

Serious Mental Illness estimates for Kent & Medway

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1 Introduction

This report is an update and an extension to the [Metal Health Needs Assessment 2025 – Serious Mental Illness chapter \(5.2\)](#).ⁱ This has been prompted by the publication of the 2023/24 Adult Psychiatric Morbidity Survey (APMS), which was not published at the time of writing of the 2025 Kent & Medway Mental Health Needs Assessment.

This report includes updates to published national prevalence rates for various severe mental health conditions and estimates of numbers for Kent and Medway. Other metrics have also been updated and expanded on, including the Quality and Outcomes Framework Severe Mental Illness (SMI) indicator, a recent model-based indicator published by OHID on the expected prevalence of SMI, and SMI physical health checks (PHCs) monitored by the Kent and Medway Integrated Care Board (ICB). Common mental health conditions are not included in the scope of this report.

Severe Mental Illness (SMI) refers to a group of mental disorders that significantly impact an individual's psychological well-being, impairing their ability to perform daily life activities. People with SMIs face a significantly higher risk of poor physical health and premature mortality compared to the general population. In England, individuals with an SMI are 3.7 times more likely to die under the age of 75 than the general population and, on average, die 15–20 years earlier.ⁱⁱ

It is estimated that approximately two-thirds of deaths among people with SMIs are preventable. The leading causes of death include hypertension, respiratory disease, cardiovascular disease, and diabetes.ⁱⁱⁱ Additionally, individuals with SMIs have an elevated risk of suicide, particularly following acute psychotic episodes or psychiatric hospitalisation.^{iv}

2 Methods and Definitions

It is important to note that “serious mental illness” (SMI) is defined differently across the data sources used in this report. These definitions are not directly comparable, and should be considered when interpreting trends, inequalities and service coverage between the different data sources.

The Adult Psychiatric Morbidity Survey (APMS) published prevalence estimates for ‘probable disorders’ of a range of individual conditions, which are discussed in more detail in the relevant chapter. Conditions such as personality disorders or post-traumatic stress disorder (PTSD) are typically not included in other definitions, but

patients with PTSD may be included in SMI health checks if they are identified with a clinical need.

The APMS also publishes estimates for other mental health conditions such as eating disorders, substance use, alcohol, gambling, common mental health, self-harm and suicide ideation. These topics are being explored in separate reports.

Analysis for the APMS chapter includes national prevalence estimates (as percentages) applied to the most recent ONS mid-year estimates for Kent & Medway. Where appropriate, confidence interval (at 95%) ranges have been shown.

The Quality and Outcomes Framework (QOF) SMI register captures a **narrow, clinically recorded cohort in primary care**, primarily including schizophrenia, bipolar disorder and other psychotic disorders, with individuals formally diagnosed and coded on GP systems. Patients receiving lithium therapy, but otherwise without a formal SMI diagnosis can also be included. Patients with personality disorders or PTSD are generally not included on the register unless there is psychosis also recorded.

The NHS Long Term Plan definition in contrast can use broader definitions and may include a **wider range of severe mental health needs**, including personality disorders, eating disorders and PTSD, where these significantly impair functioning or co-exist with other conditions. The NHS Long Term Plan is not discussed in this report but is important to note as it is used as a broader definition for commissioning and service planning.

SMI physical health checks (PHCs) are a series of mandated health checks offered to patients on the SMI QOF register, however patients with a locally identified clinical need that aren't on the QOF register are able to be included.

The model-based estimates of prevalence of SMI published by Office for Health Improvement and Disparities (OHID) categorise SMI patients into one of 3 separate categories - 'bipolar disorder', 'schizophrenia' or 'other psychosis'. As such this definition is broadly similar to the QOF definition, but may omit a minority of patients with specific treatments or unusual diagnoses.

3 Key Findings

3.1 AMPS (2023/2024)

- **Post Traumatic Stress Disorder (PTSD)** was the most prevalent SMI condition reported in the 2023/24 APMS. Between **76,000 – 101,000 adults** are estimated to be affected in Kent & Medway, at around **5.7%** of the adult population.
- Estimated rates of PTSD have **increased by 1.3 percentage points** since the 2014 APMS, a larger proportional increase than other published disorders.
- Rates of PTSD have been found to be **higher in females (6.1%)** than **males (5.2%)**
- PTSD **disproportionately affects the young**, with **11.4% of 16-24 year olds** screening positive, but rates are much lower in those aged 65+.
- **Borderline and Antisocial Personality Disorders** were estimated to affect a similar proportion of the adult population at around **2%** each. This equates to around 30,000 with each condition in Kent & Medway, although there may be some overlap.
- Males have a reported **higher** prevalence than females for antisocial personality disorder (2.9% vs 1.2%), but **lower** than females for borderline personality disorder (2.5% vs 1.3%).
- Between **23,000 and 37,000** adults are estimated to have **bipolar disorder** in Kent and Medway, around **1.9%** of the adult population.
- Prevalence rates of bipolar disorder appeared **higher in the 25 to 44 age groups** at over 3%. Rates by sex were broadly similar, with females marginally higher than males.
- **Psychotic disorder** is thought to affect around **0.5%** of the adult population, which could affect between **6,000 to 11,000** adults in Kent & Medway.
- **Treatment coverage** varies substantially by type of mental health disorder, with the **highest treatment coverage** among people with **psychotic disorder**, while a higher proportion of people with possible PTSD, bipolar disorder and personality disorders receive no treatment. This may indicate unmet need, but also could be due to under-recognition or under-diagnosis of some conditions. Medication was more commonly cited as a treatment than psychological therapy.

3.2 Quality and Outcomes Framework – Serious Mental Illness (2024/25)

- **0.93%** of the adult population in **Kent and Medway** were recorded with a serious mental illness in 2024/25, **0.1 percentage points lower than England (1.02%)**. Kent and Medway has trended below England for QOF SMI prevalence by around 0.1% since 2018.

- In **Kent and Medway 18,891** individuals were recorded with an SMI in 2024/25.
- **East Kent HCP** has the highest prevalence of SMI with **1.07% (8,090)** individuals affected in 2024/25, and sits **above the England average**. The other three Kent and Medway HCPs are lower than England.
- The most affected smaller areas (MSOAs) were Shepway 014 (**Folkestone Harbour**), 015 (**Folkestone Central**) and Canterbury 001 (**Herne Bay Parade**) with a prevalences of **2.35%, 2.24% and 2.16%** respectively. Rural areas tended towards a lower prevalence of SMI, whereas coastal and built-up areas have higher.
- 4 districts had significantly higher rates of SMI than the Kent & Medway average: **Folkestone and Hythe, Thanet, Canterbury and Dover**.
- **Females (0.94%)** had higher rates of recorded SMI than **males (0.88%)**.
- Prevalence rates of SMI were **0.5 percentage points higher** in the **most deprived decile** of Kent and Medway, compared to the **least deprived** in 2024/25.
- The ethnic group with the highest recorded SMI prevalence is the '**Mixed or multiple ethnic**' group (**0.99%**), followed by '**White**' (**0.98%**) and '**Other**' (**0.88%**). '**Asian**' (**0.61%**) and '**Black**' (**0.72%**) ethnic groups have a lower SMI prevalence.

3.3 Model-based estimates of prevalence of SMI

- OHID have recently published model based estimates for SMI for bipolar disorder, schizophrenia, and other psychoses, for over 14s.
- **Kent & Medway** had a **similar modelled prevalence to England (both 1.16%)** but higher than the South East (1.04%).
- In contrast, the gap in the QOF SMI metric is **lower for Kent & Medway (0.93%) than England (1.02%)**.

3.4 SMI Health Checks (September 2024 – October 2025)

- Between September 2024 and October 2025 **53%** of SMI patients across Kent and Medway have completed all six core physical health checks (PHCs). **7%** of SMI patients have **not received any PHCs** in the same period.
- The average number of PHCs completed across Kent and Medway was **4.56 out of a possible 6**. **West Kent HCP** had the highest average at **4.67** completed and **East Kent HCP** the lowest at **4.46**.
- **Medway and Swale HCP** had **8%** of individuals receiving **no PHCs**, falling to **5.1%** for **Dartford Gravesham and Swanley HCP**.

- By ethnicity, **9.6%** of ‘**Other**’ and **8.4%** of ‘**mixed and multiple**’ ethnic groups had not received any PHCs, compared to **6%** for the ‘**white**’ ethnic group.
- Of the 6 core PHCs, **blood lipids** checks were the **lowest completed at 68.3%**, followed by **blood glucose at 69.5%**.
- **80.5%** of patients completed **alcohol consumption assessments**. Of these, **34.5%** received an alcohol intervention. There was some variation by HCP; **Dartford Gravesham and Swanley HCP** was the lowest with **24.1%** receiving an intervention.
- For lifestyle checks, there was some variation between HCPs for patients with pre-diabetes receiving a **blood glucose intervention**. **East Kent HCP** had **55.5%** receiving the intervention compared to **70.0%** at **Medway and Swale HCP**.

4 Serious Mental Illness Prevalence

4.1 APMS (Adult Psychiatric Morbidity Survey) 2023/24

4.1.1 Overview

This section shows the estimated prevalence of various disorders from the 2023/24 APMS^v. The following conditions are published as separate data tables and reports in the 2023/24 APMS, although it should be noted it is possible individuals may have multiple conditions from this list. Details of the conditions and interpretation are discussed on the APMS pages published by NHS Digital^{vi}.

- [Posttraumatic stress disorder](#)^{vii}
- [Personality disorders](#)^{viii}
- [Bipolar disorder](#)^{ix}
- [Psychotic disorders](#)^x

Table 1. Estimated prevalence and number of adults (16+) in Kent and Medway with selected mental health conditions and outcomes, based on APMS 2023/24 prevalence applied to the 2024 Kent and Medway population.

Severe mental health issue	Male Prevalence	Male 95% CI	Female Prevalence	Female 95% CI	Persons Prevalence	Persons 95% CI
Post Traumatic Stress Disorder	38,870 (5.2%)	28,405 – 47,840	49,339 (6.1%)	41,251 – 58,236	88,711 (5.7%)	76,260 – 101,161
Borderline Personality Disorder*	9,717 (1.3%)	5,980 – 15,697	20,220 (2.5%)	15,367 – 26,691	29,570 (1.9%)	23,335 – 38,908
Antisocial Personality Disorder*	20,956 (2.9%)	16,621 – 26,738	9,419 (1.2%)	6,279 – 14,128	30,150 (2%)	25,628 – 37,688
Bipolar Disorder	12,707 (1.7%)	8,970 – 18,687	16,985 (2.1%)	12,132 – 22,647	29,570 (1.9%)	23,345 – 37,352
Psychotic Disorder	2,990 (0.4%)	2,242 – 5,232	4,853 (0.6%)	3,235 – 6,471	7,782 (0.5%)	23,345 – 37,352

Source: APMS 2023/24. Due to rounding, totals may not sum.

*Data on personality disorders are 18+ years for antisocial and 16+ for borderline.

Table 1 shows a substantial burden of severe mental illness in Kent and Medway when applying England rates to the Kent and Medway population. Some of these measures are not comparable due to differences in age ranges and data collection periods. With this caveat, “self-harm ever” is the most common severe mental health issue seen with an estimated 168,083 people (10.8%) in Kent & Medway, followed by “suicide attempts ever” at 121,393 (7.8%).

There is also clear difference in prevalence between sexes. Female adults have a higher estimated prevalence for PTSD, borderline personality disorder, bipolar disorder, psychotic disorder and self-harm; male adults experience higher rates of antisocial personality disorder, compared to women. These differences are not all statistically significant.

4.1.2 Post-traumatic stress disorder

Post Traumatic Stress Disorder (PTSD) involves reliving trauma through nightmares, flashbacks, and feelings of isolation, irritability, or guilt, often accompanied by insomnia and difficulty concentrating. These symptoms can severely impact daily life and may overlap with severe mental illness (SMI) when they significantly impair functioning, relationships, or self-care. Complex PTSD, often more severe if trauma occurs in childhood, can emerge years later and further affect development.

Table 2. Prevalence of Post-Traumatic Stress Disorder (PTSD) in persons aged 16+, males, females and age bands in Kent and Medway (using APMS 2014 and 2023/24 data applied to K&M population 2023 and 2024 respectively).

Demographics	England prevalence	Kent and Medway estimate	Kent and Medway lower estimate	Kent and Medway upper estimate	Percentage change from 2014
All Persons (16+)	5.7%	88,711	76,260	101,161	+29.5%
Male	5.2%	38,870	28,405	47,840	+40.5%
Female	6.1%	49,339	41,251	58,236	+19.6%
Ages 16-24	11.4%	20,744	14,193	29,843	+42.5%
Ages 25-34	8.1%	19,113	13,921	25,720	+48.1%
Ages 35-44	5.8%	15,171	11,247	20,140	+26.1%
Ages 45-54	5.4%	13,070	10,165	16,942	+20%
Ages 55-64	4.5%	11,285	8,526	14,796	+21.6%
Ages 65-74	1.7%	3,202	2,072	4,897	+6.3%
Ages 75+	0.5%	978	391	2,348	-16.7%

Source (APMS 2023/24/2014 – Post traumatic stress disorder – Table A2). Totals may not sum due to rounding.

Table 2 finds that the prevalence of PTSD in Kent and Medway gives an estimated 88,711 individuals affected. This figure is up 1.3 percentage points from 2014 which is a 29.5% increase. The key inequality is seen in the prevalence across the age gradient. Prevalence is highest amongst younger adults with 11.4% of individuals aged 16-24 affected (20,744) and trails off across the life course. There is also a greater rise in the 16-24 age group from 2014 with 3.4 percentage point increase, 2.1 higher than All Persons (16+). There is no significant difference in the prevalence between adult males and adult females.

4.1.3 Bipolar Disorder

Bipolar disorder is a mental health condition that causes intense mood swings, shifting between emotional highs (mania or hypomania) and lows (depression) that affect a person's energy, behaviour, and ability to function. These mood episodes can make day-to-day tasks difficult, but with proper treatment people are able to manage symptoms and lead stable, productive lives.

Table 3. Prevalence of bipolar disorder in all persons aged 16+, males, females and age bands in Kent and Medway (using APMS 2014 and 2023/24 data applied to K&M population 2023 and 2024 respectively). Positive for bipolar classified as scoring 7+ on the Mood Disorder Questionnaire (MDQ).

Demographics	England prevalence	Kent and Medway estimate	Kent and Medway lower estimate	Kent and Medway upper estimate	Percentage change from 2014
All Persons (16+)	1.9%	29,570	23,345	37,352	-5%
Male	1.7%	12,707	8,970	18,687	-19%
Female	2.1%	16,985	12,132	22,647	+16.7%
Ages 16-24	1.9%	3,457	1,456	8,189	-44.1%
Ages 25-34	3.5%	8,259	5,191	12,741	+12.9%
Ages 35-44	3.1%	8,108	5,231	12,293	+29.2%
Ages 45-54	1.5%	3,630	2,420	6,050	-6.3%
Ages 55-64	1.1%	2,759	1,505	4,765	-26.7%
Ages 65-74	0.5%	942	377	1,883	+25%
Ages 75+	0.9%	1,761	587	5,479	N/A

Source (APMS 2023/24/2014 - Bipolar disorder - Table A1). Totals may not sum due to rounding.

The 2023/24 APMS estimated 1.9% of adults showed signs of bipolar disorder. This would equate to 29,570 adults in Kent & Medway (95% CI: 23,345 to 37,352). Unlike PTSD, the overall prevalence has remained broadly stable compared to 2014 data. Prevalence is highest amongst working age adults, peaking at 3.5% in those aged 25-34 and 3.1% in those aged 35-44, before falling in subsequent age groups. Females have a slightly higher estimated prevalence at 2.1% vs 1.7% but this difference is not statistically significant.

4.1.4 Psychotic Disorder

Psychotic disorders are severe mental health conditions in which a person loses touch with reality, most commonly through hallucinations and delusions, making it difficult to distinguish what is real from what is not. These disorders involve disruptions in thinking, perception, and behaviour and appear across conditions such as schizophrenia, brief psychotic disorder, and substance-induced psychosis.

Table 4. Prevalence of psychotic disorders diagnosed in the last year combined for 2007, 2014 and 2023/24 for age breakdown and 2023/24 only for All persons 16+, Male and Female (using APMS 2023/24 data applied to Kent and Medway population 2024).

Demographics	England prevalence	Kent and Medway estimate	Kent and Medway lower estimate	Kent and Medway upper estimate
All Persons (16+)	0.5%	7,782	6,225	10,894
Male	0.4%	2,990	2,242	5,232
Female	0.6%	4,853	3,235	6,471
Ages 16-24	0.3%	546	182	1,456
Ages 25-34	0.6%	1,416	707	2,832
Ages 35-44	0.9%	2,354	1,308	3,662
Ages 45-54	0.4%	968	242	2,420
Ages 55-64	0.8%	2,006	1,254	3,260
Ages 65-74	0.2%	377	118	942
Ages 75+	0.1%	195	0	1,369

Source (APMS 2023/24/2014 - Psychotic disorder - Table A1). Totals may not sum due to rounding. A positive case is based on a screening measure: MDQ > 7, rather than a clinical register diagnosis.

Table 4 details that psychotic disorder has the lowest prevalence of all the recorded APMS conditions, but the data still identify a substantial population who are of high need. Around 0.5% of adults in the 2023/24 APMS showed signs of a psychotic disorder, which would equate to 7,782 (95% CI: 6,225 to 10,894) in Kent and Medway. There is no clear age pattern of prevalence, with peaks and troughs across the life course. There is no significant difference in the prevalence between females and males (0.6% and 0.4% respectively). Due to a grouping of three data releases, there is no comparison to the previous prevalences.

4.1.5 Personality Disorders

Antisocial personality disorder involves a persistent disregard for the rights and feelings of others, often shown through manipulative, aggressive, or unlawful behaviour and a lack of remorse, while borderline personality disorder is marked by unstable emotions, impulsive actions, a shifting self-image, and chaotic relationships driven by intense fear of abandonment.

Table 5. Prevalence of borderline personality disorder in persons aged 16+ (borderline), males, females and age bands in Kent and Medway (APMS 2023/24 data applied to K&M population 2024).

Demographics	England prevalence	Kent and Medway estimate	Kent and Medway lower estimate	Kent and Medway upper estimate
All Persons (16+)	1.9%	29,570	23,335	38,908
Male	1.3%	9,717	5,980	15,697
Female	2.5%	20,220	15,367	26,691
Ages 16-24	6.1%	11,100	6,915	17,469
Ages 25-34	2.9%	6,843	4,483	10,382
Ages 35-44	2.1%	5,439	3,139	9,678
Ages 45-54	1%	2,420	1,210	8,955
Ages 55-64	0.8%	2,006	1,003	3,761
Ages 65-74	0.1%	188	0	753
Ages 75+	0	0	0	N/A

Source: (APMS 2023/24/2014 - Personality disorders - Table A1). Totals may not sum due to rounding.

Table 6. Prevalence of antisocial personality disorder in persons aged 18+, males, females and age bands in Kent and Medway (APMS 2023/24 data applied to K&M population 2024).

Demographics	England prevalence	Kent and Medway estimate	Kent and Medway lower estimate	Kent and Medway upper estimate
All Persons (18+)	2%	30,150	25,626	37,688
Male	2.9%	20,956	16,621	26,738
Female	1.2%	9,419	6,279	14,128
Ages 18-24	1.3%	1,731	1,065	2,796
Ages 25-34	2.8%	6,607	4,011	10,854
Ages 35-44	3.5%	9,155	5,754	14,386
Ages 45-54	2.4%	5,809	3,630	8,955
Ages 55-64	1.7%	4,263	2,508	7,523
Ages 65-74	1.2%	2,206	1,318	3,955
Ages 75+	0.3%	587	196	2,348

Source (APMS 2023/24/2014 - Personality disorders - Table A1). Totals may not sum due to rounding.

Borderline and antisocial personality disorders are shown to have a similar overall prevalence in tables 5 and 6. This suggests that about 29,570 (1.9%) and 30,150 (2.0%) adults in Kent and Medway have antisocial and borderline personality disorders respectively. This prevalence is broken down by contrasting demographic profiles for the two disorders. It is also important to mention that it may be possible to be diagnosed with both disorders at the same time.

Borderline personality disorder is concentrated in younger adults, peaking at 6.1% in ages 16-24 and falling steadily with age. Antisocial personality disorder peaks later, reaching 3.5% in ages 35-44 and gradually declining as age increases. The sex pattern also is reversed for the two disorders where male adults are significantly more likely to experience antisocial personality disorder and although not statistically significant, the estimated prevalence for borderline personality disorder is higher in adult females, compared to males. Due to changes in how the disorders are diagnosed, there are not comparable measures between 2014 and 2023/24.

4.1.6 Service Use

Table 7 shows the variation in treatment uptake by the type of mental health disorder from the 2023/24 survey. Treatment coverage is highest for psychotic disorder: an estimated 79.0% of people receive some form of treatment, and 38.9% receive both medication and psychological therapy.

By contrast, a substantial proportion of people with other possible disorders are estimated to receive no treatment. This ranges from 44.3% for PTSD and 47.8% for borderline personality disorder, to 50.0% for bipolar disorder and 62.1% for antisocial personality disorder. Whilst treatment may not be necessary for every individual, and many people meeting the survey clinical thresholds would not be formally diagnosed, these figures suggest a level of unmet need.

Medication-only treatment is more common than psychological therapy-only treatment across all conditions. Psychological therapy-only uptake is relatively low, especially for psychotic disorder (4.5%) and antisocial personality disorder (5.1%), although a substantial number of those with psychotic disorders (38.9%) received both medication and psychological therapy.

Table 7. Treatment uptake by mental health disorder type in adults from APMS 2023/24 prevalence estimates, with low and high ranges for Kent & Medway based on 2024 mid-year population estimates.

Treatment Type	Post Traumatic Stress Disorder	Bipolar Disorder	Psychotic Disorder	Antisocial Personality Disorder	Borderline Personality Disorder
No Treatment	44.3% (35,890-42,713)	50.0% (12,918-16,642)	21.0% (1,181-2,229)	62.1% (17,040-20,327)	47.8% (12,408-15,747)
Medication Only	31.9% (25,110-31,498)	27.8% (6,621-9,961)	35.7% (2,250-3,489)	22.1% (5,361-8,192)	30.7% (7,567-10,642)
Psychological Therapy Only	10.1% (7,072-11,228)	8.7% (1,709-3,859)	4.5% (154-709)	5.1% (937-2,447)	8.4% (1,694-3,595)
Both Medication and Psychological Therapy	13.8% (10,007-14,789)	13.6% (2,861-5,427)	38.9% (2,408-3,663)	10.7% (2,230-4,339)	13.1% (2,871-5,151)
Any Treatment	55.7% (45,952-52,783)	50.0% (12,918-16,642)	79.0% (5,551-6,602)	37.9% (10,307-13,622)	52.2% (13,820-17,164)

Source (APMS 2023/24/2014 – PTSD, Bipolar, Psychotic and Personality disorders – Tables 8.19, 11.10, 12.10 and 8.19 respectively). Totals may not sum due to rounding. Psychotic disorder included 2007 and 2014 data.

4.2 QOF (Quality and Outcomes Framework)

4.2.1 Overview

In the Quality and Outcomes Framework (QOF), severe mental illness (SMI) is defined using a specific set of diagnoses recorded in primary care. For QOF purposes, SMI generally refers to people with:

- Schizophrenia
- Bipolar affective disorder
- Other psychotic disorders (for example, schizoaffective or delusional disorder)

xi

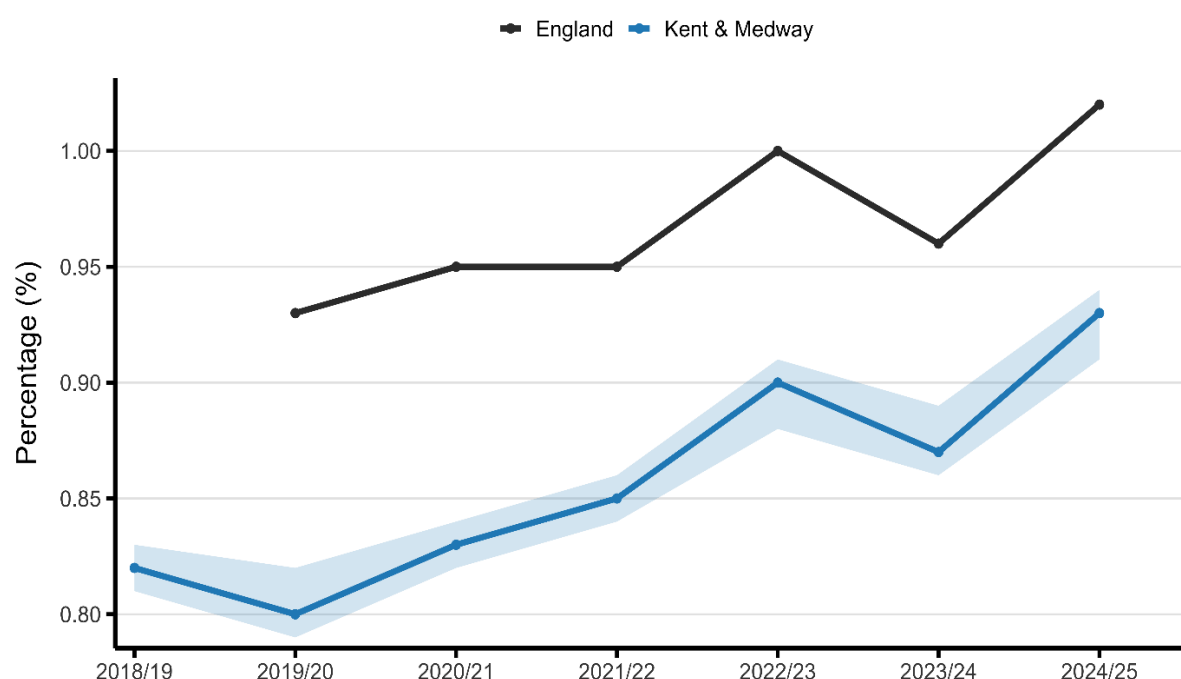
People meeting these criteria are expected to be recorded on the GP SMI register, so they can be identified for targeted monitoring and care. Conditions such as depression and anxiety are not included unless there is also a diagnosis of psychosis or bipolar disorder.

Some QOF-related definitions also refer to people prescribed lithium within the last six months. However, in NHS Digital guidance for SMI physical health checks, people with lithium prescriptions but without a diagnosis of schizophrenia, bipolar disorder or other psychoses are not included in the SMI extract used for reporting physical health checks ^{xii}.

It is also important to note that other NHS definitions of severe mental health need can be broader than QOF. Long Term Plan-related guidance refers to “severe mental health problems” as including psychosis, bipolar disorder, complex emotional needs personality disorder, and eating disorders, and notes that problems such as PTSD can occur alongside these conditions. As a result, some people considered to have severe mental health needs in secondary care settings may not fall within the narrower QOF SMI definition ^{xiii}.

The data in this section was sourced from OHID fingertips and the Kent and Medway Care Record. AS data was taken at different time points, and the Kent & Medway Care Record is subject to data opt-outs, overall numbers differ slightly.

Figure 1. A line graph to show recorded prevalence of SMI in England, Kent and Medway, 2018/19 to 2024/25.



Source: Quality and outcomes framework; Fingertips (OHID); Health and Social Care Maps (KPHO)

Figure 1 illustrates that the Kent and Medway prevalence of SMI has increased since 2019/20, following a similar trend to England by falling in 2023/24. In 2024/25 the SMI prevalence value for Kent and Medway is 0.93% and 1.02% for England, equating to 18,891 adults.

4.2.2 Geographic Breakdown

Table 8. Severe mental illness (SMI) prevalence, 2022/23 to 2024/25

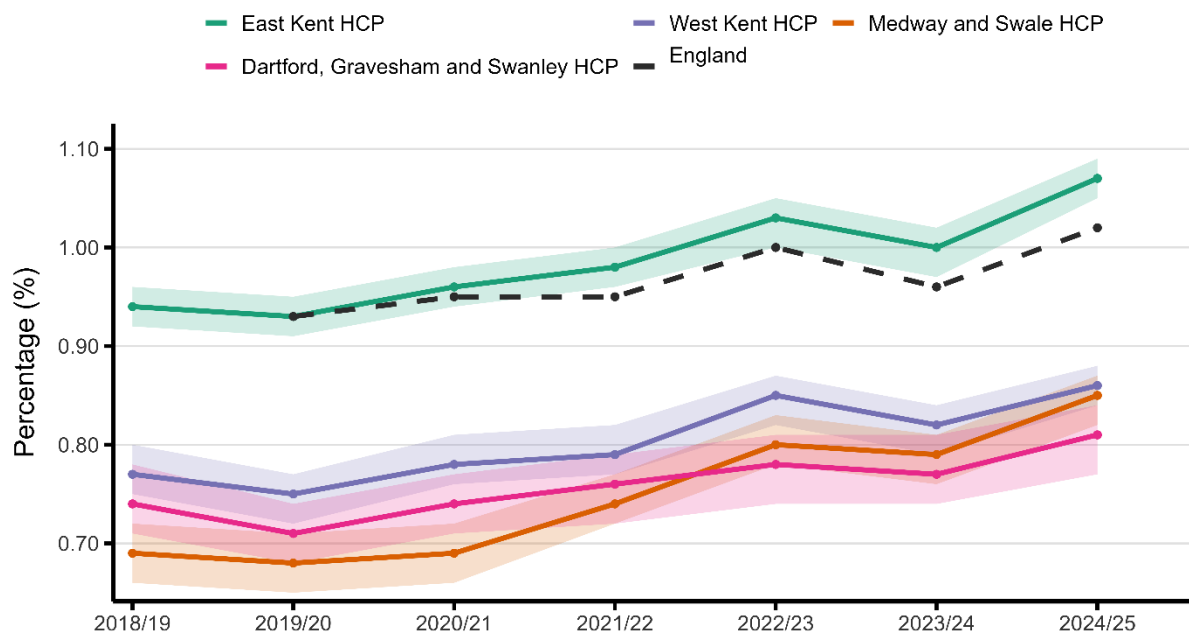
Area	2022/23 Prevalence	2022/23 95% CI	2023/24 Prevalence	2023/24 95% CI	2024/25 Prevalence	2024/25 95% CI
England	621,898 (1%)	617,543 – 623,781	608,896 (0.96%)	606,849 – 613,170	648,282 (1.02%)	644,043 – 654,420
Kent and Medway	17,391 (0.9%)	17,072 – 17,654	17,336 (0.87%)	17,080 – 17,675	18,891 (0.93%)	18,546 – 19,159
Dartford, Gravesham & Swanley	2,092 (0.78%)	1,993 – 2,182	2,219 (0.77%)	2,119 – 2,319	2,391 (0.81%)	2,285 – 2,492
East Kent	7,601 (1.03%)	7,415 – 7,785	7,472 (1%)	7,270 – 7,645	8,090 (1.07%)	7,937 – 8,240
Medway and Swale	3,569 (0.8%)	3,241 – 3,449	3,368 (0.79%)	3,249 – 3,462	3,782 (0.85%)	3,665 – 3,888
West Kent	4,442 (0.85%)	4,212 – 4,469	4,277 (0.82%)	4,129 – 4,391	4,628 (0.86%)	4,523 – 4,738

Source: Quality and outcomes framework; Fingertips (OHID); Health and Social Care Maps (KPHO)

Table 8 shows the rates of SMI by HCP. East Kent has the highest prevalence in each year shown, with the highest estimated number of individuals affected out of all the HCPs in Kent and Medway (8,090 in 2024/25). Dartford, Gravesham and Swanley HCP has the lowest prevalence and number of people affected throughout (2,391 in 2024/25).

All HCPs experienced a dip in 2023/24 followed by a rise back to higher levels in 2024/25. Overall, this shows that the SMI need across Kent and Medway is not constant and is more concentrated in East Kent HCP.

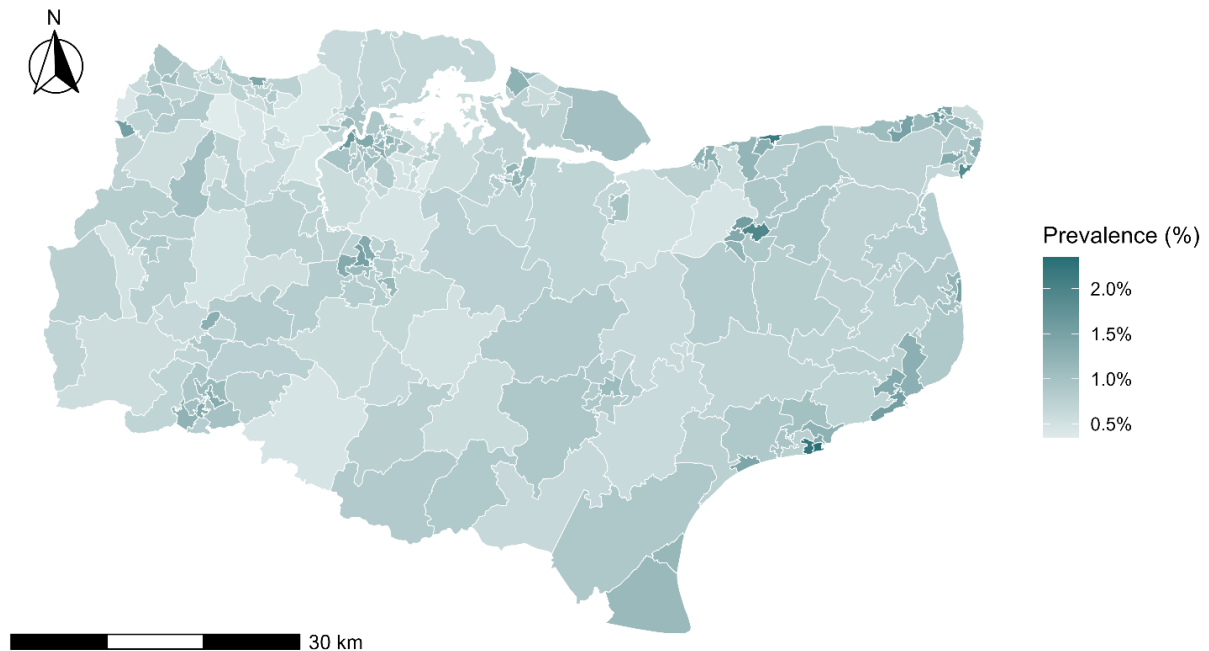
Figure 2. A line graph to show recorded prevalence of severe mental illness by HCP, 2018/19 to 2024/25



Source: Quality and outcomes framework; Fingertips (OHID); Health and Social Care Maps (KPHO)

Figure 2 shows the prevalence of SMI by HCP between 2018/19 and 2024/25. Overall, there is an increasing trend of SMI prevalence across Kent and England, over the last 6 to 7 years. East Kent experienced a 14% increase and Medway and Swale experienced a 23% increase between 2018 and 2025. England, West Kent and Dartford Gravesham and Swanley have all experienced a 9% increase. East Kent has an SMI prevalence of 1.07% in 2024/25, above the England average of 1.02%.

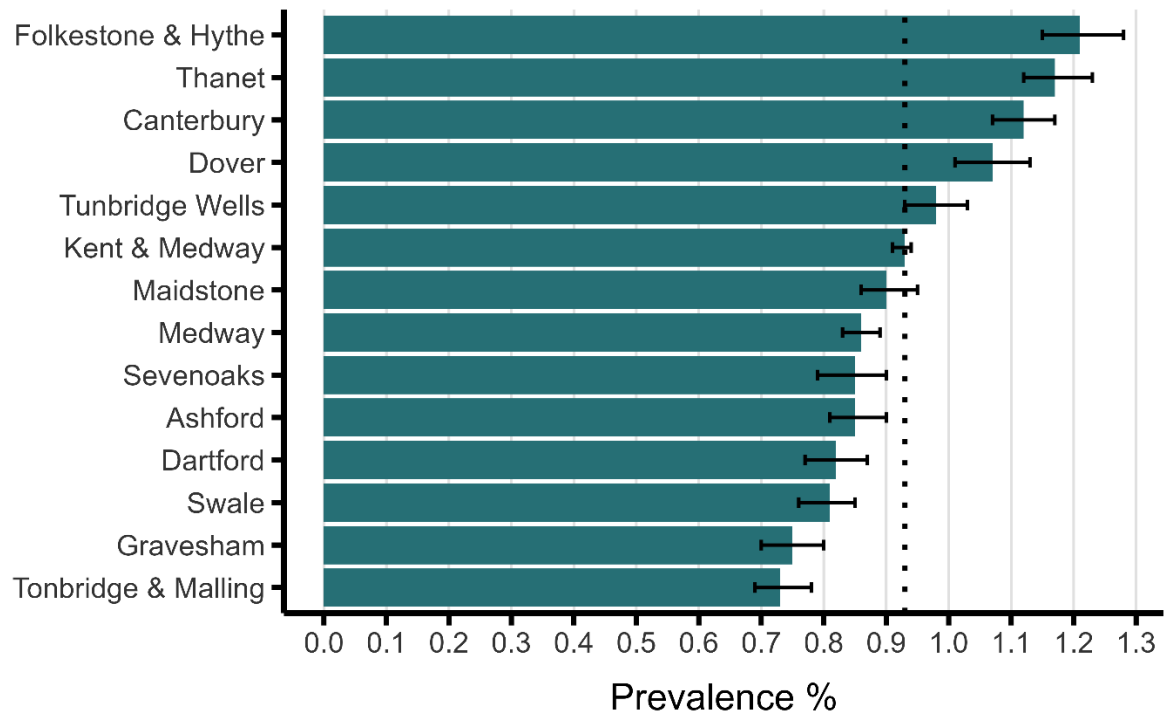
Figure 3. Map of percentage of people 16+ with GP recorded SMI by Kent and Medway MSOAs (2011 geographies) as at December 2025.



Source: Quality and Outcomes Framework; Kent & Medway Care Record, accessed December 2025

Figure 3 shows the QOF SMI prevalence for Middle Super Output Areas (MSOAs) across Kent and Medway. This map highlights the most affected MSOAs being Shepway 014 (Folkestone Harbour), 015 (Folkestone Central) and Canterbury 001 (Herne Bay Parade) with a prevalence of 2.35%, 2.24% and 2.16% respectively; these were the only MSOAs with a prevalence above 2%. Furthermore, a trend can be seen with increased SMI prevalence in urban and coastal areas. Rural inland areas have the lowest QOF prevalence.

Figure 4. Bar chart showing prevalence of severe mental illness by district and local authority in Kent & Medway in 2024/25. The dotted line represents the Kent and Medway average.

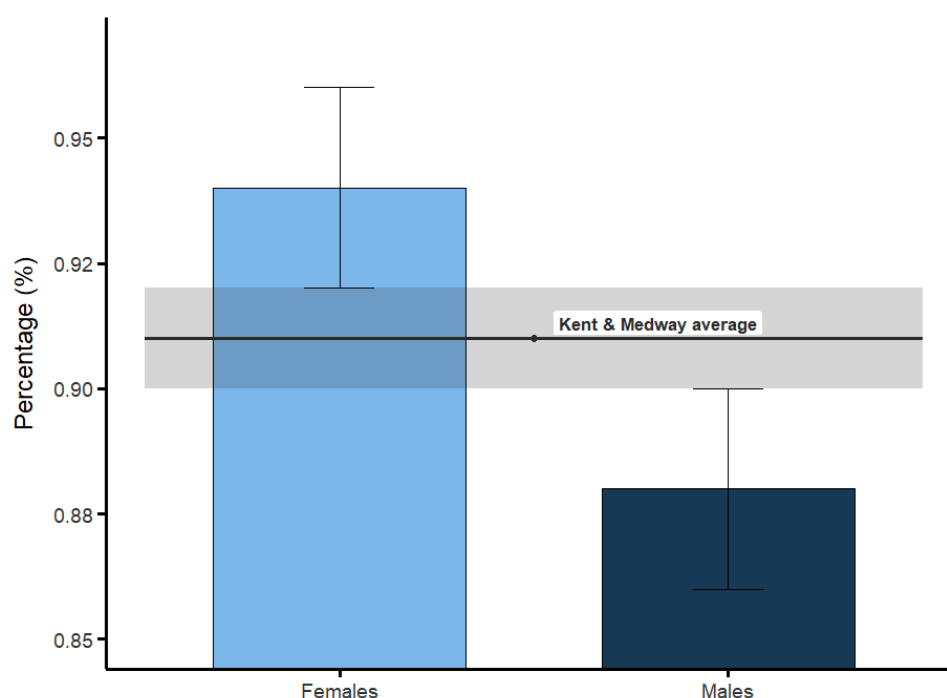


Source: Quality and outcomes framework; Fingertips (OHID); Health and Social Care Maps (KPHO)

Figure 4 shows a comparison between districts for SMI prevalence. There are 4 districts with SMI significantly above the Kent and Medway average: Folkestone and Hythe, Thanet, Canterbury and Dover. There are 7 districts (including Medway) significantly below the Kent and Medway average.

4.2.3 Sex

Figure 5. A bar chart showing the prevalence of severe mental illness (SMI) by sex in Kent and Medway as at December 2025.

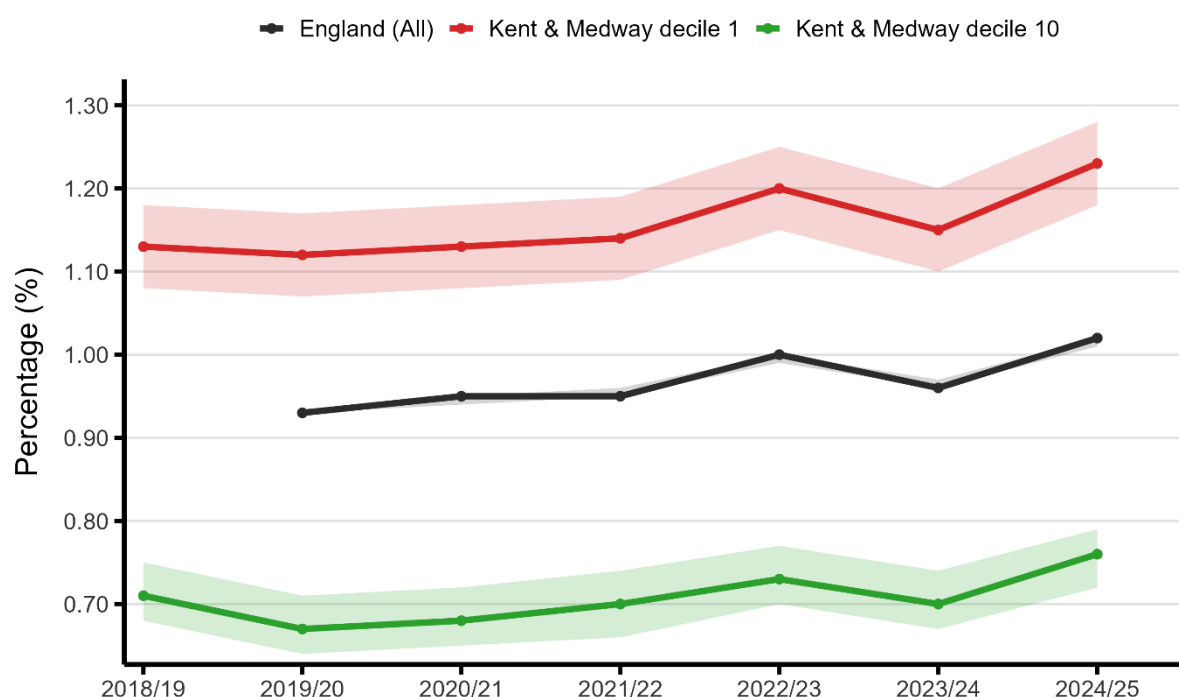


Source: Quality and Outcomes Framework; Kent & Medway Care Record, accessed December 2025

Figure 5 shows that females have significantly higher rates of recorded SMI than males in Kent and Medway, at 0.94% of the population compared to 0.88% for males.

4.2.4 Deprivation

Figure 6. A line graph showing recorded prevalence of SMI in Kent & Medway deprivation deciles, 2018/19 to 2024/25.



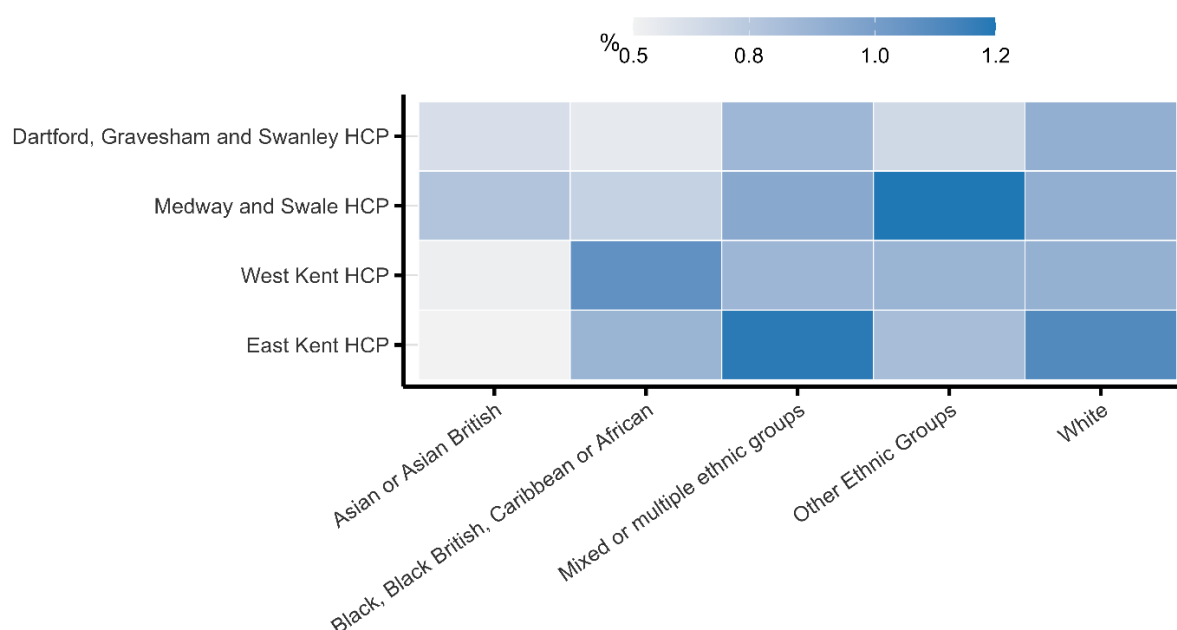
Source: Quality and outcomes framework; Fingertips (OHID); Health and Social Care Maps (KPHO);

Figure 6 shows the prevalence of SMI by deprivation (based on the deprivation status of the GP practices patients are registered) for deciles 1 (most deprived 10% of practices) and 10 (least deprived 10%) in Kent and Medway between 2018/19 and 2024/25.

In 2024/25 the prevalence of diagnosed SMI in the most deprived decile (1.23%) was 0.5 percentage points higher than in the least deprived (0.76%) in Kent & Medway. The gap between most and least deprived has been similar since 2018/19.

4.2.5 Ethnicity

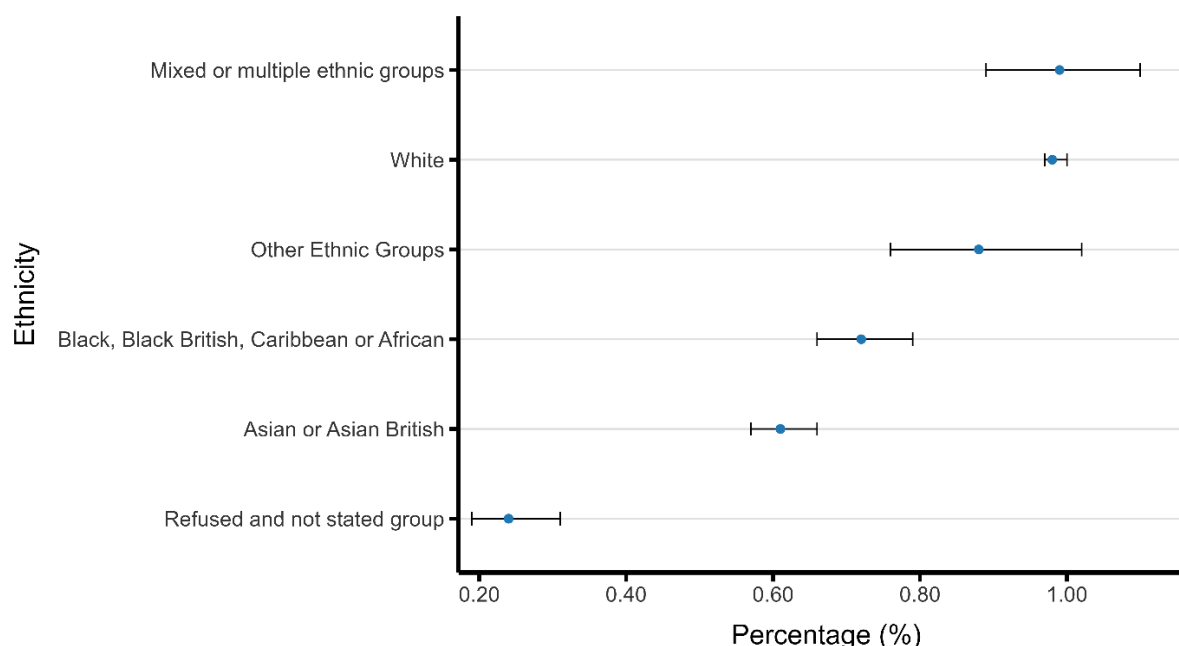
Figure 7. A colour intensity chart for the prevalence of severe mental illness (SMI) by ethnicity across the four health care partnerships (HCPs) in Kent.



Source: Quality and Outcomes Framework; Kent & Medway Care Record, accessed December 2025

Figure 7 shows inequalities across populations for SMI, looking at location and ethnicity. This graph highlights that the most affected ethnic group and HCP combination is 'Mixed' ethnic group in East Kent HCP (1.22%) and 'Other' ethnic groups in Medway and Swale HCP (1.24%). The least affected ethnicity overall is Asian or Asian British. White ethnicities are most affected in East Kent (1.12%), Black ethnicities are most affected in West Kent (1.08%) and Asian ethnicities are most affected in Medway and Swale (0.78%).

Figure 8. A dot and whisker plot to show the estimates and confidence intervals for the prevalence of severe mental health (SMI) prevalence for ethnicities in Kent and Medway.



Source: Quality and Outcomes Framework; Kent & Medway Care Record, accessed December 2025

Figure 8 shows that the ethnic group with the highest estimated SMI prevalence is the Mixed or multiple ethnic groups (0.99%). This is not significantly different from the White or Other ethnic groups (0.98% and 0.88% respectively). Asian and Black ethnic groups (0.61% and 0.72% respectively) have a significantly lower SMI prevalence than the Mixed or multiple ethnic group and the white ethnic group.

4.3 Model-based estimated prevalence of SMI

These modelled estimates for SMI have recently been published by the Office for Health Improvement and Disparities ^{xiv} in people aged 14 and over for Upper Tier Local authorities and NHS ICBs in 2023. For this indicator SMI is defined as 'bipolar disorder, schizophrenia or other psychosis', with separate estimates produced for each condition.

The indicator uses routinely collected primary care data from CPRD Aurum to develop a statistical model, rather than relying on direct local counts. A national sample of over 12 million patients aged 14+ registered with GP practices in England was used to identify people with recorded evidence of SMI, based on validated diagnosis, treatment, prescribing and symptom codes. Each individual was allocated to one mutually exclusive condition group using a predefined hierarchy:

schizophrenia first, followed by bipolar disorder, then other psychosis. Each person contributes once to the overall SMI estimate and to one condition group only.

A multivariable logistic regression model was fitted to estimate the probability of having SMI by age, sex, ethnicity and area-level deprivation, which are all known predictors of diagnosed SMI. These probabilities were applied to resident population counts from Census 2021, stratified by the same variables, to estimate the expected number of people with SMI in each geography. The prevalence was calculated by dividing the estimated number of cases by the population aged 14 and over.

These estimates reflect SMI recorded in primary care and do not include undiagnosed conditions or diagnoses recorded only in other care settings. As the indicator is model-based, it allows consistent comparison between areas, but the true prevalence may differ where local risk factors are not captured within the model.

Table 9 – Modelled SMI rates by condition for Kent & Medway, England and the South East, 2023

Severe mental health issue	Kent & Medway prevalence estimate	Kent & Medway estimate	England prevalence estimate	South East prevalence estimate
Serious Mental Illness	1.16%	17,975	1.16%	1.04%
Schizophrenia	0.37%	5,644	0.38%	0.31%
Bipolar disorder	0.44%	6,806	0.42%	0.41%
Other psychosis	0.36%	5,512	0.36%	0.32%

Source: OHID Fingertips, Public Health Profiles, Published April 2026

Table 9 shows the published prevalence rates and estimates for Kent & Medway (1.16%), England (1.16%) and the South East (1.04%). Modelled estimates show rates for Kent & Medway were similar to England but higher than the South East.

In comparison the recorded SMI QoF, rates were lower for Kent & Medway (0.93%) than England (1.02%). This could indicate lower rates of diagnosis or recording practice in Kent & Medway. Rates in Kent & Medway were higher than the estimates for the South East.

Estimates for individual conditions were broadly similar for Kent & Medway and England, although Bipolar disorder was estimated to be slightly higher in Kent & Medway.

4.4 NHS PHC (National Health Service Physical Health Checks)

4.4.1 Overview

Serious Mental Illness Physical Health Checks (PHCs) are provided by Kent & Medway ICB as part of an NHS Long term Plan commitment to improve the physical health care of adults living with severe mental illness. Adults with SMI have poorer health outcomes that are largely preventable and due to physical illness ⁱⁱⁱ.

The 6 elements of the 'core' annual SMI physical health check are:

- alcohol consumption status
- blood glucose or HbA1c test (as clinically appropriate)
- blood pressure
- body mass index
- lipid profile
- smoking status

The following tables and figures outline the proportion of the identified SMI cohort ('PHC cohort') receiving these checks in GP practices across Kent & Medway and by HCP. Analysis in this section has focussed on those receiving all 6 checks, zero checks and the uptake of specific checks. Data for this section has been provided by Kent and Medway ICB and covers the time period between September 2024 to October 2025.

Breakdowns for some demographics may produce relatively small numbers, particularly among ethnic minority populations. The findings should therefore be used with caution.

4.4.2 Core Physical Health Checks

Table 10. Number and percentage of PHC cohort registered with full PHC checks completed and no PHCs completed by HCP, September 2024 to October 2025.

Area	PHC Cohort	No PHCs completed	Percentage of PHC cohort with 0/6 PHC complete	Percentage of PHC cohort with 6/6 PHC complete
Kent and Medway	15,860	1,096	7%	53%
Dartford, Gravesham, and Swanley	1,960	100	5.1%	56%
East Kent	7,081	480	6.8%	50%
Medway and Swale	2,913	234	8%	53.5%
West Kent	3,906	282	6.9%	56.4%

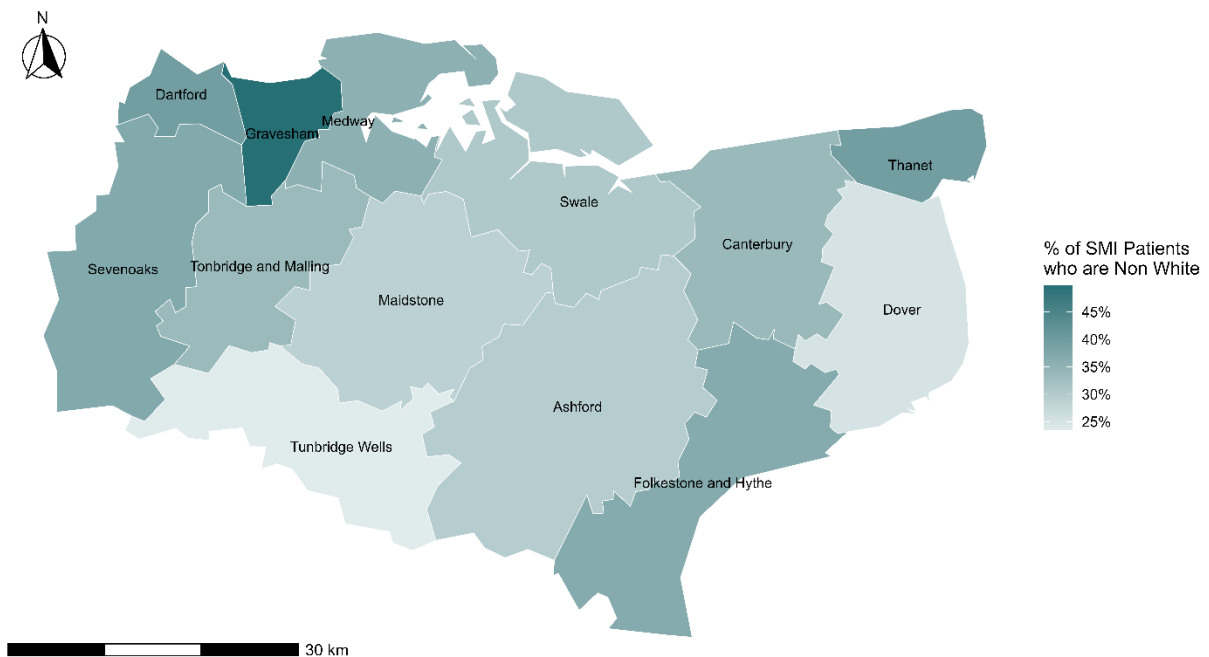
Source: Kent and Medway ICB.

Table 10 shows the PHC cohort with no PHC completed and all 6 PHCs by HCP. Across Kent & Medway 7% had no PHCs completed within the year. Rates were

similar across the HCPs, Medway and Swale HCP has the highest percentage with no PHCs at 8%.

Kent and Medway had 53% of the PHC cohort completing all 6 PHCs. Completion rates we similar for across the HCPs, but East Kent HCP had the lowest at 50%.

Figure 9. Percentage of PHC cohort by district that are non-white (October 2025, SMI health checks).



Source: Kent and Medway ICB. Patients without LSOA recorded were excluded from analysis.

Figure 9 shows the distribution of the PHC cohort who are non-white across Kent and Medway. The district with the highest percentage with non-white ethnicities is Gravesham and the lowest percentage is Tunbridge Wells.

Table 11. Number and percentage of the PHC cohort with no PHCs completed, by ethnicity.

Area	PHC cohort	No PHC	Percentage of PHC cohort with no PHC
Asian or Asian British	549	39	7.1%
Black or Black British	449	34	7.6%
Mixed or Multiple Ethnic Groups	3,477	291	8.4%
Unknown	715	104	14.5%
Other Ethnic Group	219	21	9.6%
White	10,404	629	6%
Kent and Medway	15,893	1118	7%

Source: Kent and Medway ICB. Patients without LSOA recorded were excluded from analysis.

Table 11 shows the percentage of the PHC cohort with no PHCs completed by ethnic group in Kent and Medway. The 'Unknown' ethnic group had the highest percentage of individuals with no PHCs received at 14.5%. The 'Other ethnicity' group was next highest at 9.6% receiving no PHCs, followed by Mixed or Multiple ethnicity at 8.4% and Black or Black British at 7.6%. The White ethnic group had the lowest percentage without a PHC at 6%.

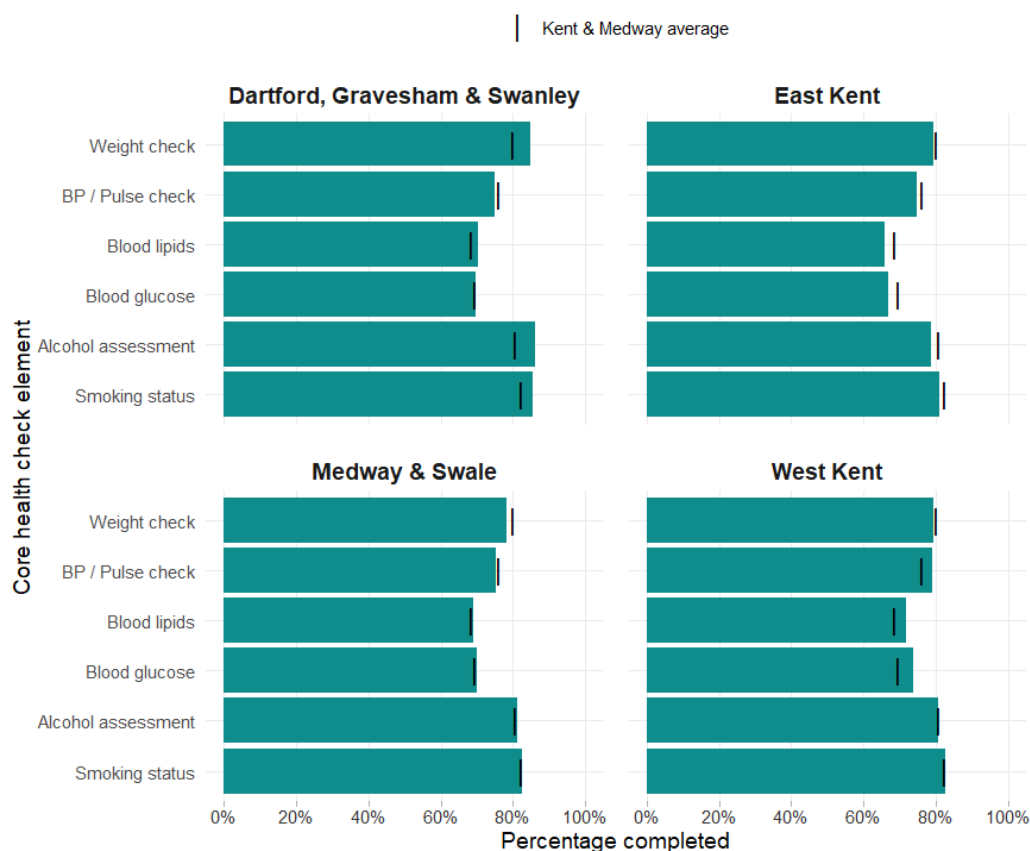
Figure 10. Average number of PHCs received per patient in Kent and Medway GP practices, grouped by HCP.



Source: Kent and Medway ICB.

Figure 10 shows the average number of PHCs received per patient for each GP surgery, by HCP. The average number of PHCs received across Kent and Medway was 4.56 out of 6. The averages by HCP differed slightly, East Kent HCP had the lowest at 4.46 per patient and Dartford, Gravesham and Swanley HCP the highest at 4.71 per patient.

Figure 11. Percentage of the PHC cohort receiving PHCs by type in Kent and Medway GP practices, grouped by HCP



Source: Kent and Medway ICB.

Figure 11 shows the percentage of the PHC cohort that have completed each core health check, by HCP. East Kent was the only HCP to be below the Kent and Medway average for all of the measures.

The lowest completion rates were for blood lipids (68.3%) and blood glucose (69.5%), which were lowest type of check for all 4 HCPs. East Kent HCP had a lower completion rate for blood lipids and blood glucose than the Kent & Medway average by 2.6 percentage points.

4.4.3 Cardiovascular Health Checks

Table 12. The percentage of the PHC cohort receiving a blood pressure and pulse check, a blood lipid check, or statins in Kent & Medway HCP

Health and Care Partnership	Percentage of PHC cohort with Blood Pressure and Pulse Check	Percentage of PHC cohort with Blood Lipid Check	Percentage of PHC cohort Receiving Statins
Dartford, Gravesham & Swanley HCP	75%	70.5%	34.3%
East Kent HCP	74.8%	65.7%	30.4%
Medway & Swale HCP	75.3%	68.9%	34%
West Kent HCP	79.1%	71.6%	30.9%
Kent & Medway	76.0% (n = 12,047)	68.3% (n = 10,838)	31.7% (n = 5,025)

Source: Kent and Medway ICB

Table 12 shows completion rates for the three core cardiovascular health checks. Across Kent and Medway 76.0% of individuals have had blood pressure and pulse checks, with 68.3% having had blood lipid checks. East Kent has the lowest percentage of the PHC cohort with blood pressure and blood lipid checks (74.8% and 65.7% respectively).

Across Kent & Medway, 31.7% of patients received statins. East Kent HCP had a slightly lower rate at 30.4%.

4.4.4 Substance Use Health Checks

Table 13. The proportion of the PHC cohort receiving an alcohol consumption assessment, an alcohol intervention, a smoking status assessment or a substance misuse intervention in Kent & Medway HCPs

Health and Care Partnership	Alcohol Consumption Assessments	<i>Percentage with alcohol misuse recorded receiving an alcohol intervention.</i>	Smoking Status Assessments	<i>Percentage of smokers receiving a smoking cessation intervention</i>	Percentage of PHC cohort with substance misuse recorded who received an intervention
Dartford, Gravesham & Swanley HCP	86.1%	24.1%	85.4%	85.4%	83.3%
East Kent HCP	78.7%	26.7%	80.9%	84.1%	82.2%
Medway & Swale HCP	81.3%	47.0%	82.4%	92.3%	85.8%
West Kent HCP	80.5%	41.7%	82.5%	89.2%	86.1%
Kent & Medway	80.5% (n = 12,771)	34.5% (n = 375)	82.1% (n = 13,028)	87.1% (n = 3,776)	84.1% (n = 715)

Source: Kent and Medway ICB

Table 13 shows the completion rate of substance use assessments and interventions, across HCPs in Kent and Medway.

Alcohol consumption assessments were completed on 80.5% of patients. East Kent HCP had a slightly lower rate at 78.7%. Of those who had an assessment and were recorded as misusing alcohol, 34.5% received an alcohol intervention. This was more variable between the HCPs, with Dartford, Gravesham and Swanley HCP (24.1%) and East Kent HCP (26.7%) the lowest.

Smoking status was recorded for 82.1% of patients overall. East Kent HCP was slightly lower at 80.9% recorded status. Of identified smokers, 87.1% received an intervention. East Kent HCP (84.1%) and Dartford, Gravesham and Swanley HCP (85.4%) had lower rates of smoking cessation interventions than the other two HCPs.

Both East Kent (82.2%) and Dartford and Gravesham HCPs (83.3%) were below the Kent and Medway average (84.1%) for substance misusers receiving a substance misuse intervention.

4.4.5 Lifestyle Checks

Table 14. The proportion of PHC cohort receiving a weight measurement, or a blood glucose intervention in Kent & Medway HCPs

Health and Care Partnership	PHC cohort receiving Weight Measurement	Patients with pre-diabetes receiving blood Glucose Intervention	Patients with diabetes receiving blood Glucose Intervention
Dartford, Gravesham & Swanley HCP	84.6%	59.3%	88.1%
East Kent HCP	79.4%	55.5%	80%
Medway & Swale HCP	78.2%	70.0%	82.7%
West Kent HCP	79.3%	61.1%	80.6%
Kent & Medway	79.8% (n = 12,656)	60.4% (n = 1,385)	81.7% (n = 1,499)

Source: Kent and Medway ICB

Table 14 shows completion rates for lifestyle checks. 79.8% of patients received a weight measurement across Kent & Medway. Medway and Swale HCP was slightly lower than average at 78.2%.

Of those who had been identified with pre-diabetes, 60.4% of patients received a blood glucose intervention. East Kent HCP had the lowest rates at 55.5%. Of those with identified diabetes, 81.7% received a blood glucose intervention. East Kent HCP was slightly lower than average at 80.0%)

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- ⁱⁱ NHS Digital. 2021. *Mortality rates in adults with severe mental illness: England, 2021*. Available at: [Excess Under 75 Mortality Rates in Adults With Serious Mental Illness, 2021 to 2023 - NHS England Digital](#) (Accessed May 2026)
- ⁱⁱⁱ NHS England. (2024). *Improving the physical health of people living with severe mental illness*. Available at: <https://www.england.nhs.uk/long-read/improving-the-physical-health-of-people-living-with-severe-mental-illness/> (Accessed: May 2024)
- ^{iv} Hawton, K., Sutton, L., Haw, C., Sinclair, J. and Deeks, J., 2005. *Schizophrenia and suicide: Systematic review of risk factors*. The British Journal of Psychiatry, 187(1), pp.9-20.
- ^v APMS (2025). Available at: [Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England - NHS England Digital](#). (Accessed December 2025)
- ^{vi} APMS (2025). Available at: [Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England - NHS England Digital](#). (Accessed December 2025)
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- ^{viii} APMS (2025). Available at: [Chapter 8: Personality disorder - NHS England Digital](#) (Accessed December 2025)
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- ^{xi} Severe Mental Illness Register (2026). Available at: [MH001 - Severe Mental Illness register](#). (Accessed, May 2026).
- ^{xii} NHS England. *Implementation guidance 2024 – psychological therapies for severe mental health problems*. Available at: [Physical Health Checks for Severe Mental Illness Supporting Information - NHS England Digital](#). (Accessed May 2026)
- ^{xiv} Fingertips (2026). Adult mental health and wellbeing definitions. Available: [Adult mental health and wellbeing - Data | Fingertips | Department of Health and Social Care](#). (Accessed May 2026)