Public mental health indicators

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Outline

• What is public mental health
• Different public mental health indicators
• Importance of public mental health
• Risk and protective factors
• Higher risk groups
• Public mental health interventions
• Economic savings of public mental health interventions
• Public mental health intervention gap
• Questions to ask your local council, providers and commissioners about local public mental health indicators
• Assessment of local public mental health intervention gap
• NWL mental health needs assessment
What is public mental health?
A practical definition of public mental health

1) Assessment of population public mental health assets and unmet need for:
   • Prevention of mental disorder (primary, secondary, tertiary)
   • Promotion of mental wellbeing (primary, secondary, tertiary)

2) Use of PMH assessment information to:
   • Inform strategic development, commissioning and inter-agency coordination
   • Plan improved coverage and outcomes of PMH interventions

3) Implementation of evidence based PMH interventions at population level which:
   • Prevent mental disorder (primary, secondary, tertiary)
   • Promote mental wellbeing (primary, secondary, tertiary)

4) Evaluation of coverage and outcomes of PMH interventions
Different public mental health indicators

• Levels of mental disorder and well-being
• Level of risk and protective factors
• Numbers from higher risk groups
• Coverage (numbers/ proportion) receiving effective interventions to treat mental disorder, prevent mental disorder and promote mental wellbeing
• Outcomes of PMH interventions
• Economics
  o Cost of mental disorder
  o Expenditure on PMH interventions
  o Economic savings of PMH interventions
Why is public mental health important?
Importance of public mental health

- Mental disorder accounts for at least 30% of disease burden (YLDs) in UK (WHO, 2014) due to:
  - Almost one in four of the adult population in England experiences at least one mental disorder each year (McManus et al, 2009)
  - Majority of lifetime mental disorder arising before adulthood
  - Broad range of impacts including on education, employment, health risk behaviour (42% adult tobacco consumption), physical illness, life expectancy (10-20 year reduction)
  - Poor coverage of evidence based interventions to treat or prevent mental disorder

- £105 billion annual cost of mental disorder in England (CMH, 2010)
- Mental wellbeing has similar broad range of impacts yet significant proportion of the population has poor mental wellbeing

- Cost-effective interventions exist to treat mental disorder, prevent mental disorder/ associated impacts, and promote mental wellbeing

Source: Campion & Fitch, 2013
Risk factors for mental disorder and protective factors for mental wellbeing
Risk and protective factors

• Public health approach recognises wider determinants and lifelong impact of mental health

• As for action on cardiovascular disease, addressing determinants important to prevent mental disorder and promote mental wellbeing

• BUT most mental disorder arises before adulthood and is also a risk factor for adult mental disorder - both prevention and early treatment prevent range of associated impacts across the life course
Inequality - a key underlying risk factor and outcome

• Several fold difference in rates of mental disorder between lowest household and highest 20% household income

• Inequality underlies many risk factors – important to address to prevent mental disorder but requires political will

• Mental disorder then further increases inequality which can also be prevented

Source: Campion et al, 2013
Risk factors for childhood mental disorder

Pregnancy factors
- Maternal use of drugs, alcohol, tobacco
- Maternal stress/ mental disorder during pregnancy
- Prematurity
- Low birth weight

Child parental relationship – poor attachment

Parental factors
- Parental mental disorder 4–5 fold increased rate in mental disorder - particularly important during perinatal period
- Parental unemployment 2–3 fold increased risk in onset of emotional/conduct disorder in childhood

Source: O’Connor et al, 2003; Murray et al, 2011; Nosarti et al, 2012; Colman et al, 2007; Meltzer et al, 2003; Green et al, 2005
Risk factors for childhood mental disorder

Household factors

- Children from lowest 20% household income - 3 fold increased risk of mental disorder
- Poor quality of nurturing environment

Child adversity - accounts for 30% of adult mental disorder

Other child factors

- Age: increased rates as reach adolescence
- Sex: boys > girls
- Screen time – main waking activity children

Source: Green et al, 2005; Kessler et al, 2010; Sigman, 2014
Risk factors in adulthood

- **Childhood mental disorder** (3 fold increase)
- **Demographic**: Gender – in UK, most mental disorder more common in men (except common mental disorder and eating disorder)
- **Socioeconomic**
  - Socioeconomic inequality
  - **Debt** (3 fold increase in CMD)
  - **Unemployment** (2.7 fold increase in CMD)
  - Inadequate housing/homelessness
- **Work related**: Stressful employment and effort/reward imbalance
- **Violence and abuse**
- **Stressful life events**
- **Social isolation**

Source: Kessler et al, 2005; Copeland et al, 2013; Campion et al, 2012
Protective factors for wellbeing

• Genetic background, maternal (ante-natal and post-natal) care, early upbringing and early experiences
• Socio-economic factors
• Home life and family relationships
• School environment/employment
• Physical activity and physical health

• Community factors such as trust and participation

• Meaning/purpose/spirituality/wisdom
• Values
• Cultural assets

• Resilience/emotional and social literacy

Source: Campion et al, 2012; Chanfreau et al, 2013
Certain groups at much higher risk of mental disorder/ low wellbeing

• Increased risk mediated by social disadvantage

• Benefit proportionately more from intervention to treat mental disorder, prevent mental disorder and promote wellbeing

• Balancing with larger groups at less elevated risk which also benefit

• ‘Proportionate universalism’

• Possible to estimate local numbers from higher risk groups and proportion with mental disorder

Source: Campion & Fitch, 2013
Higher risk groups

- **Looked after children (by the state)** - 5 fold increased risk of mental disorder (Meltzer et al, 2003)

- **Children with learning disability** - 6.5 fold increased risk of mental illness (Emerson and Hatton, 2007)

- **Black Minority Ethnic groups (BME) (7.9% of UK population)** - 5.6 fold increased rate of schizophrenia in black Caribbeans (Kirkbride et al, 2012)

- **Long term physical conditions**
  - 2–3 fold increased risk of depression (NICE, 2009),
  - 7 fold increased risk of depression in people with two or more chronic physical conditions
  - Note opportunity for psychosocial intervention to prevent depression

- **Learning disability** – 3 fold increased risk of schizophrenia
Public mental health interventions
Types of public mental health intervention

• Range of effective public mental health interventions across life course with massive cross-sector potential impact if delivered to those would benefit
  o Treatment of mental disorder/ prevention of mental disorder/ promotion of mental wellbeing
  o Prevention of mental disorder (primary, secondary, tertiary)
  o Promotion of mental wellbeing (primary, secondary, tertiary)

• Note than treatment alone not enough to sustainably reduce burden of mental disorder

Source: HMG, 2010; RCPsych, 2010; Campion & Fitch, 2013
Interventions from a range of service providers including from outside the health sector

Highlights importance and opportunities for local cross-sector coordination including in assessment of need:

- Primary and secondary care
- Other providers
- Public health service providers
- Local government
- Social care service providers
- Third sector providers
- Education providers
- Employers
- Criminal justice services
- Carers
Treatment of mental disorder

• Evidence based interventions/ guidelines for each mental disorder (NICE)

• Early intervention associated with better outcomes

• Broad impacts of treatment including:
  o Prevention of chronicity/ adult mental disorder
  o Suicide prevention

• Access to treatment facilitated by better recognition of mental disorder through improved:
  o Detection and treatment by health professionals - training
  o Mental health literacy among population to facilitate presentation e.g. media based interventions
Prevention interventions

- Primary prevention of mental disorder – different risk factors addressed by different agencies including
  - Socioeconomic inequalities
  - Factors during pregnancy (such as smoking and prematurity)
  - Parental mental disorder
  - Poor child/parent attachment
  - Adversity and abuse particularly during childhood
  - Poor education
  - Debt
  - Work and unemployment
  - Social isolation

- Prevention of mental disorder by a range of interventions provided to particular groups or in particular settings such as
  - Parenting programmes/home visiting programmes
  - Preschool, school and work based programmes

Source: Campion & Fitch, 2013
Prevention interventions

Prevention of

• **Suicide** including from improved coverage of treatment of mental disorder since large proportion who die from suicide have mental disorder (but receive no treatment)
• **Discrimination and stigma**
• **Health risk behaviours** including smoking, alcohol and drug misuse particularly targeting those with mental disorder (impact of smoking cessation on mental health at least as great as antidepressants)
• **Dementia** through physical activity, control of hypertension, smoking cessation, social engagement

Prevention of impacts of mental disorder

• Prevention of **physical illness** and 10-20 year premature death by early promotion of physical health and intervention for associated health risk behaviour – particularly smoking
• Prevention of poor education and employment outcomes

Source: Campion & Fitch, 2013; Taylor et al, 2014
Mental wellbeing promotion interventions

• Starting well - preschool and early education programmes
• Developing well – school based programmes
• Living well
  o Adequate housing
  o Physical activity
  o Debt/ financial capability interventions
  o Learning, active leisure, volunteering, arts
  o Meditation/ mindfulness
• Socially well
  o Many of above activities if done in groups
  o Community interventions
  o Time-banks
• Working well – employment based mental health promotion programmes
• Ageing well

Source: Campion & Fitch, 2013
Use of media, internet and digital resources

• Public health campaigns. media or social/digital marketing of resources can improve mental health literacy of population to facilitate early recognition/treatment of mental disorder as well as prevention and promotion

• Apps
  o Commercial
  o Targeted at general public but often without clinician/patient input
  o Issue of quality control and regulation

• Outlining intervention to promote wellbeing
  o ’10 Actions for Happiness’
  o ‘5 ways to wellbeing’
  o But note lack of evidence about effectiveness

Source: Craven et al, 2013
Economic savings of public mental health interventions
Economic impact of public mental health interventions

• Evidence based public mental health interventions prevent suffering and promote wellbeing – they are the right thing to do!

• Many evidence based public mental health interventions also result in economic savings even in the short term

• Economic cost of NOT providing interventions

• Overall savings related to level of population coverage and can be estimated locally

• Helpful drivers for implementation

• Appropriate coverage of public mental health interventions therefore key part of sustainable economic development

Source: Knapp et al, 2011
Mental health promotion and mental disorder prevention: economic savings

Treatment - net savings per £ invested
- Treatment of conduct disorder with parenting interventions £8
- Early detection and treatment of depression at work £5
- Early intervention for the stage which precedes psychosis (CHRS) £10
- Early Intervention Psychosis services for first episode psychosis £18
- Screening and brief interventions in primary care for alcohol misuse £12

Prevention - net savings per £ invested
- School based bullying prevention £14
- Prevention of conduct disorder through school based socio-emotional learning programmes £84
- Suicide prevention £44

Promotion - net savings per £ invested
- Work based mental health promotion programmes £10

Source: Knapp et al, 2011
Public mental health intervention gap
Public mental health intervention gap

- Despite existence of cost effective, evidence based interventions:
  - Only a minority with mental disorder in UK (except psychosis) receives any treatment (McManus et al, 2009; Green et al, 2005)
  - Even fewer people with mental disorder have access to physical health care or interventions for health risk behaviour
  - Far fewer receive interventions which promote mental wellbeing or prevent mental disorder

- Contrasts with greater proportion of people with physical illness who receive treatment and action to address associated risk factors

- Public mental health intervention gap results in human suffering, broad set of impacts and economic costs even in the short term

- Information about PMH intervention gap is an important local strategic, commissioning and rights issue
What can you ask your local council, providers and commissioners about local public mental health indicators?
Ten PMH questions for your local council, providers and commissioners

1) What proportion/numbers in your locality have different mental disorders?
2) How many people from particular groups are affected?
3) What proportion of people with mental disorder receive timely treatment compared to other areas?
4) What proportion of people with mental disorders receive support for their physical health such as to stop smoking compared to other areas?
5) What is the local level of mental wellbeing?
6) What is the local level of protective factors for mental wellbeing?
7) What is the local level of risk factors for mental disorders and poor wellbeing?
8) What proportion of local people receive interventions to prevent mental disorder and promote mental wellbeing compared to other areas?
9) What is the local level of spend on treatment and prevention of mental disorder as well as the promotion of mental wellbeing compared to other areas?
10) What is the local annual cost of mental disorder?

Source: Mental health challenge (2013)
PMH questions for your local council, providers and commissioners

• How well is mental health covered in the local mental health needs assessment?

• What is the size and annual cost of local unmet need for mental disorder treatment, mental disorder prevention and mental wellbeing promotion?

• What would be the annual economic savings of improved coverage of a range of interventions to treat mental disorder, prevent mental disorder and promote mental wellbeing?

Source: Mental health challenge (2013)
Assessment of local PMH intervention gap to support implementation
Joint Strategic Needs Assessments and commissioning

- JSNAs provide information about local levels of health and social care needs as well as information about broader determinants (DH, 2012)

- JSNAs informs actions which local authorities, local NHS and other partners need to take to improve the health and wellbeing of their population (DH, 2012)

- Appropriate public mental health intelligence is required in needs assessments to inform commissioning cycles and strategic planning

- However, mental health is poorly covered in JSNAs - recent PHE review found that only 17% JSNA’s had appropriate coverage of mental health (PHE, 2015)
Joint Commissioning Panel for Mental Health includes several organisations including NSUN and co-chaired by RCGP and RCPsych
JCPMH public mental health commissioning guidance

- Endorsed by ADPH, RSPH and LGA (Campion & Fitch, 2012, updated in August 2013 and further update in process)
- Includes 8 page summary of public mental health evidence base
- Systematically brings together different local PMH intelligence
  - Levels of mental disorder and well-being
  - Level of risk and protective factors
  - Numbers from higher risk groups
  - Coverage (numbers/ proportion) receiving effective PMH interventions
  - Outcomes of PMH interventions
  - Economics
    - Cost of mental disorder
    - Expenditure on PMH interventions
    - Economic savings of PMH interventions

Informs need assessments, strategic development and commissioning
Further development of JCPMH guidance

• Over past two years, further development of JCPMH guidance to include:
  o All nationally available mental health relevant datasets in England
  o Local PMH intelligence not available from such datasets
  o **Benchmarking** against other areas, regionally, nationally and deprivation
  o **Size, impact and cost of public mental health intervention unmet need**
  o **Presentation** of analysis and interpretation – what it means locally
  o Working with local partners to **translate** into strategy and implementation

• Incorporation into four types of public mental health needs assessment
  o Mental disorder treatment needs assessment
  o Secondary mental health care assessment
  o Mental disorder prevention needs assessment
  o Mental wellbeing promotion needs assessment

• Supported/ing different local authorities covering more than 6 million people across England
NWL mental health needs assessment

• Mental health needs assessment carried out for North West London in May/June 2015 for
  o Mental disorder treatment
  o Secondary mental health care
  o Mental disorder prevention
  o Mental wellbeing promotion
Mental disorder treatment needs assessment focusing on conduct disorder, common mental disorder and psychosis.
Mental disorders covered today

- Conduct disorder
- Common mental disorder
- Psychosis
- Needs assessments also includes
  - Other child and adolescent mental disorder
  - Dementia
  - Suicide and self-harm – majority of suicides are by people with mental disorder
  - Smoking – almost half of tobacco consumption by people with mental disorder
  - Substance misuse – large proportion of drug and alcohol use associated with mental disorder
Childhood conduct disorder

• Mental disorder in childhood and adolescence results in suffering to individual/family/carers as well as a broad range impacts across health, education, criminal justice

• Estimated range of proportion of children across NW London (5-16 years) with conduct disorder across NWL boroughs varied from 5.4% in Harrow to 8.3% in Brent (Green et al, 2005)

• Estimated number of 5-16 year olds with conduct disorder across the eight boroughs of NW London: 18,300

• Estimated annual costs of crime by adults who as children and adolescents had conduct disorder and sub-threshold conduct disorder across NWL: £2,330m
Estimated economic savings for childhood conduct disorder

- **Treatment of conduct disorder**
  - NICE (2013) recommended first line treatment for conduct disorder is parenting interventions
  - Each £ invested in parenting interventions for 5-16 year olds with conduct disorder results in net savings of £8 (Knapp et al, 2011)
  - Estimated minimum net savings for NW London if every parent of a child with conduct disorder received parenting interventions = £170m
  - BUT lack of information and provision across NWL

- **Prevention of conduct disorder through promotion**
  - Each £ invested in school based socio-emotional literacy programmes to prevent conduct disorder results in net savings of £84 (Knapp et al, 2011)
  - Total net savings for NW London of £210m for each one year cohort of 10 year olds
Adult common mental disorder

- Proportion of adults in England in the previous week with (McManus et al, 2009)
  - At least one common mental disorder: 17.6%
  - Depressive episode: 2.6%
  - Mixed anxiety and depressive disorder: 9.7%
  - Anxiety disorders which include
    - Generalised anxiety disorder: 4.7%
    - Phobias: 2.6%
    - Obsessive compulsive disorder: 1.3%
    - Panic disorder: 1.2%
    - Post traumatic stress disorder: 3.0%

- Proportion of adults in England with a common mental disorder who were receiving treatment: 24% (McManus et al, 2009)
Adult common mental disorder

- Estimated prevalence across NWL boroughs of (PHE, 2014)
  - Common mental disorders varied from 20.9% in WL to 13.7% in Harrow
  - Depression varied from 3.9% in H&F to 3.0% in Harrow (England 2.5%)
  - Mixed anxiety and depressive disorder varied from 9.7% in H&F to 7.1% in Harrow (England 8.9%)

- Estimated numbers with common mental disorder in each of the eight boroughs across NWL boroughs varied from 28,726 in WL to 53,386 people in Ealing (PHE, 2014)

- Estimated numbers with CMD from higher risk groups across NWL
  - Number of mothers depressed during pregnancy across NWL boroughs varied from 229 women in K&C to 685 in Ealing (from Gavin et al, 2005)
  - Number of mothers depressed a year after the birth of their child across NWL boroughs varied from 395 women in K&C to 1,182 women in Ealing
  - Number of unemployed people who are depressed across NWL boroughs varied from 2,493 in K&C to 6,911 people in Ealing (Meltzer et al, 2004)
Estimated % of adult population with common mental disorder in NWL by CCG (PHE, 2014)

- West London: 20.9
- Hounslow: 14.3
- Hillingdon: 14.1
- Harrow: 13.7
- Hammersmith & Fulham: 19.5
- Ealing: 16.0
- Central London: 21.5
- Brent: 16.0

Source: PHE, 2014
Primary care coverage of treatment of common mental disorder (2013/14) (HSCIC, 2014)

- **GP depression register**
  - Proportion of adult population on depression register across NWL boroughs varied from 6.5% in K&C to 3.5% in Ealing (London 6.5%)
- **Bio-psychosocial assessment at diagnosis of depression across NWL**
  - Varied from 48.4% in H&F to 76.1% in K&C (England 75.8%)
  - Exception rate varied from 32.7% in H&F to 15.5% in K&C (England 16.1%)
- **Review of new cases of depression 10-35 days after diagnosis across NWL**
  - Varied from 33.8% in H&F to 59.3% in Ealing (England 58.4%)
  - Exception rate varied from 38% in H&F to 22% in Brent (England 25.3%)
- **Depression screening of patients on diabetes and CHD registers across NWL**
  - Varied from 83.6% in H&F to 88.2% in Hillingdon (England 85.9%)
  - Exception rates are low across NWL boroughs (England 2.8%)
% and number of adults on the depression register by CCG (2013/14) (HSCIC, 2014)

% of patients registered with GP practices with depression, age 18+

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>WESTMINSTER</td>
<td>3.9%</td>
</tr>
<tr>
<td>KENSINGTON &amp; CHELSEA</td>
<td>6.5%</td>
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<td>HOUNSLOW</td>
<td>4.4%</td>
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<td>HILLINGDON</td>
<td>5.2%</td>
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<tr>
<td>HARROW</td>
<td>3.6%</td>
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<tr>
<td>HAMMERSMITH &amp; FULHAM</td>
<td>5.2%</td>
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<tr>
<td>EALING</td>
<td>3.5%</td>
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<tr>
<td>BRENT</td>
<td>3.7%</td>
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Number of patients registered with GP practices with depression age 18+

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<thead>
<tr>
<th>Local Authority</th>
<th>Number</th>
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<tbody>
<tr>
<td>WESTMINSTER</td>
<td>6,720</td>
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<tr>
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<td>HILLINGDON</td>
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<td>HARROW</td>
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<td>EALING</td>
<td>11,070</td>
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<tr>
<td>BRENT</td>
<td>10,350</td>
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% with new diagnosis of depression with bio-psychosocial assessment (QOF DEP 001) (2013/14) (HSCIC, 2014)

- **Westminster**: 71.9% (excluding exceptions), 88.4% (including exceptions)
- **Kensington and Chelsea**: 76.1% (excluding exceptions), 90.0% (including exceptions)
- **Hounslow**: 72.1% (excluding exceptions), 91.0% (including exceptions)
- **Hillingdon**: 65.9% (excluding exceptions), 80.8% (including exceptions)
- **Harrow**: 69.3% (excluding exceptions), 85.3% (including exceptions)
- **Hammersmith and Fulham**: 48.4% (excluding exceptions), 71.9% (including exceptions)
- **Ealing**: 72.6% (excluding exceptions), 95.0% (including exceptions)
- **Brent**: 69.3% (excluding exceptions), 85.4% (including exceptions)
IAPT and secondary care treatment of common mental disorder (HSCIC, 2014)

• Referrals to IAPT across NWL boroughs (2013/14)
  o Proportion of people with common mental disorder referred to IAPT varied from 3.8% in Brent to 10.5% in Ealing
  o Waiting time less than 28 days varied from 41% in Brent/Hillingdon to 91.5% in Ealing (2014/15)
  o Proportion of referrals completing course of psychological treatment varied from 13% in Brent to 36% in Harrow

• Recovery: Proportion of IAPT referrals across NWL boroughs with reliable recovery varied from 34% in Brent to 43% in H&F (2013/14)

• Admission rate for neurotic disorder per 100,000 across NWL boroughs (2011/12)
  o 38.4 in K&C to 16.8 in Ealing (London,37) (NEPHO, 2013)
  o Emergency hospital admission rate from 21 in Hounslow to 7.1 in Harrow (London, 15 and England 17) (HSCIC, 2013)
Questions

• How could you influence your commissioners to:
  o Improve the proportion of people with common mental disorder receiving care from primary care and IAPT
  o Reduce the variation in QOF measures and exception rates
  o Improve assessment of treatment outcomes

• Discuss how you would influence commissioners about smoking and common mental disorder given:
  o Smoking is the single largest preventable cause of death in the UK
  o 31% of adult tobacco consumption in England is by people with common mental disorder (McManus et al, 2010)
  o Smoking cessation has at least the same impact on anxiety and depression as antidepressants (Taylor et al, 2014)
Psychosis and primary care (2013/14) (HSCIC, 2014)

- % of adults on the primary care SMI register across NWL boroughs from 1.46% in K&C to 0.73% in Hillingdon (England 0.9%)

- Comprehensive care plan for people with SMI across NWL boroughs
  - Varied from 74.2% in H&F to 82.9% in Harrow
  - Exception rate varied from 11.8% in Ealing to 6.0% in Brent

- Drugs used for treatment of psychosis (HSCIC, 2014): Rate used per person on SMI register across NWL varies from 2.5 in West London to 4.6 in Hillingdon
% and number of adult population on primary care SMI register by CCG (2013/14) (HSCIC, 2014)

% of adult population on primary care SMI register

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<th>% of Population</th>
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<tr>
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<td>HOUNSLOW</td>
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<td>HILLINGDON</td>
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<td>HARROW</td>
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<td>BRENT</td>
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Number of adults on primary care SMI register

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<td>4,095</td>
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<tr>
<td>BRENT</td>
<td>4,102</td>
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Source: HSCIC, 2014
53% of patients with SMI with documented comprehensive care plan (QOF MH002) (2013 - 2014)

<table>
<thead>
<tr>
<th>Location</th>
<th>% on SMI register with documented comprehensive care plan in previous 12 months excluding exceptions</th>
<th>Exception rate for % on SMI register with documented comprehensive care plan in previous year</th>
<th>% on SMI register with documented comprehensive care plan in previous year including exceptions</th>
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<td>7.6%</td>
<td>84.4%</td>
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<td>KENSINGTON AND CHELSEA</td>
<td>77.5%</td>
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<td>83.6%</td>
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<td>HOUNSLOW</td>
<td>77.9%</td>
<td>9.8%</td>
<td>86.4%</td>
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</table>

Source: HSCIC, 2014
SMI primary care coverage of physical health of people (HSCIC, 2014)

• Excess under 75 mortality (Standardised Mortality Ratio) in people with SMI across NWL boroughs varied from 341 in Hillingdon to 231 in K&C (2012/13)

• Different SMI QOF measures (2013/14)
  o Blood pressure and SMI (QOF MH003)
  o Cholesterol check and SMI (QOF MH004)
  o HbA1c/glucose and SMI (QOF MH005)
  o BMI and SMI (QOF MH006)
  o Alcohol consumption and SMI (QOF MH007)
  o Cervical screening and SMI (QOF MH008)
  o Lithium check (QOF MH009)
  o Lithium levels (QOF MH010)
  o Smoking status (QOF SMOKE002)
  o Record of smoking cessation intervention (QOF SMOKE005)

• Score for average of six physical health checks in SMI across NWL boroughs varied from 69.0% in Harrow to 75% in Hounslow (2012/13)
Excess mortality in adults under 75 with SMI: Standardised Mortality Ratio 2012/13 (HSCIC, 2014)

PHE indicator quality: Green

<table>
<thead>
<tr>
<th>Borough</th>
<th>Standardised Mortality Ratio 2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>WESTMINSTER</td>
<td>254</td>
</tr>
<tr>
<td>KENSINGTON &amp; CHELSEA</td>
<td>231</td>
</tr>
<tr>
<td>HOUNSLOW</td>
<td>283</td>
</tr>
<tr>
<td>HILLINGDON</td>
<td>341</td>
</tr>
<tr>
<td>HARROW</td>
<td>259</td>
</tr>
<tr>
<td>HAMMERSMITH &amp; FULHAM</td>
<td>313</td>
</tr>
<tr>
<td>EALING</td>
<td>291</td>
</tr>
<tr>
<td>BRENT</td>
<td>254</td>
</tr>
</tbody>
</table>

SMI primary care coverage of physical health across NWL (2013/14) (HSCIC, 2014)

• Blood pressure check for people with SMI across NWL boroughs
  o Varied from 77% in H&F to 87% in Brent (England 82.9%)
  o Exception rate varied from 9.1% in Ealing to 4.5% in K&C (England 8.8%)

• Cholesterol check for people with SMI across NWL boroughs
  o Varied from 62% in H&F to 72.7% in K&C (England 68.0%)
  o Exception rate varied from 13.3% in Ealing to 7% in Westminster (England 14.5%)

• HbA1C/ glucose for people with SMI
  o Varied from 69% in H&F to 79% in Harrow (England 74.9%)
  o Exception rate varies from 13% in H&F to 6% in K&C (England 12.0%)

• BMI check for people with SMI across NWL boroughs
  o Varied from 77% in H&F to 85% in Brent (England 78.8%)
  o Exception rate varied from 10.1% in Ealing to 4.4% in K&C (England 10.4%)

• Alcohol consumption check for people with SMI across NWL boroughs
  o Varied from 80% in H&F to 84.6% in Hillingdon (England 79.0%)
  o Exception rate varied from 9.8% in Ealing to 5% in Brent (England 10.7%)
SMI primary care coverage of physical health of people (2013/14) (HSCIC, 2014)

• Cervical screening for women with SMI across NWL boroughs
  o Varied from 64% in Harrow to 73% in Hounslow (England 72.3%) (England general population 77.8%)
  o Exception rate varied from 25% in Harrow to 13% in K&C (England 19.0%)

• Blood tests for people on lithium across NWL boroughs
  o Varied from 65% in H&F to 87% in Harrow (England 75.8%)
  o Exception rate varied from 18% in H&F to 4% in Harrow (England 8.5%)

• Record of creatinine/ TSH check for people on lithium across NWL boroughs
  o Varied from 84% in H&F to 95% in Brent (England 81.3%)
  o Exception rate varied from 10% in H&F to 1% in Brent (England 3.1%)

• Smoking status recording for people with SMI and other long term conditions across NWL boroughs
  o Varied from 94% in K&C to 95% in Barnet
  o Low exception rates

• Record of smoking cessation intervention for people with SMI and other long term conditions across NWL boroughs
  o Very high with low exception rates across NWL boroughs
SMI primary care coverage of physical health of people (2013/14) (HSCIC, 2014)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Brent</th>
<th>Westminster</th>
<th>Ealing</th>
<th>HF</th>
<th>Harrow</th>
<th>Hillingdon</th>
<th>Hounslow</th>
<th>K&amp;C</th>
<th>England</th>
<th>London</th>
<th>NWL</th>
</tr>
</thead>
<tbody>
<tr>
<td>% with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in preceding year</td>
<td>82</td>
<td>78</td>
<td>79</td>
<td>74</td>
<td>83</td>
<td>82</td>
<td>78</td>
<td>77</td>
<td>80</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% with schizophrenia, bipolar affective disorder and other psychoses who have record of alcohol consumption in preceding year</td>
<td>85</td>
<td>81</td>
<td>81</td>
<td>80</td>
<td>84</td>
<td>85</td>
<td>84</td>
<td>83</td>
<td>83</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of patients on lithium therapy with a record of serum creatinine and TSH in preceding 9 months</td>
<td>95</td>
<td>93</td>
<td>93</td>
<td>84</td>
<td>93</td>
<td>92</td>
<td>93</td>
<td>88</td>
<td>92</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of patients on lithium therapy with a record of lithium levels in therapeutic range in preceding 4 months</td>
<td>77</td>
<td>74</td>
<td>82</td>
<td>65</td>
<td>87</td>
<td>80</td>
<td>73</td>
<td>68</td>
<td>76</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: HSCIC, 2014
Exception rate for patients with SMI with documented comprehensive care plan for Camden and Islington GP practices vs. deprivation

There is NO correlation
Coefficient = 0.03

NO Correlation = 0 to 0.09  >  WEAK = 0.1 to 0.39  >  MODERATE = 0.4 to 0.69  >  STRONG = 0.7 to 1

Source: HSCIC, 2014
Secondary care for psychosis

• Early Intervention Psychosis services:
  o Annual rate of new cases of psychosis per 100,000 varied across NWL boroughs from 44.9 in Brent to 28.8 in Hillingdon (Psymaptic, 2014)
  o Rate of new cases of psychotic disorder per 100,000 seen by Early Intervention Psychosis services in past year across NWL varied from 35.0 in K&C to 19.9 in Hillingdon (England 24.9) (NHSE, 2014)
  o Caseload: Rate of people on EIP team caseload per 100,000 varied from 96.1 in K&C to 47.1 in Hounslow (HSCIC, 2014)
• Psychological therapy: % of psychosis care spells receiving psychological therapy varied from 6.5% in H&F to 14.3 in K&C (2013/14)
• Intervention for clinical high risk state – no information about provision
• Assertive outreach teams: Number on caseload across NWL varied from 5 in K&C to 120 in Brent (2014/15 Q1) (HSCIC, 2014 )
• CRHT: Number of home treatment episodes carried out by Crisis Response and Home Resolution Teams in previous year across NWL varied from 439 in Harrow to 1,100 in Ealing (2012/13) (HSCIC, 2013)
• Admission and emergency admissions not covered in this presentation
Estimated rate of new cases of psychosis each year for adults per 100,000 vs. deprivation

Source: Psymaptic, 2014; ONS, 2010
Summary for secondary and social care mental health needs assessment
Secondary mental health needs assessment treatment

- Access to secondary mental health care
- Access to A&E and for BME groups
- Hospital admissions for mental disorder
- Detention under the Mental Health Act and CTO’s
- People on Care Programme Approach (CPA) receiving secondary mental health services
- Outpatient attendance
- Secondary care associated harm
- Patient and staff experience of secondary mental health
- Coding and cluster allocation
- Provision of social service support for people with mental disorder
- Summary
Access to secondary mental health services

- Access rate to NHS funded adult specialist mental health services (per 100,000 population) across NWL:
  - In 2012/13 varied from 3,000 in Brent to 4,426 in Westminster (HSCIC, 2013)
  - In 2013/14 Q4 varied from 1,411 in Brent to 2,375 in Ealing (HSCIC, 2014)

- Rate of A&E attendance for psychiatric disorder per 100,000 across NWL varied from 214 in West London to 640 in Hillingdon (England 244) (2012/13) (HSCIC, 2013)

- Hospital admission for mental disorder:
  - Rate per 100,000 population across varied from 46.5 in Harrow to 102.7 in West London (2013/14 Q4) (HSCIC, 2014)
  - % already using NHS mental health services who are admitted across NWL varied from 6% in Hillingdon to 11% in K&C (2012/13) (HSCIC, 2013)
Rate of access to NHS funded adult specialist mental health services per 100,000 population vs. deprivation

The correlation is WEAK and POSITIVE. Coefficient is 0.33

Source: HSCIC, 2015
### A&E access rate for mental disorder

#### Quality indicator amber

<table>
<thead>
<tr>
<th>Rate of A&amp;E attendances for psychiatric disorder per 100,000 population (2012-13) (HSCIC, 2013)</th>
<th>Number of A&amp;E attendances for psychiatric disorder (2012-13) (HSCIC, 2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hillingdon</td>
<td>600</td>
</tr>
<tr>
<td>Ealing</td>
<td>600</td>
</tr>
<tr>
<td>Westminster</td>
<td>400</td>
</tr>
<tr>
<td>Harrow</td>
<td>400</td>
</tr>
<tr>
<td>Brent</td>
<td>200</td>
</tr>
<tr>
<td>Hounslow</td>
<td>200</td>
</tr>
<tr>
<td>Hammersmith and Fulham</td>
<td>100</td>
</tr>
<tr>
<td>Kensington and Chelsea</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>1,000</td>
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<tr>
<td></td>
<td>2,000</td>
</tr>
<tr>
<td></td>
<td>3,000</td>
</tr>
</tbody>
</table>

### Rate and number of admissions to adult secondary mental health services by PCT

<table>
<thead>
<tr>
<th></th>
<th>Kensington and Chelsea</th>
<th>Westminster</th>
<th>Brent</th>
<th>Hammersmith and Fulham</th>
<th>Ealing</th>
<th>Hounslow</th>
<th>Harrow</th>
<th>Hillingdon</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of people per 100,000 adult population admitted to NHS funded adult and elderly secondary mental health services (2012/13)</strong> (HSCIC, 2013)</td>
<td>[Bar chart] 100-500</td>
<td>[Bar chart] 100-500</td>
<td>[Bar chart] 100-500</td>
<td>[Bar chart] 100-500</td>
<td>[Bar chart] 100-500</td>
<td>[Bar chart] 100-500</td>
<td>[Bar chart] 100-500</td>
<td>[Bar chart] 100-500</td>
</tr>
<tr>
<td><strong>Number of people using NHS funded adult and elderly secondary mental health services who are admitted (2012/13)</strong> (HSCIC, 2013)</td>
<td>[Bar chart] 0-800</td>
<td>[Bar chart] 0-800</td>
<td>[Bar chart] 0-800</td>
<td>[Bar chart] 0-800</td>
<td>[Bar chart] 0-800</td>
<td>[Bar chart] 0-800</td>
<td>[Bar chart] 0-800</td>
<td>[Bar chart] 0-800</td>
</tr>
<tr>
<td><strong>Number of people per 100,000 adult population admitted to NHS funded adult and elderly secondary mental health services (2013-14 Q3)</strong> (HSCIC, 2014)</td>
<td>[Bar chart] 100-500</td>
<td>[Bar chart] 100-500</td>
<td>[Bar chart] 100-500</td>
<td>[Bar chart] 100-500</td>
<td>[Bar chart] 100-500</td>
<td>[Bar chart] 100-500</td>
<td>[Bar chart] 100-500</td>
<td>[Bar chart] 100-500</td>
</tr>
<tr>
<td><strong>Number of people admitted to NHS funded adult and elderly secondary mental health services (2013-14 Q3)</strong> (HSCIC, 2014)</td>
<td>[Bar chart] 0-150</td>
<td>[Bar chart] 0-150</td>
<td>[Bar chart] 0-150</td>
<td>[Bar chart] 0-150</td>
<td>[Bar chart] 0-150</td>
<td>[Bar chart] 0-150</td>
<td>[Bar chart] 0-150</td>
<td>[Bar chart] 0-150</td>
</tr>
</tbody>
</table>

**Source:** Campion J (2014) Mental Health Needs Assessment appendix. Draft September 2014. UCLPartners
Secondary care borough measures (HSCIC, 2014)

• Detention under the Mental Health Act (2013/14 Q4)
  o Annual rate per 100,000 varied from 47.9 in Hounslow to 125.0 in Central London (2012/13)
  o Quarterly rate per 100,000 varied from 13.5 in Hounslow to 110.9 in Central London (2013/14 Q4)
  o Proportion of admissions detained under MHA varied from 6.0% in H&F to 32.2% in Harrow (2013/14 Q4)

• Care programme approach (CPA): Across NW London boroughs
  o Proportion of people on CPA varied from 0.34% in Hillingdon to 0.75% in West London (2014/15 Q1)
  o % of people in contact with MH services who were on CPA across NWL boroughs varied from 20.4% in Harrow to 38.4% in Brent (2013/14 Q4)
  o Employment rate for people on CPA varied from 5.7% in Ealing to 9% in Harrow (London 5.7%, England 7%) (2013/14)
  o Proportion in settled accommodation varied from 80.9% in Brent to 87.8% in H&F (2013/14 Q3)
Secondary care borough measures (HSCIC, 2014)

• Contacts and day care attendance rate varied across NWL from 9.2% in Hounslow to 17.2% in CL (2013/14 Q1)

• Crisis plans: % in contact with secondary MH services with crisis plan across NWL boroughs varied from 15.6% in Harrow to 50.5% in Hounslow (2014/15 Q2)

• Diagnosis recording: % of people in contact with MH services with diagnosis recorded across NW London boroughs varied from 36.6% in Hounslow to 63.9% in Hillingdon (2013/14 Q4)

• Clustering: Proportion allocated to a cluster across NWL boroughs varied from 81.1% in CL to 90.7% in Ealing (2013/14 Q4)
Secondary care patient and staff experience

- Patient experience of community mental health services in Central and NW London MH Trust and West London MH Trust was mid-range (HSCIC, 2013)

- Staff experience (NHS, 2014): Compared to other London providers
  - Mid-range % of staff who witnessed errors, near misses or incidents that could have hurt patients in Central and NW London MH Trust and West London MH Trust (NHS, 2013)
  - % of staff who witnessed errors, near misses or incidents that could have hurt patients high in West London MH Trust and mid-range in Central and NW London MH Trust (NHS, 2013)

- Carers: Rates of carers looking after an adult with a mental health condition who were assessed varied from 1 in Brent to 270 in Ealing (2012/13) (HSCIC, 2014)
Social service support for people with mental disorder (HSCIC, 2014)

- Rate of mental health clients receiving social care service per 100,000 across NWL varied from 120 in Hillingdon to 988 in K&C

- Rate of new social care assessments per 100,000 per year for mental health clients across NWL varied from 22.3 in Hillingdon to 590.5 in Westminster

- Rate of mental health clients in residential care or receiving home care across NWL varied from 37.2 in Harrow to 244.5 in Central London

- Social care satisfaction: Proportion of adults who use services who are satisfied with the care and support they receive across NWL varied from 47% in Brent to 66.0% in K&C (London 63.1%)
Provision of social service support for people with mental disorder

**Rate of social care mental health clients receiving services per 100,000 population during the year (2012/13) (HSCIC, 2014)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kensington and Chelsea</td>
<td>872</td>
</tr>
<tr>
<td>Ealing</td>
<td>852</td>
</tr>
<tr>
<td>Westminster</td>
<td>830</td>
</tr>
<tr>
<td>Brent</td>
<td>644</td>
</tr>
<tr>
<td>Harrow</td>
<td>540</td>
</tr>
<tr>
<td>Hounslow</td>
<td>500</td>
</tr>
<tr>
<td>Hammersmith and Fulham</td>
<td>460</td>
</tr>
<tr>
<td>Hillingdon</td>
<td>300</td>
</tr>
</tbody>
</table>

**Number of social care mental health clients receiving services during the year (2012/13) (HSCIC, 2014)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kensington and Chelsea</td>
<td>1,200</td>
</tr>
<tr>
<td>Ealing</td>
<td>2,000</td>
</tr>
<tr>
<td>Westminster</td>
<td>1,750</td>
</tr>
<tr>
<td>Brent</td>
<td>1,500</td>
</tr>
<tr>
<td>Harrow</td>
<td>1,200</td>
</tr>
<tr>
<td>Hounslow</td>
<td>1,000</td>
</tr>
<tr>
<td>Hammersmith and Fulham</td>
<td>900</td>
</tr>
<tr>
<td>Hillingdon</td>
<td>500</td>
</tr>
</tbody>
</table>

Public mental health economics

• Estimated cost of mental disorder

• Expenditure on treatment

• Economic savings from treatment including time frames and where such savings accrue
Estimated annual costs of different adult mental disorder across NW London

- Depression: £29.7m in Harrow to £49.7m in Ealing (McCrone et al, 2008)
- Anxiety disorders: £35.3m in Harrow to £58.9m in Ealing
- Psychosis: £34.1m in K&C to £73m in Brent (based on Kirkbride et al, 2012)
- Dementia: £25m in H&F to £59.5m in Ealing (based on Knapp & Prince, 2007)
- Personality disorder: £25.4m in K&C to £50.7m in Ealing
- Alcohol misuse: £64.6m in K&C to £121.4m in Ealing (based in NICE, 2010)
- Class A drug use: £41.8m in Harrow to £116.6m in Ealing (Gordon et al, 2006)
- Medically unexplained symptoms annual estimated cost: £55.8m in K&C to £111.4m in Ealing (based on Bermingham et al, 2010)
- Annual cost of adult mental disorder in Ealing: £633.6m

- Further one year lifetime costs of suicide and undetermined injury varied from £52.7m in K&C to £159.8m in Ealing (Knapp et al, 2011)
- Estimated annual cost of mental disorders to local employers across NWL varies from £112.2m in Harrow to £187.4m in Ealing (NICE, 2009)
Economic impact of public mental health interventions

• Evidence based public mental health interventions exist

• Many evidence based public mental health interventions also result in economic savings even in the short term

• Overall savings related to level of population coverage

• Economic cost of not providing interventions

• Given several fold higher rate of mental disorder in most deprived boroughs compared to least deprived boroughs, higher expenditure rates required for more deprived boroughs

• Appropriate coverage of public mental health interventions therefore a key part of sustainable economic development
Economic savings of public mental health interventions

Treatment - net savings per £ invested
• Treatment of conduct disorder with parenting interventions £8
• Early detection and treatment of depression at work £5
• Early intervention for the stage which precedes psychosis (CHRS) £10
• EIP services for first episode psychosis £18
• Screening and brief interventions in primary care for alcohol misuse £12

Prevention - net savings per £ invested
• School based bullying prevention £14
• Prevention of conduct disorder through school SEL programmes £84
• Suicide prevention £44

Promotion - net savings per £ invested
• Work based mental health promotion programmes £10

Source: Knapp et al, 2011
NHS expenditure rate for different mental disorder (2012/13) (NHSE, 2014)

Expenditure rate variation per 100,000 population across NW London

• Mental disorder expenditure rate across NWL:
  o Varied from £14.8m in Hillingdon to £37.1m in Westminster
  o Moderately correlated with deprivation

• Child and adolescent mental disorder expenditure rate across NWL
  o Varied from £0.38m in Hillingdon to £0.97m in Westminster
  o Weakly correlated with deprivation

• Other mental disorder expenditure varied from £6.5m in Hillingdon to £16.9m in Westminster

• Psychosis expenditure rate across NWL
  o Varied from £5.9m in Hillingdon to £13.1m in Westminster
  o Weakly correlated with deprivation

• Primary care prescribing expenditure rate across NWL
  o Varied from £1.0m in Brent to £1.2m in Harrow
  o No correlation with deprivation
### NHS expenditure on mental health (£M) per 100,000 population by different groups of disorder (NHSE, 2014)

<table>
<thead>
<tr>
<th>Location</th>
<th>Total expenditure per 100,000 population for people with mental disorders (£M)</th>
<th>Expenditure per 100,000 population for children &amp; adolescents with mental disorder (£M)</th>
<th>Total expenditure per 100,000 population for people with other mental disorders (£M)</th>
<th>Total expenditure per 100,000 population for people with psychotic disorder (£M)</th>
<th>Total expenditure per 100,000 population for people with substance misuse (£M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WESTMINSTER</td>
<td>37.1</td>
<td>0.64</td>
<td>16.9</td>
<td>13.1</td>
<td>4.0</td>
</tr>
<tr>
<td>KENSINGTON &amp; CHELSEA</td>
<td>30.9</td>
<td>0.97</td>
<td>15.2</td>
<td>9.8</td>
<td>3.5</td>
</tr>
<tr>
<td>HOUNSLOW</td>
<td>19.0</td>
<td>0.95</td>
<td>7.5</td>
<td>6.6</td>
<td>2.8</td>
</tr>
<tr>
<td>HILLINGDON</td>
<td>14.8</td>
<td>0.38</td>
<td>6.5</td>
<td>5.9</td>
<td>0.7</td>
</tr>
<tr>
<td>HARROW</td>
<td>20.3</td>
<td>0.60</td>
<td>10.5</td>
<td>6.8</td>
<td>1.3</td>
</tr>
<tr>
<td>HAMMERSMITH &amp; FULHAM</td>
<td>28.3</td>
<td>0.87</td>
<td>12.0</td>
<td>11.3</td>
<td>3.4</td>
</tr>
<tr>
<td>EALING</td>
<td>22.0</td>
<td>0.59</td>
<td>10.3</td>
<td>8.9</td>
<td>1.3</td>
</tr>
<tr>
<td>BRENT</td>
<td>22.1</td>
<td>0.67</td>
<td>7.7</td>
<td>10.7</td>
<td>2.1</td>
</tr>
</tbody>
</table>
Total expenditure (£M) per 100,000 population for people with mental disorder vs. deprivation (2012/13)

Source: NHSE, 2014
Child and adolescent mental disorder expenditure (£M) per 100,000 population vs. deprivation (2012/13)

Source: NHSE, 2014
Economics of psychosis

- Psychosis annual estimated cost across NWL varied from £73m in Brent to £34.1m in K&C (based on Kirkbride et al, 2012)
- Annual expenditure on psychosis (NHSE, 2014):
  - Expenditure rate per 100,000 population across NWL varied from £5.9m in Hillingdon to £13.1m Westminster
- Early Intervention Psychosis service (EIPS) for first episode psychosis (FEP)
  - Net savings of £18 for each £ spent in addition to usual care (Knapp et al, 2011)
  - Estimated net savings if all estimated to develop FEP received care from EIPS across NWL varied from £1.2m in K&C to £2.6m in Brent (see slide 33)
- Early intervention for stage preceding psychosis (Clinical High Risk State)
  - Net savings of £10 for each £ spent (Knapp et al, 2011)
  - Estimated net savings if all developing CHRS received care from early detection services across NWL varied from £2.2m in K&C to £4.8m in Brent
  - BUT absence of such services
- Net per person NHS savings over 3 years from (Knapp et al, 2014)
  - Family therapy for psychosis: £4,202
  - CBT for psychosis: £989
### Psychotic disorder expenditure (£M) per 100,000 population (2012/13) (NHSE, 2014)

#### Total expenditure (£M) per 100,000 population for people with psychotic disorder

<table>
<thead>
<tr>
<th>Authority</th>
<th>Expenditure (£M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WESTMINSTER</td>
<td>13.1</td>
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<td>KENSINGTON &amp; CHELSEA</td>
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<tr>
<td>HOUNSLOW</td>
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<tr>
<td>HILLINGDON</td>
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</tr>
<tr>
<td>HARROW</td>
<td>6.8</td>
</tr>
<tr>
<td>HAMMERSMITH &amp; FULHAM</td>
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</tr>
<tr>
<td>EALING</td>
<td>8.9</td>
</tr>
<tr>
<td>BRENT</td>
<td>10.7</td>
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</tbody>
</table>

#### Expenditure (£M) on primary prescribing per 100,000 population for people with psychotic disorder

<table>
<thead>
<tr>
<th>Authority</th>
<th>Expenditure (£M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WESTMINSTER</td>
<td>0.36</td>
</tr>
<tr>
<td>KENSINGTON &amp; CHELSEA</td>
<td>0.34</td>
</tr>
<tr>
<td>HOUNSLOW</td>
<td>0.47</td>
</tr>
<tr>
<td>HILLINGDON</td>
<td>0.33</td>
</tr>
<tr>
<td>HARROW</td>
<td>0.42</td>
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<tr>
<td>HAMMERSMITH &amp; FULHAM</td>
<td>0.38</td>
</tr>
<tr>
<td>EALING</td>
<td>0.47</td>
</tr>
<tr>
<td>BRENT</td>
<td>0.48</td>
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</tbody>
</table>
Psychotic disorder expenditure (£M) per 100,000 population vs. deprivation (2012/13)

Organisation Colour Correlation
- Other London Boroughs
- Local Authorities Outside London
- EALING
- GREENWICH
- HACKNEY
- HILLINGDON
- KENSINGTON AND CHELSEA
- LEWISHAM
- TOWER HAMLETS
- WALTHAM FOREST
- WESTMINSTER

The correlation is WEAK and POSITIVE
Coefficient = 0.14

Source: NHSE, 2014
Net savings (£M) if all adults developing first episode psychosis receive care from early intervention psychosis services by local authority

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Net Savings (£M)</th>
<th>NHS Savings (£M)</th>
<th>Productivity Savings (£M)</th>
<th>Intangibles Savings (£M)</th>
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<tbody>
<tr>
<td>NEWHAM</td>
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<td>£1.70M</td>
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<tr>
<td>HACKNEY</td>
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<td>LAMBETH</td>
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<td>SOUTHWALK</td>
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<td>BRENTH</td>
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<tr>
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<tr>
<td>HARINGEY</td>
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<td>£0.89M</td>
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<tr>
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<td>CAMDEN</td>
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<td>£0.85M</td>
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<tr>
<td>HAMMERSMITH AND FULHAM</td>
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<td>£0.83M</td>
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<tr>
<td>REDBRIDGE</td>
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<td>HOUNSLOW</td>
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<tr>
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<td>£0.11M</td>
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<tr>
<td>HARROW</td>
<td>£2.00M</td>
<td>£0.79M</td>
<td>£0.78M</td>
<td>£0.10M</td>
</tr>
<tr>
<td>BARKING AND DAGENHAM</td>
<td>£1.99M</td>
<td>£0.78M</td>
<td>£0.77M</td>
<td>£0.09M</td>
</tr>
<tr>
<td>KENSINGTON AND CHELSEA</td>
<td>£1.98M</td>
<td>£0.77M</td>
<td>£0.76M</td>
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<td>BROMLEY</td>
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<td>HAVERING</td>
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<tr>
<td>KINGSTON UPON THAMES</td>
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<td>£0.71M</td>
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</tr>
<tr>
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<td>RICHMOND UPON THAMES</td>
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<td>£0.70M</td>
<td>£0.69M</td>
<td>£0.01M</td>
</tr>
</tbody>
</table>

Source: From Knapp et al, 2011
13% of NWL CCG budgets spent on mental health although substantial variation across boroughs

<table>
<thead>
<tr>
<th>Total CCG spend, 2013/14, £m</th>
<th>% spend on mental health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non-MH spend</td>
</tr>
<tr>
<td>Central London</td>
<td>211.9</td>
</tr>
<tr>
<td>West London</td>
<td>280.8</td>
</tr>
<tr>
<td>Brent</td>
<td>365.8</td>
</tr>
<tr>
<td>Ealing</td>
<td>369.0</td>
</tr>
<tr>
<td>Harrow</td>
<td>231.5</td>
</tr>
<tr>
<td>H&amp;F</td>
<td>223.4</td>
</tr>
<tr>
<td>Hillingdon</td>
<td>278.8</td>
</tr>
<tr>
<td>Hounslow</td>
<td>261.5</td>
</tr>
<tr>
<td>NWL</td>
<td>2,222.7</td>
</tr>
</tbody>
</table>

SOURCE: CCG total budgets: CCG prospectuses for the non-MH spend and CCG 13/14 outturn for spend on mental health
Social care expenditure on adult mental disorder (2013/14) (HSCIC, 2014)

- % of total social care expenditure on adults with mental health needs across NWL boroughs varied from 7.5% in Ealing to 13.2% in K&C

- Social care expenditure per mental health client receiving different social services across NWL boroughs
  - Social services varied from £3k in Ealing to £35k in Hillingdon ...... BUT main reason was 10 times more clients seen in Ealing 1,995 compared to Hillingdon 215
  - Residential care varied from £597 in Westminster to £1110 in Ealing (England £771)
  - Day care varied from £50 in Hounslow to £574 in Ealing
  - Direct payments varied from £17 in K&C to £194 in Ealing
Spend on adult social care for people with mental illness largely categorised as ‘residential and nursing care’ and ‘assessment and care plans’

North West London Local Authorities spend on adult social care and prevention (£000s)\(^1\)

Client group: People with mental illness, 18-64 years of age

- **Westminster**: £8,213
- **Kensington and Chelsea**: £4,571
- **Brent**: £5,708
- **Ealing**: £7,847
- **Harrow**: £4,130
- **Hammersmith and Fulham**: £6,731
- **Hillingdon**: £3,691
- **Hounslow**: £3,868

1 Information does not include supported living and Housing Related Support

Source: HSCIC, PSSEX1 return 2013/14 and FOI information on public mental spend, 2014/15
Mental disorder prevention and mental wellbeing promotion needs assessments
Mental disorder prevention needs assessment

- Level of risk factors for mental disorder vary by locality and can be measured
- Addressing risk factors for mental disorder can prevent such disorders arising and is an important part of sustainably reducing burden of mental disorder
  - Level of risk factors for mental disorder
  - Numbers from higher risk groups
  - Numbers receiving intervention to address risk factors
  - Spend on interventions to prevent mental disorder
  - Economic savings from interventions to prevent mental disorder including where savings accrue/ time span of savings
- Lack of provision of prevention of mental disorder
- Lack of data for coverage including for higher risk groups – usually relies on local collection
- Opportunity for improved action on primary level of intervention through coordinated working
Inequalities and household factors

Inequalities and deprivation

• Increased deprivation associated with increased risk of mental disorder (Green et al, 2005; McManus et al, 2009; Campion et al, 2013) - addressing inequalities can prevent mental disorder

• Proportion of population in most deprived quintile across NWL boroughs varied from 6.9% in Hillingdon to 26% in Brent (London 26.1%, England 19.8% (YPHO, 2010)

• Variation within boroughs

• Proportion of under 16’s in low income families across NWL boroughs varied from 19.7% in Harrow to 35.4% in Westminster with most NWL boroughs below London average (HMRC, 2012)

Homelessness

• Rates of households in temporary accommodation across NWL boroughs varied from 3 in Harrow to 32 in Brent compared to London (11.9) and England (2.3) (DCLG, 2013)
Pregnancy

• Smoking increases risk of child and adolescent mental disorder
  o Rates of maternal smoking during pregnancy across NWL boroughs varied from **2.3% in Westminster** to **8.5% in Hillingdon** with only Hillingdon higher than London 5.7% (England 12.7%) (2012/13)
  o Smoking cessation in women during pregnancy across NW London
    ➢ % of pregnant smokers women setting a quit date with NHS Stop Smoking Services varied from **7.0% in Harrow** to **25.9% in Westminster**
    ➢ % of pregnant smokers setting a quit date and successfully quitting varied from **7% in H&F** to **56% in Hillingdon** with London 25.8% and England 25%

• Low birth weight and prematurity associated with increased risk of mental disorder: Proportion of low birth weight babies across NWL boroughs varied from **6.5% in H&F** to **9.1% in Harrow** (England 7.4%) (HSCIC, 2013)
Parental mental disorder

- Parental mental disorder is risk factor for child mental disorder – treatment reduces risk
- Estimated number of parents with different mental disorder across NW London from lowest to highest
  - Common mental disorder (McManus et al, 2009): 5,442 to 16,209
  - Psychosis (from Psymaptic, 2013): 134 to 355
  - Higher risk drinkers: (LAPE, 2013): 1,940 to 5,233
  - Increasing risk drinkers: (LAPE, 2013): 5,593 to 14,175
  - Opiate and crack users (Hay et al, 2013): 328 to 796
- Proportion of parents with mental disorder who receive treatment across NWL
  - Alcohol misuse across NWL boroughs varied from 1.2% in Westminster to 2.2% in H&F (NDTMS, 2013)
  - Substance misuse across NWL boroughs varies from 5.7% in K&C to 11.7% in Harrow (NTA, 2013)
  - No information about parents with common mental disorder, psychosis or other mental disorder
Parental unemployment

• Two fold increased risk of child and adolescent mental disorder if both parents unemployed

• Proportion of children living in a household where no adult household member works (ONS, 2012):
  o Rate across NWL boroughs varied from 9.6% in Harrow to 28.2% in Westminster
  o London 18.0%
  o England 14.9%
Violence and abuse experienced by children and adolescents

- Childhood adversity accounts for 30% of all mental disorders (Kessler et al, 2010)
- Child abuse associated with several fold increased risk of all mental disorders with greater impact with more severe, repeated abuse
- Proportion of pupils who have been bullied most days across NW London varied from 6.4% in Westminster to 11.9% in K&C (NFER, 2010)
- Numbers of 11-17 year olds across NW London estimated to have experienced (from NSPCC/ Radford et al, 2011)
  - Severe maltreatment: 1,578 in K&C to 5,061 in Ealing
  - Severe physical violence by adult: 527 in K&C to 1,865 in Ealing
  - Emotional abuse during childhood: 592 in K&C to 1,836 in Ealing
  - Severe neglect during childhood: 846 in K&C to 2,644 in Ealing
- Numbers of under 18 year olds across NW London estimated to have experienced (from Bebbington et al, 2011)
  - Non-consensual sexual intercourse before age 16: 500 in K&C to 1,439 in Ealing
  - Non-consensual sexual intercourse and touching before age 16: 2,169 in K&C to 6,239 in Ealing
Estimated number of children and adolescents who have experienced sexual abuse by borough

<table>
<thead>
<tr>
<th>Borough</th>
<th>Estimated number of under-18 females who have experienced contact sexual abuse before age 16 (NSPCC/ Radford et al, 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ealing</td>
<td>0</td>
</tr>
<tr>
<td>Brent</td>
<td>0</td>
</tr>
<tr>
<td>Hillingdon</td>
<td>0</td>
</tr>
<tr>
<td>Harrow</td>
<td>0</td>
</tr>
<tr>
<td>Hounslow</td>
<td>0</td>
</tr>
<tr>
<td>Westminster</td>
<td>0</td>
</tr>
<tr>
<td>Hammersmith and Fulham</td>
<td>0</td>
</tr>
<tr>
<td>Kensington and Chelsea</td>
<td>0</td>
</tr>
</tbody>
</table>

Interventions to address abuse experienced by children and adolescents

- Intervention to address and prevent child adversity is a key safeguarding issue but also represents a huge opportunity to prevent mental disorder

- Child Protection Plans (CPPs)
  - Number of children on a CPP due to sexual abuse during the year across NWL varied from 352 in Ealing to 100 in K&C (DfE, 2014)
  - Proportion of under 18 years olds estimated to have experienced non-consensual sexual intercourse and touching before age 16 and who were on a CPP due to sexual abuse during the year across NWL boroughs varied from 1.5% in Harrow to 5% in H&F

- Lack of information about other interventions

- Safeguarding unmet need
Higher risk child and adolescent groups

Looked after children
- Rate of Looked After Children across NWL boroughs varied from **30 in Harrow** to **67 in H&F** (London 55, England 60) (DfE, 2013)
- Average mental health score across NWL boroughs varied from **11.4 in H&F** to **20 in Brent** (DfE, 2014)
- Rates of school exclusion across NWL boroughs varied from **8.5% in Hounslow** to **16.3% in Brent** (DfE, 2013)
- Proportion convicted or subject to a final reprimand across NWL boroughs varied from **5 in Hounslow** to **12.9 in Harrow** (DfE, 2013)

NEET
- Proportion of NEET 16-18 year olds in across NWL boroughs varied from **2% in Harrow** to **5.1% in Brent** (DfE, 2014)

Young offenders
- Rates of first time entry into the youth justice system across NWL boroughs varied from **310 in Barnet** to **540 in H&F** (2013)
Mental ill-health of looked after children by borough

Average mental ill-health score (scores 14-16 may reflect clinically significant problems; scores 17-40 reflect high risk of clinically significant problems) for all looked after children aged 4 to 16 (2011/12) (DfE, 2013)

<table>
<thead>
<tr>
<th>Borough</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brent</td>
<td>19</td>
</tr>
<tr>
<td>Harrow</td>
<td>17</td>
</tr>
<tr>
<td>Kensington and Chelsea</td>
<td>14</td>
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<tr>
<td>Ealing</td>
<td>13</td>
</tr>
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<td>Hounslow</td>
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<td>Westminster</td>
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<td>Hammersmith and Fulham</td>
<td>9</td>
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<tr>
<td>England</td>
<td>8</td>
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</tbody>
</table>

Adult risk factors

Physical inactivity

- Proportion of physically inactive adults in across NWL boroughs varied from 25.5% in H&F to 35% in Brent (London 28.4% and England 28.9%) (2013)

Unemployment, economic inactivity and benefit claimants (ONS, 2014)

- Unemployment across NWL boroughs varied from 6.7% in Westminster to 11.3% in Brent (London 8.7%)
- Benefit claimant rates across NWL boroughs varied from 2.3% in Harrow to 4.4% in Brent with London 3.8% and England 3.6%

Violence (2012/13)

- Rate of violent offences (per 1000 population) across NWL boroughs varied from 10.4 in Harrow to 26 in Westminster (London, 15)
- Rates of emergency hospital admission for violence across NWL boroughs varied from 33.4 in Harrow to 79 in H&F (58 in London)
Adult higher risk groups

- Proportion affected by following long term conditions across NW London boroughs (HSCIC, 2014)
  - Asthma varied from 4.4% in Hounslow to 5.7% in Harrow (England 5.9%)
  - COPD varied from 0.6% in Brent to 1.2% in Hillingdon (England 1.8%)

- Learning disability (HSCIC, 2014)
  - Employment rate across NWL boroughs varied from 1.4% in Hillingdon to 18.8% in Harrow compared to London (9.2%) and England (6.8%)
  - Proportion of adults on learning disability register with Down’s syndrome with record of blood TSH in preceding 12 months across NWL boroughs varied from 55.4% in Ealing to 70% in Hounslow (England, 54.7%) (QOF LD002)
  - Proportion of people with learning disability receiving direct payments across NWL boroughs varied from 8.5% in Hillingdon to 47.5% in Harrow (England 22.4%)
Economic savings from prevention

• Social and emotional learning programmes to prevent conduct disorder for each one year cohort of 10 year olds result in net savings across NWL boroughs (from Knapp et al, 2011)
  o Net savings over 5 years vary from £9.0 in K&C to £25m in Barnet
  o Net savings over 10 years vary from £14.3m in K&C to £40m in Barnet

• Net savings if each one year cohort of 5-16 year olds received school based anti-bullying interventions across NWL vary from £23.4m in Westminster to £51.1m in Ealing (from Knapp et al, 2011)
Mental wellbeing promotion needs assessment

• Level of protective factors for mental wellbeing vary by locality and can be measured
• Promoting protective factors can promote mental wellbeing which can also prevent mental disorder
  o Level of protective factors for mental wellbeing
  o Numbers receiving intervention to promote protective factors
  o Economic savings from interventions to prevent mental disorder including where savings accrue/ time span of savings
• Lack of provision of promotion of mental wellbeing
• Lack of relevant data for coverage
• Opportunity for improved action on primary level of intervention through coordinated working
Protective factors for wellbeing

• Early education place provision: Proportion of 3 and 4 year olds with funded early education places) across NWL boroughs varies from 79% in K&C to 98% in Hillingdon (London 91%, England 96%) (DfE, 2013)

• Level of development in early years foundation stage across NWL boroughs varied from 40% in Hounslow to 56.3% in Ealing with most NWL boroughs below London average (DfE, 2013)

• GCSE achievement: Proportion achieving 5+A*-C grade GCSE’s varied from 80.0% in Ealing to 92.1% in K&C with most NWL boroughs above London average (DfE, 2014)

• Proportion of adults doing 30 minute moderate intensity sport per week in last month across NWL boroughs varied from 25% in Brent to 42.7% in Westminster compared to London (London 36.7% ) (Sport England, 2014)
Protective factors for wellbeing

Employment rates

- Among general population across NWL boroughs varied from **64% in Brent** to **73% in Hounslow** (London 69.8% and England 71.4%) (ONS, 2014)
- Difference in employment rate in general population and people with mental illness across NWL boroughs varied from **26% in Hounslow** to **37% in Brent** which were lower than London (40.2%) (HSCIC, 2014)
- Employment rate for people on CPA across NWL boroughs varied from **5% in Westminster** to **9% in Harrow** (London 5.5%, England 7.1%) (HSCIC, 2014)

Housing for people with mental disorder

- Proportions of adults on CPA receiving mental health services in settled accommodation across NWL boroughs varied from **70% in Barnet** to **90% in H&F** (London 78.7% and England 60.9%) (HSCIC, 2014)

Social contact: Proportion of adults who use services who have as much social contact as they would like across NWL boroughs varied from **32% in Hounslow** to **41.2% in Westminster** compared to London (39.8%) (London, 43.2%) (HSCIC, 2014)
Economic savings from mental health promotion

• School based social emotional learning programmes to prevent conduct disorder across NWL boroughs (Knapp et al, 2011)
  o Net savings over 10 years if each one year cohort of 10 year olds received social and emotional programmes to prevent conduct disorder vary from £14.3m in K&C to £40m in Barnet

• Workplace mental health promotion (Knapp et al, 2011)
  o Net savings after one year if all employed adults received mental health promotion is £55.6m for K&C to £110m for Barnet
Discussion

• How could you engage with providers, local authority and commissioners to prevent mental disorder and promote mental well-being?
Resources and contact


• Email: Jonathan.Campion@slam.nhs.uk  j.campion@ucl.ac.uk