Mental Health

"Everyone's business"

Emotional Wellbeing for adults
in Nottinghamshire

So what is mental health

Mental health is a state of well-being in which an individual is able to <u>realise his or her own potential,</u> can cope with the normal stresses of life, can work productively and is able to make a <u>contribution to his or her community.</u>

In this positive sense, mental health is more than the absence of mental disorders or disabilities.   As such, good mental health is central to the quality of life of the individual and the effective functioning of a community.

Understanding the Impact

Single biggest cause of disability in the UK

23% of total burden of ill health

Life expectancy of people with Severe mental illness is 20 years lower than the general population.

Strong link with multiple deprivation.

There is a big impact on workload in primary care, an 'average' GP list of 1,650 will include

- 5-6 patients with severe mental illness
- 180 with common mental health problems
- 44 with drug dependence
- 84 alcohol dependant

No Health Without Mental Health

- *More people will have good mental health*
- *More people with mental health problems will recover*
- *More people with mental health problems will have good physical health*
- *More people will have a positive experience of care and support*
- *Fewer people will suffer avoidable harm*
- *Fewer people will experience stigma and discrimination*

Ralph's story

Known vascular disease, and is anxious about his physical health

Recently bereaved.

Adult children live some distance away.

Increasing isolation and depression.

Estimated prevalence of Common Mental Disorders (CMD) in Adults by Local Authority based on 2000 Psychiatric Morbidity Survey

Local authority	Prevalence of any CMD (rate/1000 pop)	Estimated number of cases
Nottinghamshire County	135.8	86,550
Ashfield	150.9	14,290
Bassetlaw	121.3	11,250
Broxtowe	143.2	13,460
Gedling	147.3	13,620
Mansfield	155.1	12,710
Newark & Sherwood	117.6	10,850
Rushcliffe	115.6	10,360

These are far more prevalent than Severe Mental Illnesses, but are also far more likely to go undiagnosed and untreated. CMD includes the following diagnoses: Depressive episode, Generalised anxiety disorder, Mixed anxiety and depressive disorder

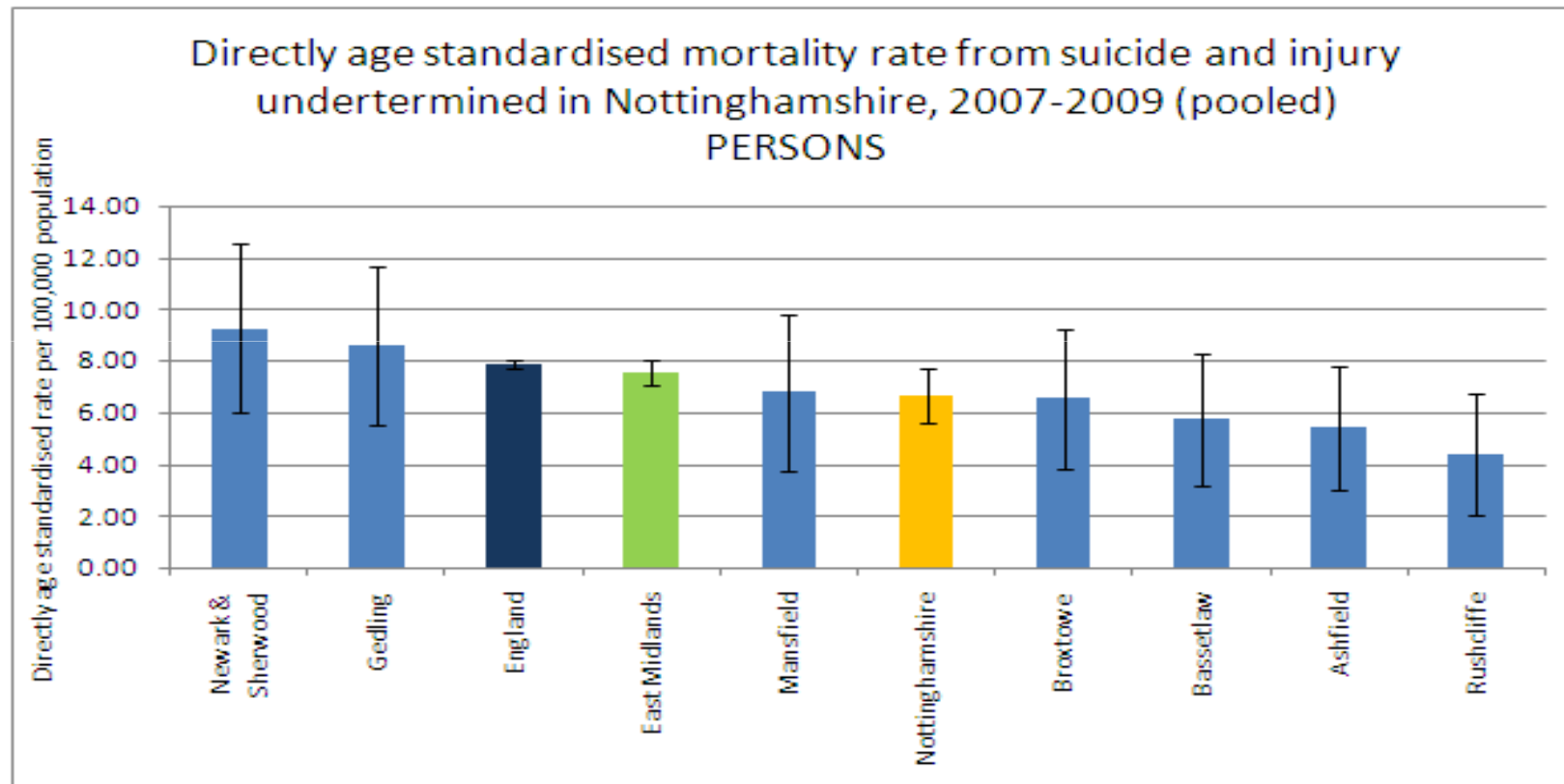Phobia, Panic disorder and Obsessive compulsive disorder.

District level Emergency Hospital Admissions for **Self Harm**, directly age standardised rates per 100,000. 2009/10
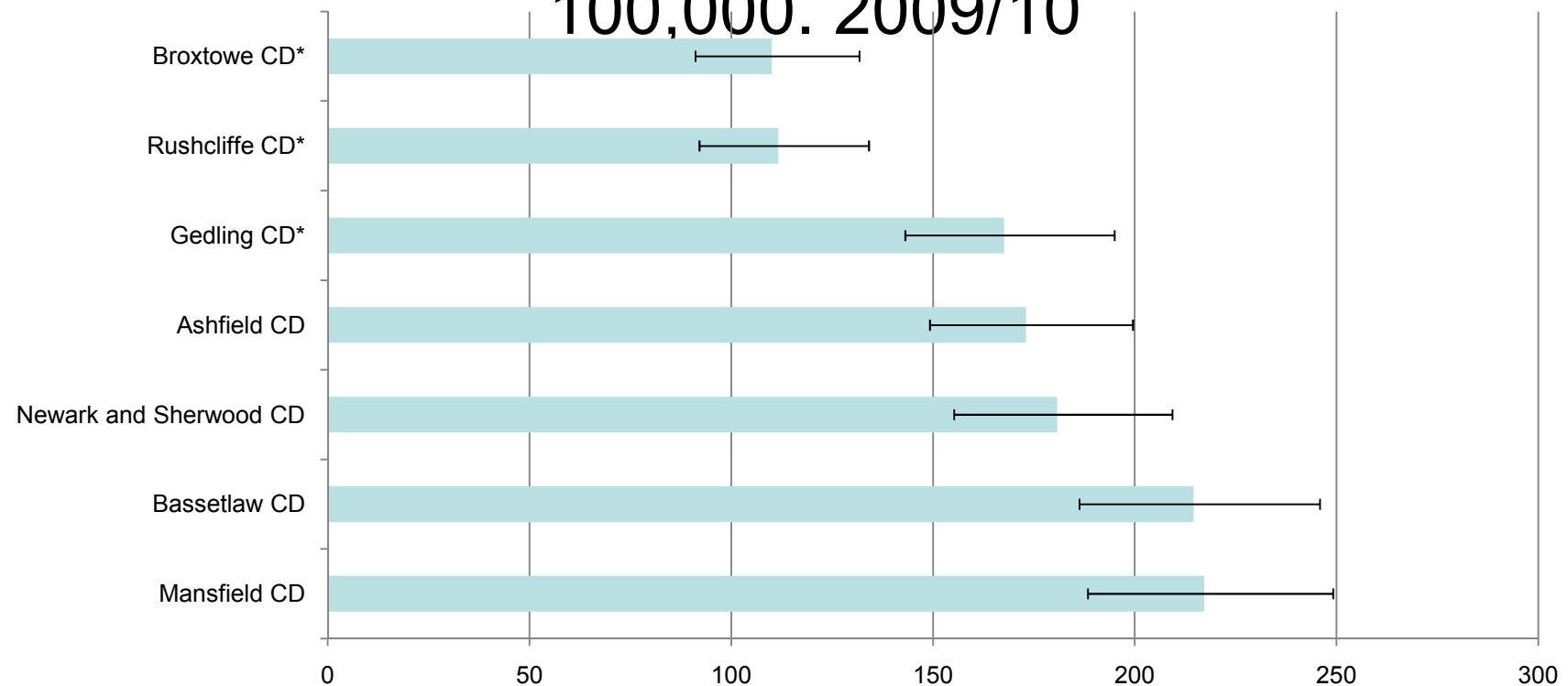
Source: Local Authority Health profiles produced by Association of Public Health Observatories
*significantly better than the national average
Error bars indicate 95% confidence intervals

Directly age standardised mortality rate from suicide and injury undertermined in Nottinghamshire, 2007-2009 (pooled) PERSONS

Ralph's story an alternative version

- GP screens for depression when he attends for routine physical health care.

- Referral made to psychological therapies

- Access to senior peer mentoring

Val's story

First showed signs of severe mental illness in her late teens. She has never been able to secure permanent work. She has been on medication since first diagnosed with a schizophrenia. Last year she was admitted to hospital for an operation and was not given her medication so she became unwell again. She says that the operation was on her kidneys and that they had been damaged by long term medication. 18 months later, Val is an inpatient in adult mental rehabilitation services, she was never discharged after the op, just transferred from one hospital to another. Her GP hasn't seen her for years

"I just want to go home. I would like to be able to bake apple pies again and I love gardening"

We estimate that 3,100 people in Nottinghamshire have a Severe Mental Illness

Compared to

An estimated 86,500 people with Common mental health disorders

Val's story an alternative version

Val is on the GP practice Severe Mental Illness register, and receives an annual health check with the majority of her care coming from her GP and the practice team. She can fast track back to the psychiatrist if she urgently needs specialist mental health care. She lives in the community and accesses low level support using her social care personal budget, she has an active social life. She now bakes regularly for herself and has a part share in an allotment.

Local action includes…

- Developing a local mental health strategy to make sure we are effectively implementing the national strategy. Areas of work include
  - Promoting more effective screening for CMD
  - Further development of approaches to self management of CMD e.g. books on prescription
  - Resolving access to mental health services for older adults.
  - Developing community based rehabilitation/recovery services particularly for those with SMI.
  - The development and implementation of plan to improve physical health care of individuals with severe mental illness