Leeds in Mind 2017
Mental Health Needs Assessment

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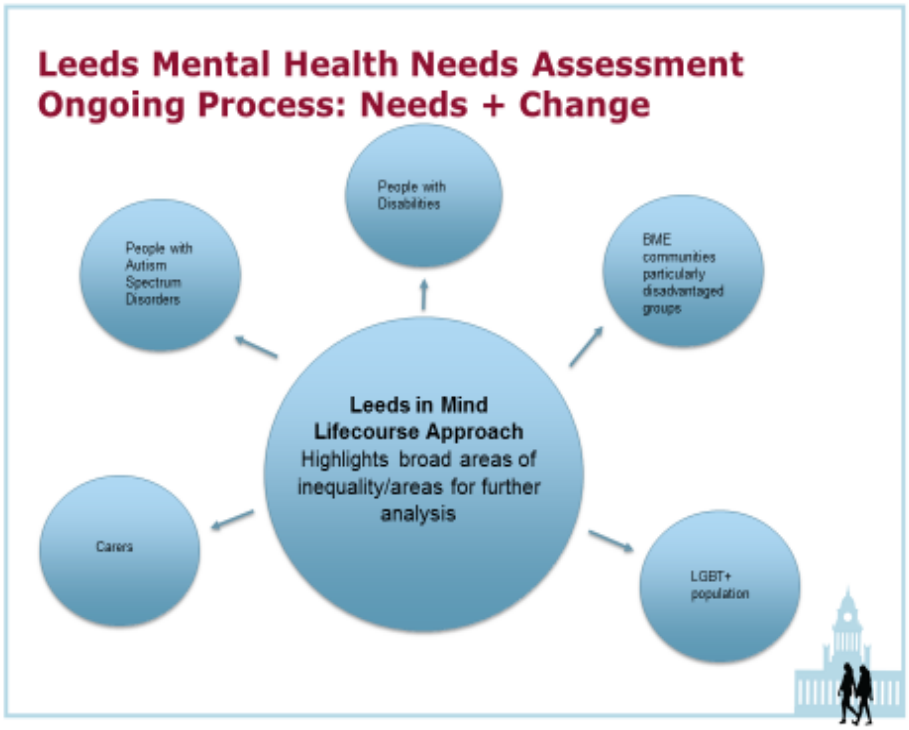
Executive Summary

Mental Health is central to all health. It has a significant impact, not only on individuals, families and communities, but also on the economy. Estimates for Leeds suggest that mental ill-health costs over £500 million every year through lost economic output, benefits payments, and its effects on the health and social care system.

This report assesses the mental health needs of the adult Leeds population, identifies where gaps in provision exist and makes recommendations to address inequity in access to healthcare and unequal health outcomes.

It reviews Common Mental Health Disorders (which range from mild to severe) and Serious Mental Illnesses. It also assesses the needs of people who have both mental and physical health problems and people who have mental health problems that may be complex or less easily defined. Separate pieces of work, developed as part of *Leeds in Mind*, will cover the mental health needs of pregnant women and women with young children, young people (16 – 24 years) and older people (65+ years).

Such a wide scope means that the needs assessment highlights only broad areas of inequality and inequity; there are gaps in what it covers. The report does not fully capture the experience of all groups who experience poor mental health outcomes, and some communities or populations are not adequately represented in mental health data sources. More work is needed to make visible and address the mental health needs of key groups – through improvements in data collection but importantly, through further analysis clearly linked to system change. Priority populations identified include (but are not restricted to): people from Black and Minority Ethnic communities - particularly disadvantaged groups such as Gypsy and Travellers and Asylum Seekers; the LGBT community, people with disabilities, carers, and people with comorbid Autistic Spectrum Disorder. The needs of these groups will be addressed in future pieces of work, linked to recommendations in this report.



Key Findings

Risk and Protective Factors

Mental Health is affected by many factors. It is useful to think about these in terms of those that increase the risk of mental ill health and those that afford some protection. Responses to particular circumstances or events will vary from person to person, but at a population level, there is good evidence regarding the negative and positive effects of particular factors on mental health.

Mental health has a social gradient. This is because risk factors for mental ill health cluster in areas where people have fewer resources. These risks may be 'current' - such as debt or poor housing; however, there is also research to suggest that factors such as domestic violence or past trauma also have long-lasting effects that can reach across generations.

Risk and protective factors often therefore have immediate, but also long term, impact. Investing in protective factors in particular is not only central to improving the health of people in Leeds, but it also makes sound economic sense.

Very recent research undertaken by Public Health England sets out the Return on Investment from delivering against some of these protective factors at a national level.

There are many aspects to living in Leeds which are protective of good mental health. Some of these mental health assets are included below:

Top level summary of key protective factors as experienced in Leeds
Support to develop healthy relationships - the Leeds Best Start Programme
Celebration of positive role models - events such as Leeds Pride and Leeds West Indian Carnival
Resilience programmes that support young people - MindMate in schools
Community resources, social capital and social networks - Leeds has a strong and vibrant Third Sector
Access to green spaces across the city across the whole city
Employment support and anti-poverty programmes

However, there are also clearly identified risk factors. Shown below are estimated numbers of people in the city who are at increased risk of poor mental health/illness. Other factors are important but less easily quantified - these include experiencing discrimination, being homeless/poorly housed and crucially having experienced inadequate care-giving as a child which has a negative impact on future emotional and mental wellbeing. It is important to note that very often people will experience multiple risk factors at the same time - this increases their vulnerability to mental health problems

Top level summary of key risk factors as experienced in Leeds	
Debt and financial strain	100,000
Unemployment	40,000
Adverse experiences such as trauma and abuse	45,000
Caring responsibilities	70,000
Long term health conditions	200,000
Social Isolation	40,000

Finally, mental health stigma can be seen as a risk factor for mental ill health – in that it operates as a significant barrier to people developing an understanding of mental health and illness and to accessing treatment. In underpins all aspects of mental health – from emotional wellbeing to serious mental illness and may be experienced differently by different population groups or communities.

Common Mental Health Disorders

- There are an estimated 106,000 people who, every year in Leeds experience a Common Mental Health Disorder (CMHD) such as anxiety and depression. This estimate is not adjusted for socio-economic status and it may be that the 'true' number is much higher.
- It is estimated that around half of all CMHD is 'moderate - severe'. This equates to over 50,000 people in the city. The needs of people with CMHD are met across a range of services including Improving Access to Psychological Therapies (IAPT), and by Third Sector services – including Social Prescribing.
- GPs report that a significant proportion of workload carried out in Primary Care is associated with mental ill health – possibly up to 40% of all consultations. There were nearly 94,000 single prescriptions for anti-depressants and anxiolytics in 2015/16 which suggests that a significant proportion of estimated CMHD need is being addressed in Primary Care.
- There is good evidence that CMHDs have a social gradient and that they are strongly linked to risk factors associated with having limited resources - such as an adequate income and stable housing. With this in mind, there appears to be under recording of CMHD in Primary Care in the most deprived parts (poorest quintile) of the city. This is particularly noticeable in the case of depression.
- Recent analysis of CMHD in Primary Care suggests that there were 130,000 people recorded as having a CMHD in 2016 (this includes all new cases in a year and past cases and so is higher than annual estimated figures). Anxiety was the largest single mental health condition recorded (n= 75,000) followed by Depression (n = 46,000). There were 27,000 people recorded as having both Anxiety & Depression.
- The mental health service commissioned to support people with CMHD is Improving Access to Psychological Therapies (IAPT). However, IAPT is designed, nationally, to meet only 15% of 'need' - 15,000 people in Leeds. Around 6,000 people finished a course of treatment in 2015/16.
- Setting estimated rates of CMHD against IAPT service use suggests that much CMHD in the city goes untreated
- A recent national study found that young people (16 – 24 years) and black and minority ethnic communities were two groups least likely to receive treatment for CMHD. These two groups are under-represented in primary care CMHD registers in Leeds.
- IAPT is effective for those people who finish a course of treatment. Recovery is measured very crudely, but even so, in Leeds nearly 50% of people, who complete their course of treatment, do recover and around 60% of people 'reliably improve'. This means that their mental health needs may have been quite severe when they started treatment; and whilst they may not leave the service symptom-free, their mental health will be significantly better.
- The benefits of IAPT have not been realised equally across the city. 'Recovery' rates are lowest in the South of the city (where deprivation is greatest), older people do not access the service to the same rates as the working age population and rates of 'finishing a course of treatment' are low for some ethnic groups (compared to White British Groups). This suggests that IAPT has not historically been able to meet the needs of the whole Leeds population and, despite significant efforts from the service; there is inequality of both access and outcomes
- However, recent steps taken by the service offer some promise. These include not discharging people when they drop out of Step 2 treatment and offering top up treatment or step up to Step 3. The service report this is improving recovery rates, however, demand for Step 3 is increasing significantly.
- Nationally, the mental health of young women is of concern. However, locally, whilst there are twice as many women as men in Leeds who are recorded has having a CMHD, only 9% of young women are recorded as having a CMHD in primary care, compared to 20% of all women over 18 years.
- Men are under-represented in both Primary Care data on CMHD and IAPT numbers finishing treatment. This may reflect women's poor mental health but also may signal the fact that men may

not seek support for this type of mental distress. However, it is notable that when men do access IAPT, their recovery rates are similar to those of women.

- Qualitative surveys recently undertaken in Leeds suggest that certain communities experience a range of factors that put them at increased risk of CMHD. These include people from some BME communities (including refugees and asylum seekers) and LGBT+ populations.
- Finally, there are groups whose needs have not been reviewed as part of this needs assessment and who may not always be 'visible' in available data on mental health - but who are known to have high rates of mental health disorder. These groups include people with Learning Disabilities, Autism, ADHD and/or physical disabilities, including the deaf community. More work is needed to explore the particular mental health needs of these groups locally.

Serious Mental Illness

- Many people with Serious Mental Illnesses such as psychosis and bipolar disorder maintain employment and relationships, and have fulfilling lives. For other people, these conditions bring with them significant disability and may be complicated by poor physical health and significant socio-economic disadvantage.
- There are nearly 8,000 people recorded as having a SMI in Primary Care in Leeds. These registers show a significant association with deprivation - with rates highest in the inner part of the city.
- Leeds has higher rates of people experiencing First Episode Psychosis than both the England average, and locally modelled estimates that use adapted methodologies. There is a need to explore the impact of this high level of need on Early Intervention in Psychosis services along with the needs of people who experience 'At Risk Mental States' (which may precede a first psychotic episode).
- There is a significant gap between locally modelled estimates of prevalence rates for psychotic disorder and bipolar disorder and LYPFT cluster data. This may be due to the fact that some services provided by LYPFT do not cluster and/or it may indicate unmet mental health need in the population.
- There is a relationship between having a SMI and being out of work. However, there is a strong evidence base for the positive effects of employment-support programmes. Applying national economic modelling to Leeds employment support programme suggests that the service may be saving the city in excess of £1 million a year.
- At a population level, people from Black or Mixed ethnic groups in Leeds are twice as likely to be admitted to a mental health ward having accessed a crisis service as people from White ethnic groups. This may represent higher levels of need in some population groups and/or limitations across mental health and social care pathways to meet the needs of these groups before crisis occurs.
- Crisis services in the community offer well-evidenced alternative to inpatient stays. Such services provided in Leeds are meeting significant mental health needs of diverse groups– including people from LGBT+ communities and people from a range of minority ethnic groups.
- People with a diagnosis of psychosis who live in the South and East of the city are more likely to be admitted to hospital in an emergency/through A&E than England averages.
- Leeds has higher rates of people subject to the mental health act when compared to the England average – rates are particularly high in the South and East of the city. It is not clear whether this is due to higher need in Leeds or if it reflects that there limitations on community services to be able to support people before crisis occurs.

Physical Health and Mental Health

- There is a significant and complex relationship between physical and mental health, which much current service provision does not adequately address.
- More than 1 in 3 people on the CMHD primary care register in Leeds have at least 1 long term condition – around 48,000 people. There is also a clear relationship between having a serious mental illness and a long term condition. This is notable in the case of Diabetes, COPD and Hypertension.
- Referrals to IAPT for people with LTC do not appear to reflect local estimated prevalence and it is not clear how new national drivers for IAPT provision to target people with LTC will be developed locally.
- Despite efforts being made to improve the holistic care provided in both mental health and physical healthcare services, stakeholders report that there are challenges associated with communication across provider organisations and development of appropriate skills
- New models of care provide a significant opportunity to support people's physical and mental health needs. However, there is separation between Primary Care/New models of care driven by mental health commissioners and citywide approaches focusing upon long term conditions and/or frailty.
- Health coaching approaches, as holistic models, provide a significant opportunity to meet the needs of the population with both LTC and CMHD
- Medically unexplained symptoms (MUS) and somatoform disorders are estimated to constitute a significant proportion of primary care appointments. In Leeds, the Liaison Psychiatry service provides specialist support for people with very complex problems of this nature. It is not currently clear whether the expansion of IAPT to support people with MUS will be successful nationally (pilots are underway) and no plans are in place locally to address the needs of this group through the existing IAPT service.
- The rate of premature mortality in people who have a serious mental illness in Leeds (<75s) is 1,405/100,000 (2012/13) - four times greater than the general population. This is symptomatic of significant health inequalities – associated with deprivation, poor physical health (due in part to anti-psychotic medications and health behaviour) and barriers to health promotion messages and healthcare services.
- There are systemic barriers to screening and improving the health of this population group. There is a shared care protocol in place but communication between acute services, and general practice is a barrier to effective care.
- There is good evidence that smoking cessation is effective with this population group, and that people with SMI have the same desire to stop smoking as the rest of the population.
- Incentives to complete physical health checks have been removed in Primary Care. Whilst rates of checks for people with SMI in Leeds are comparable with the rest of the country - these are low across the whole of England.

Complex Mental Health Problems

- Local stakeholders identify that there are a group of people whose needs are not well met by current service provision (structured around common mental health disorders or serious mental illness). This group is heterogeneous but includes people who may have psychological needs related to unresolved trauma, complex social problems and/or enduring depression.
- 'Complexity' is differently defined and experienced. Being able to meet this wide range of mental health needs suggests requires that responses should be culturally appropriate, evidence-based and adaptable to meet the need of the individual.
- More work is needed to understand the burden of illness that is attributable to 'complex needs' in the city, however numbers of people screened out;' from IAPT and CMHTs provides an initial starting point.
- A new partnership, funded until 2019 is now in place in the city - the visible project aims to raise the profile of child sexual abuse and improve responses across the mental health system.
- Personality Disorder is a complex diagnosis often associated with previous trauma and abuse. Developing accurate estimates of numbers of people affected is challenging given the disagreement over terms and complexities of screening for these conditions. However, it is probable that there are a significant number of people in Leeds who struggle with forming healthy relationships and experience high levels of risk
- Leeds has a greater number of people accessing drug/alcohol services who have a comorbid mental health problem than modelled estimates predict. It also has higher rates of service use contacts (for alcohol/drug services) from people with mental health problems. This suggests high levels of need in the Leeds population.
- Drug and alcohol use is a significant predictor of mental ill health. Dual diagnosis services in the city are meeting needs that exceed modelled estimates. 22% of people accessing Forward Leeds in 2016/17 had a mental health diagnosis. More men accessed the service than women. However, women were more likely to have a formal mental health diagnosis (28% of women, compared to 21% of men).
- There is clear evidence that trauma is associated with a full range of mental illnesses. If rates from national surveys are applied to the Leeds population this suggests that around 45,000 people in the city may have experienced some kind of trauma and abuse.
- New pilot ways of working – bringing mental health services closer to primary care (mental health 'test beds') have to date, developed separately to emerging 'new models of care'
- Early findings suggest that the Primary Care /Mental Health test beds developed as part of the Leeds Mental Health Framework are meeting a range of mental health needs and the impact on primary care workload appears promising.
- The models show the potential of system change/integration. Early results suggest that bringing mental health staff 'closer' to Primary Care appears to improve the appropriateness of referral and a reduction in GP contact time for some people.
- It will be important, going forward to assess the 'net effect' of all three models on the wider health and social care economy - and in particular on their ability to respond flexibly to need.

Recommendations

1. Mental Health is everyone's business. Strategic partners in Leeds to prioritise programmes of work that increase protective factors and reduce risk factors for poor mental health - particularly focussing on those that are linked to poverty. Ensure all commissioned service and programmes of work have an explicit focus on mental health.

2. Commissioners/providers of mental health services to ensure that service provision reflects the levels of mental health needs in the population and includes additional tailored support for identified groups to ensure they are able to access and complete mental health treatment.

3. Mental health commissioners and service providers, LCC Public Health and The Third Sector to ensure further needs analysis and development work in the city addresses the needs of people with increased risk of poor mental health, particularly those groups who may not be easily identified in mental health data sources. These groups to include:

- Homeless people, carers asylum seekers and refugees and LGBT+ communities (particularly trans and non-binary people)
- People with complex comorbidities: people with Learning Disabilities, Autism Spectrum Disorder and Physical Disabilities (including the deaf community).
- People who have both mental health and substance use problems.

4. Commissioners/providers of mental health services to address inequity in identification and treatment of common mental health disorders. In particular:

a) IAPT to take steps to further address the following issues:

- Improve access to the service from older people and increase the number of men finishing treatment
- Improve the proportion of people from minority ethnic backgrounds who finish a course of treatment
- Improve recovery rates in the most deprived parts of Leeds (particularly Inner South and Inner East Leeds)
- Explore further the access rates and outcomes for people with long-term conditions

b) Primary Care services to specifically consider under-recording of depression in low income areas and to further explore how best to support the mental health needs of their practice populations.

c) Mental health commissioners to increase IAPT capacity at Step 3 in order to meet local demand and to support people with moderate- severe common mental health disorders

5. Mental health commissioners/providers of mental health service to address the current gap in provision between CMHTs and IAPT services, by developing community based mental health provision that meets the bio-psycho-social needs of people including those with complex psychological or social needs.

6 .Providers of physical healthcare pathways for long-term conditions and Primary Care, to pro-actively screen people with long term conditions for mental health problems as part of wider psychological informed conversations. Also, to ensure appropriate support and onward referral

7. Mindwell to co-produce bespoke online resources for people with comorbid mental and physical health problems

8. Mental Health service providers, Primary Care and Public Health to urgently address the premature mortality of people with SMI through:

- Ensuring the effective implementation of the Leeds Shared Care protocol
- Urgently addressing issues with communication between LYPFT and Primary Care by improving IT systems
- Increasing the proportion of eligible people receiving the full list of annual physical health checks in Primary care
- Providing support for service users with SMI to access appropriate physical healthcare services
- Developing better health improvement messages that meet the needs of people with SMI and ensuring that healthy living service for this group are tailored to meet needs.

9. Mental health commissioners and service providers to review the impact of high rates of First Episode Psychosis in the population on Early Intervention in Psychosis services, along with the needs of people who experience 'At Risk Mental States'

10. Mental health service providers, LCC Public Health and the Third Sector to review mental health provision for people from Black and Minority Ethnic communities across the whole (mental) healthcare system, in order to better meet needs and reduce identified mental health inequalities. In particular address the unmet needs of vulnerable migrants and disadvantaged groups.

11. Mental health service providers, in partnership with Third Sector, Social Care and LCC Public Health to review use of the MH Act (particularly in Leeds South) and make recommendations across the health and social care system.

12**.** Commissioners/mental health providers to consider how best to deliver trauma informed services that meet the needs of people with mental health problems that have their roots in adverse experiences such as trauma and/or physical, psychological and sexual abuse. Build on the work of the Visible project to ensure sustainability and effectiveness of new approaches to addressing mental health and abuse.

13. Leeds City Council and NHS Leeds CCGs to increase commissioned employment support services for people with mental health problems in order to build on existing good practice

14. LCC Public Health, mental health service providers and NHS Leeds CCGs to ensure that new models of care/population health management approaches are supported through regular provision of good quality mental health data at practice level. This to include information on: mental healthcare service usage, co-morbid long-term conditions and mental illnesses, and SMI annual physical health checks

For further information about *Leeds in Mind* please contact sarah.erskine@leeds.gov.uk