

Report to the Middlesbrough Health Scrutiny Committee on mental health and emotional wellbeing

1. Introduction

- 1.1** The purpose of this briefing is to describe issues in relation to mental health and wellbeing in Middlesbrough for consideration by the Health Scrutiny Committee
- 1.2** The National Service Framework for Mental health (NSF) published in 1999 set out a ten year strategy for the development of mental health services. The NSF set national standards, national service models and was supported by policy implementation guidance and considerable central government investment to ensure delivery against key milestones. Local Implementation Teams (LITs) were established to co-ordinate, lead and deliver against the NSF and are required to report annually to the Strategic Health Authority on progress.
- 1.3** The focus of the NSF was to cover mental health promotion, assessment and diagnosis, treatment, rehabilitation and care and has made considerable improvements in the quality -and access to services for people suffering from mental health problems. Investment since 1999 has driven the development of Prison mental Health Teams, Custody Diversion Teams, Primary Care Mental Health Teams, assertive Outreach Teams, Crisis Resolution and Home treatment Teams and Psychiatric liaison teams which have delivered outcomes of improved access to services, better, more responsive services and a reduction in the usage of mental health in-patient beds.
- 1.4** The NSF as a key driver of mental health service strategy is a ten year plan which comes to a close in 2009. More recently the focus of mental health policy has become broader emotional and mental wellbeing and not merely the treatment of mental illness.

2. Investment in Mental Health Services

- 2.1** The exact amount of NHS spending on mental health is very difficult to quantify accurately and the figures available do not include a variety of costs such as prescribing of medication in GP practices and primary care counselling. Therefore the current figures should be treated as a broad guide only.
- 2.2** NHS spending on mental health services in Middlesbrough is mainly focussed on one major contract with Tees, Esk and Wear Valleys NHS Trust which is broadly divided as in figure 1.

Figure 1. Tees, Esk and Wear Valleys Contract 07/08 budget

services	Expenditure £`s
Adult mental health (18-64 years)	9,662,085
Older Peoples Mental Health	3,105,368
Child and Adolescent Mental Health	1,411,687
Substance misuse	376,096
Total	14,555,236

2.3 This expenditure can be further subdivided as below in figure 2.

Figure 2. Tees Esk and Wear Valleys service spend 07/08

Service	Costs £`s
Adult	
In-patient – acute	2,759,728
In-patient rehabilitation	646,031
In-patient – intensive care	189,828
In-patient – mother and baby	28,811
Out-patients	828,072
Community Mental Health Teams	3,237,474
Assertive outreach team	526,934
Early Intervention in Psychosis	427,509
Crisis resolution team	601,795
Primary Care mental health	299,555
Eating disorders	116,348
Substance misuse	376,096
Total adult	10,038,181
Older Peoples Mental Health	
In-patient	2,009,936
Out-patient	221,237
Community team and Day Hospital	874,159
Total Older Peoples mental health	3,105,368
Child	
In-patient – acute	289,995
Out-patients	111,144
Community team	1,010,548
Total Child	1,411,687

2.4 In addition to this expenditure, Middlesbrough PCT spend £4,770,296 on specialist and secure placements both locally and in out of area provider

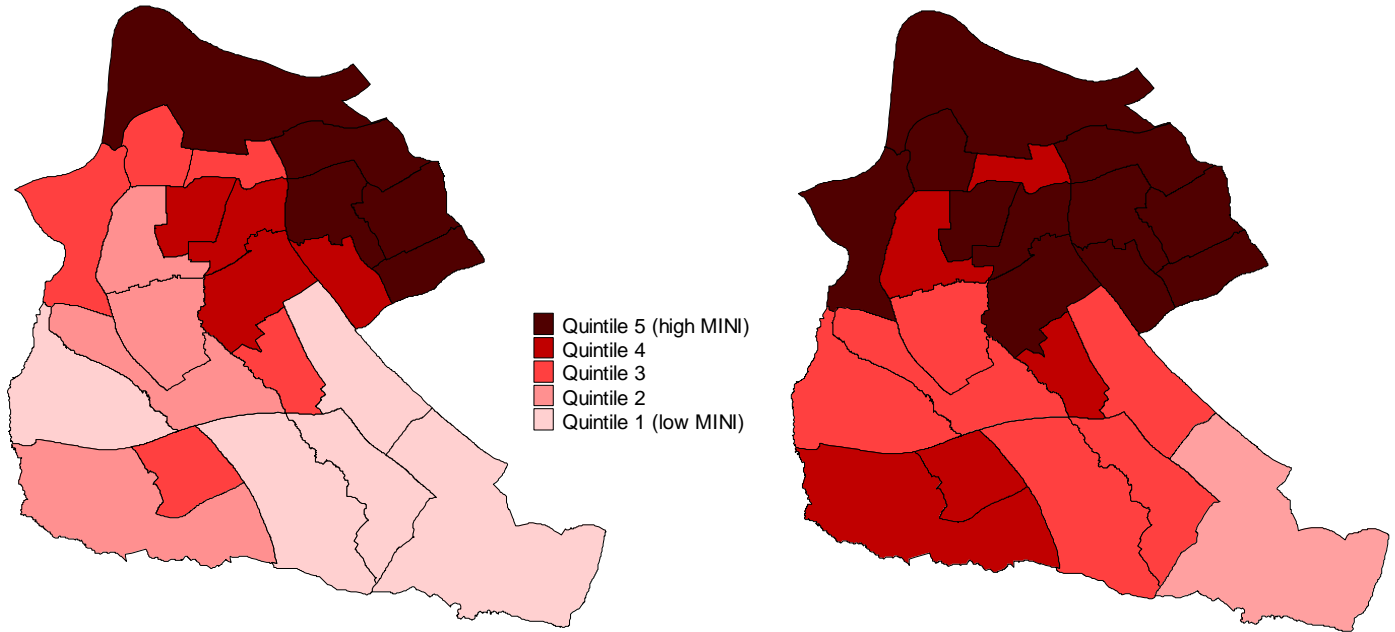
3. Needs Assessment

- 3.1** Estimating the prevalence of mental health problems is not straightforward and relies upon estimates and modelling from a range of national studies such as the National Psychiatric Morbidity Survey. The estimates are that at any one time, 16% of adults aged 16-74 have a neurotic disorder such as depression, anxiety, panic disorder, phobias and obsessive compulsive disorders which translates as 1 person in 6. More serious psychotic disorders are much less common, affecting approximately 4 per 1000 adults aged 16-64.
- 3.2** Older Peoples mental health problems are even more common with estimates of 40% of GP attendees, 50% of Acute Hospital patients and 60% of care home residents suffering with a mental health problem, in James Cook University Hospital in 2006-7 there were 20,000 admissions of over 65's of which 12,000 would be expected to have a common mental health problem.
- 3.3** Mental health conditions are strongly associated with socio-economic deprivation and the connection between rates of mental illness and other factors such as poverty, unemployment and social isolation is well established.
- 3.4** The Joint Strategic Needs assessment for Middlesbrough reports that 10% of children and young people living in the borough could have some form of mental health problem and a recent survey of secondary school pupils in Middlesbrough revealed that over 20% reported feeling lonely and 4% said that they rarely or never felt happy
- 3.5** Employment opportunities for people with mental health problems in Middlesbrough are very limited and of those long term unemployed claiming incapacity benefit, two thirds have a mental health problem.
- 3.6** The mental illness needs index (MINI 2000) for Middlesbrough figure 3, shows that there are significantly higher estimated needs than the national average with 11 out of 23 wards in the highest 20% of need and no wards in the lowest 20% of need.

Figure 3. Middlesbrough Mental Illness Needs Index (MINI) 2000

Middlesbrough MINI2000 by ward and local quintile

Middlesbrough MINI2000 by ward and national quintile



Ward	MINI2000	Local Quintile	National Quintile	National Decile
Acklam	0.847335	2	3	6
Ayresome	1.253272	3	5	9
Beckfield	1.554103	5	5	10
Beechwood	1.452671	4	5	9
Brookfield	0.765687	1	3	5
Clairville	1.516514	4	5	10
Coulby Newham	0.74985	1	3	5
Gresham	1.264076	3	5	9
Hemlington	1.102266	3	4	8
Kader	0.795572	2	3	5
Ladgate	1.126052	3	4	8
Linthorpe	0.99845	2	4	7
North Ormesby and Brambles Farm	1.746953	1	5	10
Marion	0.715976	1	3	5
Marion West	0.74985	5	3	5
Middlehaven	1.595886	5	5	10
Nunthorpe	0.549949	1	2	3
Pallister	1.586086	5	5	10
Park	1.265702	4	5	9
Park End	1.522348	4	5	10
Stainton and Thornton	1.087955	2	4	8
Thorn tree	1.714417	5	5	10
University	1.188858	3	4	8

NOTES:

In all areas, people experience mental illnesses. To some extent this can be predicted from characteristics of the population measured by the census or other types of survey. Mental health needs indices estimate by how much. A needs index of 0.8 suggests that there will be 20% less illness in an area than in the country as a whole, an index of 1.2 suggests 20% more.

MINI2000.

This is an index or ratio. It is calculated as the predicted admission rate for the area divided by the predicted admission rate for England. It is also the adjusted population divided by the actual population.

4. Mental Health Strategy

- 4.1** Recently there has been a shift in strategic thinking in relation to mental health care and an expectation that the focus should be increased on the prevention, early intervention and wellbeing agenda. Mental Health investment in Middlesbrough however, in line with national trends, demonstrates that the bulk of expenditure is tied up with high cost services targeting the small number of people with severe and complex conditions with proportionally very little focus on services for those people with mild to moderate conditions.
- 4.2** This can be best demonstrated in the area of access to psychological therapies. As there has been limited investment in training and provision of psychological therapies, the resources have been targeted on those high risk individuals with the most severe and complex needs. Accordingly those people with mild to moderate needs have tended to go on to a waiting list until their needs become so severe that they actually can get access to therapy, by which time they have developed much more complex conditions which require higher levels of input.
- 4.3** The development of primary care mental health teams now gives access to services for those people with mild to moderate mental health problems and innovations such as computerised cognitive behaviour therapy which will be available in October 2008 in Middlesbrough will go some way towards meeting demand, there remains a significant shortfall in access to effective, high quality psychological therapies.
- 4.4** The NHS Improving Access to Psychological Therapies strategy (IAPT) aims to change the way resources are allocated by targeting considerable investment, £170 million nationally, in a system of NICE recommended local psychological therapy services across England. The aim is to treat 900,000 patients suffering from depression and anxiety over the next 3 years. IAPT services will be staffed by high intensity and low intensity therapists and aim to promote social inclusion by helping people remain in employment or return to work, offering access to effective treatments before people's conditions become complex or intractable. Middlesbrough PCT are aiming to develop a bid for year 2 (2009/10) of the IAPT programme which if successful will result in approximately £800,000 of recurring national investment to train and develop the IAPT workforce.
- 4.5** The mental health strategy for Middlesbrough outlines high level objectives for Children and Adolescents, Working Age Adults, Older People and Specialist Needs. The objectives all have cross cutting themes which are that services will be Safe, built on best practice, service user and carer focussed, support social inclusion, work in partnership, local timely and equitable, and are efficient and cost effective. Further detail is to be found in the Tees Wide Mental Health and Learning Disability Direction of Travel 2008-11 document and also

the North east Commissioning Team for Mental Health and Learning Disabilities Strategic Plan for Mental Health.

- 4.6** An example of this new way of working is in the mental health first aid programme. Mental health first aid training does not train people to be therapists, but it teaches people how to recognise early symptoms of mental health problems such as depression, anxiety and psychosis, how to provide initial help and how to guide a person towards appropriate professional and self help. A briefing session will take place on the 8th October, hosted by Cleveland Fire Brigade and will be aimed at Cleveland Police, North East Ambulance service, Probation services, South Tees Acute Hospitals, the Health and Safety Executive as well as the Fire Service Themselves. The contract to deliver training for mental health first aid has been awarded to MIND and will be rolled out to include free training to all employers who express interest.
- 4.7** The strategy for high cost specialist placements is two fold, firstly to review collectively across Tees all of the placements with a view to commissioning local services for these individual people, but secondly whilst undertaking the review to examine in detail the personal histories of people and identify where outcomes could have been improved of different service models and approaches were employed earlier in their lives.
- 4.8** The expectation of the emerging strategy for mental health and wellbeing is that by targeting services more effectively in prevention and early intervention in mental health then less people will progress through to require specialist complex services with the result that a significant shift in investment can be made from the severe and complex services towards early intervention and prevention models.

5. Summary

- 5.1** Mental health needs in Middlesbrough are demonstrably higher than the national average and the promotion and development of good mental health is essential to the human, social and economic development of the borough. Whilst the development of high quality mental health services is an important part of delivering this agenda, the potential to promote good mental health lies with a number of agencies such as those responsible for housing, regeneration, social care, employment, leisure and health.
- 5.2** The strategy for mental health and wellbeing in Middlesbrough demonstrates a significant shift in focus, investment and responsibility away from specialist mental health services and towards an agenda of mental health promotion, early identification and access to effective treatment.

