

Prevalence

More than three quarters of mental health problems will have emerged by the age of 20 (*Mental Health Foundation*).



In 2017, an estimated **15.6%** of adults aged 16+ had a form of depression or anxiety.



In 2017/18, **12.3%** of GP patients aged 18+ were recorded as having depression.



In 2017/18, **9.8%** of respondents to the GP Patient Survey reported a long term mental health problem, up significantly from 5.3% in 2016/17.



In 2016/17, **13.3%** of respondents to the GP patient survey reported depression or anxiety.



In 2017/18, **56.9%** of adult social care users surveyed reported depression or anxiety.



In 2018, **23.4 per 1,000** working age population claimed ESA due to mental and behavioural disorders.

At least **30% of people with a long term health condition also have a mental health problem** (*The King's Fund*).

29.2% of people aged **80+** reported feeling high levels of loneliness in their daily lives (*Office for National Statistics*).



In 2017, an estimated **9.5%** of adults aged 65+ had a form of depression or anxiety.



In December 2018, **4.1%** of GP patients aged 65+ had a recorded diagnosis of dementia.



In 2018, an estimated **68.8%** of people aged 65+ living with dementia had been diagnosed.

Risk Factors

A local audit of Coroner's records for **deaths due to suicide** during the period Sept 2017 - Aug 2019 identified **physical illness** or deterioration, **mental illness**, debt and **financial problems**, **work stress** and **relationship breakdown** as crisis triggers in the files examined.

The most prevalent social factors in the deaths examined were being **socially isolated** and having **adverse childhood experiences**, including parental relationship breakdown and being in care.



In 2018, the rate of long term unemployment was **2.9 per 1,000** working age population.



In 2017/18, **1.7%** of households were living in temporary accommodation.



In 2017/18, the rate of domestic abuse related crime reported to the police was **26.8 per 1,000** population.



In 2018/19, the rate of violent crime offences reported to the police was **27.0 per 1,000** population.



In 2017, **8.1%** households were in fuel poverty.

Costs

In 2007, the total cost of mental health to the NHS, social services and care services was estimated at **£22.5 billion nationally**, with dementia accounting for two thirds of all service costs (*The King's Fund*).

The 2016/17 aligned health and social care budget for the provision of adult and older people's mental health services in Northamptonshire was £79.8 million, of which NHS spending accounted for 84%.

Analysis of acute hospital admissions (Nene and Corby CCGs) shows that in 2017/18 there were **3,723 adult admissions due to mental health issues, at a cost of £4.7 million.**

Health Burden



In 2017/18, there were **544** hospital admissions for mental/behavioural issues due to alcohol.



In 2016-18, **193** adults in the county committed suicide.



In 2017/18, there were **2,038** emergency hospital admissions for intentional self-harm.



In 2014/15, **33 per 1,000** GP patients aged 18+ were in contact with mental health or learning disability services.

Protective Factors



In 2017/18, **64.0%** of adults were physically active for at least 150 minutes per week.



In 2015/16, **21.1%** of adults used outdoor spaces for exercise or health purposes.



In 2015/16, **73.5%** of respondents to the Annual Population Survey reported a high happiness score.



In 2018/19, **79.1%** of people aged 16-64 were employed.

Vision:

To improve the health and wellbeing outcomes for people in Northamptonshire ensuring the best use of resources to meet the needs of the population, whilst enabling a high functioning system. The call to action highlights the importance of prevention and early intervention, as well as service redesign to enable targeted input in community settings, and an integrated model of mental health service delivery.

Our Priorities/Objectives

Whole system approach

Prevention and early intervention are one of the priority areas on the Northamptonshire Health and Care Partnership Board. The Mental Health Transformation Board involves all partners, providers and stakeholders and oversees the work that is delivered by the Mental Health Prevention Concordat.

Achieved through:

- Partnership working with Clinical Commissioning Groups, Mental Health Collaboration, Northamptonshire Health Foundation Trust, Acutes, Police, Voluntary Sector, workplaces, schools and districts and borough councils.

Prevention of Mental Ill Health

Prevention and promotion of positive mental wellbeing for all people.

Achieved through:

- Promotion of mental health literacy such as the “5 Ways to Wellbeing”.
- Organisational approach to creating mentally healthy workplaces in the County.
- Training for frontline workers to help early identification through Connect 5.
- Time 2 Change funding of community, workplace, schools champions.
- Work aiming to prevent suicides.

Collaborative approach

Working with key stakeholders, and as part of the priority programme of work overseen by the Northamptonshire Health and Care Partnership.

Achieved through:

- Realising the Mental Health Prevention Concordat, Suicide Prevention and Mental Health Transformation Board strategies.
- Co-ordinating preventative activity in a systematic way utilising “5 Ways to Wellbeing” as an underlying framework.
- System/organisational sign up to training frontline staff in Connect 5.

Evidence based approach

Champion and use effective techniques and via engagement with partners and partner research, implement universal and targeted approaches to promote mental wellbeing, and support mental health recovery.

Achieved through:

- Joint Strategic Needs Assessment (JSNA).
- Health Needs Assessments (HNA) specifically for Mental Health Prevention.
- Return on Investment (ROI).

Our Commitment / Enablers

Reducing inequalities through taking a “proportionate universalist” approach - by location, and risk population.

System partnerships: engaging and co producing with partners e.g. NHS, local government, 3rd Sector, schools, workplaces.

Using interventions which focus on existing assets, and involving communities in framing the issues and the solutions.

Engagement and co-production of research aligning with evidence. **Evaluation** to monitor and assure effectiveness of preventative activity.

Taking a settings based approach to public mental health promotion - creating places which support and generate mental wellbeing.

Measures of Success

- Reduction in the estimated prevalence of common mental disorders to below 15%.
- Reduction in recorded prevalence to below 12%.
- Reduction in the proportion of long-term mental health problems to below 9%.
- Reduction in the suicide rate to below 10 per 100,000 population.
- Reduction in the rate of emergency admissions for self-harm to below 200 per 100,000 population.