

## Newcastle JSNA: Anxiety and Depression (Adults) December 2008

Where are we now?

### Facts and Figures

While mental illness like schizophrenia and psychosis are relatively uncommon, one in six people are likely to be affected at some point in their lives by common mental health problems such as [stress, anxiety and depression](#). Over a third of attendances at GP surgeries and a high proportion of absences in the workplace are also associated with mental health problems.

In 2004/05, 12.8 million working days were lost to depression and anxiety. About 2% of NHS expenditure goes on dealing with depression and anxiety.

### Depression

- Depression is the most common psychiatric disorder. It refers to a spectrum of mental health problems characterized by the absence of positive affect (i.e. a loss of interest and enjoyment in ordinary things and experiences), low mood, and a range of associated emotional, cognitive, physical, and behavioural symptoms [[NICE, 2004a](#)]. Day-to-day functioning is often impaired.
- Mild depression accounts for approximately 70 per cent of cases, moderate depression for 20 per cent and severe depression for 10 per cent [[NICE, 2004a](#)].
- An episode of depression serious enough to require treatment occurs in about one in four women and in one in ten men at some point in their lives [[NICE, 2004a](#)]. About two-thirds of adults will at some time experience depressed mood of sufficient severity to interfere with their normal activities.
- Depression is the third most common reason for consultation in general practice in the UK. Between 5% and 10% of people consulting their GP meet the criteria for major depression, and two to three times as many people have depressive symptoms but do not meet the criteria for major depression [[NHS CRD, 2002](#); [Butler et al, 2004](#)].
- Depressive disorders are expected to show a rising trend over the next 20 years, and are expected to become the second most important cause of disability and disease burden by 2020 [[Murray and Lopez, 1997a](#); [Murray and Lopez, 1997b](#)].

- The total cost of services for depression in England in 2007 was estimated to be £1.7 billion. Lost employment brings the total cost to £7.5 billion. By 2026 these figures are projected to be £3 billion and £12.2 billion respectively. Most of this increase is due to expected increases in the cost of services over and above inflation. [Paying the Price, King's Fund 2008](#)
- Depression can be difficult to recognise [[NICE, 2004a](#)]. Often, people do not admit to having psychological symptoms, but present instead with mainly physical or somatic symptoms. At least two-thirds of depressed people who see their GP present with physical symptoms rather than psychological symptoms.
- Depression is a major cause of impaired quality of life, reduced productivity, and increased mortality [[MeReC, 2000](#)]. Social difficulties are common (e.g. social stigma, loss of employment, marital break-up). Associated problems, such as anxiety symptoms and substance misuse, may cause further disability.
- Other psychiatric conditions may coexist with depression, e.g. anxiety, panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, eating disorders.
- Unemployed people are twice as likely to have depression as people in work
- People with depression are at increased risk of suicide.

## **Anxiety**

- Anxiety disorders may cause people a number of different physical and psychological problems. Conditions include generalised anxiety disorder, agoraphobia, social phobia, and panic disorder.
- The psychological symptoms of anxiety include feelings of dread and irritability, and increased muscle tension and activity of the nervous system. Only when the symptoms are more intense or long-lasting do they interfere with a person's concentration and ability to do routine tasks. [Royal College of Physicians](#)
- Anxiety disorders are quite common, affecting 5 per cent of the population at any one time and are generally treated in primary care settings. More women than men are affected. Anxiety disorders often start in the 20s but may begin earlier. Sometimes they occur in older people.

- The total number of people with anxiety disorders was estimated to be 2.28 million in 2007 and this is projected to rise to 2.56 million by 2026.
- 51 per cent of people with anxiety disorders are not in contact with services and of those who are, 46 per cent do not receive medication or psychological therapy. [Paying the Price, King's Fund 2008](#)
- The cost of services for anxiety disorders for the whole of England in 2007 was approximately 1.2 billion. Including lost employment costs brings the total to £8.9 billion. By 2026 it is projected that service costs for anxiety disorders will be £2 billion with total costs at £14.2 billion. [Paying the Price, King's fund 2008](#)

### **Risk factors**

The prevalence of depression is greatly influenced by a number of factors, which interact in a complex way [[NHS CRD, 1993](#); [NICE, 2004a](#)]. These factors include:

- Gender: most studies indicate that the incidence of depression in women is about twice that in men [[Butler et al, 2004](#)]. In most studies, however, the difference between elderly men and elderly women seems to be smaller.
- Age: some studies have shown an equal incidence of depression in older people and in younger adults, while others have suggested that the incidence decreases with age. Depressive episodes in elderly people are often milder but more protracted.
- Socio-economic factors: episodes of depression are strongly associated with adverse social and economic circumstances, such as unemployment, inadequate housing, poverty, and lower social class.
- Other stressful life events and difficulties such as divorce or separation, demanding childcare, bereavement, and caring for a dependant relative.
- Co-morbidity: depression is more common in people with chronic medical conditions such as diabetes, chronic obstructive pulmonary disease, and cardiovascular disease.
- Discrimination

Other risk factors include:

- *Dual diagnosis*  
Research indicates that 30-50% of people with mental health problems also have current drug or alcohol issues, and as many as 50-75% of people who come into contact with substance misuse treatment services may also have some kind of mental health problem. This latter group will not necessarily have contact with mental health services.
- *Offending*

More than 70% of the prison population has two or more mental health disorders (Psychiatric Morbidity Among Prisoners in England and Wales, 1998). [Insert link to offending](#)

- *Homelessness*  
Mental health problems are more prevalent among homeless people than among the general population ([Getting through \(2007\)](#)). [Insert link to homelessness](#)
- *Ethnic minorities*  
People from BME communities can suffer inequalities in access to mental health services and in their experience of them, including language barriers, cultural barriers to assessment, lack of knowledge about statutory services and lack of access to bilingual health professionals ([Inside Out](#)).
- *Domestic violence*  
People who have been abused or been victims of domestic violence have higher rates of mental health problems. [Insert link to domestic violence section](#)
- *Sexual identity and sexual orientation*  
Lack of self esteem, not being able to be 'out' and the associated discrimination are significant factors in the mental and emotional wellbeing of the LGBT (lesbian, gay, bisexual and transgender) community. 1 in 5 lesbian and bisexual women have self harmed in the last year compared to 0.4 of the general population. ([Department of Health Briefings](#)) and ([Stonewall's Prescription for Change \(Lesbian and bisexual women's health check\)](#))
- *Disability*  
The North East has the highest proportion of people with disabilities in England. There is a clear link between physical disability and poor mental health, regardless of which presented first, although services are usually configured to deal with these separately. (Insert reference)
- ❖ In Newcastle 9.5% of the working age population are on incapacity benefit with much higher levels in some disadvantaged neighbourhoods. Mental illness accounts for 46% of these. (Draft Mental Health Profile Newcastle March 2008) ([insert link from lizze's emailed documents](#))
- ❖ Incapacity benefit claimants, homelessness, number of young people in the 'Looked After System', common mental illness predictions and suicide rates are all higher in Newcastle than the average for the region. (Draft Mental Health Profile Newcastle March 2008) ([insert link from lizze's emailed documents](#))

## Prevalence

- ❖ In 2006 46% of Newcastle's population aged 16-74 were estimated to have a common mental health problem. A break down is provided below.

	Any neurotic disorder	All phobias	Depressive episode	Generalised anxiety disorder	Mixed anxiety depression	Obsessive compulsive disorder	Panic disorder	Total	Newcastle Population 16-74
Newcastle Estimated cases	42241.2	5036.9	7691.5	11497.2	21772.7	2580.8	2272.4	93137.3	202756
Newcastle Rate per 1000 population	208.3	24.8	37.9	56.7	107.4	12.7	11.2	459.48	
Newcastle % of total population	20%	2.48%	3.79%	5.67%	10.73%	1.27%	1.12%	46%	
England % of total population	16.6%	1.8%	2.5%	4.5%	8.9%	1.1%	0.7%	36%	

Source: North East Public Health Observatory Mental Health Briefing No 4 May 2008 estimating the prevalence of common mental health problems in PCTs in England.

- ❖ The number of clients receiving community mental health services in Newcastle between 1 April 2006 and 31 March 2007 were:
  - Clients aged 18-64: 780
  - Clients aged 65 and over: 385

Source: RAP proforma P1
- ❖ Supporting People Client Record Form (CRF) data submitted to the Centre for Housing Research during 2006/07 revealed that, of the 3,393 clients accessing a Supporting People service in Newcastle in 2006/7, 321 had mental health recorded as their primary need, and 294 as a secondary need. In addition, 15% of clients who had single homeless as their primary need had mental health recorded as a secondary need.
- ❖ Proportion of people with depression and/or anxiety disorders who are offered psychological therapies (Vital Sign VSC02).

## Trends

- ❖ **People aged 18-64 in Newcastle-Upon-Tyne predicted to have a mental health problem, by gender, projected to 2025**

	2008	2010	2015	2020	2025	Newcastle Prevalence	England Prevalence
Males aged 18-64 predicted to have depression	2,070	2,102	2,109	2,093	2,075	2.3%	2%
Females aged 18-64 predicted to have depression	2,503	2,534	2,542	2,514	2,478	2.8%	3%

Ref: Office for National Statistics report, *Psychiatric Morbidity Among Adults Living in Private Households*, 2000, Singleton, N., Bumpstead, R., O'Brien, M., Lee, A. and Meltzer, H., Office for National Statistics. As illustrated on Projecting Adults Service Needs Information Website [www.pansi.org.uk](http://www.pansi.org.uk)

❖ **People aged 65 and over in Newcastle-Upon-Tyne predicted to have depression, projected to 2025**

	2008	2010	2015	2020	2025	Newcastle Prevalence	England Prevalence
People aged 65 and over predicted to have depression: lowest estimated level of prediction	4,110	4,100	4,360	4,600	4,960	10%	10%
People aged 65 and over predicted to have depression: highest estimated level of prediction	6,165	6,150	6,540	6,900	7,440	15%	15%

Note: Prevalence rates from Baldwin 1996 have been applied to ONS population projections of the 65 and over population to give lowest and highest estimated numbers of people predicted to have depression to 2025. As illustrated on Projecting Older People Population Information Service [www.poppi.org.uk](http://www.poppi.org.uk)

## Targets

**National Service Framework for Mental Health (NSF): modern standards and service models, DOH, 1999** addresses the mental health needs of working age adults up to 65. It sets out a list of national standards of what health services were to be provided to be met within a ten-year timeframe. The standards most relevant to anxiety and depression are:

Standard one: Mental health promotion:  
*Health and social services should*

- *promote mental health for all, working with individuals and communities*
- *combat discrimination against individuals and groups with mental health.*

Standards two and three: Primary care and access to services:  
*Standard two*

*Any service user who contacts their primary health care team with a common mental health problem should:*

- *have their mental health needs identified and assessed*
- *be offered effective treatments, including referral to specialist services for further assessment, treatment and care if they require it.*

*Standard three*

*Any individual with a common mental health problem should:*

- *be able to make contact round the clock with the local services necessary to meet their needs and receive adequate care*
- *be able to use NHS Direct for first-level advice and referral on to specialised helplines or to local services.*

The White Paper, Our Healthier Nation, includes mental health as one of its four key areas. This Framework sets out the action to be taken by health and social services to deliver their contribution to the achievement of the target for mental health - a reduction in the suicide rate by at least one fifth by 2010.

The Newcastle Partnerships Local Area Agreement (LAA) 2008 outcomes for mental wellbeing include:

LAA Priority objectives	Measured by	Baseline	2008/09 target	2009/10 target	2010/11 target
Improving mental health and emotional wellbeing	NI 119 Self-reported measure of people's overall health and wellbeing (*35 target LAA)	TBC <sup>1</sup>	TBC	TBC	TBC

<sup>1</sup> Note: this is a new indicator – baseline and target will be set at first annual refresh when data becomes available from the new *Place Survey*

### Local views

A research project looking at the causes of mental health problems in the Inner West, and preventative factors and the role of the voluntary and community sector in providing support, was carried out during Spring 2008 by the London School of Economics, on collaboration with the West End Community Development Consortium and with West End Health, Enabling Action and Response (WEHEAR) - a local community network.

The following factors were identified as contributing to mental health problems locally:

- ❖ Isolation
- ❖ Physical ill-health
- ❖ Poverty and inequality
- ❖ Lack of purpose and control in people's lives
- ❖ Traumatic life events
- ❖ Racial harassment
- ❖ Drugs and alcohol

Barriers to the provision of services and activities to promote mental health included:

- ❖ Pressure on GPs

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<sup>1</sup> Note: this is a new indicator – baseline and target will be set at first annual refresh when data becomes available from the new *Place Survey*

- ❖ Over-use of medication
- ❖ Limited availability of counselling services self help groups and help lines,
- ❖ Tendency of statutory services to compartmentalise problems
- ❖ Concentration of social problems and needs

Barriers to people accessing available services included:

- ❖ Lack of information about or confidence in what is available
- ❖ People's confidence to access services and activities
- ❖ Stigma associated with mental health problems
- ❖ Victim-blaming health promotion approaches
- ❖ Mistrust of authority

### **Developing a Health Improvement Strategy: Voluntary and Community Sector Engagement Events [\(link from lizzes emailed documents\)](#)**

In August 2006, Community Action on Health was commissioned by the Wellbeing and Health Partnership Board to organise a series of events. These were to be aimed primarily at the voluntary and community sector, and were organised on an "area" basis within the city.

The following outcomes were summarised by geographical area for the question 'What changes in mental well being would you like to see for people in Newcastle?'

The priorities identified were:

1. Increase the number of people receiving help for "mild" mental health problems (e.g. stress / depression)
2. More sympathetic approach to patients with mental health issues from GPs – including longer consultation times, more family support and appropriate signposting
3. Reduce the stigma associated with mental health / reduce social exclusion
4. Increase the number of people with mental health problems in employment
5. Increased access to mental health services
6. Reduce suicide rates
7. Improve social factors which impact on mental wellbeing
8. More consistent funding for mental health organisations and activities

As part of the ongoing development of the Health Improvement Strategy, Community Action on Health were commissioned to carry out action planning events in December 2006. One of the events focussed on [improving mental and emotional wellbeing](#) . [\(insert link from lizzes email\)](#)

### **[Healthcare Commission 2008 Community Mental Health Survey](#)**

The community mental health services provided by Northumberland, Tyne and Wear NHS Trust are continuing to improve and also that many aspects match the best in the country. In 13 areas the Trust's services were rated amongst the top 20% of Mental Health Trusts in the country, and in six areas the Trust matched the best rating in England. These top ratings were for:

- Psychiatrists listening carefully to patients;
- Patients having trust and confidence in their psychiatrists;
- Psychiatrists treating patients with respect and dignity;
- Patients having enough time to discuss their condition and treatment;
- Other health professionals treating patients with respect;
- The speed of response for out-of-hours support.

## **National and Local Strategies**

### **National**

In preparation for the review of the National Service Framework for Mental Health, ['A New Vision for Mental Health'](#) 2008 discussion paper on the future shape of mental health policy by the Future Vision Coalition calls for action to build on the NSF for Mental Health, to put mental wellbeing at the centre of public policy and to improve the quality of life of all people with mental health problems:

- To overcome persistent barriers to social inclusion that continue to affect those with experience of mental health problems;
- To improve the whole-life outcomes of those with experience of mental health problem;
- To improve whole-population mental health.

The vision for change is described in terms of four areas:

1. An integrated approach to mental health: bringing health and social models together;
2. Focus more attention upstream: promotion, prevention and early intervention;
3. Focus on improving quality of life, ambition and hope, not on illness and deficiency;
4. Change relations between individuals and services.

### **Regional**

The North East Commissioning Team for Mental Health & Learning Disabilities ([insert link from lizzes documents](#)) supports this approach and has incorporated these areas in addition to regional and national drivers into high level commissioning priorities for the next five years:

- Needs assessment and public mental health;
- Early detection and early intervention – more proactive approaches;
- Outcome measures – to reflect holistic, optimistic and recovery focused approach;
- Suicide prevention;
- Older people’s mental health – raise awareness and levels of detection and early intervention;
- Physical health improvement – to reduce health inequalities;
- Personalisation and self determination – giving people more control of resources, taking control and making decisions.

## **Local**

### **NHS Strategic Plan**

One of the overarching goals is to Improve social inclusion and recovery for mental health patients

Goal 18: We will improve timely access to the provision of psychological therapies for people experiencing mental health problems

### **The ten-year Health Improvement Strategy for Newcastle 2007 – 2017**

Improving mental health and emotional wellbeing was identified as the top priority for Newcastle in consultations undertaken across the city to inform the ten-year.

Objectives include:

- Reducing the stigma and social exclusion associated with mental ill health
- Promoting self-esteem and positive mental health
- Preventing the development of mental illness
- Encouraging early intervention and self-help in order to prevent unnecessary distress and to prevent progression of the illness.
- Improving access to services aimed at mild mental health problems
- Promoting partnership work around domestic violence and worklessness.

### **Promoting mental health and emotional well-being in Newcastle action plan in Draft**

Following the Newcastle Health Improvement Strategy the Mental and Emotional Wellbeing Delivery Group is now producing an action plan is currently being drafted to set specific outcomes to be achieved and about which particular theme

groups need to be responsible for owning and delivering particular outcomes. It has focused on the delivery of the four objectives

- To reduce the stigma associated with mental ill health
- To promote self-esteem and positive mental health
- To prevent the development of mental illness
- To encourage early intervention and self-help in order to prevent unnecessary distress and prevent progression of illness

In three key settings.

- Schools and educational institutions: more work needs to be done in relation to students and young adults
- The workplace
- Communities

### **Current activity and services**

Services for people with mental health problems in Newcastle are provided by Newcastle Primary Care Trust, Northumberland, Tyne and Wear NHS Trust, Newcastle City Council and the voluntary and community sector.

A Mental and Emotional Wellbeing Delivery Group was set up in August 2007. This group comprises members from a wide range of statutory and non-statutory organisations including the Local Authority, Primary Care Trust, Community and Voluntary Organisations. The Action Plan under development identifies current services and examples are provided below:

- **Delivering Race Equality in Mental Health** and its local impact
- **Primary Care Mental Health Community Development Work Team**
- **Ethnic Minority Community Development Worker Team**, part of Newcastle PCT mental health services, support individuals and communities from BME populations in Newcastle.
- **Primary Care Mental Health Employment Worker post** hosted by Mental Health Concern created to help primary care patients with mental health problems to maintain or regain employment.
- **Active ageing group** strives to find ways of including people at risk of social isolation.

Other initiatives include:

- ❖ **Community-based commissioning pilot in the West End.**  
This project has employed a GP to work with a number of practices to ensure all services developed will assist GPs in offering alternatives to prescribing anti-depressants for the treatment of low-level mental health problems;
- ❖ **Mental Health first aid training (MHFA)** to be provided to individuals who can then cascade the training across the city in a variety of settings e.g. local authority, health care practitioners, community centers, voluntary organisations, schools.

### **The inner West**

Mental health has been identified as a key health priority for the inner west of Newcastle. The area has a relatively high rate of mental health problems such as depression and anxiety.

Effective elements of preventative and supportive work in the inner west to prevent anxiety and depression include:

- Activities that promote community spirit and a strong infrastructure of groups and activities at the community level;
- Provision of informal opportunities to obtain support and discuss problems;
- Services that tackle practical needs such as welfare rights and housing advice;
- Non-stigmatising open-access activities and groups;
- Opportunities for people to make an active contribution in the local community;
- Signposting and networking;
- Informal support and confidence-building;
- Opportunities for people to express views on services and to influence services and policies.

The Communities for Health Project is exploring community based solutions to improving well being and health for people over 65 who are isolated and/or suffering mild to moderate anxiety and depression. As well as the GP referral pathway into these, a range of community based methods are being used to ensure community based pathways into these activities for the target group. Activities and services are being organised by West End Health Resource Centre, Search Project and West End Befrienders. Examples of this include the Easywalks group organised by Search; additional ways of delivering information eg shopping trips with information, support and signposting included; a successful healthy eating and cooking group.

### **The Outer West**

The 'Well Being and Health' project was designed to support lifestyle change and increase social networks for those referred: 25-70 years old, with IHD, diabetes and/or obesity and with low mood, and/or socially isolated and or difficulty in engaging with necessary lifestyle changes or appropriate services. The project offers a range of activities and services including aromatherapy, knitting, health trainers, gym, café etc. after an initial assessment of up to one and a half hours which includes a full HAD questionnaire and pain scale. In this time the participants are able to discuss all aspects of their lifestyle and current and past medical conditions.

## **Citywide**

### **User-led reviews of day activities / services for people with mental health problems in Newcastle, March 2006**

Initiated by Newcastle' Day Activities consortium, reviews were carried out by a joint group of service users and staff from Launchpad and Clubhouse who visited and interviewed groups of service users from 17 separate day services/activities over a period of 2 years. Examples of the services include:

- Newcastle Clubhouse: Run by Mental Health Concern, members are actively supported and encouraged to become involved in the daily running of the clubhouse;
- Dukh Sukh: Drop-in service for Asian women run by Social Services;
- Launchpad: offers a variety of services including focus groups, outreach work and service user representation. The main activities are a creative writing workshop, the women's group, Blissful and Silver lining, a depression and mental health discussion group;
- Tyneside Women's Health

Services available are regularly updated on the website on the [www.seize-the-day.org.uk](http://www.seize-the-day.org.uk) by a group of service users.

### **What investment is there?**

The total spend on mental health disorders by Newcastle PCT per 100,000 population in 2006/7 was £17,377,089, an underspend of £1,079,565 compared to the ONS Group average spend. (An interpretative analysis of health expenditure and outcomes data: Newcastle PCT, Resources for Health 2008). (NB: Includes severe mental illness and CAMHS. Not possible to split this down to anxiety and depression)

Given the renewed focus on health improvement and early detection and intervention in order to improve mental health and wellbeing of the population and decrease the levels of morbidity, the North East Commissioning Team for Mental Health & Learning Disabilities state that there must be a shift in resources

to achieve a shift of outcomes. (North East Commissioning Team for Mental Health & Learning Disabilities. Proposed strategic plan for Mental Health 2008).

### **What is this telling us**

### **What are the key inequalities?**

See the **facts and figures** section where those at greatest risk of developing mental ill health are identified. As there is not currently adequate local data, more work is needed to understand particular mental health inequalities in Newcastle.

### **What are the key gaps in knowledge / services?**

There is not enough emphasis on preventing and treating mild to moderate mental illness. General practice provides most of the treatment and because of pressures of time and lack of any alternative this usually results in a prescription for anti-depressants. There is under-provision of cognitive therapy. (Health Improvement Strategy for Newcastle 2007 – 2017)

- Continuity of funding for service providers, in particular voluntary sector who have new innovative solutions which have lost their funding;
- Knowledge of what is currently available in the community is patchy;
- Sharing work and joining it up is always difficult;
- Religious and cultural differences - stigma, prejudice and racism;
- Benefits system (creates problems when people change benefit or taken off benefits against their will).

(Health Improvement Strategy Action Planning Events, Community Action on Health)

### **What are the risks of not delivering our targets?**

- People with anxiety or depression at a greater risk of:
  - stigma and discrimination;
  - socially isolation;
  - morbidity.
- People with anxiety and depression not:
  - being offering appropriate support;
  - gaining adequate access to appropriate treatment;
  - being included in planning for their own recovery.
- Increased costs in terms of use of health services and time lost from work

### **Is what we are doing working?**

- A number of community based mental health promotion projects have been established, but these tend to exist as small pockets of good practice rather than available to whole communities, and many rely on short-term funding.
- In many cases, access to cognitive behaviour therapy, psychotherapy and counselling are a lottery based on location and the inclination of the GP to refer to such services.
- Better joined up working between Social Services, GPs, Health Visitors, Probation, schools, voluntary sector, community services would improve education and access to services.

### **What is coming on the horizon?**

In 2009, the government's ten-year plan - the National Service Framework (NSF) for Mental Health - will come to an end, signaling a new era. Important policy choices must be made to ensure both that its achievements are built upon and its shortcomings tackled.

Work on developing tangible outcome measures for the Action Plan for Promoting Mental Health and Emotional Wellbeing in Newcastle is currently being drafted.

### **What should we be doing next?**

Ensure implementation of the objectives in the action plan to include:

1. Improving access to Psychological Therapies (IAPT)
2. Improve access to mental health and emotional wellbeing support in the workplace such as
  - SHiFT in Action on Stigma ([www.shift.org.uk/employment](http://www.shift.org.uk/employment));
  - Mindful employers
3. Support people on incapacity benefit into work
4. Build on the work being done in the Healthy Schools Programme on the core theme of emotional health and well being and extend this work into community settings.