aged 18-55 years, with the greatest number (1,303) aged 26-35 years. There is almost an equal split between genders using the service: 49.3% of males; 50.7% of females. Across localities, Carlisle has the greatest number of referrals (2,565); South Lakes has the lowest number (444). Compared to previous years, numbers of referrals to ALIS are increasing.

3,490 referrals were made to Non-Psychosis services, accounting for 1 in 4 (24.8%) referrals. There are more females (52.3%) than males (47.7%) accessing these services. The majority of people are aged between 18-55 years with the greatest number aged 26-35 years. Across localities, Furness had the greatest number of referrals (938), followed by Carlisle (821); Eden had the lowest number of referrals (270). Compared to previous years, numbers of referrals to Non-Psychosis services are falling.

243 referrals were made to Psychosis services, accounting for just 1.7% of all referrals. More males than females are referred to services, 57.6% compared to 42.4%. Most people using the service are aged between 26 to 55 years with the majority of people aged 36-45 years (58). Compared to previous years, numbers of referrals to Psychosis services are falling.

3,897 referrals were made to Older Adults services, accounting for 1 in 4 (27.7%) of all referrals. There are more females than males using services, 59.4% compared to 40.6%, reflecting greater proportions of females in Cumbria's older adult population. 3 out of 4 (73.1%) people using services are aged 75+ years; 1 in 5 (19.3%) are aged 66-75 years. Across localities, Carlisle had the greatest number of referrals (959), followed by South Lakes (875); Eden had the lowest number of referrals (316). With projected increases in Cumbria's older population, and increases

in the projected number of people with dementia it is likely that demand for Older Adults services will also increase.

10 referrals were made to Acorn Ward at Carleton Clinic. All referrals were for males; while almost half of those were aged 26-35 years.

In the 2014 Adult Psychiatric Morbidity Survey (APMS), the population identified as most at risk of poor mental health (common mental health disorders) are females aged 16 to 24 years; and also both men and women aged 55-64 years. We need to ensure early intervention services are there to provide sufficient support.

6.1.10 Improving Access to Psychological Therapies (IAPT)

The Improving Access to Psychological Therapies (IAPT) programme is an NHS programme for treating people suffering from depression and anxiety disorders, approved by the National Institute for Health and Care Excellence (NICE). The programme is available to adults of all ages and provides them with a realistic and routine first-line treatment combined with medication (where appropriate).

Over 900,000 people in England access IAPT services each year which include: evidence based psychological therapies; routine outcome monitoring; and regular and outcomes focused supervision.

The priority is to expand IAPT services so that at least 1.5m adults access care each year by 2020/21, increasing from 15% of all people with anxiety and depression each year to 25%, (Source: NHS Digital/HSCIC).

The types of treatment available include: behaviour activation; brief psychodynamic psychotherapy; couples therapy; cognitive behavioural therapy (CBT); computerised cognitive behavioural therapy (CCBT); counselling; employment support; guided self-help; interpersonal psychotherapy (IPT); psychoeducational peer support; pure self help

Throughout 2014/15, 12,050 referrals were received in Cumbria CCG; the majority of referrals are for females accounting for 63%, compared to 37% of males. 47% of referrals are for people aged 36 to 64 years; while 43% are for people aged 18 to 35 years. 92% of referrals received are for white British people; while 7% are for people from 'other white' backgrounds. Out of the referrals received, 7,260 people entered treatment; while 6,140 finished a course of treatment (within 1 year). Around 46.2% of people who were being treated for an anxiety and/or stress related disorders completed their treatment; while 37.3% of people who were being treated for depression

completed theirs. 46.9% of those who finished treatment recovered, compared to 42.8% in England. (Referrals are classed as having recovered if they are no longer classified as a clinical case, based on anxiety and depression scores - the patient needs to score below clinical thresholds; recovery is measured by looking at the welfare of the individual rather than one specific symptom). 61% of referrals received for females entered treatment, compared to 58% for males. 87% of females completed treatment, compared to 81% for males.

Recovery rates for people being treated for depression in Cumbria CCG are greater than the national average at 47.8% (of referrals with a finished course of treatment in 1 year) compared to 44.6% in England. Recovery rates for people being treated for anxiety and stress related disorders in Cumbria CCG are greater than the national average at 52.1% compared to 47.8% in England.

The average waiting time for referrals entering treatment in Cumbria CCG is 19.2 days, this is lower than the England average of 32.0 days. 86% of referrals in Cumbria CCG are within 28 days or less, greater than England at 67%. 195 people (2.7%) waited more than 90 days, below the England average of 7.1%. In the Department of Health's "Achieving Better Access to Mental Health Services by 2020" strategy, it states that in 2015/16 access and waiting standards will be that 75% of people referred to the IAPT programme will be treated within 6 weeks; 95% will be treated within 18 weeks; and more than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral.

Around 420 referrals received were for ex-British Armed Forces personnel (including dependents); 305 entered treatment of which 230 completed treatment, around half of those completing treatment (51%) moved to recovery.

Data generated through this programme is captured within the service usage data provided by Cumbria Partnership Foundation Trust.

6.1.11 Crisis care profile

The Mental Health Crisis Care Profile (as part of the Public Health Outcomes Framework) provides commissioners and other health professionals with information about mental health crisis care in order to inform and delivery of effective services. It helps to assess the level of need for crisis care, provision, identify gaps in service provision, and helps to measure patient experience. It provides data in five domains: understanding need, access to support before crisis, urgent and emergency access to crisis care, quality of treatment, and recovery/preventing future crisis.

Mental health problems are common among people needing treatment for alcohol misuse and are very common among people in treatment for drug misuse. 7.0% of people in Cumbria are in contact with mental health services at the same time when they access services for alcohol misuse, this is much lower than the national average of 20.0% in England 9.4% of people in Cumbria are in contact with mental health services when they access services for drug misuse, this is much lower than the England average of 21.0%.

Rates of adults (aged 15 - 75 years) in treatment at specialist alcohol misuse services in Cumbria are below the national average, at 3.4 per 1,000 population compared to 2.3 in England. Alcohol treatment waiting times in Cumbria are better than the rest of England at 0.2% (people waiting more than 3 weeks for alcohol treatment) compared to 4.6% in England. Rate of adults (aged 15 - 75 years) who received treatment at specialist drug misuse services in Cumbria are similar to national levels at 5.1 per 1,000 population compared to 5.0% in England.

Information about Cumbria's Drug and Alcohol Service (Unity) can be found in section 5.1.21 Alcohol and substance misuse.

Additional information has been added to the following topics: suicide; self-harm; and dementia.

6.1.12 Suicide

The Department of Health's 'Preventing Suicide in England: a cross-government outcome strategy to save lives; September 2012' highlights that suicide in England remains one of the leading causes of premature death, and identifies six key areas for action:

- Reduce the risk of suicide in high risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring.

The rates of suicide in Cumbria are higher than the national average. Rates of suicide in males is more than three times higher than in the females. Nationally, male and female suicide rates are greater in those aged 45-49 years. In Cumbria, on average, one person dies each week as a result of suicide accounting for around 50 suicides per year.

The first comprehensive multi-agency suicide prevention strategy for Cumbria was produced in 2009; following the national Preventing Suicide in England Strategy is has been updated: "A refreshed Multi-Agency Suicide Prevention Strategy for Cumbria, 2014-2017" which considers what has been done in Cumbria to avoid loss of life to suicide, lessons learnt, and what we need to

focus on in the future. Suicide is recognised internationally as a major public health issue, and a contributor to inequalities in life expectancy and premature death. Suicide has significant economic impacts – based on national estimates, the average cost of a suicide to society is around £1.45 million.

In March 2013, the Department of Health released a call to action to reduce the number of avoidable deaths in England. An overview of avoidable mortality in Cumbria revealed that avoidable mortality due to injuries (which includes suicide) was significantly higher compared to England in 2011 and contributed to 21% of total potential years of life lost (PYLL). An in-depth review of suicide in Cumbria was undertaken in order to establish any avoidable factors and common themes surrounding death by suicide of Cumbrian residents.

In Cumbria, on average, one person dies each week as a result of suicide accounting for around 50 suicides per year. Gathering intelligence about suicide enables the identification of high-risk groups, risk factors and risk escalators, which can inform the development and implementation of local suicide prevention efforts. In November 2014, an in-depth review of 78 suicide cases in Cumbria was undertaken using coroner information, primary care files, and secondary mental health care files. The key message from the review is that circumstances surrounding suicide are often complex and that there isn't just one risk or attributable factor. Common risk factors in suicide in Cumbria include relationship breakdown; unemployment; mental health diagnosis; and alcohol and substance misuse. Emerging risk factors were financial stress, in particular welfare reform and changes to benefits; chronic pain and long-term conditions (often coexisting with alcohol misuse); and contact with the criminal justice system. (Source: Avoidable Mortality in Cumbria: A case file review of 78 suicides; Centre for Public Health; November). Less males than females are accessing mental health services in Cumbria yet they are more likely to commit suicide; it is possible that if more males were to seek early help it may result in a reduction of suicide. 81% of individuals who died by suicide in Cumbria consulted with their GP in the year prior to death, however, those who did not consult with their GP were all male and most were under the age of 44 years.

Nationally, suicide rates are greatest amongst those aged 45-49 years, for both males and females, followed by those aged 40-44 year. Across all age groups rates of suicide in males are more than three times higher than in the females; furthermore, there are almost 5 male suicides for each female suicide for those aged 25-29 years. In 2014, 76% of registered suicides were male and 24% were female (Source: Suicides in the UK: 2014 registrations, Office for National Statistics)

Throughout 2014, there were 52 registered suicides in the county, for those aged 10 years and above and who were resident in Cumbria; the greatest number of registered suicides were in South Lakeland accounting for 15, compared to 4 in Eden. Rates of suicide in Cumbria are higher than the national average at 12.6 per 100,000 (3 year average, 2012-14) compared to 10.0 in England; they have been increasing since 2008 and historically (since 2001) have been above national levels. Suicide in males is considerably higher than the national average at 20.6 compared to 15.8 in England. Suicide in females is considerably lower than in males, both in Cumbria and nationally, at a rate of 4.9 compared to 4.5 in England. Across the districts, Copeland has the highest suicide rate at 16.1 per 100,000, followed by South Lakeland at 15.9; Carlisle and Eden have the lowest suicide rate in Cumbria at 11.3.

Years of life lost is a measure of premature mortality and gives an estimate of the length of time a person would have lived had they not died prematurely. It can be used to compare the premature mortality experience of different populations and quantify the impact on society from suicide. As expected and in line with high suicide rates in the county, rates of years of life lost due to suicide are greater in Cumbria than the national average at 45.2 per 10,000 (15-74 years) compared to 31.9 in England. Years of life lost in males are above national levels at 75.7 compared to 50.2 in England; years of life lost in females is considerably lower in Cumbria and is similar to the national average (14.9 compared to 13.7).

Having a mental illness is one of the widely known risk factors for suicide and suicidal behavior. In the case file study in Cumbria, it reported that 63% of individuals who died by suicide had a current or ongoing mental health diagnosis; 63% had some previous contact with specialist mental health services (83% of females; 57% of males); while 27% indicated the presence of alcohol at the time of death. Nationally, the two most common methods of suicide for males and females is hanging accounting for around half of all suicides; followed by poisoning. In the case file study in Cumbria, it found that hanging was the most common method used for males, while poisoning was most common for females.

In order to help prevent suicide, it is important for people to stay in contact with others and to try to engage in the community around them. Staying in touch with family and friends can help; or becoming involved in clubs and groups in the community can also help.

6.1.13 Self-harm

Self-harm is defined as an intentional act of self-poisoning or self-injury irrespective of the type of motivation or degree of suicidal intent; self-harm is poorly understood and people who harm themselves are subject to stigma and hostility. In England, each year, self-harm results in

approximately 110,000 inpatient admissions to hospital, of which 99% are emergency admissions. Self-harm is an expression of personal distress and there are varied reasons for a person to harm themselves irrespective of the purpose of the act. An individual who self-harms is at a greater risk of suicide - suicide risk is raised 49-fold in the year after self-harm, and the risk is higher with increasing age at initial self-harm (Source: 'Preventing suicide in England: Two years on Second annual report on the cross-government outcomes strategy to save lives". Over the past 20 years, incidents of self-harm have been rising in the UK and for young people is said to be among the highest in Europe. (Source: PHOF).

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. One study of people presenting at Accident & Emergency (A&E) showed a subsequent suicide rate of 0.7% in the first year - 66 times the suicide rate in the general population. After 15 years, 4.8% of males and 1.8% of females had died by suicide. (Source: Hawton K, Zahl D and Weatherall R. Suicide Following Deliberate Self-harm: Longterm Follow up of Patients Who Presented to a General Hospital. British Journal of Psychiatry 2003)

Self-harm can seriously affect an individual's long-term physical health, if they survive, for example paracetamol poisoning can cause of acute liver failure; self-cutting can cause scarring, disfigurement, and permanent damage to tendons and nerves. It is recognised that people who have survived a serious suicide attempt are more likely to have lower life expectancy (Source: NICE guidelines, suicide and self-harm).

Those most at risk of self-harm include:

- Women - rates of deliberate self-injury are 2-3 times higher in women than men
- Young people - 10-13% of 15-16-year-olds have self-harmed in their lifetime
- Older people who harm themselves are more likely to do so in an attempt to end their life
- People who are misusing drugs and alcohol (or are recovering from misuse)
- Self-harm in prisons is associated with subsequent suicide in this setting
- People who are lesbian, gay, bisexual or gender reassigned
- Socially deprived people living in urban areas
- Women of South-Asian ethnicity

Personal factors include: personality traits, family experiences, life events, experience of trauma, cultural beliefs, social isolation and low income. Other factors include those associated with mental health issues including: education and skills; poor housing; and unemployment. More information about at risk groups can be found in Who is At Risk & Why.

In Cumbria, throughout 2014-15, there were 1,147 emergency hospital admissions for intentional self-harm; a rate of 249.5 per 100,000 (all ages), greater than the national rate of 191.4; rates in Cumbria have been greater than England since 2012-13. Across the districts, Barrow-in-Furness has the highest rate at 358.3; rates in Allerdale (226.6); Barrow-in-Furness (358.3); Carlisle (271.8); and Copeland (314.6) are all above the England average; rates are below the England average in Eden (126.5) and South Lakeland (184.3).

Between April 2012 – March 2015, there were 5,536 ED attendances due to deliberate self-harm (DSH) accounting for 4.7% of all ED injury attendances. Women aged 15-29 years had the highest rate of attendances accounting for 12 per 1,000; with those aged 20-24 years accounting for just over one third (35.8%). Areas within the district of Carlisle have the highest rates of DSH across the county, at rates of 45 per 1,000 compared to 4 per 1,000 in Cumbria, and 3 per 1,000 in South Lakeland (Source: Emergency Department Data Collection and Overview; April 2012 to March 2015; TIIG).

The APMS 2014 reports that self-harming in both men and women has doubled since 2007, however, such differences may be linked to differences in reporting and/or reflect a real increase.

6.1.14 Dementia

In 2009 the Department of Health launched the first National Dementia Strategy for England; The Strategy has three key themes: raising awareness and understanding; early diagnosis and support; and living well with dementia; within each theme there are 17 recommendations for the NHS, local authorities and other organisations to improve dementia care services.

The financial costs of dementia are significant to the NHS, social care, families and society. In 2007, the London School of Economics estimated that the annual cost of dementia in England was £15 billion per year (more than cancer, heart disease and stroke combined). This amounts to an average of £25,000 per person with dementia per year. By 2018 this cost is estimated to increase to £23 billion unless work is done to improve the cost effectiveness of dementia services, reducing hospitalisation and use of residential care. (Source: Dementia: What every commissioner needs to know; Guidance on delivering the National Dementia Strategy for England; Alzheimers Society).

Dementia is characterised by progressive deterioration of mental faculties ending in severe incapacity. A person may live with dementia for several years, initially with mild dementia and progressing to severe. Dementia usually affects older people and becomes more common with age. There is no cure for dementia and it becomes progressively worse until end of life. People with dementia have problems with thinking clearly; memory; communicating; and doing basic day-

to-day things. People with dementia may also have depression; experience changes in mood; be aggressive; go wandering often not clear of where they are or where they are going. There are different kinds of dementia, the most common being Alzheimer's disease; others are vascular dementia; dementia with lewy bodies; and frontotemporal dementia.

Dementia is one of the main causes of disability later in life, above some cancers, cardiovascular disease and stroke. Dementia is most common in older people aged 65+ years, and as the older population is projected to increase both nationally and locally, so will the number of people living with dementia. If dementia is diagnosed early enough an individual's quality of life can be improved.

6.1.14.1 Who is at risk and why

There are a number of key factors associated with dementia, including:

- Age
- Gender
- Lifestyle
- BME groups
- Learning disabilities

Anyone is at risk of developing dementia; however, it is more prevalent in older people aged 65 years and above. Around 1 in 20 people with dementia have developed it under the age of 65 years; this doubles every 5 years for those above the age of 65 years. It is estimated that dementia affects 1 in 14 people over 65 years; and 1 in 6 over the age of 80 years. Genetics, medical conditions and lifestyle choices are important factors to the level of risk a person has in relation to developing dementia, some of which can and can't be controlled. The risk of dementia in both males and females is relatively equal, however, there are higher proportions of men aged 65-74 years and higher proportions of women aged 75+ years (National Dementia Strategy). Despite this, females are more likely to develop Alzheimer's disease than males, while males are more at risk of vascular dementia than females which can be linked to higher prevalence of stroke and heart disease in males (Source: Risk Factors for Dementia; Alzheimers Society).

People from all ethnic groups are affected by dementia; ethnicity is not a significant factor, however, some evidence suggests that some people from particular ethnic groups are at higher risk than others. These risks have been linked to lifestyles - differences in diet, smoking, exercise, and genetics. The needs of people from ethnic minority groups may be different and therefore may need tailored/different services. Dementia is one of the main causes of disability in older people which affects social behaviour, personal care and day-to-day activities. Early diagnosis can improve quality of life and can postpone disability in older people. People with dementia can

often have other mental and/or physical disabilities in particular those with learning disabilities as they are at a greater at risk of developing dementia.

Genetics (the genes we inherit) affect the chances and type of dementia we are at risk of developing. If we have a close family member (parent or sibling) with Alzheimer's then our own risk of developing the condition is increased, however, it doesn't mean it is inevitable.

Particular medical conditions and diseases such as high blood pressure; type 2 diabetes; high cholesterol; obesity; stroke; and heart disease have also been linked to a greater risk of dementia, particularly vascular dementia; all of which are more prevalent in people who are middle-aged (40-64years). These conditions are avoidable therefore making healthier lifestyle choices can help to reduce the risk. Other medical conditions which can increase the risk of dementia include: Parkinson's disease; multiple sclerosis; and HIV.

People with previous mental health problems such as depression are also at greater risk, particularly those who are middle-aged. Depression in older people (60+) may not be risk of dementia but early symptoms.

People can reduce their risk of dementia by living healthier lives; lifestyle choices have a significant impact on the risk of developing dementia. People who regularly exercise, do not smoke, limit alcohol consumption, eat healthily and maintain a healthy weight are less likely to develop dementia. Being mentally active and keeping your mind stimulated can also reduce the risk of dementia. People who do not socialise or have a strong social network are also at greater risk.

There's an assumption that mental health problems are a 'normal' aspect of ageing but most older people don't develop mental health problems, and they can be helped if they do. While a significant number of people do develop dementia or depression in old age, they aren't an inevitable part of getting older. More older people are affected by depression in later life than any other age group, this is because older people are much more vulnerable to factors that lead to depression, such as: being widowed or divorced, being retired/unemployed, physical disability or illness, loneliness and isolation.

6.1.14.2 What is the level of need and gaps / what does local data tell us

There are around 700,000 people living with dementia in the UK at an estimated cost of £17 billion. Most people with dementia are aged 65+ years, however, there are around 15,000 people aged under-65 years. It is estimated that only one third of people with dementia are officially diagnosed. The later an individual is diagnosed the lesser the chance of improving their quality of life.

Dementia can affect anyone however the risk of developing dementia is greater in people with learning disabilities. (Source: Living well with dementia: A National Dementia Strategy). Dementia doesn't just affect the individual but it can affect friends and family and those caring for the individual both physically and mentally.

In 2014-15, there were 4,991 people within Cumbria CCG on the GP Practice Register who were registered with dementia, accounting for 0.96% of all patients (a total of 518,919 patients); higher than the national average of 0.74 in England; and an increase from 0.88% (4,602 people) in the previous year (2013-14). There is variation across the districts, from 1.2% in South Lakeland (1,250 people) to 0.82% in Eden (426 people). Barrow-in-Furness has the second highest proportion at 1.09% (668) people. It is worth noting that the number of people registered with dementia on the GP register counts only those known to the surgery and therefore the total number of people with dementia is likely to be underestimated.

Rates of vascular dementia inpatient admissions (using hospital services) for those aged 20+years and 65+years are above national levels in Cumbria; for those aged 20+ years the rate in Cumbria is 213.6 (per 100,000) compared to 127.1 in England; for those aged 65+ years, the rate in Cumbria is 844.7 (per 100,000) compared to 503.9 in England. There are fewer people in Cumbria with dementia (all ages) using hospital services (as a ratio of recorded dementia) than the rest of England at 52.1 compared to 54.6. Rates of dementia related emergency admissions are lower in Cumbria than England – for those aged 65+ the rate in Cumbria is 3,012 (per 100,000) compared to 3,306; rates are also lower for those aged 20+ at 777 compared to 845 nationally. Rates of Alzheimer's disease inpatient admissions (using hospital services) for those aged 20+ are higher in Cumbria than England at 160.0 (per 100,000) compared to 146.9.

People with learning disabilities have been identified as at risk; there are an estimated 9,398 people with a learning disability living in Cumbria; 6,997 are aged 18-64 years, while 2,401 are aged 65+ years; across the districts, the greatest number of people living with a disability are in Carlisle (2,034 people); and South Lakeland (1,959). The other districts are as follows: Allerdale (1,804); Barrow-in-Furness (1,272); Copeland (1,327); and Eden (1,002). Estimated numbers of people in Cumbria with Down's Syndrome are relatively low with just 185 people in the county; the greatest number are in the Carlisle district (42); and Allerdale (36).

Lifestyle factors including smoking can increase the risk of dementia. Levels of smoking in Cumbria are similar to the rest of England: 15.6% of adults in Cumbria smoke compared to 16.9% in England; across Cumbria's districts, this increases to 20.2% in Barrow-in-Furness compared to 14.7% in Eden. Levels of smoking in Cumbria are falling compared to previous years, mirroring the national picture. Almost one third (30.1%) of adults in the county are inactive, greater than the

England average of 28.7%; in addition to this, there are greater proportions of excess weight in adults in the county than nationally, 67.3% compared to 64.6%; across the districts this increases to 71.4% in Copeland compared to 62.9 in South Lakeland; levels of excess weight are above national levels in the districts of Allerdale (68.6%); Barrow-in-Furness (68.2%); Carlisle (67.4%); Copeland (71.4%); and Eden (66.8%). Levels of hypertension in people in Cumbria are above national levels with 15.6% (all ages) of people recorded on Hypertension GP Registers compared to 13.7% in England. Vascular dementia can progress from a stroke; around 12,000 people in Cumbria are recorded on GP Practice stroke registers, a rate of 2.3% above the England average of 1.7%. Proportions of patients recorded on Diabetes GP Registers (for those aged 17+ years) is greater in Cumbria than the rest of England at 7.2% compared to 6.4%; across the districts this increases to 8.4% in Copeland compared to 6.3% in South Lakeland. Proportions of patients on Diabetes GP Registers is above national levels in: Allerdale (7.5%); Barrow-in-Furness (7.6%); Carlisle (6.8%); Copeland (8.4%); and Eden (6.8%). Proportions of patients on coronary heart disease (CHD) GP Registers in Cumbria is also greater than the national average at 4.7% compared to 3.3% in England. The Healthy Living and Lifestyles Chapter of the JSNA cover these in greater detail and can be found at: http://www.cumbriaobservatory.org.uk/health/JSNA/2015/homepage.asp

The NHS Health Check offered to adults aged 40 to 74 years aims to help to prevent serious health conditions, illnesses and diseases which can often be prevented, including helping to prevent dementia. In 2015-16, 167,802 people in Cumbria were eligible for a health check. Of those, 30,716 (18.3%) were offered a Health Check, similar to the England average of 18.8%; while 12,982 (7.7%) actually received a Health Check, below the England average of 9.0%. 42.3% of those who were offered a Health Check received the service, below the England average of 47.9% (Source: NHS Health Check, 2015-16).

The NICE (National Institute for Health and Care Excellence) Clinical Guideline on Dementia states that a basic dementia screen (blood test) should be carried out on those suspected to have dementia and presenting themselves in GP practices. The test includes full blood count, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels. Throughout 2014-15, the proportion of new patients on the GP register with a dementia diagnosis who have had a blood test recorded 6 months before or after being registered in Cumbria (CCG) was 75.25, similar to national levels of 74.71 in England.

The needs of those caring for those with dementia must be considered too, in particular the differences between men and women in terms of their response and ways of coping in relation to depression, stress, and alcohol or substance misuse. Dementia affects people of all ages and

therefore the services and support must reflect this. The needs of younger adults might be different to the needs of older people. Further information can be found in the Carers chapter of the JSNA.

6.1.15 Transition from child to adult mental health

The transition from child to adult mental health services is not within the scope of this document, however, it is acknowledged that this should be considered when planning and providing services. (Further information relating to 'care leavers' can be found in the Children and Families chapter).

7 Geographical differences in need

7.1 Allerdale

Demographics
• Allerdale has greater proportions of residents aged 45+ years (those aged 55-64 years is one of the age categories identified as most at risk of poor mental health - CMDs).
At risk groups - common mental health disorders
CMDs are more prevalent in certain groups of the population: • Allerdale has high proportions of one person households living in rural areas • Youth unemployment is above national levels • Allerdale (and Copeland) have the highest levels of its working age population with no formal qualifications • Levels of people living with a long term health problem or disability is greater than the national average • Rates of insolvencies are above national levels • Levels of low-income households are above national levels • Benefit claimant rates are above the national average • Rates domestic abuse are above county averages • Rates of alcohol related hospital admissions (all persons) are greater than the national average
Need/services
• Numbers of people with depression are projected to increase • Rates of emergency hospital admissions for intentional self-harm are above national levels

7.2 Barrow-in-Furness

Demographics
• Barrow-in-Furness has greater proportions of younger residents aged 0-44 years • The district has the second highest proportion of females aged 16-24 years in the county (females aged 16-24 years is one of the age categories identified as most at risk of poor mental health - CMDs)
At risk groups - common mental health disorders
CMDs are more prevalent in certain groups of the population: • Barrow-in-Furness has high proportions of one person households; and high proportions of lone parent households.

- The district of has the highest rate of unemployment in Cumbria; furthermore, youth unemployment is above national levels
- Levels of its working age population qualified to level 4 or above are low
- Levels of people living with a long term health problem or disability is greater than the national average
- the greatest proportion of people reporting that they have bad or very bad health are living in Barrow-in-Furness
- The district has greater proportions of people aged 16+ who's marital status is separated; and/or divorced
- Rates of insolvencies are above national levels
- Levels of low-income households are above national levels
- Benefit claimant rates are above the national average
- Greater numbers of victims and offenders of crime (with mental health issues) are resident Barrow-in-Furness (and Carlisle)
- Rates of domestic abuse are greatest in Barrow-in-Furness
- The district has the greatest proportion of mental health registered patients on its GP Registers
- Barrow-in-Furness has the second highestt proportion of patients registered with depression on its GP Registers
- Rates of alcohol related hospital admissions (all persons) are greater than the national average
- The district has the second highest number of people using Unity Drug and Alcohol Services

Need/services

- Numbers of people with depression are projected to increase
- Furness ASC Locality has the second highest number of Mental Health Service users
- Furness CCG Locality has the greatest number and rate of A&E attendances for mental health conditions
- Barrow-in-Furness has the highest rate of emergency hospital admissions for intentional self-harm
- The district has the second highest proportion of people registered with dementia on its GP Registers
- Furness has the second highest number of referrals to specialist mental health services

7.3 Carlisle

Demographics

- Carlisle has greater proportions of younger residents aged 0-44 years
- Carlisle has the greatest number and proportion of females aged 16-24 years in the county (females aged 16-24 years is one of the age categories identified as most at risk of poor mental health – CMDs)

At risk groups - common mental health disorders

CMDs are more prevalent in certain groups of the population:

- Carlisle has high proportions of lone parent households
- Levels of people living with a long term health problem or disability is greater than the national average
- Carlisle has greater proportions of people aged 16+ who's marital status is separated; and/or divorced
- Rates of insolvencies are the greatest in the district (above both county and national

averages)
- Levels of low-income households are above national levels
- Benefit claimant rates are above the national average
- Greater numbers of victims and offenders of crime (with mental health issues) are resident Barrow-in-Furness (and Carlisle)
- Rates domestic abuse are above county averages
- Rates of alcohol related hospital admissions (all persons) are greater than the national average
- Carlisle has the greatest number of people using Unity Drug and Alcohol Services

Need/services

- The district has the second highest proportion of mental health registered patients on its GP Registers
- Carlisle has the greatest proportion of patients registered with depression on its GP Registers
- Numbers of people with depression are projected to increase
- Carlisle has the greatest number of Adult Social Care - Mental Health Service users
- Rates of emergency hospital admissions for intentional self-harm are above national levels
- Carlisle has the highest number of referrals to specialist mental health services

7.4 Copeland

Demographics

- Copeland has greater proportions of younger residents aged 0-44 years (those aged 16-24 years is one of the age categories identified as most at risk of poor mental health – CMDs)

At risk groups - common mental health disorders

CMDs are more prevalent in certain groups of the population:

- Copeland has levels of unemployment above national levels; furthermore, youth unemployment is above national levels
- Copeland (and Allerdale) have the highest levels of its working age population with no formal qualifications; furthermore, those levels of those qualified to level 4 or above are low
- Levels of people living with a long term health problem or disability is greater than the national average
- Copeland has some of the highest levels of its residents who are divorced, compared to the rest of the county
- Rates of insolvencies are above national levels
- Levels of low-income households are above national levels
- Benefit claimant rates are above the national average
- Rates domestic abuse are above county averages
- Rates of alcohol related hospital admissions (all persons) are greater than the national average

Need/services

- Numbers of people with depression are projected to increase
- Copeland CCG Locality has the second greatest rate of A&E attendances for mental health conditions
- Copeland has the highest suicide rate in the county
- Rates of emergency hospital admissions for intentional self-harm are above national

levels

7.5 Eden

Demographics
• Eden has greater proportions of residents aged 45+ years (those aged 55-64 years is one of the age categories identified as most at risk of poor mental health – CMDs) • Eden has the second greatest proportion of residents aged 55-64 years; furthermore, it has high proportions of older residents aged 65+ years - those most at risk of dementia.
At risk groups - common mental health disorders
CMDs are more prevalent in certain groups of the population: • In Eden, levels of people living with a long term health problem or disability is greater than the national average
Need/services
• Numbers of people with depression are projected to increase

7.6 South Lakeland

Demographics
• South Lakeland has greater proportions of residents aged 45+ years (those aged 55-64 years is one of the age categories identified as most at risk of poor mental health - CMDs) • South Lakeland has the greatest proportion of residents aged 55-64 years; furthermore, it has high proportions of older residents aged 65+ years - those most at risk of dementia.
At risk groups - common mental health disorders
CMDs are more prevalent in certain groups of the population: • In South Lakeland, levels of people living with a long term health problem or disability is greater than the national average
Need/services
• Numbers of people with depression are projected to increase • South Lakeland has the second highest suicide rate in the county • The district has the highest proportion of people registered with dementia on its GP Registers • South Lakes locality has the second highest number of referrals to Older Adults specialist mental health services

8 Current Services and Assets

Details of the types of mental health services provided by Cumbria Partnership Foundation Trust (CPFT) are listed below:

Mental health symptoms	Provision	Description	Service
Mild to moderate	First Step	Provides evidence	Rehabilitation

common mental health problems such as depression or anxiety disorders		based talking therapies to adults in Cumbria	
Severe & enduring mental health problems such as severe depression, anxiety, personality disorder	Community Mental Health Services (CMHs)	Mental health nurses, social workers, doctors, occupational therapists and psychologists	Psychosis; and Non-Psychosis
Acute episodes of mental health relating to depression, anxiety or schizophrenia	Access Liaison Services Home Treatment Inpatient Mental Health Services	Acute mental health support	ALIS; Adult Acute Mental Health
Severe eating disorders	Anorexia Nervosa Intensive Service (ANIS)	Supports people with severe eating disorders	Data not available
Memory problems such as dementia and alzheimer's disease	Memory & later life services	Assessment and evidence based interventions in various settings including: an individual's home, GP surgery, care home, clinic, hospital	Older Adults & Dementia
Intensive rehabilitation for complex mental health problems	Acorn Unit, Carlisle	Rehabilitation for people with complex mental health needs. Ward provision at Carleton Clinic.	Acorn; Psychiatric Intensive Care Wards
Young people experiencing psychosis	Amaze	Early intervention assessing young people aged 14 – 35 years	Early Intervention
Mental health problems in children & young people	Specialist Child & Adolescent Mental Health Services (CAMHS)	Tier 3 services to young people	Not included

In addition to the services provided by CPFT, there are a range of other mental health and wellbeing services available in Cumbria delivered by a range of providers including independent providers, voluntary and third sector organisations, some of which are listed in the table below:

Organisation	Services/description	Location
Cumbria Partnership Foundation Trust	The Trust provide community and mental health services to people living in Cumbria.	Countywide
Survivors of Bereavement by Suicide (SOBS)	A national charity which provides support to adults who have been bereaved by suicide. There are around 150 volunteers across the UK including	North Cumbria South Cumbria

	Cumbria.	
Samaritans	A national charity available 24hours/365 days, providing people with someone to talk to about any issue which may be affecting them. As well as providing support to individuals they work with schools, colleges and universities, workplaces, health and welfare services, homeless shelters, prisons and other charities.	National/ Countywide
Mind	A national mental health charity providing services including: • Befriending • Counselling • Drop-in sessions • Massage for wellbeing • Abuse support • Addiction and dependency • Bereavement • Crisis services	Carlisle/Eden West Cumbria South Lakeland Ulverston Furness
Alzheimer's Society	Specialist community emotional and practical support for individuals, carers and families affected by dementia.	North Cumbria West Cumbria South Lakeland Furness
Dementia friends	A national initiative from the Alzheimer's Society. A Dementia Friend provides support to people living with dementia. Any individual or member of the public may provide voluntary support to either an individual or an organisation. Information and training sessions are available through Cumbria CVS. Dementia cafes facilitated by the Alzheimers Society are established in the Furness area: Askam-in-Furness, Barrow-in-Furness, Dalton-in-Furness, Ulverston, and Walney Island.	Countywide
Organisation	Services/description	Location
Primary Care (commissioned by Cumbria County Council)	Health Checks Alcohol and substance misuse: • Screening for alcohol consumption • Newly registered patients at GP practices receive a brief alcohol intervention where appropriate. • Unity – Specialist Substance Misuse Services • • CADAS – provides a drug and alcohol service to individuals, families, communities and employers with training and information provision • Healthy Living Pharmacy – pharmacists trained as healthy living champions can provide advice around healthy drinking • County-wide Alcohol Strategy Group	Countywide
Cumbria Family Support	Emotional support provided to families experiencing stress or difficulty.	East Cumbria

Carers Support Cumbria	A consortium of local organisations (partly funded by CCC) providing help, advice and support to carers, while also helping to identify those most vulnerable and those most in need of support. There are a number of roles and services provided within Carers organisations including: • Support workers • Volunteers • Therapy and counselling services	Carlisle Carers Eden Carers Furness Carers South Lakeland Carers; West Cumbria Carers.
Growing Well	A mental health charity providing an organic farm and training centre.	South Lakeland
Age UK	Independent charity providing a range of services, information and advice to people aged 18+ years. Services include: • Health & wellbeing support • Home & care support • Befriending and social opportunities • Long-term conditions support (dementia) • Day services • Equipment & aids for daily living • Peer Support Groups • Dementia Awareness training	West Cumbria South Lakeland Barrow & District Carlisle & Eden
Cruse Bereavement Care	A registered charity providing free and confidential support to individuals and families who are grieving over the death of a friend or relative.	Countywide
Adult Social Care (CCC)	Social care provision for people requiring support and care including those with mental health conditions.	Countywide
The Happy Mum's Foundation CIC	A not-for-profit organisation providing a hub for maternal wellbeing. Our work with women who are experiencing maternal mental health problems is funded by Comic Relief and Cumbria County Council, and includes peer-led support groups, antenatal classes, counselling, massage therapy and mindfulness courses.	North Cumbria
SAFA Cumbria (Self-Harm Awareness for All)	A registered charity providing: • Counselling and psychotherapy to young people and adults from the age of 11 upwards, who self-harm or have an eating disorder • Support to individuals and families affected by self-harm/eating disorders Information, advice and training to organisations and professionals on self-harm and eating disorders.	Furness, South Lakeland, Copeland, Allerdale, Carlisle
The Glenmore Trust	The Glenmore Trust is a not for profit organisation working with adults with mental health conditions and other associated disabilities. The Glenmore Trust provides domiciliary support, which enables people to live as independently as possible within the community.	Carlise and Eden
United Response	United Response are an independent charity providing a range of home based support to people	Carlisle Office 01228 511891

	aged 18+ years with a learning disability or mental health need in Carlisle and Allerdale. Services include: • Health & wellbeing support • Home & care support • Support with accommodation	cumbria.office@unitedresponse.org.uk West Office 01900 64074 cumbria.office@unitedresponse.org.uk

Some mental health service providers, including those who provide housing support, have highlighted issues relating to low level, often underlying and often undiagnosed mental health issues such as hoarders, personality disorders, and PTSD; some of which present themselves to the various providers before a GP or mental health professional. This is acknowledged and should be considered particularly when planning and providing preventative services.

It is important to acknowledge that not all services and resources are located within Cumbria and that some are provided from outside of the county. Mental Health providers and service users access information and services through websites for example MIND, the Calm Zone, Net Mums, Patients Like Me. This can be particularly helpful for people living in rural communities and can also help to prevent people needing and accessing further local mainstream services. Raising awareness of services available is key for both mental health service users and health professionals. The rurality of Cumbria and the challenges it can bring when providing and delivering services should also be considered when commissioning services.

It is important to acknowledge the work and provision of community centres and community support groups which provide valuable support to individuals and communities.

8.1 Cumbria Fire & Rescue Service

In addition to the assets detailed above, Cumbria Fire & Rescue Service will be carrying out Safe & Well visits in people's homes from April 2017. During the visits a health questionnaire will be completed by an officer which will help to identify any health issues including alcohol misuse and social isolation. Referrals will then be made to the Public Health Team within Cumbria County Council.

8.2 Cumbria Constabulary

Cumbria Constabulary provide services which fundamentally keep people safe (further information relating to crime and community safety can be found in the Stay Safe chapter). The Constabulary have highlighted that the impact of The Policing and Crime Bill 2016 should be recognised, in particular sections 59-61 which represent the amendments to the Mental Health Act 1983. The amendments could potentially make things worse for the County for example if there is no 'safe'

provision for children other than custody suites as these cannot be used once the Bill is enacted; this risk needs to be negated through the identification and creation of such places of safety.

A summary of the changes relating to mental health are as follows:

- No children (under 18 years) to be placed in police stations as a Place of Safety.
- Adults in police stations only in circumstances to be specified in Regulations (yet to be determined by the Secretary of State).
- Removal of the phrase “place to which the public has access” and replaced with a list of places that s136 may NOT be exercised (i.e. dwellings and associated yards, outbuildings etc).
- Power of entry to exercise s136 in other private places, meaning entry could be forced (i.e. in to a private workplace).
- 72hrs in a Place of Safety reduces to 24hrs; this can extend to 36hrs if authorised by the Doctor leading the assessment (and where police stations are used, must also be authorised by a Superintendent).
- Removal of “anywhere else temporarily willing receive” in s135(6) and replaced with various specific qualifications about who would have to authorise an ‘improvised’ place of safety where it is not a hospital or a police station (this would need agreement of the person detained and of anyone else who owns / controls the place to be used).
- A requirement, where practicable, to consult a doctor, mental health nurse or an approved mental health professional prior to removing a person to a Place of Safety.

8.3 Projections of common mental disorders - Adults (18 – 64 years)

It is important to consider the projected health needs of Cumbria’s population when planning and shaping services.

The APMS reports that numbers of people with severe CMD symptoms continue to increase from 8.5% in 2007 to 9.3% in 2014, driven mostly by rises in women.

Projections of people living with a common mental health disorder are produced by Projecting Adult Needs and Service Information (PANSI). Using this data, future numbers of those aged 18-64 years predicted to have a CMD are projected to fall, however, this does not necessarily present an accurate picture of mental health needs and is likely to be mirroring the projected decrease of Cumbria’s working age population. Over the next 25 years (by 2030) there will be an estimated 41,713 people living with a common mental health disorder, a fall of 11% from 2014. If population projections begin to increase then so will the number of adults with mental health disorders.

In 2015, there was an estimated 1,304 adults in Cumbria living with a borderline personality disorder; 1,012 adults living with an anti-social personality disorder; 1,159 adults living with a psychotic disorder; and 20,846 adults living with two or more psychiatric disorders. Again,

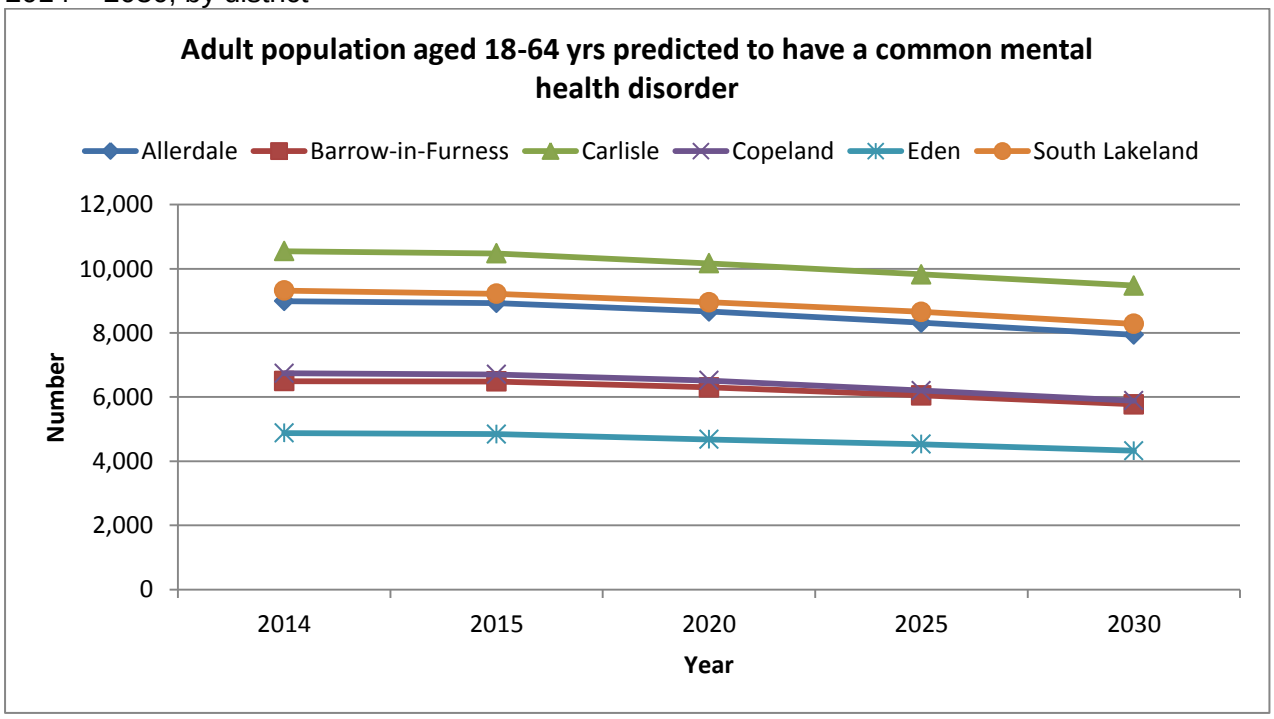
numbers are expected to fall in line with projected decreased of Cumbria's working age population, and not necessarily reflecting a reduction in the mental health needs of the population.

Table 9: Cumbria: Total adult population aged 18-64 years predicted to have a mental health problem, 2014-2030

	2014	2015	2020	2025	2030
Common mental disorder	46,957	46,635	45,196	43,538	41,713
Borderline personality disorder	1,313	1,304	1,263	1,217	1,165
Antisocial personality disorder	1,019	1,012	982	949	911
Psychotic disorder	1,167	1,159	1,123	1,082	1,036
Two or more psychiatric disorders	20,990	20,846	20,211	19,481	18,673

Source: Projecting Adult Needs and Service Information (PANSI)

Figure 8: Total adult population aged 18-64 years predicted to have a common mental disorder, 2014 – 2030, by district



Source: Projecting Adult Needs and Service Information (PANSI)

8.4 Projected depression estimates in older people (65+ years)

Using information available from Projecting Older People Population Information System (POPPI), in 2015 there was an estimated 9,905 older people aged 65+ living with depression in Cumbria, accounting for approximately 9% of all older people, however, this is likely to be considerably underestimated. As Cumbria's older population is expected to increase significantly over the next 25 years as is the number of older people living with depression - by 2030, there will be an estimated 12,787 older people living with depression, an increase of 32% from 2014.

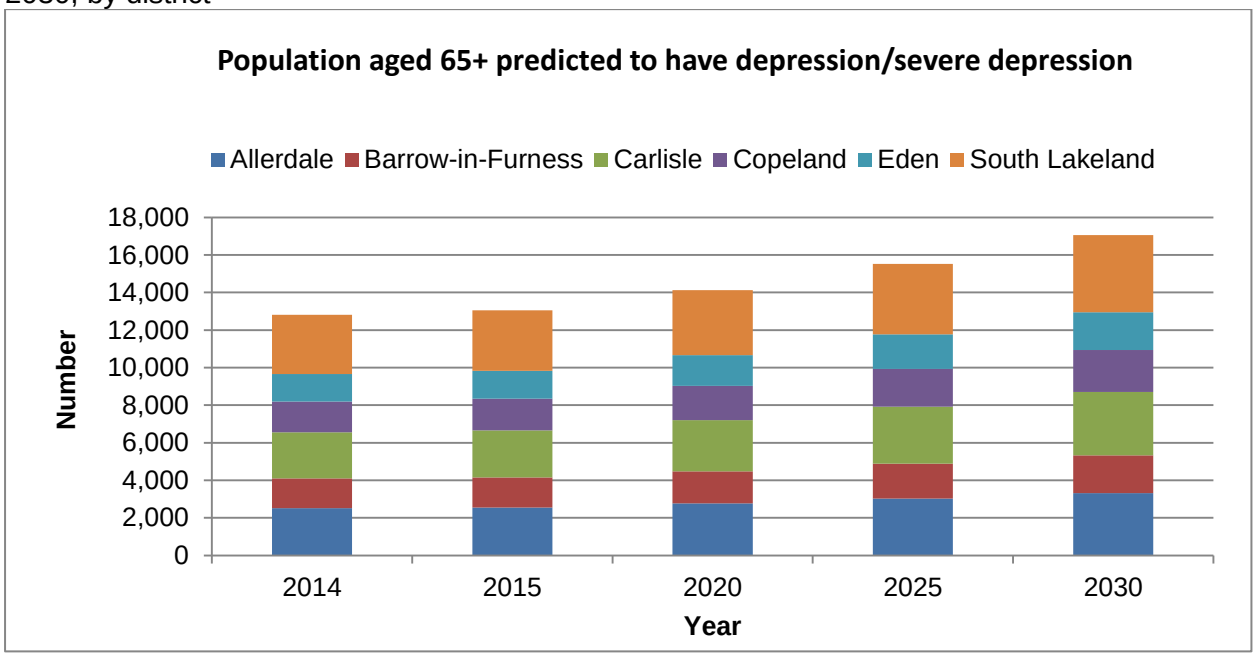
There are an estimated 3,153 older people living with severe depression, accounting for around 3% of all older people. Again, this number is expected to increase in line with projected population increases – by 2030, there will be an estimated 4,221 older people living with severe depression, an increase of 37% from 2014.

Table 10: Cumbria: Total population aged 65 and over predicted to have depression and severe depression, 2014-2030

	2014	2015	2020	2025	2030
Depression	9,708	9,905	10,718	11,647	12,787
Severe depression	3,085	3,153	3,414	3,855	4,221

Source: Source: Projecting Older People Population Information System (POPPI)

Figure 9: Total population aged 65+ predicted to have depression/severe depression, 2014 – 2030, by district



Source: Projecting Older People Population Information System (POPPI)

8.5 Projected dementia estimates in older people (65+ years)

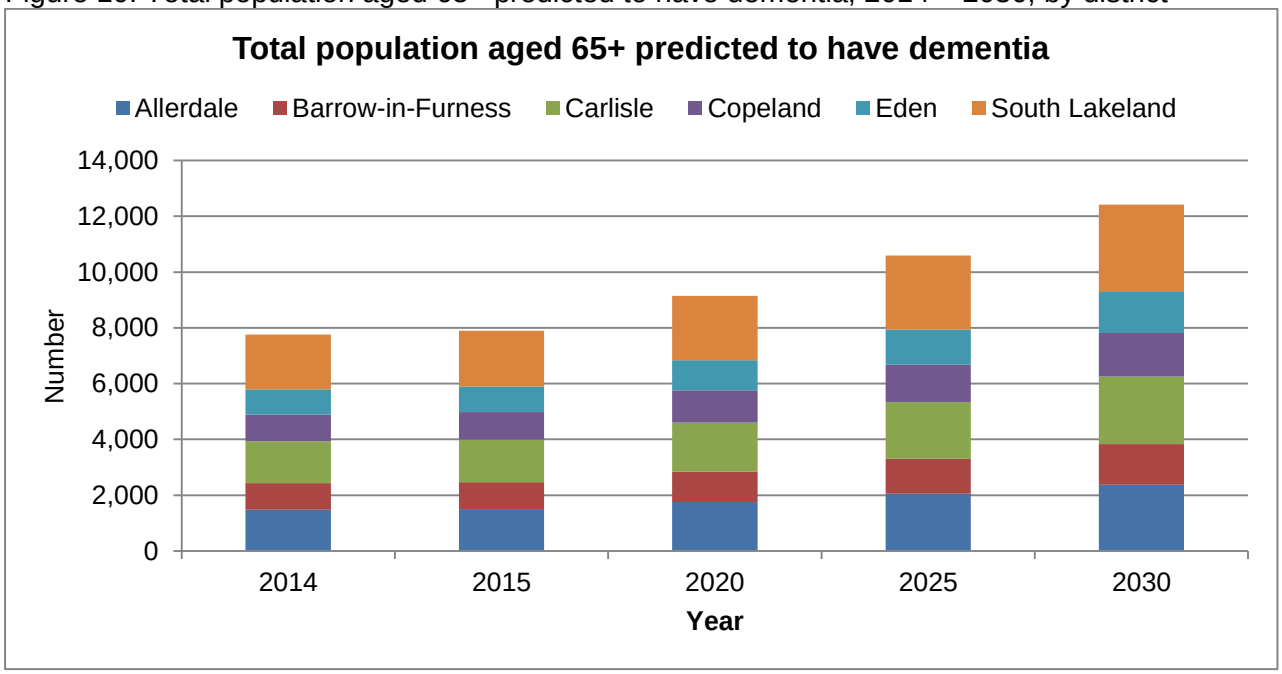
There are an estimated 7,721 people living with dementia in Cumbria with around 1,800 being diagnosed each year and this number is expected to rise substantially (+60.7%) as our population ages, to 12,410 in 2030. Although the population of Cumbria is expected to decrease slightly over the next 25 years, the number of people over the age of 65 is expected to increase by 50%. People with dementia require high levels of health and social care and as numbers of older people are projected to increase so will the demand for support.

Table 11: Total population aged 65+ predicted to have dementia, Cumbria and Districts, 2014 – 2030

	2014	2015	2020	2025	2030
Cumbria	7,721	7,858	9,086	10,617	12,410
Allerdale	1,486	1,507	1,762	2,058	2,371
Barrow-in-Furness	952	957	1,079	1,242	1,464
Carlisle	1,494	1,534	1,764	2,040	2,422
Copeland	951	984	1,151	1,336	1,557
Eden	907	921	1,085	1,268	1,472
South Lakeland	1,972	1,990	2,305	2,651	3,127

Source: Projecting Older People Population Information System (POPPI)

Figure 10: Total population aged 65+ predicted to have dementia, 2014 – 2030, by district



Source: Projecting Older People Population Information System (POPPI)

9 Evidence of what works

The National Institute for Health & Care Excellence (NICE) provide a range of guidance for mental health and wellbeing.

Guide	Link
Mental health and behavioural conditions	https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions
Mental health and wellbeing	https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/mental-health-and-wellbeing
Antenatal and postnatal mental health	https://www.nice.org.uk/guidance/cg192?unlid=79999724201691417548
Service user experience in adult mental health	https://www.nice.org.uk/guidance/cg136

9.1 Sport & Recreation Alliance – Game of Life: Physical Activity and Mental Health

The Sport & Recreation Alliance carried out a piece of research: “Game of Life: how sport and recreation can help make us healthier, happier & richer”, September 2012, which evidences the relationship between physical activity and mental health and the positive effect it can have on individuals. The document explores the relationship between physical activity and: self-esteem, anxiety, eating disorders, general well-being and other topics. You can find further information and access the document here: http://www.sportandrecreation.org.uk/pages/gol-mental-health

10 User views

NHS Cumbria Clinical Commissioning Group (CCG) will be running a consultation looking into the provision of mental health inpatient care across Cumbria. Prior to the consultation, workshops were held across the county to consider the different options for the reconfiguration of the mental health services. The views gathered will be considered by NHS Cumbria CCG and will help determine the options for further consultation. The consultation has been put on hold until 2017.

10.1 Cumbria CCG: Outcome of Mental Health Bed reconfiguration option appraisal process; June 2016

This report is based on the priority to improve access to assessment and support for people experiencing mental health crises in Cumbria. It provides information about current commissioned services across Cumbria and options for the reconfiguration of mental health beds in the future. The review and stakeholder events took place across six localities in Cumbria between April and July 2016; a total of 58 participants attended.

In response to ‘Better Mental Health for All. Mental Health Strategy for Cumbria: The Vision’ a stakeholder event was held in January 2016 to start the process of describing what future services, the Model of Care, would look like if the vision was delivered. In shaping the Model of Care, stakeholders supported the redistribution of mental health resources into more care closer to where people live and towards interventions that support recovery and prevent mental health crises. This direction was reinforced by the recent Mental Health Taskforce otherwise known as the 5 Year Forward View for Mental Health, which recommends Commissioners ensure that mental health crisis services are fit for purpose and able to meet future demand without the need for people to be admitted out of area. Feedback from the stakeholder events can be found in the

document: Cumbria CCG: Outcome of Mental Health Bed reconfiguration option appraisal process; June 2016

10.2 South Lakeland Mind: Review of the Impact of Services, August 2015

A review of services delivered by South Lakeland (SL) Mind was carried out between March and July 2015. The purpose of the review was to identify the impact of SL Mind on the functional wellbeing of service users such as the ability to look after themselves; their work; and study; and the associated economic benefits to society. The review found that South Lakeland Mind has a significant positive impact on the mental wellbeing of its service users including self-esteem and self-confidence; relationships with others; physical health; living independently; and socialising. The impact varies between service users reflecting individuals personality, life circumstances, and the nature and severity of their mental health problems. SL Mind delivers services to around 100 service users, through self-referral or referrals from friends, family, GPs, Community Mental Health Teams, or third sector organisations.

10.3 Community Mental Health Survey 2016

The Community Mental Health Survey is part of a wider programme of NHS surveys, which covers a range of topics including acute inpatient, children's inpatient and day-case services, A&E (emergency department) and maternity services. The 2016 survey of people who use community mental health services involved 58 providers of NHS mental health services in England (including combined mental health and social care trusts, Foundation Trusts and community healthcare social enterprises that provide mental health services).

People aged 18 years and over receiving specialist care or treatment for a mental health condition and had been seen by a trust between 1st September 2015 to 30th November 2015 (and were not a current inpatient) were eligible to take part in the survey.

In Cumbria, questionnaires were sent to 850 people in receipt of community mental health services at Cumbria Partnership NHS Foundation Trust (CPFT); 228 responses were received accounting for 26.8%, compared to 28% for the rest of England. People were asked to answer questions about different aspects of their care and treatment and each question was scored out of 10. Ratings were allocated to each trust as follows:

- **About the same**: the trust is performing about the same for that particular question as most other trusts that took part in the survey

- **Better**: the trust is better for that particular question compared to most other trusts that took part in the survey
- **Worse**: the trust did not perform as well for that particular question compared to most other trusts that took part in the survey.

Compared to other Trusts in England, CPFT were rated 'About the same' overall for all sections of the survey. Within the sections, CPFT received a 'Better' rating relating to: "*explanations - for those who received treatments or therapies other than medicine, that the treatments or therapies were explained to them in a way they could understand"* within the Treatment section. Within the Support and Wellbeing section, CPFT received a Worse rating relating to *"Information on support from others for being given information about getting support from others with experiences of the same mental health needs, if they wanted this".*

Table 12 below provides patients response scores for each section of the survey along with the ratings of how it compares to other Trusts.

Table 12: Community Mental Health Survey results, Cumbria Partnership NHS Foundation Trust, 2016

Section	Patient response (out of 10)	Compared with other trusts
Health & Social Care Workers	7.7	About the same
Organising care	8.6	About the same
Planning care	7.0	About the same
Reviewing care	7.9	About the same
Changes in who people see	5.6	About the same
Crisis care	5.9	About the same
Treatments	7.5	About the same
Support and wellbeing	4.6	About the same
Overall views of care and services	7.2	About the same
Overall experience	6.8	About the same

11 Equality Impact Assessment

This EIA will help to provide an understanding of health inequalities across Cumbria. It will assist in the understanding of how different population groups may be affected more than others by identifying potentially vulnerable groups through a series of protected characteristics detailed below.

The 2016 Five Year Forward View highlights the need for tackling inequalities as mental health problems disproportionately affect people living in poverty, the unemployed, and people from black and minority ethnic groups.

11.1 Age & Sex

The current population of Cumbria is 497,996; however, the number of people on Cumbria's GP Registers is around 521,742 people.

63% of IAPT referrals received from people accessing mental health services in Cumbria CCG are from females, while 37% are from males. 47% of referrals are for people aged 36 to 64 years; 43% are for people aged 18 to 35 years.

The APMS 2014 identified that females aged 16 to 24 years were most at risk of poor mental health (common mental health disorders); and also both men and women aged 55-64 years. In Cumbria there are 23,007 females aged 16-24 years; and there are 68,856 people aged 55-64 years. Further details can be found in the Adult Psychiatric Morbidity Survey 2014 section.

11.2 Disability

Mental health conditions are associated with long-term health problems, physical and learning disabilities. In the 2011 Census, around 97,000 (19.8%) of people living in Cumbria reported having a long-term health problem or disability.

The Family Resources Survey (FRS) collects a representative sample of information on income and circumstances from private households in the UK. The survey also collects information on disability and is a key source of information on the populations of disabled adults and children. A person is considered to have a disability if they have a long-standing illness, disability or impairment which causes substantial difficulty with day-to-day activities. Some people classified as disabled and having rights under the Equality Act 2010 are not captured by this definition, that is people with a long-standing illness or disability which is not currently affecting their day-today activities.

Table 12: Prevalence of disability in the UK by Age & Gender

Age (years)	Males	Females	Persons
0-4	3%	4%	3%
5-9	7%	6%	6%
10-14	10%	7%	8%
15-19	10%	10%	10%
20-24	9%	9%	9%
25-29	9%	10%	9%
30-34	8%	12%	10%
35-39	12%	14%	13%
40-44	15%	16%	16%
45-49	16%	21%	19%
50-54	20%	25%	22%

55-59	25%	27%	26%
60-64	29%	30%	29%
65-69	32%	33%	32%
70-74	385	40%	39%
75-79	45%	49%	47%
80+	55%	61%	59%
All individuals	**18%**	**20%**	**19%**

Source: Family Resources Survey 2013-14

11.3 Pregnancy & Maternity

In Cumbria (in 2014) there were 5,758 conceptions at a rate of 70.6 per 1,000 women, this is below the rate in England of 78.0. In Cumbria (in 2015) there were 4,719 maternities, a rate of 58.8 per 1,000 women aged 15-44 years, this is below the rate in England of 61.7; in the same year, there were 4,789 live births, a rate of 9.6 per 1,000 population, below the rate in England of 12.1.

Table 13: Conceptions (2014); Maternities and Live Births (2015)

	Conceptions		Maternities		Live Births	
	Number	Rate (per 1,000 women in age-group)	Number	Rate (per 1,000 women aged 15 to 44 years)	Number	Rate (Crude rate per 1,000 population)
England	829,690	78.0	656,653	61.7	664,399	12.1
Cumbria	5,758	70.6	4,719	58.8	4,789	9.6
Allerdale			885	58.0	893	9.2
Barrow-in-Furness			756	65.1	770	11.4
Carlisle			1190	61.3	1,206	11.2
Copeland			711	62.3	718	10.3
Eden			388	50.2	395	7.5
South Lakeland			789	53.3	807	7.8

Source: Office for National Statistics, 2014 and 2015

11.4 Race

The APMS 2014 reported that the prevalence of CMD in men did not vary significantly by ethnic group. In women the prevalence of CMD did vary depending on ethnic group - non-British white women were less likely than white British women to have a CMD (15.6%, compared with 20.9%), while CMDs were more common in black and black British women (29.3%). Depression was more prevalent in black women, while panic disorder appeared to be more prevalent in women in black, Asian and mixed or other ethnic groups. There were demographic inequalities in those who received treatment. After controlling for level of need, people who were White British, female, or in mid-life (especially aged 35 to 54) were more likely to receive treatment. People in the Black ethnic

group had particularly low treatment rates. (Please note that these results should be used with caution and further evidence should be gathered before making conclusions about differences in ethnic minority groups).

92% of IAPT referrals received from people accessing mental health services in Cumbria CCG are for white British people; while 7% are for people from 'other white' backgrounds.

17,734 Cumbrian residents are from Black and Minority Ethnic (BME) groups, accounting for 3.5% of the total population; this is much lower than the average for England & Wales at 19.5%. Across the districts, Allerdale has the lowest proportion of BME groups at 2.4%, while Carlisle has the greatest at 5.0%.

Table 14: Usual resident population at Census Day 2011: by Ethnic Group

	No. Persons	% Persons					
	All People	White: British	White: Other	Mixed/ Multiple Ethic Group	Asian / Asian British	Black / African / Caribbean / Black British	Other Ethnic Group
England & Wales	56,075,912	80.5	5.5	2.2	7.5	3.3	1.0
Cumbria	499,858	96.5	2.0	0.5	0.8	0.1	0.1
Allerdale	96,422	97.6	1.3	0.4	0.5	0.1	0.1
Barrow-in-Furness	69,087	97.1	1.3	0.5	0.9	0.1	0.1
Carlisle	107,524	95.0	3.1	0.5	1.2	0.1	0.1
Copeland	70,603	97.3	1.2	0.5	0.9	0.1	0.1
Eden	52,564	97.0	1.9	0.4	0.6	0.0	0.1
South Lakeland	103,658	95.6	2.8	0.6	0.8	0.2	0.1

Source: Census 2011, Office for National Statistics

11.5 Religion & Belief

In the 2011 Census, the majority of people living in Cumbria reported that their religion was Christian, accounting for 71.9% of the total population; 1 in 5 people reported they had no religion, (20.3%).

Table 15: Usual resident population at Census Day 2011: by Religion

	No. Persons	% Persons								
	All people	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other Religion	No religion	Religion not stated
England & Wales	56,075,912	59.3	0.44	1.46	0.47	4.83	0.75	0.43	25.1	7.2

Cumbria	**499,858**	**71.9**	**0.27**	**0.11**	**0.04**	**0.27**	**0.01**	**0.27**	**20.3**	**6.9**
Allerdale	96,422	75.4	0.19	0.04	0.02	0.20	0.01	0.24	17.3	6.6
Barrow-in-Furness	69,087	70.7	0.22	0.15	0.02	0.25	0.01	0.24	22.1	6.4
Carlisle	107,524	69.1	0.26	0.22	0.02	0.42	0.03	0.26	22.9	6.8
Copeland	70,603	78.9	0.21	0.11	0.02	0.32	0.01	0.21	14.4	5.9
Eden	52,564	70.7	0.25	0.08	0.06	0.22	0.01	0.30	20.7	7.7
South Lakeland	103,658	68.1	0.45	0.05	0.10	0.17	0.01	0.37	23.1	7.7

Source: Census 2011, Office for National Statistics

11.6 Sexual Orientation

The GP patient Survey for England includes a question relating to sexual orientation. In the July 2016 report, 7,714 responses to the survey were received in Cumbria CCG; of those, around 95% of people reported that they were hetrosexual or straight; 1% reported they were gay or lesbian; 1% reported they were bisexual; while 3% preferred not to say.

A recent ONS survey estimates that 1.5% of the population is lesbian, gay or bi-sexual (LGB). This estimate is reflected in the North West (1.5%) (Joloza et al, 2010). However, the results from the survey are experimental and therefore should be used with caution. The preferred estimate up until now has been that provided by the DTI of an LGB population of between 5 to 7%, as provided in the Final Regulatory Impact Assessment: Civil Partnership Act 2004 (DTI, 2004).

11.7 Marriage & Civil Partnership

In the APMS 2014, those who are separated or divorced have been identified as at a particular risk of mental health issues. In Cumbria, 8,498 people aged 16+ years reported being separated (but still legally married/civil partnership) in the 2011 Census, accounting for around 2% of all people aged 16+ years. 39,523 people aged 16+ years reported being divorced, accounting for around 9.5% of all people aged 16+. Further analysis on marital status can be found in Who is at Risk & Why.

Table 16: Usual resident population aged 16 years and over at Census Day 2011: by Marital and Civil Partnership

	No. Persons	% persons aged 16 and over					
	All People aged 16 and over	Single (never married or never registered a same-sex civil partnership)	Married	In a registered same-sex civil partnership	Separated (but still legally married or still legally in a same-sex civil partnership	Divorced or formerly in a same sex civil partnership which is now legally dissolved	Widowed or surviving partner from a same-sex civil partnershi

							p
England & Wales	45,496,780	34.6	46.6	0.2	2.6	9.0	7.0
Cumbria	**416,359**	**29.1**	**50.8**	**0.2**	**2.0**	**9.5**	**8.4**
Allerdale	80,155	28.0	52.0	0.2	1.9	9.2	8.8
Barrow-in-Furness	56,796	31.4	46.8	0.1	2.3	11.0	8.4
Carlisle	89,042	32.2	47.3	0.2	2.5	9.7	8.2
Copeland	58,613	29.7	51.0	0.2	1.9	9.2	8.0
Eden	43,976	26.9	54.4	0.2	1.7	8.6	8.2
South Lakeland	87,777	26.1	53.9	0.2	1.8	9.2	8.8

Source: Census 2011, Office for National Statistics

11.8 Gender Reassignment

Currently there are no sources of transgender statistics. However, the Gender Identity Research and Education Society (GIRES) estimate that 0.6-1% of the population may experience gender dysphoria.

11.9 Indices of Deprivation 2015

People living in deprived areas are more likely to have mental health issues. The Indices of Deprivation 2015 is used to measure deprivation across seven domains including: income; employment; education, skills and training; health and disability; crime; housing and services; and living environment. Cumbria ranks 86th nationally out of 152 local authorities in England (with 1 being the most deprived). Across the districts, Barrow-in-Furness is the most deprived district in the county, ranking 29th most deprived out of 326 local authorities; falling within the 10% most deprived districts nationally. Furthermore, Barrow-in-Furness is the 5th most deprived district in England in terms of health deprivation & disability. Cumbria has 29 Lower Super Output Areas (LSOAs) that rank within the 10% most deprived in England; these are located in: Allerdale, Barrow-in-Furness, Carlisle and Copeland. The most deprived LSOA in the county falls within Central ward in Barrow.

12 Key Contacts

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13 Links to data sources

World Health Organisation; Mental Health: a state of wellbeing, August 2014	http://www.who.int/topics/mental_health/en/
Projecting Adult Needs and Service Information (PANSI)	http://www.pansi.org.uk/
Projecting Older People Population Information System	http://www.poppi.org.uk/

(POPPI)	
Adult Psychiatric Morbidity Survey, 2014	http://natcen.ac.uk/our-research/research/adult-psychiatric-morbidity-survey/
Census, 2011	https://www.ons.gov.uk/census/2011census
Marmot Review	http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
Annual Population Survey, March 2016	https://www.nomisweb.co.uk/
Office for National Statistics, July 2016	https://www.ons.gov.uk/
Paycheck, CACI, 2016	https://www.caci.co.uk/
Mental Health and Housing Policy Paper, 2016, Mental Health Foundation	http://www.crisiscareconcordat.org.uk/inspiration/mental-health-housing-policy-paper-2-0-1-6-country-project-identify-types-supported-accommodation-successfully-meet-needs-people-mental-health-problems-order-recomm/
Indices of Deprivation, 2015	https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015
Shelter	http://www.shelter.org.uk/
Let Go	http://www.impacthousing.org.uk/let-go-domestic-violence-service
Cumbria Constabulary	https://www.cumbria.police.uk/Home.aspx
Unity	https://www.gmw.nhs.uk/unity
Public Health Outcomes Framework	http://fingertips.phe.org.uk/
Quality Outcomes Framework	http://qof.hscic.gov.uk/
Adult Social Care, Cumbria County Council	http://www.cumbria.gov.uk/healthandsocialcare/adultsocialcare/default.asp
North of England Commissioning Support (NECS) Information Service	http://www.necsu.nhs.uk/
Avoidable Mortality in Cumbria: A case file review of 78 suicides; Centre for Public Health; November	http://www.cumbriaobservatory.org.uk/elibrary/Content/Internet/536/671/4674/6164/4214615337.pdf
Monthly Statistics Mental Health Services Dataset, NHS Digital	https://digital.nhs.uk/
Preventing suicide in England: Two years on Second annual report on the cross-government outcomes strategy to save lives	https://www.gov.uk/government/publications/suicide-prevention-second-annual-report
NICE guidelines, suicide and self-harm	https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions/self-harm
Emergency Department Data Collection and Overview; April 2012 to March 2015; TIIG	http://www.cph.org.uk/tiig/
Dementia: What every commissioner needs to know; Guidance on delivering the National Dementia Strategy for England; Alzheimers Society	www.alzheimers.org.uk
Risk Factors for Dementia; Alzheimers Society	https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=102
Living well with dementia: A National Dementia Strategy	https://www.gov.uk/government/news/living-well-with-dementia-a-national-dementia-strategy

Cumbria Partnership Foundation Trust	https://www.cumbriapartnership.nhs.uk/
NHS Digital (HSCIC)	https://digital.nhs.uk/
Family Resources Survey 2013-14	https://www.gov.uk/government/collections/family-resources-survey--2
Community Mental Health Survey 2016	https://www.gov.uk/government/statistics/community-mental-health-survey-2016
National Child & Maternal Health Intelligence Network	http://www.chimat.org.uk/
Sport & Recreation Alliance: Game of Life	http://www.sportandrecreation.org.uk/pages/gol-mental-health