



JSNA Refresh 2013/14 Mental Health & Wellbeing

There is a clear association between wellbeing, good mental health and improved outcomes for people of all ages and social classes. Good mental health and wellbeing is important because:

- Poor mental health and wellbeing can have an impact on every area of a person's life; physical health, education, employment, family, relationships, and the effects can last a lifetime. It plays an important part in contributing to and maintaining health and social inequalities.
- Good mental health and wellbeing are associated with improved outcomes for individuals including longevity, physical health, social connectedness, educational achievement, criminality, maintaining a home, employment status and productivity.
- Mental health is not simply the absence of mental illness. People recovering from mental health conditions can have a positive state of wellbeing, while those who do not have a mental health condition may experience low levels of wellbeing

Key messages

Mental illness in Harrow

Mental ill health has steadily increased in Harrow from 0.85% in 2006/07 to 0.94% in 2011/12. The prevalence in the borough is lower than that observed in London but higher the national average.

Working age benefits, mortality & violent crime

The percentage of working age adults claiming out of work benefits in Harrow has slightly declined over the last three years. Suicides and deaths from undetermined injuries have declined among people in Harrow. Between 2003/05 to 2008/10, the

most marked decline in the rate of this type of mortality was observed in women. The rate of suicides and undetermined deaths continue to highest in men. The rate of violent crime in Harrow is lower than the rate in London and England. However, between 2007/08 and 2010/11 violent crime increased from 11.98 per 1,000 to 14.29 per 1,000.

Independent living and health self-assessment

The take-up of social care services that allow individuals to live more independent lives has increased in the borough. While increases were also observed in London and England, the rate of direct social care assistance was

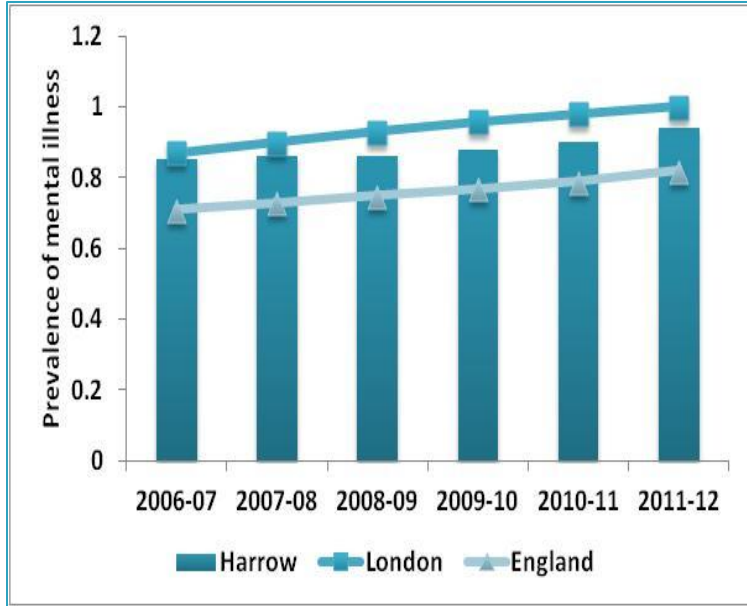
higher in Harrow when compared to London.

Only 18.9% of over 65s in Harrow believe their health is not good. This is lower than London and England.

Overall mental health and wellbeing

Overall mental health and wellbeing in Harrow is good. Priorities in Harrow include improving employment opportunities for the unemployed, for adults in need increase access to drug treatment and the number on the care programme approach, increase physical activity to the recommended levels and increase total mental health services contacts fro those in need.

Local Data

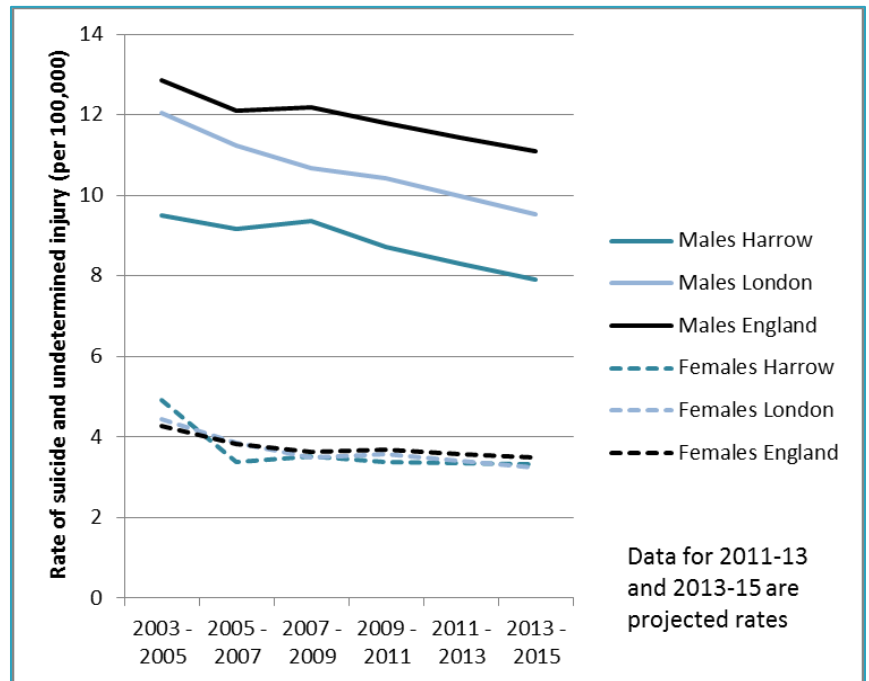


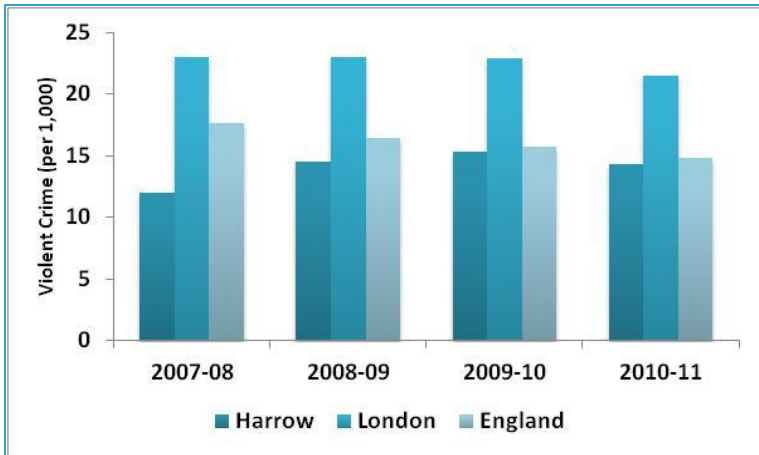
Prevalence of mental health problems

The prevalence of mental illness in Harrow has steadily increased from 0.85% in 2006/07 to 0.94% in 2011/12. The prevalence in Harrow is lower than London but higher than England. The national and regional prevalence in mental illness has also increased over the time period observed. The prevalence of mental illness decreased slightly between 2007/08 and 2008/09 however it increased well above 2007/08 levels by 2011/12. The timing of the increase in prevalence coincides with the impact of the global economic crisis and the observed increase could relate to this.

Deaths

The rate of mortality due to sickness and undetermined injury in Harrow is almost twice as high in men compared to women. The mortality rate in men peaked in 2003/05 but has since fluctuated around the 9 per 100,000 since then. The rate is predicted between 2009/11 and 2013/15. Among women, the rate also peaked in 2003/05 before declining to 2.72 per 100,000 in 2008/10. The rate of mortality due to sickness and undetermined injury is predicted to stabilize between 2009/11 and 2013/15.





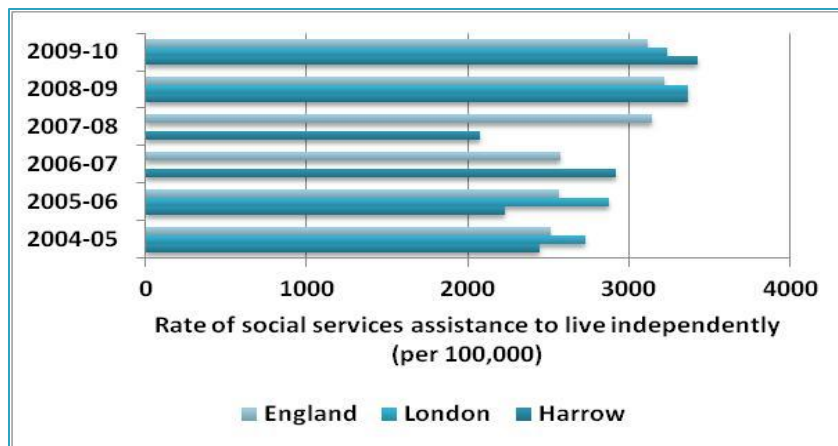
Crime and mental health

Crime levels are associated with both illness and poverty, increasing the burden of ill health on those communities least able to cope. Violent crime can result directly in psychological distress and subsequent mental health problems. The rate of violent crime in Harrow is lower than both in London and England. However, the violent crime in Harrow appears to buck the trend by increasing while the rates in both England and London are decreasing.

Although the rate of violent crime is low in Harrow, the perception of crime, both violent and non-violent, also has the potential to impact mental health and wellbeing.

Independence

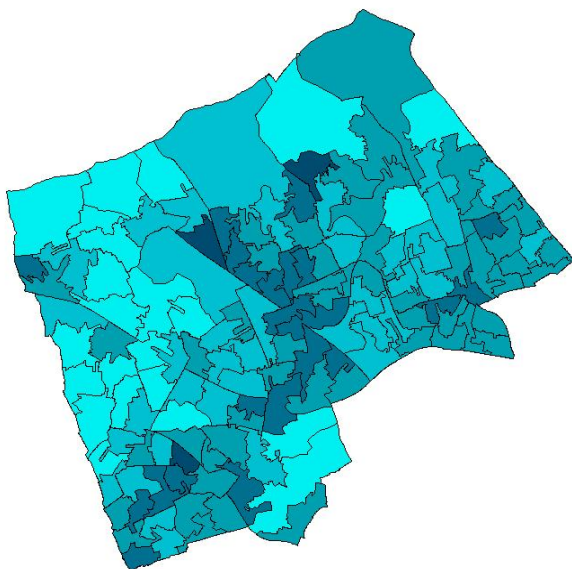
Being able to live independently is a key factor in good mental health and wellbeing. Between 2004/05 and 2009/10 the rate of social service assistance for Harrow residents to live independent lives has increased from 2448.4 per 100,000 to 3424.6 per 100,000. While increases have been observed in both London and England the rate in Harrow exceeds both averages.



*Data for London is missing for 2006/07 and 2007/08

Index of Multiple Deprivation by LSOAs in London Borough of Harrow, 2010
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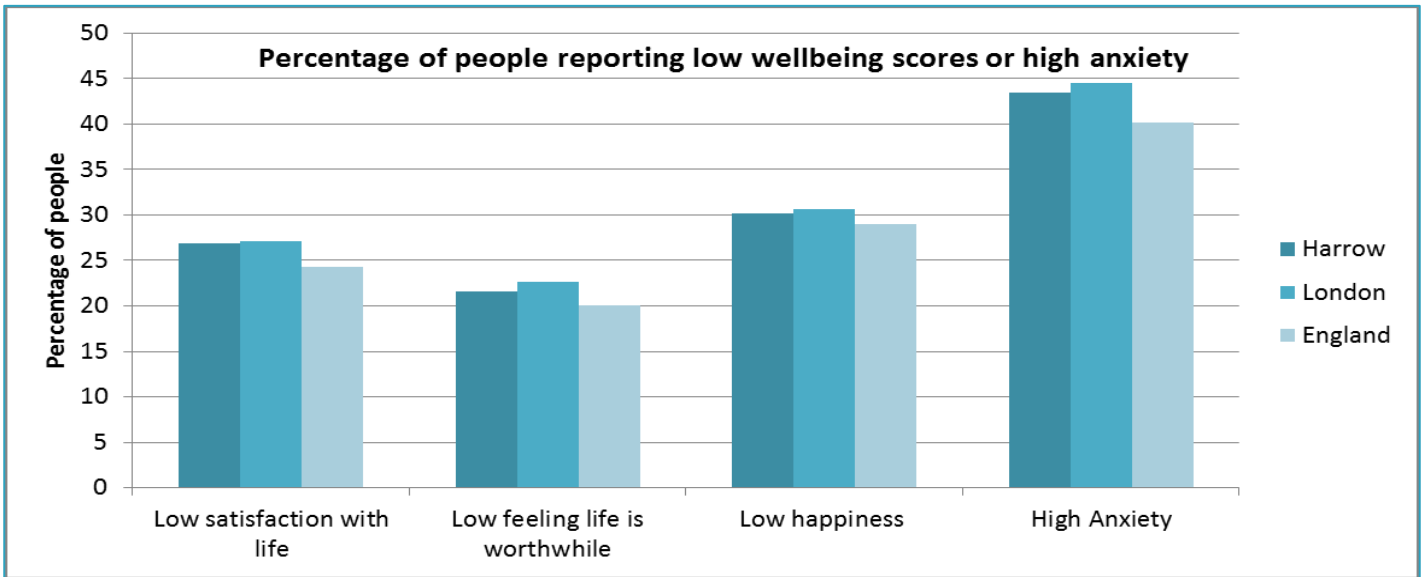
- 80% to 100% (least deprived 20% LSOAs in England) (23)
- 60% to 80% (39)
- 40% to 60% (50)
- 20% to 40% (22)
- 0% to 20% (most deprived 20% LSOAs in England) (3)



Deprivation

The index of multiple deprivation identifies areas with substantial levels of multiple deprivation which helps to measure and identify health inequalities across the borough. Although in overall terms Harrow is an affluent borough there are pockets of deprivation. These exist in the Roxbourne, Greenhill, Marlborough, Wealdstone, Harrow Weald, Hatch End and Stanmore Park wards. When looking at the correlation between those reporting that their health and wellbeing is good or very good and the IMD score in London there was a weak association ($R^2=0.18$). In Harrow, 76.6% of residents reported that their health and wellbeing was either good or very good and the 2010 IMD score for the borough is 15.49, suggesting that the borough is a good place to live (7th in terms of IMD Score) and that the majority of the people in the borough are in good health.

The over 65s also appear to be in good health; only 18.9% reported that they were not in good health. This is lower than the London average and the 5th lowest percentage of all 33 boroughs London.



Wellbeing

People with higher self-reported well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

Overall health and wellbeing in Harrow is good, with 8 out of 10 residents saying that they have good or very good health and wellbeing.

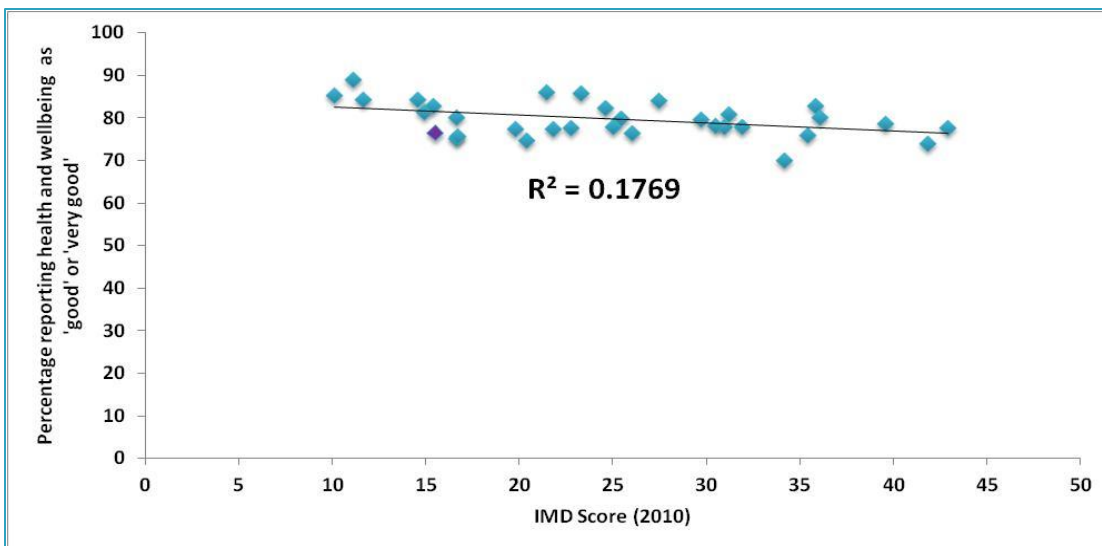
The over 65 age group also appears to be in good health with only 2 in 10 reporting that they were not in good health. This is lower than the London average and the 5th lowest of all London boroughs.

A new national survey asks people four questions:

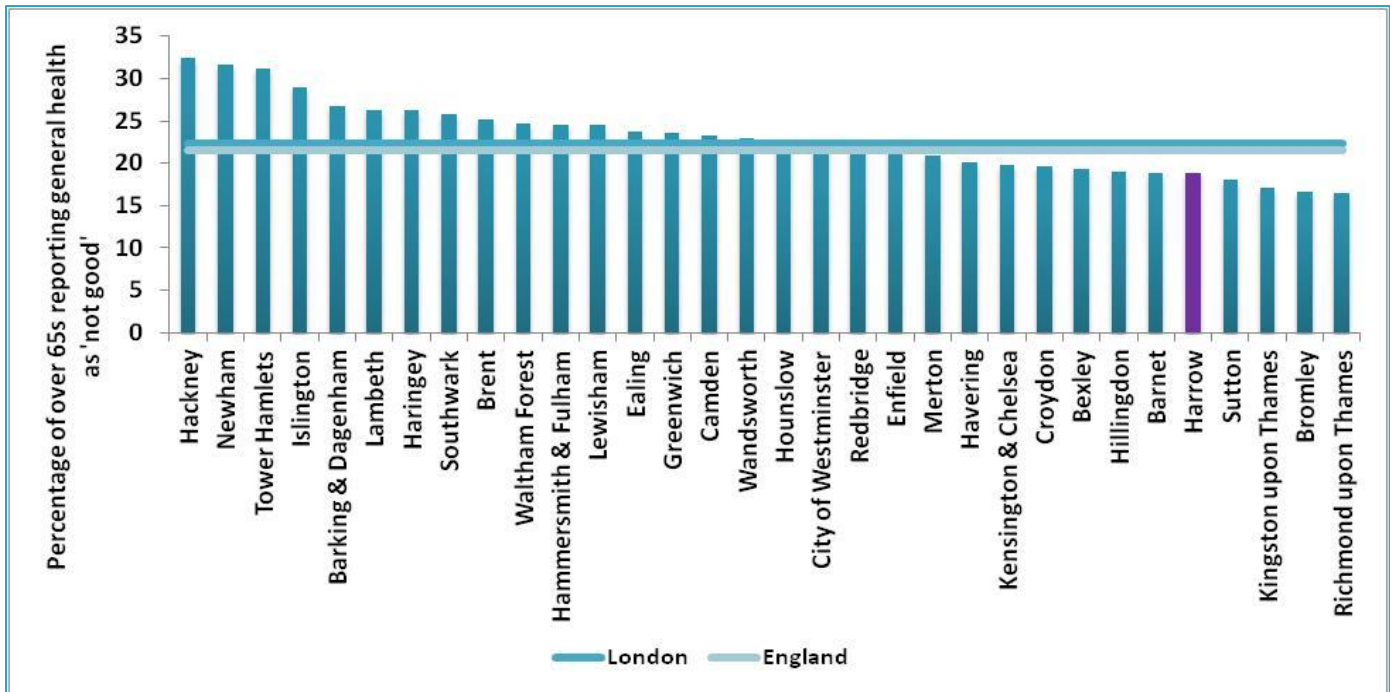
- Overall, how satisfied are you with your life nowadays?
- Overall, how happy did you feel yesterday?
- Overall, how anxious did you feel yesterday?
- Overall, to what extent do you feel the things you do in your life are worthwhile?

The percentage of people in Harrow reporting low levels of satisfaction, happiness and feeling worthwhile is higher than the England average but slightly lower than the average for London.

The percentage of people in Harrow reporting high levels of anxiety is higher than the England average but slightly lower than the average for London.

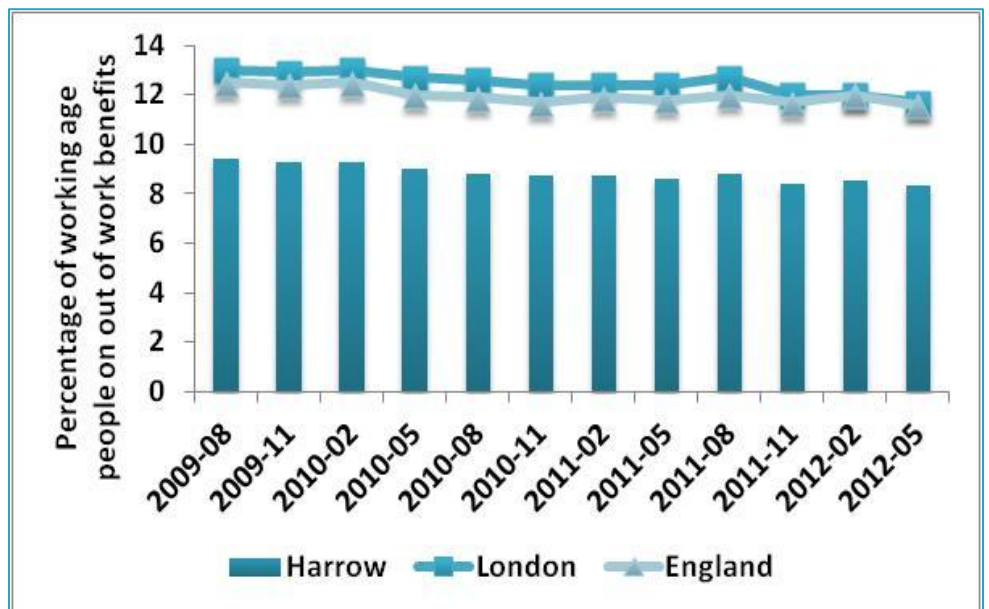


Harrow is represented by the green icon. The R^2 value (0.18) suggests that there is a weak association between self reports of health and wellbeing and levels of deprivation in London.



Work and benefits

The proportion of people claiming out of work benefits in Harrow declined between August 2009 and May 2012. Similar declines were also observed in London and England although there are fewer people claiming out of work benefits in Harrow in this period when compared to London and England.



Understanding the Spine Chart

The spine chart is a way of demonstrating a lot of information on a single diagram.

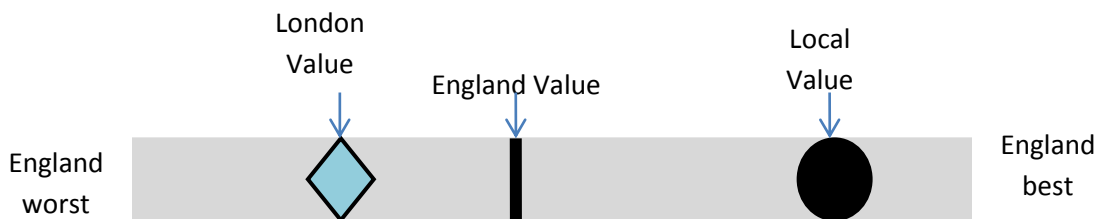
The indicators in the spine chart are generally one of three sorts:

- an indicator of higher or lower need
- an indicator of better or worse performance
- an indicator of better or worse outcomes

The “spine” is the line running down the centre. This is the England average for each indicator. The grey bar shows the range of values in local authorities across England.

Values to the **right** of the England average are better performance or outcomes or of lower need.

Values to the **left** of the England average are worse performance or outcomes or of more need.



Direction of travel indicator

- ↑ Indicator has improved since last year i.e. Improvement in performance or decrease in need
- ↓ Indicator has worsened since last i.e. decrease in performance or increase in need
- ↔ No change since previous year

Green indicates that, according to the latest data, the area is either performing better or has lower need than England average

Red indicates that, according to the latest data, the area is performing at least 2% worse or has at least 2% greater need than the England average.

Amber indicates that, according to the latest data, the area is performing worse or has greater need but is within 2% of the England average.

Spine Chart



Indicator	Direction of travel	Local Value	Eng Avg	Eng Worst	England Range			Eng Best
					Worse Higher	OUTCOMES NEED	Better Lower	
1 Percentage of NEET 16-18 year olds, 2010/11	↑	2.5	6.2	11.9				1.9
2 Episodes of violent crime, 2010/11	↑	14.2	14.6	34.5				6.3
3 Living in 20% deprived areas in England, 2010	↓	2.1	19.8	83.0				0.3
4 Working age adults who are unemployed, 2010/11	↓	63.3	59.4	106.2				8.3
5 Hospital admissions due alcohol conditions, 2010/11	↓	17.9	23.0	38.6				11.4
6 Adults in drug treatment, 2011/12	↓	3.6	5.2	0.8				18.4
7 Statutory homeless households, 2010/11	↔	0.5	2.0	10.4				0.1
8 Percentage with a limiting long term illness, 2001	↔	14.0	16.9	24.4				10.2
9 First time youth justice system entrants, 2001 - 2011	N/A	632.0	876.0	2436.0				343.0
10 Recommended physical activity (Adults), 2009/10-2011/12	↑	8.8	11.2	5.7				17.3
11 Percentage of adults (18+) with dementia, 2011/12	↑	0.4	0.5	1.0				0.2
12 Recorded/expected prevalence of dementia, 2010/11	N/A	0.3	0.4	0.3				0.7
13 Percentage of adults (18+) with depression, 2011/12	↓	7.3	11.7	20.3				4.8
14 Percentage of adults with learning disabilities, 2011/12	↓	0.4	0.5	0.8				0.2
15 Mental health hospital admissions, 2009/10 to 2011/12	↓	185.0	243.0	1257.0				99.0
16 Unipolar depressive disorders hospital admissions, 2009/10 to 2011/12	↓	28.5	32.1	84.8				4.7
17 Alzheimer's & other related dementia admissions, 2009/10 to 2011/12	↓	25.0	80.0	226.0				5.0
18 Schizophrenia & other delusional disorder admissions, 2009/10 to 2011/12	↓	66.0	57.0	233.0				5.0
19 Allocated average mental health spend, 2011/12	↓	176.0	183.0	147.0				257.0
20 Adult & elderly secondary mental health service use, 2010/11	↓	2.7	2.5	0.0				9.6
21 Referrals from Improving Access to Psychological Therapies, 2011/12	N/A	34.2	60.1	28.9				99.7
22 Numbers on Care Programme Approach	↓	4.8	6.4	0.3				17.1
23 In-year bed days for mental health, 2010/11	↔	284.0	193.0	72.0				489.0
24 Contacts with Community Psychiatric Nurse, 2010/11	↔	105.0	169.0	3.0				584.0
25 Total mental health services contacts, 2010/11	↔	252.0	313.0	31.0				823.0
26 Living in settled accommodation with mental illness/disability, 2011/12	N/A	71.9	66.8	1.3				92.8
27 DSR for self harm emergency admissions, 2011/12	↔	83.0	207.0	543.0				52.0
28 ISR for suicide and undetermined injury, 2010/11	↔	48.0	100.0	174.0				29.0
29 Unintentional and deliberate injuries in <18s, 2009/10	N/A	89.0	123.0	217.0				68.0
30 Improving Access to Psychological Therapies, 2011/12	N/A	34.3	43.8	9.9				65.3
31 Excess serious mental illness mortality (<75), 2010/11	N/A	331.0	921.0	1863.0				210.0

For indicators 6, 14, 20 and 22-25, there is no perceived polarity, so "lowest" and "highest" replace "worst" and "best".

Spine chart data sources

	Data description	Year	Other sources of information or data
1	Percentage of 16-18 year olds not in employment, education or training (NEET)	2011	Local Government Improvement and Development
2	Episodes of violent crime, rate per 1,000 population	2010/11	Neighbourhood Statistics
3	Percentage of the relevant population living in the 20% most deprived areas in England	2010	Department for Communities and Local Government
4	Working age adults who are unemployed, rate per 1,000 population	2010/11	Department for Communities and Local Government
5	Rate of hospital admissions for alcohol attributable conditions, per 1,000 population	2011/12	Local Alcohol Profiles England
6	Number of people (aged 18-75) in drug treatment, rate per 1,000 population	2011/12	National Treatment Agency for Substance Misuse
7	Statutory homeless household, rate per 1,000 households, all ages	2010/11	Department for Communities and Local Government
8	Percentage of the population with a limiting long term illness	2001	Office for National Statistics
9	First time entrants into the youth justice system 10 to 17 year olds	2001 to 2011	Youth Justice Indicators, Department for Justice
10	Percentage of adults (16+) participating in recommended level of physical activity	2009/10 to 2011/12	Sport England
11	Percentage of adults (18+) with dementia	2011/12	Health and Social Care Information Centre
12	Ratio of recorded to expected prevalence of dementia	2010/11	POPPI & PANSI
13	Percentage of adults (18+) with depression	2011/12	Health & Social Care Information Centre
14	Percentage of adults (18+) with learning difficulties	2011/12	Health & Social Care Information Centre
15	Directly standardised rate for hospital admissions for mental health	2009/10 to 2011/12	Hospital Episode Statistics, Health & Social Care Information Centre and the Office for National Statistics
16	Directly standardised rate for hospital admissions for unipolar depressive disorders	2009/10 to 2011/12	Hospital Episode Statistics, Health & Social Care Information Centre and the Office for National Statistics
17	Directly standardised rate for hospital admissions for Alzheimer's and other related dementia	2009/10 to 2011/12	Hospital Episode Statistics, Health & Social Care Information Centre and the Office for National Statistics
18	Directly standardised rate for hospital admissions for schizophrenia, schizotypal and delusional disorders	2009/10 to 2011/12	Hospital Episode Statistics, Health & Social Care Information Centre and the Office for National Statistics
19	Allocated average spend for mental health per head	2011/12	Department of Health, Exposition book
20	Numbers of people using adult & elderly NHS secondary mental health services, rate per 1,000 population	2010/11	Health & Social Care Information Centre – Mental Health Minimum Dataset
21	Percentage of referrals entering treatment from Improving Access to Psychological Therapies	2011/12	Health & Social Care Information Centre
22	Numbers of people on a Care Programme Approach, rate per 1,000 population	2010/11	Health & Social Care Information Centre – Mental Health Minimum Dataset
23	In-year bed days for mental health, rate per 1,000	2010/11	Health & Social Care Information Centre – Mental Health Minimum Dataset
24	Number of contacts with Community Psychiatric Nurse, rate per 1,000 population	2010/11	Health & Social Care Information Centre – Mental Health Minimum Dataset
25	Number of total contacts with mental health services, rate per 1,000 population	2010/11	Health & Social Care Information Centre – Mental Health Minimum Dataset
26	People with mental illness and or disability in settled accommodation	2011/12	Health & Social Care Information Centre
27	Directly standardised rate for emergency hospital admissions for self harm	2011/12	Hospital Episode Statistics, Health & Social Care Information Centre and the Office for National Statistics
28	Indirectly standardised mortality rate for suicide and undetermined injury	2010/11	Compendium of population health indicators, Health & Social Care Information Centre and the Office for National Statistics
29	Hospital admissions caused by unintentional and deliberate injuries in <18s	2009/10	Hospital Episode Statistics, Health & Social Care Information Centre and the Office for National Statistics
30	Improving Access to Psychological Therapies – Recovery Rate	2011/12	Health & Social Care Information Centre
31	Excess under 75 mortality rate in adults with serious mental illness	2010/11	Compendium of population health indicators, Health & Social Care Information Centre and the Office for National Statistics

What are we doing now: Examples

