

factsheet

January 2014

Key facts and trends in mental health

2014 update

Welcome to the third edition of the Mental Health Network factsheet giving an overview of the major trends and challenges facing mental health services. Compiled from a wide range of sources, this factsheet sets out available data relating to:

- investment in services
- trends in morbidity
- suicide and homicide rates
- service activity
- use of mental health legislation
- mental health of children and young people
- service user experience
- inequalities experienced by people with mental health problems
- workforce and staff satisfaction.

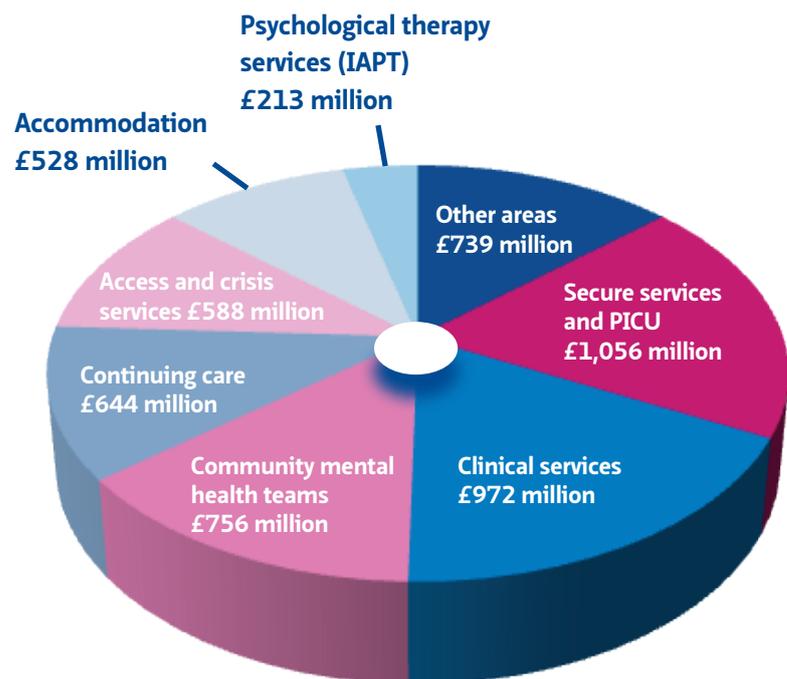
Investment in services

Real terms decline in funding

The Department of Health's latest surveys of investment in adult and older people's mental health services^{1,2} cover services in England for the 2011/12 financial year. They underline the scale of the financial challenge currently facing mental health services.

The 2011/12 survey found investment in mental health services for adults of working age (aged 18–64) dropped by 1 per cent in real terms from the previous year. This was the first real terms drop in investment since the survey began in 2001/02. In cash terms, there was an increase of 1.2 per cent in 2011/12, to a total of £6.629 billion.

Figure 1. Investment in adult mental health services 2011/12³



Investment across the three priority areas (crisis resolution, early intervention and assertive outreach) fell, for the first time, by £29.3 million. Funding for psychological therapies increased by 6 per cent in real terms compared to 2010/11.

Funding for older people's mental health services was found to be under greater pressure, with a 1 per cent cash terms drop from the previous year to £2.830 billion in 2011/12. This represents a decrease in real terms of 3.1 per cent.

There is no national survey data available to cover 2012/13 or 2013/14. The BBC and Community Care published figures in December 2013, based on Freedom of Information request responses from 43 of 51 mental health trusts. Comparing 2011/12 budgets with those for this year, 2013/14, they found a real terms reduction of 2.36 per cent over the two-year period.⁴

There is currently no comparable national investment survey for child and adolescent mental health services (CAMHS). Young Minds' most recent survey found 67 per cent of councils had reduced CAMHS funding between 2010 and 2013. Regional cuts in spending were as high as 12 per cent in the North East and 13 per cent in East of England.⁵

Trends in morbidity

The 2007 adult psychiatric morbidity survey found that the proportion of the English population aged between 16 and 64 meeting the criteria for one common mental disorder increased from 15.5 per cent in 1993 to 17.6 per cent in 2007.⁶ Twenty four per cent of those with a common mental disorder were receiving treatment.

Household income correlates strongly with incidence of common mental health problems. This pattern is more marked amongst men than women. After adjusting for age, men in the lowest household income group were three times more likely to have a common mental disorder than those in the highest income households (23.5 per cent and 8.8 per cent respectively).

The same survey found that psychotic disorders were experienced by 0.4 per cent of the population in 2007 (0.3 per cent of men and 0.5 per cent of women).⁷ The Mental Health Network understands that the adult psychiatric morbidity survey will be repeated in 2014.

Statistics relating to the mental health of children and young people are highlighted later in this factsheet (page 3).

Suicide rates

The latest report from the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCI) found that suicide by mental health patients in England had risen, with 1,333 deaths in 2011. A change to the coding of causes of death has contributed to this figure and changes to the Mental Health Minimum Dataset (MHMDS) method make comparisons with earlier years difficult. However, it is likely that this represents a true rise in patient suicide, following a previous fall. The NCI speculates that the rise "probably reflects the rise in suicide in the general population, which has been attributed to current economic difficulties."⁸

Homicide rates

Homicide by mental health patients has fallen since a peak in 2006. Figures for the most recent confirmed years, 2009/10, are the lowest since the NCI began data collection in 1997, with 33 cases reported in 2010 in England. The NCI says that delays in the criminal justice system and in data processing may have contributed, but "it is likely that this is a true fall in patient homicide."⁹

Service activity

There were nearly 1.6 million (1,590,332) people in contact with specialist mental health services in 2012/13.¹⁰

Of this total, 105,224 service users (6.6 per cent of all service users) spent time in hospital at some point in the year. This is a small increase from 6.3 per cent of all service users in 2011/12. Eight per cent of male service users spent time in hospital, compared with 5.5 per cent of female service users.¹¹

During November and December 2013 the Mental Health Network conducted a member survey on activity in crisis services. Twenty per cent of our 64 member organisations responded. Whilst the results therefore should be treated with some caution, the vast majority of respondents reported an increase in demand for crisis services in the last 12 months (92 per cent). Over half (55 per cent) of respondents reported there was a 11–20 per cent increase in demand for crisis services.

People in contact with NHS-funded adult specialist mental

health services spent over 8 million (8,133,764) days in hospital in 2012/13 – an increase of just over 515,000 bed days from 7,618,269 in 2011/12. Over 90 per cent of in-year bed days were in the statutory sector. Whilst not all independent sector providers returned data through the Mental Health Minimum Dataset, there were 789,233 in-year bed days recorded amongst this group of providers.¹²

The Care Quality Commission has highlighted concerns about occupancy levels at mental health inpatient facilities. In 2011/12, 16 per cent of wards visited by Mental Health Act Commissioners had occupancy levels of 100 per cent or more. Around half of wards had an occupancy level of 90 per cent or less.¹³

Outpatient and community services

There were 21,722,314 outpatient and community contacts arranged in 2012/13 – a slight decrease of 0.2 per cent (from 21,774,633 contacts) in 2011/12.¹⁴

Use of the Mental Health Act and community treatment orders

In the reporting year 2012/13, there were 50,408 detentions under the Mental Health Act. This is 4 per cent (1,777) greater than during the 2011/12 reporting period.¹⁶

Of those people who spent time in hospital, 45.6 per cent were subject to the Mental Health Act at some point in 2012/13. Males aged 18 to 35 were most likely (56.1 per cent) to be subject to the Mental Health Act.¹⁷

Figure 2. Outpatient and community contacts in England 2012/13¹⁵

Service team	Number of contacts	Percentage
Adult community mental health team	5,161,294	23.8%
Older people community mental health team	2,693,996	12.4%
General psychiatry	2,058,247	9.5%
Crisis resolution team/home treatment	1,793,868	8.3%
Other mental health service	956,264	4.4%
Total	21,722,314	

The Health & Social Care Information Centre states that amongst statutory NHS providers, the data shows an 8.7 per cent increase in the number of inpatients being subject to the Mental Health Act during the year. This suggests a continuing trend for psychiatric beds to be increasingly occupied by people subject to some form of legal restriction.¹⁸

Around 42 per cent of inpatients in the White ethnic groups were subject to some form of restriction under the Mental Health Act. Around 70 per cent of inpatients in the Black or Black British ethnic groups were subject to a form of compulsory detention during 2012/13.¹⁹

On 31 March 2013, there were 5,218 people subject to community treatment orders. This is an increase of 10 per cent since the same day of the previous year.²⁰

Children and young people

In 2004, the Office for National Statistics estimated that one in ten children and young people between the ages of five and 16 had a clinically diagnosed mental health disorder.²¹

This included 4 per cent with an emotional disorder (3 per cent anxiety disorders and 1 per cent depression), 6 per cent with a conduct disorder, 2 per cent with a hyperkinetic disorder and fewer than 1 per cent with a less common disorder (including autism, tics and eating disorders). Some children had more than one disorder.²² There was no statistically significant change in the rates of disorders over the period from the previous survey in 1999.

Between one in 12 and one in 15 children and young people are thought to deliberately self-harm.²³

Children and adolescents with poor mental health have relatively worse prospects throughout their adult life. For example, young people with mild conduct problems in adolescence are twice as likely to have no educational qualifications in early adulthood. Those with severe conduct problems were up to four times more likely to have been arrested by the police by the age of 30.²⁴

Inpatient admissions

There were 3,626 inpatient admissions for child and adolescent psychiatry specialties in 2011/12, compared to 3,136 admissions in the previous year – a 15.6 per cent increase. In 2012/13, total admissions totalled 3,548, with emergency admissions making up 1,574 of the total.²⁵ The number of admissions is now around double that at the turn of the millennium.²⁶

Outpatient attendances

Under the child and adolescent psychiatry specialty there were a total of 240,554 outpatient attendances in 2012/13,²⁸ compared with 284,674 in 2011/12.²⁹ First appointment attendances in 2012/13 totalled 38,288, a considerable drop from 50,366 in 2011/12. There were 4,185 first tele-consultation attendances in 2012/13,³⁰ compared with 3,248 in 2011/12.³¹

Service user experience

More than 13,000 service users responded to the Care Quality Commission’s 2013 survey of community mental health services across 58 NHS trusts. Sixty seven per cent of respondents rated their experience between seven and ten out of ten.

Seventy eight per cent said they ‘definitely’ felt listened to carefully. Seventy two per cent had ‘definitely’ had their views taken into account by the health or social care worker they had seen most recently.

Of the two-fifths of respondents who had received talking therapies, 89 per cent found it to be helpful, either ‘definitely’ (52 per cent) or ‘to some extent’ (37 per cent).

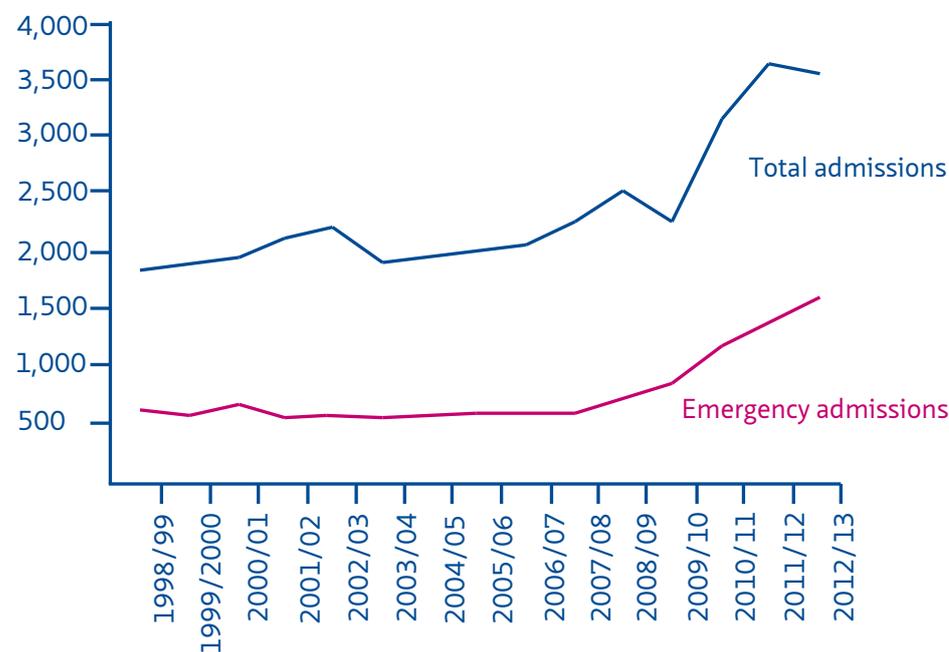
Of those respondents with a physical health condition, 37 per cent would have liked support in connection with their physical health needs but did not receive it.

Service users on the Care Programme Approach (CPA) should be able to access support regarding employment, housing and finance if required. However, 32 per cent reported they had not had support with employment, 28 per cent had not received housing support and 27 per cent had not received help with managing finances.

Forty six per cent of those on CPA ‘definitely’ understood the contents of their care plan – 2 per cent less than in 2012. Fifty eight per cent of the same group confirmed their care plan ‘definitely’ covers what they should do in a time of crisis – also 2 per cent down on 2012.

Of those prescribed new medications, 28 per cent said they had not been told of possible side effects and 16 per cent felt they weren’t provided with easily understood information about the medicine.³²

Figure 3. Child and adolescent psychiatry admissions 1998/99 to 2012/13²⁷



Inequalities

BME service users

The Count Me In censuses, published annually up to 2011 by the Care Quality Commission, consistently highlighted that rates of admission and detentions were higher for Black African, Black Caribbean and Black Other groups than for the rest of the population.

Rates of access to specialist mental health services are broadly higher for certain population groups. The Health & Social Care Information Centre states that people from the 'Black or Black British' ethnic group, which includes Caribbean, African and 'Any Other Black' ethnic categories, show the highest rates of access (13.7, 13.3 and 13.5 per 100 service users respectively). As previously stated, around 70 per cent of inpatients in the Black or Black British ethnic groups were subject to a form of compulsory detention during 2012/13.³³

At-risk groups

Homeless Link estimates that around 70 per cent of people accessing homelessness services have a mental health problem.³⁴ St Mungo's estimates that 64 per cent of its clients have drug and/or alcohol problems.³⁵

According to a study of 1,435 newly sentenced prisoners, 16 per cent of prisoners were reported to be experiencing symptoms indicative of psychosis. Nearly half were judged to be at risk of having anxiety or depression.³⁶

Physical health inequalities

People with a mental illness are almost twice as likely to die from coronary heart disease as

the general population, four times more likely to die from respiratory disease,^{37,38} and are at a higher risk of being overweight or obese.³⁹ Rethink Mental Illness estimates that a third of the 100,000 annual 'avoidable deaths' amongst the under-75s involve someone with a mental health problem.⁴⁰

Taking an inclusive definition of a mental health problem, which includes people with alcohol or illicit drug dependencies as well as conditions such as psychosis, about 42 per cent of all cigarettes smoked by the English population are smoked by people with a mental health problem.⁴¹

Around 30 per cent of those suffering from a long-term physical health condition also have a mental health problem.⁴² The King's Fund estimates that between 12 and 18 per cent of NHS expenditure on the treatment and management of long-term conditions is linked to poor mental health and wellbeing.⁴³

Housing and employment

Compared with the general population, people with mental health conditions are one and a half times more likely to live in rented housing, with greater uncertainty about how long they can remain in their current home.⁴⁴ People with mental health problems are twice as likely as those without a mental health condition to be unhappy with their housing and four times more likely to say that it makes their health worse.⁴⁵ Mental ill health is frequently cited as a reason for tenancy breakdown⁴⁶ and housing problems are often

given as a reason for a person being admitted, or readmitted, to inpatient care.⁴⁷

Figures covering 2011/12 show that 8.9 per cent of adults in contact with secondary mental health services are in paid employment.⁴⁸

Workforce and staff satisfaction

There were 9,039 full-time equivalent (FTE) medical staff working within the psychiatry specialties in 2012, including 4,068 FTE consultants.⁴⁹

Respondents to the 2012 NHS staff survey from mental health and learning disability trusts reported the highest levels of job satisfaction, with an average of 3.66 out of 5. This compared to an average of 3.62 out of 5 for staff working in commissioning organisations, 3.58 for respondents from acute trusts and 3.27 for people working in ambulance trusts. Respondents from mental health providers also expressed the largest level of satisfaction with support received from their immediate manager (71 per cent were 'satisfied' or 'very satisfied').

Sixty one per cent of respondents to the NHS staff survey either agreed or strongly agreed that care of service users is their organisation's top priority. Eighty one per cent agreed or strongly agreed that their role makes a difference to service users. However, just 33 per cent either agreed or strongly agreed that sufficient staff were employed to enable them to do their work properly.⁵⁰

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The Mental Health Network

The NHS Confederation's Mental Health Network is the voice for NHS funded mental health and learning disability service providers in England.

We work with government, regulators, opinion formers, media and the wider NHS to promote excellence in mental health services and the importance of good mental health.

For more information about our work please visit www.nhsconfed.org/mhn or email us at mentalhealthnetwork@nhsconfed.org

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