

# **Southampton Strategic Assessment (JSNA)**

**Mental Health web content**

*Last Updated April 2019*



## Contents

|     |  |   |
|-----|--|---|
| 1.1 | Mental health and wellbeing background ..... | 3 |
| 1.2 | Who is at risk and why? .....                | 3 |
| 1.3 | Children and young people .....              | 4 |
| 1.4 | Depression .....                             | 4 |
| 1.5 | Severe Mental Illnesses .....                | 5 |
| 1.6 | Dementia .....                               | 5 |
| 1.7 | Suicide .....                                | 6 |
| 1.8 | Resources .....                              | 7 |

## 1.1 Mental health and wellbeing background

One in four adults and one in 10 children experience mental illness at any one time, and many more of us know and care for people who do. Improved mental health and wellbeing is associated with a range of better outcomes for people of all ages and backgrounds ([NHS](#)).

Different conditions are more prevalent in different ages and in different parts of the city. Southampton City Council and Southampton CCG through the Health and Wellbeing Board are committed to working together with the people of Southampton to improve the health and wellbeing of residents, with an equal focus on physical and mental health.

At a time of increasing demand on services and pressures on funding, it is even more important to make sure the city is a healthy place by ensuring services are delivered as efficiently as possible, targeting them towards those people who need them most. The Southampton Health and Wellbeing Strategy (2017-25) recognises that it is particularly important to increase access to appropriate mental health services as early as possible and when they are needed; prioritising and promoting mental health and wellbeing as being equally important as physical health. More information can be found in the resources section below.

## 1.2 Who is at risk and why?

Risk factors that are linked to poor mental health can include:

*Deprivation* – mental illnesses are unevenly distributed across society, with disproportionate impacts on the most deprived members of society, for example, those living in poverty. Southampton is ranked 67th on the overall IMD 2015 out of the 326 Local Authorities in England (1 equals the most deprived) and has become relatively more deprived since the 2010 IMD (ranked 81<sup>st</sup>). More information can be found in the [health inequalities](#), [deprivation and poverty](#) sections.



*Physical health* – poor physical health, disability and those with long-term conditions are risk factors for poor mental health. Those with existing long-term conditions such as asthma, diabetes or arthritis are 2 to 3 more times likely to develop a mental illness. In Southampton 13,859 registered patients have an active diagnosis of asthma, 12,095 people have diabetes and 33,848 people are living with three or more long-term conditions (Adjusted Clinical Groups database). More information can be found in the [disease and disability](#) section.



*Loneliness and lack of social interaction* – both can occur at any time in an individual’s life. However, the circumstances that increase the risk of loneliness vary with age. For example, leaving education is a commonly vulnerable time for younger people, whereas the death of a loved one or the onset of an illness are more often times of vulnerability for older people. Among residents, who responded to the 2018 City Survey, 15% of respondents scored between 6 and 10 (where 10 is completely) when asked to what extent they feel lonely within their daily life. More information can be found in the [social isolation section](#).



*Individual characteristics* – such as resilience and the availability of ‘social capital’, which are the social networks and relationships an individual can access in times of difficulty, which in some circumstances can positively influence health outcomes.



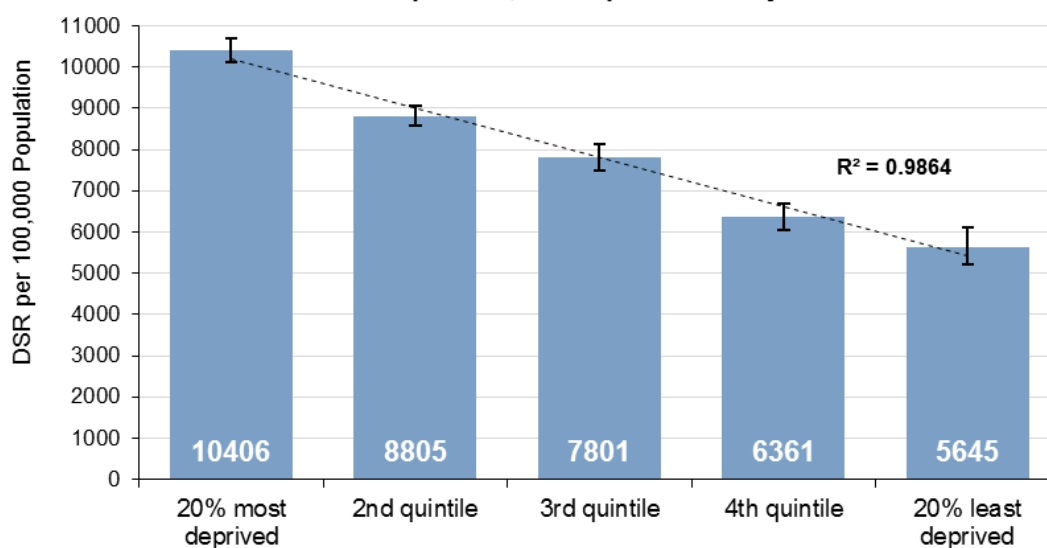
### 1.3 Children and young people

Children with mental, emotional or social needs are identified in schools where an education health care plan, statement or other support is put in place to help children and young people reach their potential. In 2018, 3.5% of Southampton primary school and 4% of secondary school pupils had been identified as having social, emotional or mental health needs; both significantly higher than the England average of 2.2% (primary school) and 2.3% (secondary school). More information and indicators relating to children and young people’s mental health can be found in the resources section and [Maternal, child and young people’s health section](#).

### 1.4 Depression

In 2018, 10.1% of registered patients in Southampton aged 18+ years ([Quality and Outcomes Framework](#)) had an unresolved diagnosis of depression; significantly higher than the England average of 9.9%. When the prevalence of depression is examined at sub city level using the Adjusted Clinical Groups (ACG) database, Swaythling, Woolston and Redbridge wards have the highest prevalence of depression in the city (registered patients aged 15+ years). There is also a very strong relationship between the prevalence of depression and deprivation, with the prevalence 1.8 times higher for those living in the most deprived England deprivation quintile compared to the least deprived.

Depression in persons aged 15+ years by England Deprivation  
Quintile: DSR per 100,000 Population: May 2017



Source: Adjusted Clinical Groups database

## 1.5 Severe Mental Illnesses

People with Severe Mental illnesses within England on average die 15-20 years earlier than the general population; therefore, timely diagnosis and effective treatment for people who have severe mental illnesses such as schizophrenia, bipolar affective disorder and other psychoses are vital to the long-term health and wellbeing of individuals living with severe mental illnesses.

In Southampton 1.13% of registered patients are recorded as having a diagnosis of severe mental illness, which is significantly higher than the national average of 0.94% (Quality Outcomes Framework). At sub city level, there are strong relationships between the prevalence of severe mental illnesses (schizophrenia and bipolar disorder) and deprivation. More information can be found in the [health inequalities](#) section.

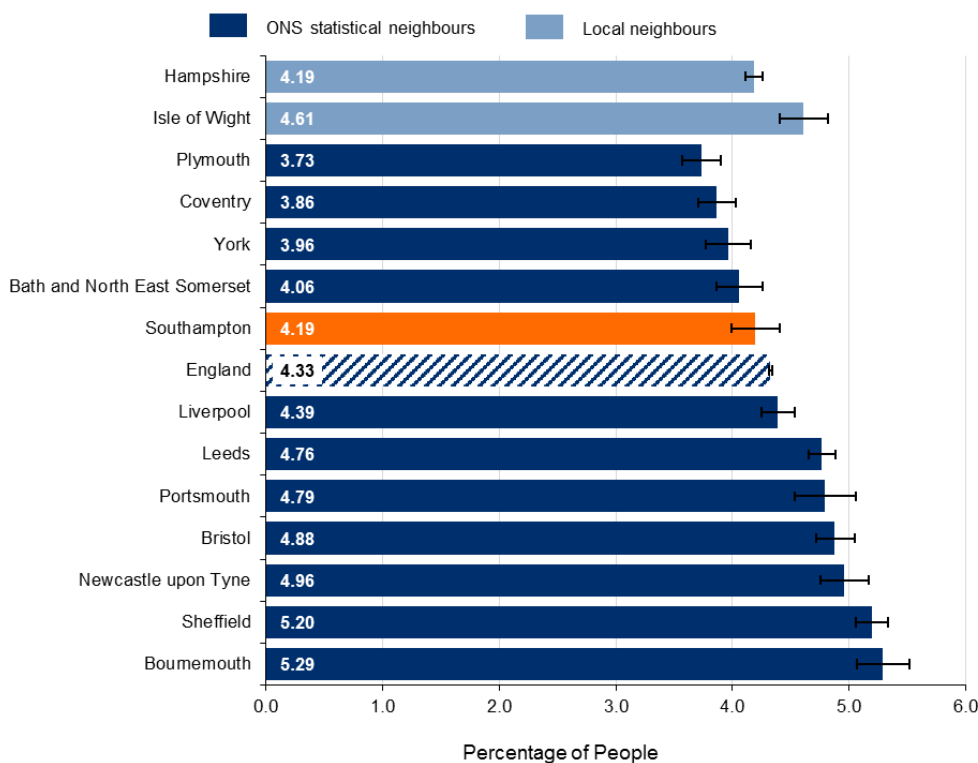
## 1.6 Dementia

Dementia is more common in those aged over 65 years, but can affect people as young as in their 30s. The prevalence of dementia in those aged over 65 is expected to rise. However, the expected rise in prevalence may not be directly attributable to an underlying increase in prevalence, it could be a combination of a number of factors; for instance GPs are becoming better at diagnosing and recording dementia, which is likely to continue to improve ([NHS England](#)).

In 2018, 1,592 people had a recorded diagnosis of dementia on practice registers in Southampton, of these 95% are aged 65 and over. Southampton's recorded dementia prevalence in those aged over 65+ years is 4.19% (Quality Outcomes Framework), slightly lower than the England average of 4.33%.

Analysis at sub city level using the ACG database shows that Bargate, Bevois and Woolston are the wards that have the highest prevalence of dementia among those aged 65+ years (more information can be found in the resources section below).

**Dementia: Recorded prevalence in individuals aged 65+ years: 2017  
Southampton & Comparator Local Authorities: Persons**



Sources: Quality Outcomes Framework (QOF) via Public Health England

## 1.7 Suicide

Suicide is a significant cause of death in young adults and a leading cause of years of life lost.

Although suicide can affect anyone, several high-risk groups were identified in the [National Suicide Prevention Strategy](#):

- Young and middle-aged men
- People in the care of mental health services, including inpatients
- People in contact with the criminal justice system
- Specific occupational groups, such as doctors, nurses, veterinary workers
- Farmers and agricultural workers
- People with a history of self-harm

On average 6,000 people, take their own lives in the UK each year, with men accounting for three-quarters of suicides ([NHS England](#)). This is also evidence locally within Southampton; with the male

suicide rate 3.3 times higher than females in 2015-17, (more information can be found in the resources section).

## 1.8 Resources

[Mental health briefing – draft](#)

[Mental health data compendium](#)

[Health matters: reducing health inequalities in mental illness](#)

[Health and Wellbeing Strategy 2017-2025](#)

[Bespoke mental health profile](#)

[Mental health, Dementia and Neurology profiles](#)

[Children and young people’s mental health profiles](#)

[National Cross-government suicide prevention plan](#)

[National Suicide Prevention Strategy](#)