



# Mental Health

2019 Annual Public Health Report

KENT PUBLIC HEALTH  
OBSERVATORY



# 1. Summary

Tackling health inequalities, social isolation and adverse childhood experiences are important to prevent mental health problems in adults. Increasing the access to social and economic assets in a community and embedding 'trauma-informed care' in the existing services are also important to improve support for mental well-being.

There is a very high degree of co-morbidity between drug & alcohol addiction, a person's mental health & suicidal ideation and self-harming. People who have these problems face barriers to getting support and their outcomes are poor (e.g. a rise in drug and alcohol related deaths in Kent). Good joined up care planning for the most vulnerable people in Kent must be part of wrapping care around the patient in the new way of delivering NHS health and social care.

The Health Inequality gap in life expectancy is higher in people with severe mental illness. There is a 20 year difference in premature death (under 75years) for people with a diagnosis of severe mental illness. A recent report on co-morbidities in Kent showed that mental illness (even after accounting for deprivation) was in itself a risk factor for earlier death. This is also made worse where people live in areas of deprivation. Tackling physical and mental health together is a priority for Kent.

Mental illnesses are varied and distinct as physical illnesses, with a variety of aetiology and treatments. They typically group into two main types merely describing their prevalence, Common Mental Illnesses (with a prevalence of 1 in 4) or Psychosis (with a prevalence of 0.5- 1 in 100). It is important to understand that both CMI & psychosis can become severe and enduring conditions. People with severe mental illness die on average 20 years earlier of a physical health problem than a people without mental illness.

Self-harm (requiring hospital admission) and suicide are catastrophic events and markers of mental distress. The rate of suicide for all persons in Kent and Medway is higher than the England average. The male suicide rate is about three times higher than the female's in Kent and Medway. Depression and substance misuse were found to be vulnerabilities for completing suicide.

There is a national rise in severe depression and locally it is important to improve the information, support and joined up treatment given to people with severe depression.

Due to Thanet's deprivation levels (highest in Kent), its population suffers many of the risk factors that exacerbate mental health problems. Thanet has high needs for all mental health issues evidenced by its high rates of hospital admissions. Substance misuse and mental health have high co-occurrence in Thanet (approximately 70%-80%).

# 2. Foreword

Good mental health is defined as ‘a state of wellbeing in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’.

This is the bedrock of good public health. This year I am using my Annual Public Health Report to highlight mental health and illness. People have suffered stigma and discrimination for their mental health difficulties and it’s time to change that. The National campaigns; [Time to Change](#) and [Every Mind Matters](#) both urge us to end stigma. They help to show that these issues affect all of us.

We can experience mental ill health at any age. The impacts are wide ranging; from educational outcomes, to getting jobs and having work stresses, to social isolation and self neglect. For people of all ages with mental ill health, it can be hard to carry out everyday tasks. Importantly once a person has a serious mental illness they risk dying 20 years earlier than a person with no mental illness. These deaths are from cancer, COPD and heart disease. I urge all providers of health care to be mindful of this because it is harder for those vulnerable people to access health care and prevention services and some need more help to take care of themselves. We are learning that childhood trauma (including neglect) leads to a host of mental health problems in adulthood. Better training and support for front-line staff to understand a person’s background are important for achieving better health outcomes.

This Annual Public Health Report can be read together with the Kent Public Health’s [Mental Health Needs Assessment](#). This larger report has detailed facts and figures and assessment that will support services to improve.

It is important to continue to focus on co-occurring conditions (drug and alcohol addictions & mental illness). Putting the vulnerable person at the heart of health and social care is central to developing new local primary care. Mental health must no longer be marginalised but be an important aspect of health and social care in Kent.

I am pleased to see that our local work on suicide prevention has enabled all the main health care providers and commissioners to work together on this issue. There is more to do and it is an aspiration that everyone in Kent will know where to get timely help should they need it.

**Andrew Scott-Clark, Director of Public Health, Kent**

## Acknowledgements to:

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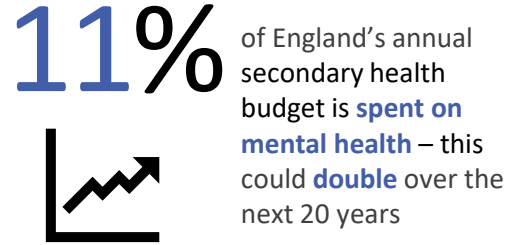
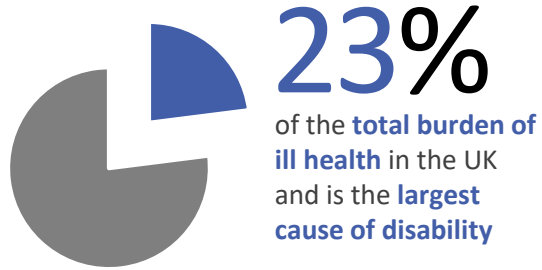


# 3. Mental ill health

## Key facts for Kent

### Context

mental ill health represents:



Kings Fund 2015

mental ill health is associated with:

- poverty
- socio-economic disadvantage
- unfavourable environments
- exposure to adverse childhood experiences
- physical ill health
- social isolation and loneliness

protective factors to improve resilience include:

- employment
- education
- social connectedness
- physical activity



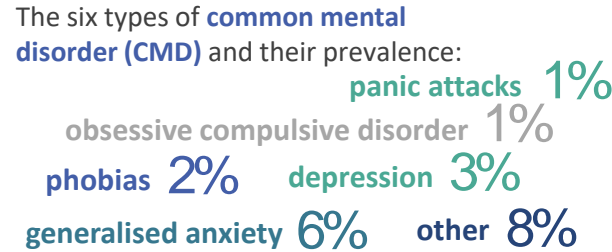
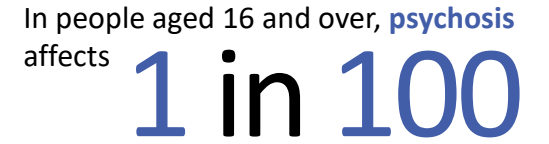
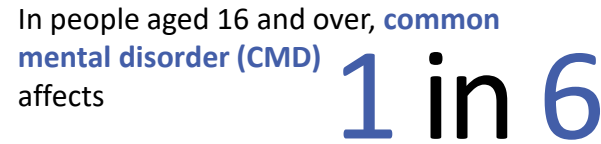
This means:

- they will have co-morbidities
- behaviours that can be self-harming or self-neglecting
- will need trained and compassionate staff
- access to wide range of therapy
- treatments might take longer to work



### Prevalence

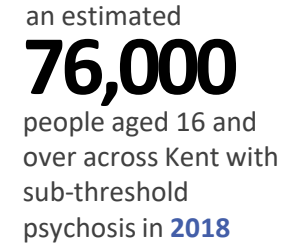
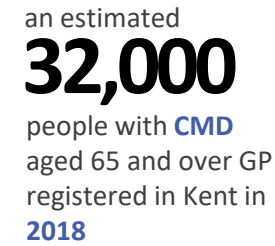
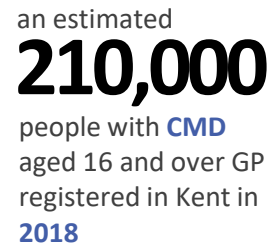
Mental illnesses are as varied and distinct as physical illnesses.



Adult Psychiatric Morbidity Survey 2014



Quality & Outcomes Framework



increasing locally and nationally particularly **severe depression in women**



increasing locally and nationally

# 4. Self-harm and suicide

## Key facts for Kent

### Self-harm

**50%**

of people who **complete suicide** have a history of self harm

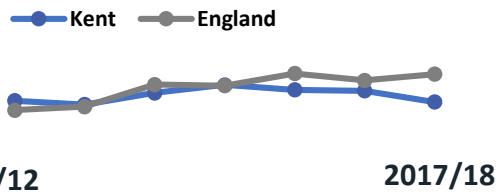
Self-harm is a marker of mental distress and the single biggest risk factor for suicide

not everyone who **dies by suicide** will have a history of self-harm

not everyone who **self-harms** will go on to end their own lives

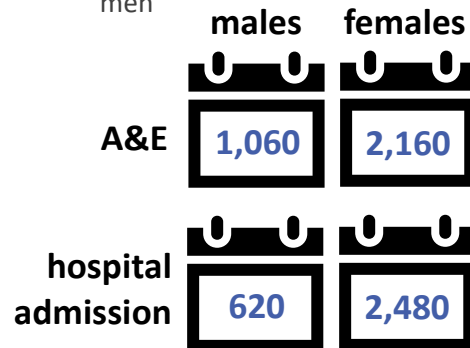
**self-harm** is hard to quantify across Kent as not all people may access services:

the Kent crude rate of hospital admissions as a result of self-harm in 15 to 19 years **was higher than England in 2011/12**, but is now **lower than England in 2017/18**



**510** hospital admissions per 100,000 Kent population aged 15-19 in 2017/18

between 2011/12 and 2015/16 more **young women aged 10 to 19** were **seen at A&E and admitted into hospital** than young men



### Suicide

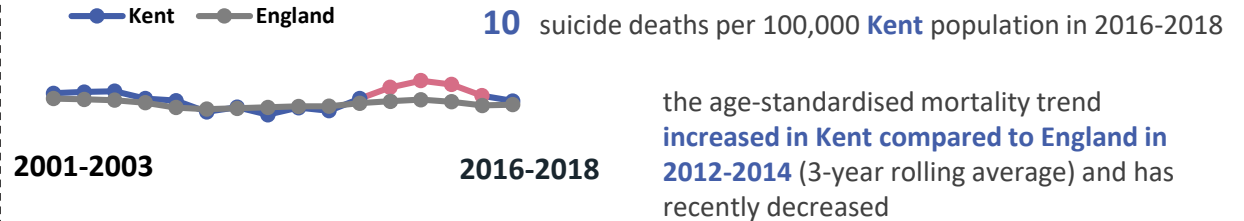


**70%** of suicides are to people **not accessing specialist mental health services**

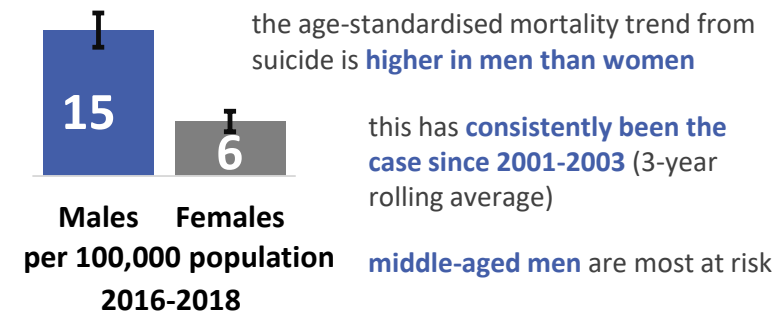
but many of these people were **in contact with primary care**

**408**

deaths from suicide across Kent in 2016-2018



In 2019, there was a **change** to the way suicides are classified by coroners' verdicts – this has seen a **12% rise** in suicides **nationally**. However, in Kent the **trend is decreasing**.



# 5. Physical and mental health

## Key facts for Kent

### Multimorbidity in users of specialist mental health services

**multimorbidity**

includes people with

**2+**

long term conditions, out of a possible 16, from general practice records



**21,000**

people using **specialist mental health services** aged 18-74 in 2017/18



**multimorbidity**

was

**50%**

higher amongst those with a **serious mental illness** compared to the general population



### Early death

people **with serious mental illness and multimorbidity** had

**4x**

**higher risk of dying early**



**What are the predictors for early death?**

or death before the age of 75

**after age, mental illness** was the next most important predictor

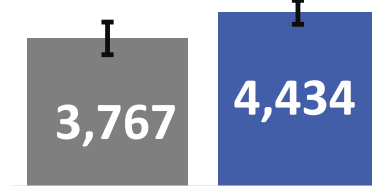
**Long-term condition** prevalence is higher in Kent adults aged 18 to 74 known to **specialist mental health services** in comparison to the **general population**:

Condition	Specialist mental health services	General population
learning disability	3.4%	0.4%
stroke	2.0%	0.5%
epilepsy	4.0%	1.1%
chronic obstructive pulmonary disease	3.0%	1.6%
heart failure	0.6%	0.3%
diabetes	7.5%	4.8%

those with recorded **serious mental illness** and **living in the most deprived areas** had

**18%**

higher mortality rates than those living in the least deprived areas across Kent



**least** **most**  
**mortality rate**  
**per 100,000 population**

**age over 50** was also an important predictor

**50+**

**national evidence**

estimates that in people with serious mental illness

**2 in 3** deaths

are due to **preventable physical illnesses**

such as, **cardiovascular disease**

# 6. Co-occurring mental illness and substance misuse

## Key facts for Kent

Important because it leads to barriers in care and early death



the **co-occurrence** of severe mental illness alongside substance misuse (also physical health issues e.g. liver failure)



people with both **Mental Illness and Substance Misuse** suffer early death and multiple illnesses due to not being able to get the services they need. It also takes longer to recover.

**70%** and **86%**

of drug users and of alcohol dependent users

in treatment also have a **mental health problem**

*COSMIC 2017*

We can estimate **1,600** people in Kent substance misuse services with a serious mental health need in 2017/18.

**Kent substance misuse treatment services** report

**44%**

of people entering treatment had an existing mental health diagnosis in 2017/18

**24%**

of people were treated by community mental health teams in 2017/18

**58%**

of people were being seen in primary care in 2017/18

**44%** of all people in **secondary and specialist mental health services** also have a **substance misuse problem**

*COSMIC 2017*

We can estimate this to affect **1,000** people in Kent secondary and specialist mental health services in 2017/18.

Local analysis

the recording of mental illness and substance misuse across Kent health care settings in all persons aged 14 and over in 2017/18



**0.36%**

within **general practice**

of persons had evidence of **dual diagnosis** from recording of serious mental illness or depression alongside harmful or dependent drinking, drug use or opioid substitution treatment

within **hospital admissions**

**0.14%**

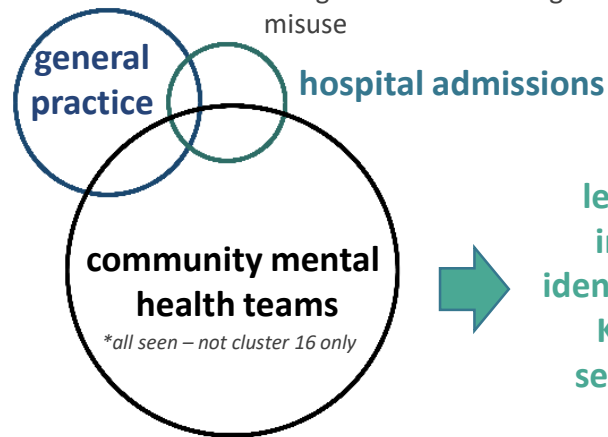
of persons had evidence of **dual diagnosis** from any diagnosis of serious mental illness or depression alongside alcohol or drug misuse



within **community mental health teams**

**0.02%**

of persons had evidence of **dual diagnosis** from cluster 16 – moderate to severe psychotic or bipolar with drinking or drug taking



**less than 0.01% of individuals were identified across all the Kent health care settings in 2017/18**

# 7. Health inequality in Thanet

## Key facts for Thanet

### Prevalence and risk factors

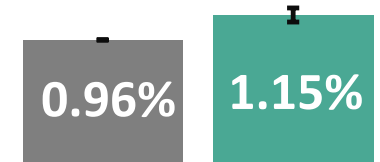
#### mental health needs

in Thanet are high compared to Kent and in most cases, England



Due to deprivation levels, this population suffers many of the risk factors that exacerbate mental health problems

Thanet has a higher prevalence of serious mental illness across all ages than England



England 0.96%  
Thanet 1.15%  
2018/19

# 18%

of Thanet's population aged 16 and over have common mental health problems (anxiety and depression) during 2017/18



highest in Kent

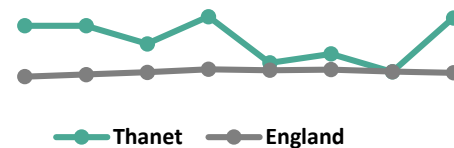


Thanet has the highest level of GP prescribing for psychosis and related disorders in all ages across Kent in 2017/18

69 prescriptions per 1,000 Thanet population in 2017/18 Q4

Thanet also has high levels of children in local authority care – both from Kent and from other areas, making them a particularly vulnerable group. Recent evidence points to increased levels of unaccompanied asylum seekers in Kent

### Key outcomes



2017/18 Q1

2018/19 Q4

Thanet has a higher crude rate of mental health hospital admissions than England (often a marker for the level of crisis in the mental health system)

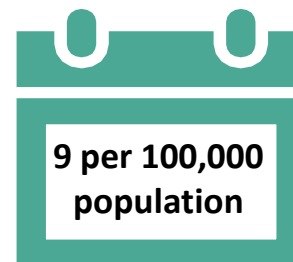
377 mental health hospital admissions per 100,000 Thanet population in 2018/19 Q4

Thanet is an outlier for A&E attendances for psychiatric disorder in Kent

# 448

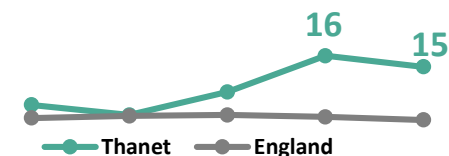
per 100,000 all age population in 2012/13

drug misuse deaths are highest in Thanet compared to other Kent districts



Suicides in Thanet have been and remain the highest in Kent - but have only recently begun to reduce

This compares to 14 per 100,000 across Kent in 2015-17



2011-13

2015-17

per 100,000 population aged 10 and over

Substance misuse and mental health have high cooccurrence in Thanet 70-80%



there are higher numbers of people across Thanet in substance misuse services compared to Kent in 2017

7.2

per 1,000 population aged 16 and over in 2018/19

barriers remain to access treatment



# 8. Mental Health: Ways to Keep Fit, Well and Safe

AND REMEMBER: EVERY MIND MATTERS (OUR LINK TO THE NATIONAL CAMPAIGN)

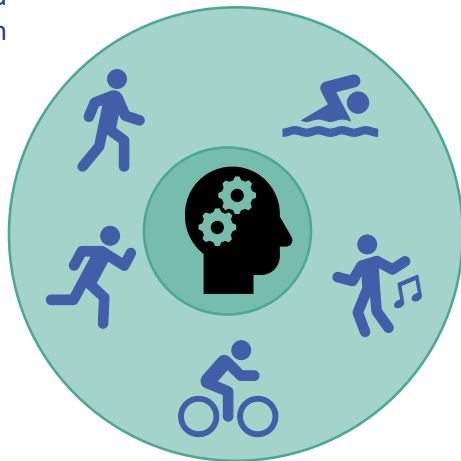
The following describes what has been happening in Kent to promote wellbeing and prevent suicide:

Being active in Nature helps to keep fit and healthy:

Green and blue spaces provide opportunity for outdoor activity. Not only is this good for the body – it also benefits the mind.

Evidence positively links outdoor activities in nature to increases in positive mood as well as better physical well being. Being in nature also helps to:

- interact with others
- social connection
- reduces stress
- improves mood
- lifts self esteem



Here are Six Ways to Wellbeing:



**Be Active** - Go for a walk or run. Step outside. Play a game. Garden. Dance. Exercising makes you feel good. Discover a physical activity that you enjoy.



**Keep Learning** - Try something new. Rediscover an old interest. Sign up for a course. Learning new things will make you more confident, as well as being fun.



**Give** - Do something nice for a friend or stranger. Smile. Volunteer your time. See yourself, and your happiness, linked to the wider community it's rewarding.



**Connect** - with the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community.



**Take Notice** - Be curious. Catch sight of the beautiful. Remark on the unusual. Savour the moment. Be aware of the world around you and what you are feeling.



**Care for the planet** - Make small changes to your life that will reduce your energy use, recycle more, leave the car at home.

Release the Pressure: Get help to keep safe.



A social marketing campaign, advertising specialist support services for those in crisis, which is targeted online to those who search key words associated with suicide.

- the service took 23,000 calls, to support those in need, during 2018/19.

Thank you for listening it has helped. I never knew I could talk to someone like this.

# 9. Recommendations



Ensure physical and mental health is tackled together. People with mental illness may need extra help in stopping smoking, eating healthy food and doing physical activity.



When people are diagnosed with depression and anxiety – ensure there is clear and effective information available for them.



Care plans, safety plans and recovery plans for vulnerable people should be important aspects of a person's treatment and care and reviewed in a timely way. Remember that training staff to be aware of past traumas is important in high quality care.



Create a localised plan of action in places where there are several risk factors (including vulnerable populations and poorer access to treatment). e.g. Thanet.



Ensure there are no barriers to getting treatment to mental health support for people recovering from Drug and Alcohol addiction. Ensure these services are timely.



Self-harm is often repeated. Ensure that good follow up care and secondary prevention is in place. There is a need to adequate access to the appropriate range of therapies.



Prevent suicides and support people in distress to get the early help they need – see [Release the Pressure](#). This also needs a good strategic prevention plan and approach for mental well being. Use all the tools available e.g. Mental Health Impact Assessments



End the stigma and discrimination about mental illness and learn more about the issues. These websites provide good information – [Time to Change](#) and [Every Mind Matters](#)



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