

# Client Group: People with Mental Health Problems

Needs Analysis  
(Refreshed December 2008)

*'Supporting you to build an independent life'*



## Introduction

This client group contains people who fall into any of the following categories:

- People with enduring but relatively low level mental health problems that interfere with their ability to cope or function on a day to day basis,
- People whose behaviour is a concern for their own safety or that of others,
- People at risk of suicide or depression or complete loss of everyday reality,
- People who have been diagnosed as mentally ill and who have had, or are having, specialist treatment.

People with mental health problems frequently have housing problems, such as rent arrears or poorly maintained accommodation. Stable, appropriate housing is critical for people to work and take part in community life.

Key issues include:

- Over four out of five people with severe and enduring mental health problems live in mainstream housing, with the rest living in supported housing or other specialist accommodation. Half of those with their own home or tenancy live alone<sup>1</sup>.
- People with mental health problems are one and a half times more likely than the general population to live in rented housing, with higher uncertainty about how long they can remain in their current home<sup>2</sup>.
- Many people with mental health needs feel that they are not offered the same choices as other people when seeking a new home and that they are frequently obliged to take hard to let properties.
- Statistics show that approximately 9% of those accepted as statutorily homeless are considered to have a priority need due to mental health problems<sup>3</sup>. Studies have shown that mental health problems are much more common amongst certain groups of homeless people with 30 to 50% of rough sleepers having mental health problems<sup>4</sup>, and suicide accounting for 1 in 4 deaths of homeless people<sup>5</sup>.

*Source: National Social Inclusion Programme, First Annual Report*

<sup>1</sup> A Davis, Mental Health and Personal Finances – A literature review, prepared for the Social Exclusion Unit (2003); S Weich and G Lewis, 'Poverty, unemployment, and common mental disorders: population based cohort study', British Medical Journal, 317 (1998):115-119.

<sup>2</sup> H. Meltzer et al, The Social and Economic Circumstances of Adults with Mental Disorders, ONS, 2002.

<sup>3</sup> Statutory Homelessness: 2nd Quarter 2005, England

<sup>4</sup> S Griffiths, Addressing the Health Needs of Rough Sleepers, (London, Office of the Deputy Prime Minister, 2002); B Gill, H Meltzer, K Hinds and M Petticrew, Psychiatric morbidity among homeless people, (London, The Stationery Office, 1996).

<sup>5</sup> Mental Health Foundation, Fundamental Facts: Suicide and Deliberate Self Harm, Briefing No. 1 (London, Mental Health Foundation, 1997)

## SUPPLY

### Current Supporting People Position

Current Supporting People Spend (2008/09)	<b>£1,295,093</b>
	<b>12.74 % of total SP pot</b>
Summary of services funded by Supporting People:	
Accommodation Based:	<b>42 units</b>
Floating Support:	<b>162 units</b>
Total number of people supported	<b>204 units</b>

### Breakdown by District/Borough:

**Table 1: Supporting People Provision**

	Floating Support			Accommodation based		
	% of total max. client group spend	No. of units	% of units	% of total max. client group spend	No. of units	% of units
North Warwickshire BC	0	0	0	0	0	0
Nuneaton & Bedworth BC	15.82%	30	14.93%	9.89%	14	6.97%
Rugby BC	8.81%	19	9.45%	3.18%	8	3.98%
Stratford-on-Avon DC	28.52%	72	35.82%	13.74%	16	7.96%
Warwick D.C.	16.15%	39	19.4%	3.9%	3	1.49%

Average utilisation of services in 2007/8:

Floating support:	<b>106.5%</b>
Accommodation based:	<b>85.08%</b>

### Information from Sectorial Overview

- SP has 13 services countywide for this client group delivered by 8 service providers at a total cost of £1,295,093 There are a mix of short term, medium term and long term services.
- There are several services that have mental health services as a secondary client group or will allow them access as a secondary client group.
- There is a requirement for single sex accommodation-based services
- There are no services specialising in services for older people with mental health needs in the County.
- There is also a shortage of accommodation and support available for those leaving hospital.
- Stakeholders raised concerns regarding the lack of BME services for this client group and the lack of any services in North Warwickshire.

- Lack of provision for this client group with dual diagnosis (mental illness combined with drug or alcohol misuse) as they are difficult to place in services.
- Lack of provision for offenders with mental disorders.

## Waiting List

**Table 2: Waiting list for people with mental health problems client group on 30<sup>th</sup> June07**  
Service Type

Service Type	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford on Avon	Warwick	Total
Floating Support	-	1	2	4	7	14
Accommodation Based	-	-	-	9	-	9
<b>Total</b>	-	1	2	13	7	<b>23</b>

Source: Supporting People

## CURRENT POSITION WITHIN WARWICKSHIRE

### Mental Illness Hospital Admissions in Warwickshire

There were a total of 1,335 people in Warwickshire admitted to hospital with mental illnesses between April 2002 and March 2003. More women than men were admitted over the period and nearly 75% were admitted to hospitals in the South Warwickshire Primary Care Trust (PCT) area. With men, there is no discernible difference in the age of those admitted. However, there is a noticeable split amongst women. Over 63% of total women admitted were aged 45 and over.

**Table 3: Mental Illness: Admissions to NHS Hospitals by Age and Gender, 2002/03**

Primary Care Trust	Total	Male Total	Male (0 to 44 Years)	Male (45 Years and Over)	Female Total	Female (0 to 44 Years)	Female (45 Years and Over)
North Warwickshire	360	175	120	55	185	115	70
South Warwickshire	975	465	195	270	510	140	370
<b>Warwickshire Total</b>	<b>1335</b>	<b>640</b>	<b>315</b>	<b>325</b>	<b>695</b>	<b>255</b>	<b>440</b>

Source: Office for National Statistics

### Mental Illness: Finished Consultant Episodes (FCEs) and Discharges in Warwickshire

During 2002/2003, there were 1,450 mental illness finished consultant episodes and 1,310 mental illness discharges across Warwickshire. The majority of these occurred within the South Warwickshire PCT area with over 65% of finished consultant episodes and 64% of total discharges. This is likely to be due to the fact that the acute hospital base is concentrated in the area.

**Table 4: Mental Illness: Total Finished Consultant Episodes (FCEs) and Discharges, 2002/03**

Primary Care Trust	Mental Illness FCEs; Total	Mental Illness Discharges; Total
North Warwickshire	505	470
South Warwickshire	945	840
Warwickshire Total	1450	1310

Source: Office for National Statistics

## Prevalence Rates of Mental Health Problems

It is difficult to know exactly how many people experience mental health problems as not everyone experiencing such difficulties will seek or receive treatment. The Office for National Statistics (ONS) has undertaken a number of surveys looking at psychiatric morbidity in the general and in specific populations across Great Britain and England. For prevalence of mental health problems in the general population, the 2000 Psychiatric Morbidity Survey of adults living in private households in Great Britain obtained information on the following mental health problems:

- generalised anxiety disorder,
- mixed anxiety and depressive disorder,
- depressive episode,
- phobias,
- obsessive compulsive disorder,
- panic disorder

The following tables highlight prevalence rates of these mental health problems by sex, age and ethnicity for adults across Great Britain. As there are no specific rates available for Warwickshire, these have then been applied to the 2006 Warwickshire adult population to produce estimates of those living in the County with common mental health problems.

It can be seen from Table 5 that prevalence rates are generally higher within the middle-aged groups. This is the case across most of the different types of mental illness.

The information in Table 5 indicates the probable number of people within Warwickshire with common mental health problems based on the mid-2006 population estimates and the expected prevalence rate. It is estimated that about 139,500 people aged 15-74 in the County have a common mental health problem, which equates to approximately 36% of the adult population. 63,900 adults in Warwickshire are predicted to have some form of neurotic disorder and it is estimated that 34,300 have a mixed anxiety and depressive disorder.

**Table 5: Prevalence Rates and Population estimates (thousands) of adults with common mental health problems in Warwickshire by age**

Age group	Mixed anxiety and depressive disorder		Generalised anxiety disorder		Depressive episode		All phobias		Obsessive compulsive disorder		Panic disorder		Any neurotic disorder	
	Prevalence Rate	Population Estimate	Prevalence Rate	Population Estimate	Prevalence Rate	Population Estimate	Prevalence Rate	Population Estimate	Prevalence Rate	Population Estimate	Prevalence Rate	Population Estimate	Prevalence Rate	Population Estimate
15-19	8.3%	2.7	1.4%	0.5	1.7%	0.6	1.3%	0.4	0.9%	0.3	0.5%	0.2	13.3%	4.4
20-24	9.4%	2.7	1.5%	0.4	2.2%	0.6	1.6%	0.5	1.9%	0.5	0.4%	0.1	15.8%	4.5
25-29	11.0%	3.2	3.9%	1.2	2.4%	0.7	1.8%	0.5	1.2%	0.4	0.9%	0.3	18.1%	5.3
30-34	8.8%	2.8	4.5%	1.4	2.2%	0.7	2.0%	0.6	1.1%	0.4	0.7%	0.2	16.9%	5.4
35-39	8.9%	3.5	5.3%	2.1	3.7%	1.5	2.6%	1.0	1.3%	0.5	0.6%	0.2	17.2%	6.8
40-44	10.8%	4.4	6.1%	2.5	2.8%	1.2	2.1%	0.9	1.3%	0.5	0.5%	0.2	19.5%	8.0
45-49	9.1%	3.3	7.1%	2.6	3.6%	1.3	2.5%	0.9	1.3%	0.5	1.0%	0.4	19.7%	7.2
50-54	9.5%	3.2	6.6%	2.2	3.2%	1.1	2.0%	0.7	0.7%	0.2	1.2%	0.4	19.8%	6.7
55-59	6.8%	2.5	5.0%	1.9	3.4%	1.3	1.3%	0.5	1.4%	0.5	1.4%	0.5	15.5%	5.7
60-64	7.9%	2.6	4.2%	1.4	2.4%	0.8	1.4%	0.5	1.3%	0.4	0.2%	0.1	14.6%	4.8
65-69	6.0%	1.5	2.6%	0.7	0.6%	0.2	0.7%	0.2	0.2%	0.1	0.4%	0.1	10.2%	2.6
70-74	5.5%	1.1	2.3%	0.5	1.1%	0.2	0.4%	0.1	0.2%	0.0	0.4%	0.1	9.4%	2.0
<b>All 15-74</b>	<b>8.8%</b>	<b>34.3</b>	<b>4.4%</b>	<b>17.1</b>	<b>2.6%</b>	<b>10.1</b>	<b>1.8%</b>	<b>7.0</b>	<b>1.1%</b>	<b>4.3</b>	<b>0.7%</b>	<b>2.7</b>	<b>16.4%</b>	<b>63.9</b>

N.B. Population estimates calculated using ONS 2006 Mid-Year Estimates for Warwickshire. Prevalence rates taken from:

Source: Singleton N, Bumpstead R, O'Brien M, Lee A, Meltzer H (2001) *Psychiatric morbidity among adults living in private households, 2000*. HMSO: London.

Table 6 shows that the prevalence rates and resulting population estimates for people with common mental health problems are higher for women than men in Warwickshire. In total, 81,400 women are estimated to have some form of common mental illness compared with 58,100 men.

**Table 6: Prevalence Rates and Population estimates (000's) of adults with common mental health problems in Warwickshire by gender**

All 15-74	Mixed anxiety and depressive disorder		Generalised anxiety disorder		Depressive episode		All phobias		Obsessive compulsive disorder		Panic disorder		Any neurotic disorder	
	Prevalence Rate	Population Estimate	Prevalence Rate	Population Estimate	Prevalence Rate	Population Estimate	Prevalence Rate	Population Estimate	Prevalence Rate	Population Estimate	Prevalence Rate	Population Estimate	Prevalence Rate	Population Estimate
Women	10.8%	21.0	4.6%	9.0	2.8%	5.5	2.2%	4.3	1.3%	2.5	0.7%	1.4	19.4%	37.8
Men	6.8%	13.3	4.3%	8.4	2.3%	4.5	1.3%	2.5	0.9%	1.8	0.7%	1.4	13.5%	26.3

N.B. Population estimates calculated using ONS 2006 Mid-Year Estimates for Warwickshire. Prevalence rates taken from:

Source: Singleton N, Bumpstead R, O'Brien M, Lee A, Meltzer H (2001) *Psychiatric morbidity among adults living in private households, 2000*. HMSO: London.

Prevalence rates for people with mental health problems are generally higher within the South Asian ethnic group (which includes the Indian, Pakistani and Bangladeshi communities) and the 'Other' ethnic group which includes those of mixed race and those of a Chinese origin. Approximately 8,800 people in Warwickshire from Black and Ethnic Minority Groups are estimated to suffer from some form of common mental illness.

**Table 7: Prevalence Rates and Population estimates (000's) of adults with common mental health problems in Warwickshire by ethnic group**

All adults	Mixed anxiety and depressive disorder		Generalised anxiety disorder		Depressive episode		All phobias		Obsessive compulsive disorder		Panic disorder		Any neurotic disorder	
	Prevalence Rate	Population Estimate	Prevalence Rate	Population Estimate	Prevalence Rate	Population Estimate	Prevalence Rate	Population Estimate	Prevalence Rate	Population Estimate	Prevalence Rate	Population Estimate	Prevalence Rate	Population Estimate
White	8.7%	26.5	4.5%	13.7	2.5%	7.6	1.8%	5.5	1.0%	3.0	0.7%	2.1	16.3%	49.7
Black	7.4%	0.2	3.8%	0.1	2.7%	0.1	1.9%	0.0	1.8%	0.0	0.3%	0.0	14.1%	0.3
South Asian*	10.0%	1.3	4.2%	0.5	3.7%	0.5	1.9%	0.2	4.0%	0.5	-	-	19.2%	2.4
Other	13.4%	0.8	4.0%	0.2	3.2%	0.2	1.2%	0.1	-	-	1.6%	0.1	20.4%	1.2
All	8.8%	28.7	4.4%	14.3	2.6%	8.5	1.8%	5.9	1.1%	3.6	0.7%	2.3	16.4%	53.4

\* Indian, Pakistani or Bangladeshi

N.B. Population estimates calculated using ONS 2004 Ethnic Population Estimates for Warwickshire. These are experimental statistics. Data for 16-64 for males and 16-59 for females has been used for the adult groups as age bands for 15-74 year olds are not available from this dataset. Therefore, there will be a slight underestimation in the data.

Prevalence rates taken from:

Source: Singleton N, Bumpstead R, O'Brien M, Lee A, Meltzer H (2001) *Psychiatric morbidity among adults living in private households, 2000*. HMSO: London.

When the national prevalence rates are applied to the district population figures, Warwick has the highest estimated number of adults with common mental health problems with a total of 36,100.

**Table 8: Population estimates (000's) of adults with common mental health problems in Warwickshire by District**

	Total 15-74 Population Estimate	Mixed anxiety and depressive disorder	Generalised anxiety disorder	Depressive episode	All phobias	Obsessive compulsive disorder	Panic disorder	Any neurotic disorder	Total
North Warwickshire	47.0	4.1	2.1	1.2	0.8	0.5	0.3	7.7	16.8
Nuneaton & Bedworth	90.0	7.9	4.0	2.3	1.6	1.0	0.6	14.8	32.2
Rugby	66.3	5.8	2.9	1.7	1.2	0.7	0.5	10.9	23.7
Stratford-on-Avon	85.6	7.5	3.8	2.2	1.5	0.9	0.6	14.0	30.6
Warwick	100.9	8.9	4.4	2.6	1.8	1.1	0.7	16.5	36.1

N.B. Population estimates calculated using ONS 2006 Mid-Year Estimates for Warwickshire. Prevalence rates taken from:

Source: Singleton N, Bumpstead R, O'Brien M, Lee A, Meltzer H (2001) *Psychiatric morbidity among adults living in private households, 2000*. HMSO: London.

## **Mental Illness Needs Index (MINI)**

Manchester City Council have used MINI scores for the Greater Manchester NHS Trust and concluded that whilst it is not totally precise, it is a viable tool which allows more accurate allocation of resources around the Trust.

There are separate MINI scores, for the population aged 16-59 years, for four categories:

- All types of mental illness
- Schizophrenia type illnesses
- Affective disorder type illness
- 'Other' mental illnesses (which includes OCD and illness as a result of drug misuse and misdemeanour).

MINI works on the principle that England has a national average score rating of 1. Local scores are expressed as a percentage either above or below the national average, for example:

- Willes ward, Warwick = 1.21 for all types of mental illness, which is equivalent to 21% more cases than the national average
- Napton Priors ward, Stratford = 0.27 for all types of mental illness, which is equivalent to 73% less than the national average

The Warwickshire MINI scores are based on the 1991 census ward boundaries. The database also includes 1998 population, expected admissions rates and expected admissions numbers.

The admission numbers and admission rates using 2004 populations from the FHS register have been re-calculated. This assumes that the MINI scores are as appropriate now as in 1998.

### GP Scores

A cross-tabulation of ward against practice populations was used to calculate the 'proxy practice admission rates'. This assumes that the proportions of each ward registered with a practice are reasonably typical of the ward as a whole. This then allows expected admission numbers to be calculated.

## Outcome of Scores

**Table 9: MINI scores and expected numbers of admissions for all mental illness for five highest ranking wards in Warwickshire Local Authorities (1991 census boundaries)**

<b>A: Expected numbers of admissions per year</b>						
Rank	1	2	3	4	5	
<b>N. Warks</b>	Polesworth	Atherstone N.	Mancetter	Kingsbury	Dordon	All wards
<b>Numbers</b>	14.7	12.7	9.9	9.0	8.6	118.9
<b>Nun. &amp; Bed. No.s</b>	Mount Pleasant	Abbey	Arbury	Camp Hill	Attleborough	All Wards
	30.0	29.2	23.7	22.9	22.8	288.7
<b>Rugby</b>	Brownsover	Benn	New Bilton	Overslade	Newbold	All Wards
<b>No.s</b>	13.9	11.9	11.4	10.5	9.6	109.5
<b>Stratford</b>	Stratford Mkt. Hall	Southam	Alcester	Studley	Harbury	All Wards
<b>No.s</b>	15.3	11.0	10.2	9.8	7.9	86.1
<b>Warwick</b>	Willes	Brunswick	Clarendon	Warwick W.	Warwick N.	All Wards
<b>No.s</b>	23.9	20.8	16.3	14.8	14.6	171.6
<b>B: MINI scores</b>						
Rank	1	2	3	4	5	
<b>N. Warks</b>	Dordon	Atherstone N	Arley	Atherstone S	Mancetter	
<b>Score</b>	1.33	1.29	1.18	1.1	1.08	
<b>Nun. &amp; Bed. Score</b>	Abbey (NB)	Camp Hill	Chilvers Coton	Stockingford	Mount Pleasant	
	1.83	1.68	1.57	1.56	1.43	
<b>Rugby</b>	Benn	New Bilton	Newbold	Overslade	Hillmorton	
<b>Score</b>	1.25	1.16	1.04	0.91	0.8	
<b>Stratford</b>	Stratford Mkt Hall	Alcester	Bidford	Studley	Stratford New Town	
<b>Score</b>	0.85	0.84	0.77	0.76	0.73	
<b>Warwick</b>	Willes	Clarendon	Brunswick	Crown	Whitnash	
<b>Score</b>	1.21	1.14	1.13	0.91	0.89	

Nuneaton and Bedworth B.C. has the greatest concentration of expected number of admissions of mental illness with twelve wards featuring in the 'three or more times the median' category.

Urban/built up areas of the county have a greater expected number of admissions. The lowest concentrations of expected number of admissions are in rural areas.

**Table 10: MINI scores and expected numbers of admissions for schizophrenia for five highest ranking wards in Warwickshire Local Authorities (1991 census boundaries)**

<b>A: Expected numbers of admissions per year</b>						
<b>Rank</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Total:</b>
<b>N. Warks</b>	Polesworth	Atherstone N.	Mancetter	Kingsbury	Dordon	All wards
<b>No.s</b>	3.5	3.0	2.3	2.1	2.0	27.1
<b>Nun. &amp; Bed.</b>	Mount Pleasant	Abbey (NB)	Arbury	Attleborough	Camp Hill	All Wards
<b>No.s</b>	7.4	7.2	5.7	5.6	5.6	70.1
<b>Rugby</b>	Brownsover	Benn	New Bilton	Overslade	Newbold	All Wards
<b>No.s</b>	3.5	3.1	2.9	2.7	2.4	26.8
<b>Stratford</b>	Stratford Mkt. Hall	Southam	Alcester	Studley	Harbury	All Wards
<b>No.s</b>	3.5	2.5	2.3	2.2	1.8	19.0
<b>Warwick</b>	Willes	Brunswick	Clarendon	Warwick W.	Warwick N.	All Wards
<b>No.s</b>	6.3	5.5	4.2	3.8	3.8	34.0
<b>B: MINI scores</b>						
<b>Rank</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
<b>N. Warks</b>	Dordon	Atherstone N	Arley	Mancetter	Atherstone S	
<b>Score</b>	1.11	1.1	0.97	0.92	0.91	
<b>Nun. &amp; Bed</b>	Abbey (NB)	Camp Hill	Chilvers Coton	Stockingford	Mount Pleasant	
<b>Score</b>	1.63	1.49	1.38	1.37	1.26	
<b>Rugby</b>	Benn	New Bilton	Newbold	Overslade	Hillmorton	
<b>Score</b>	1.17	1.07	0.96	0.83	0.71	
<b>Stratford</b>	Stratford Mkt Hall	Alcester	Bidford	Studley	Stratford N. T.	
<b>Score</b>	0.71	0.68	0.62	0.62	0.58	
<b>Warwick</b>	Willes	Brunswick	Clarendon	Crown	Whitnash	
<b>Score</b>	1.15	1.08	1.06	0.84	0.81	

Nuneaton and Bedworth has eleven wards that feature in the 'three times or more above median' category. Royal Leamington Spa has three wards that fall into the 'three times or more above median' category Rugby has eleven wards that fall into the above median and above twice median categories.

The higher expected numbers are found in the urban/built-up areas.

**Table 11: MINI scores and expected numbers of admissions for affective disorders for five highest ranking wards in Warwickshire Local Authorities (1991 census boundaries)**

<b>A: Expected numbers of admissions per year</b>						
<b>Rank</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Total:</b>
<b>N. Warks</b>	Polesworth	Atherstone N.	Mancetter	Kingsbury	Dordon	All wards
<b>Score</b>	5.0	4.2	3.3	3.2	2.9	41.6
<b>Nuneat. &amp; Bedw.</b>	Mount Pleasant	Abbey (NB)	Arbury	Galley Common	Camp Hill	All Wards
<b>Score</b>	9.4	8.7	7.9	7.0	6.9	91.3
<b>Rugby</b>	Brownsover	Benn	New Bilton	Overslade	Eastlands	All Wards
<b>Score</b>	5.3	4.2	4.1	3.9	3.5	42.1
<b>Stratford</b>	Stratford Mkt. Hall	Southam	Alcester	Studley	Harbury	All Wards
<b>Score</b>	5.6	4.2	3.8	3.7	3.0	33.0
<b>Warwick</b>	Willes	Brunswick	Clarendon	Warwick W.	Warwick N.	All Wards
<b>Score</b>	8.5	7.3	6.0	5.5	5.5	65.7
<b>B: MINI scores</b>						
<b>Rank</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
<b>N. Warks</b>	Dordon	Atherstone N	Arley	Atherstone S	Mancetter	
<b>Score</b>	1.31	1.25	1.16	1.13	1.05	
<b>Nun. &amp; Bed.</b>	Abbey (NB)	Camp Hill	Chilvers Coton	Stockingford	Mount Pleasant	
<b>Score</b>	1.6	1.49	1.42	1.41	1.32	
<b>Rugby</b>	Benn	New Bilton	Newbold	Overslade	Hillmorton	
<b>Score</b>	1.29	1.22	1.1	0.99	0.9	
<b>Stratford</b>	Stratford Mkt Hall	Alcester	Bidford	Studley	Shipston	
<b>Score</b>	0.91	0.91	0.83	0.83	0.82	
<b>Warwick</b>	Willes	Clarendon	Brunswick	Whitnash	Crown	
<b>Score</b>	1.27	1.23	1.16	0.99	0.97	

Nuneaton and Bedworth has seven wards that feature in the 'three times and above median category, Leamington has two. Rugby features a cluster of ten wards with median and above expected numbers. The higher expected numbers are found in the urban/built-up areas

**Table 12: MINI scores and expected numbers of admissions for other mental illnesses for five highest ranking wards in Warwickshire Local Authorities (1991 census boundaries)**

<b>A: Expected numbers of admissions per year</b>						
<b>Rank</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Total:</b>
<b>N. Warks</b>	Polesworth	Atherstone N.	Mancetter	Kingsbury	Dordon	All wards
<b>Numbers</b>	3.5	3.0	2.3	2.1	2.0	27.1
<b>Nun. &amp; Bed.</b>	Mount Pleasant	Abbey (NB)	Arbury	Attleborough	Camp Hill	All Wards
<b>Numbers</b>	7.4	7.2	5.7	5.6	5.6	70.1
<b>Rugby</b>	Brownsover	Benn	New Bilton	Overslade	Newbold	All Wards
<b>Numbers</b>	3.5	3.1	2.9	2.7	2.4	26.8
<b>Stratford</b>	Stratford Mkt. Hall	Southam	Alcester	Studley	Harbury	All Wards
<b>Numbers</b>	3.5	2.5	2.3	2.2	1.8	19.0
<b>Warwick</b>	Willes	Brunswick	Clarendon	Warwick W.	Warwick N.	All Wards
<b>Numbers</b>	6.3	5.5	4.2	3.8	3.8	34.0
<b>B: MINI scores</b>						
<b>Rank</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
<b>N. Warks</b>	Dordon	Atherstone N	Arley	Mancetter	Atherstone S	
<b>Score</b>	1.52	1.47	1.35	1.24	1.22	
<b>Nun. &amp; Bed.</b>	Abbey (NB)	Camp Hill	Chilvers Coton	Stockingford	Attleborough	
<b>Score</b>	2.18	2	1.85	1.83	1.69	
<b>Rugby</b>	Benn	New Bilton	Newbold	Overslade	Hillmorton	
<b>Score</b>	1.29	1.17	1.05	0.9	0.78	
<b>Stratford</b>	Stratford Mkt Hall	Alcester	Bidford	Studley	Stratford N. T.	
<b>Score</b>	0.9	0.88	0.82	0.79	0.76	
<b>Warwick</b>	Willes	Brunswick	Clarendon	Crown	Whitnash	
<b>Score</b>	1.2	1.14	1.12	0.91	0.86	

Nuneaton and Bedworth has the highest number of 'three times median and over category' in the county (12 occurrences). Rugby has a fewer wards with above median numbers than for the other categories - schizophrenia and affective disorders. Leamington Spa also features again with high-expected numbers, (two wards in the highest category, and also five wards with expected numbers above the median).

## Supporting People Client Database Information

The client record data analyses people who enter a Supporting People funded service during a set period. The figures below show who has started using a service between April 2007 and March 2008. Details of anyone already in a scheme prior to April 2007 will not be included in this breakdown.

Table 13 shows that there were 86 clients registered on the 'Supporting People' database whose primary need has been assessed as having mental health problems. The major service type offered to this client group is 'floating support' which aided about 56% of these new clients.

**Table 13: New service users under the 'Supporting People' programme, 2007/08, whose primary need was assessed as having Mental Health Problems (86 Clients)**

Client Age										Client sex	
Under 18	18-19	20-24	25-29	30-39	40-49	50-59	60-69	70-79	Unknown	Male	Female
4	3	11	14	20	20	12	1	-	1	40	46

  

Service Type		Client Ethnicity				Provider									
Floating support	Supported Housing	White	Black or Black British	Mixed	Unknown	Bromford Carinthia H.A.	Charnwood House	Christian Alliance HA	FCH Housing and Care	Home Group	Mayday Trust	Mustard Tree	Orbit HA	Rethink	South Warwickshire Plato Trust
48	38	81	1	3	1	6	10	1	25	10	6	14	1	9	4

Source: Supporting People Client Database

## P1E Homeless Returns 2007/08

P1E data contains detailed information on those households presenting themselves as homeless to a Local Authority. This dataset is updated quarterly. The following analysis uses data from April 2007 to March 2008.

**Table 14; Household applicants eligible for assistance and unintentionally homeless 2006/07 who were considered vulnerable as a result of Mental Illness or Disability**

Priority Need Category	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford on Avon	Warwick	Total
Applicant or member of household is vulnerable as result of Mental Illness or Disability: <i>Primary</i> need		5	2*	3	4	14
Applicant or member of household is vulnerable as result of Mental Illness or Disability: <i>Secondary</i> need		0	0*	0	0	0

Source: P1E \*Figures for Rugby relate to only three quarters of the year

## Delayed Discharge Information

Between 1<sup>st</sup> July 2006 and 30<sup>th</sup> June 2007, there were 119 hospital discharge delays across the County relating to housing (including District Council Adaption). Of these, 60 were beds occupied by mental health patients. There were not any discharge delays relating to the unavailability of equipment from Social Services (e.g. handrails, adaption to property, etc).<sup>1</sup>

## Assumptions of Need

- The prevalence rates of common mental health problems would suggest a total of 143,500 people within the county suffer from some type of mental health problem. Of these, 1,335 people were admitted to hospital, leaving approximately 98% of people with mental health problems accessing lower level services as appropriate.

## QUALITATIVE INFORMATION

### Feedback from Service Uses

In the development of the Mental Health Joint Commissioning Strategy we talked with Service Users and Carers across the county about their views of services currently provided, how they would like to see services delivered in the future and how they want to be involved with future planning and commissioning.

Generally service users said they wanted want more flexibility in the services provided. They want to see more community-based services that would prevent hospitalisation.

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<sup>1</sup> Warwickshire County Council Adult Commissioning Unit

Feedback from focus group meetings held specifically in relation to the development of the strategy, with representatives from the South Warwickshire User Forum and North Warwickshire User Involvement Project told us that:

- There is inequity across the county in service delivery and that this differs from services in Coventry. With the new Partnership Trust representatives expect to see more consistency in delivery
- That more out of hours contact is needed
- 'Information is knowledge' and that service users and carers want easier access to information
- There needs to be more of a holistic approach to services
- Lower level support and care would help people to live independently
- Service users want be able to develop more social networks
- There should be more talking therapies
- They want to see increase in uptake of Direct Payments
- There needs to be more advocacy services.

### **Mental Health Social Inclusion (2006)**

This inclusive group involves service users, SP providers, MH professionals, housing, social care providers, service users representatives. Meetings take place quarterly, discussions around the need for services has been both in terms of 'the first thing that goes when someone becomes unwell is their finances and household'. Discussion have also been raised around the need for early prevention services for those with depression in order for them to not loose employment, family networks and not require access to statutory services in the long run. Therefore a low level support service with clear links from GP's is suggested.

### **Mental Health - Carers**

SP discussed with the Carers Representative – the Carers Coordinator for people who care for those with Mental Health and those with mental health and substance misuse issues. John Copping highlighted through discussions that there is a need sometimes for the carers themselves to receive support from an SP service. This may be around the need for a wife who has never paid the bills and her husband who used to do this now suffers with Dementia. This maybe that through the stress of caring for a child that their own emotional needs are not met and therefore they are at risk of homelessness due to breakdown in networks, financially struggling etc. This is in particular reference to those Carers who do not meet the FACS criteria.

### **Feedback from the Supporting People Big Event and Partnership Day on need for housing related support**

As part of the consultation on the Supporting People needs analysis two events were held, one focusing on service users, carers and wider stakeholders and the other on the governance groups for Supporting People. At these events a series of interactive exercises asked people to identify on what client groups' money should be spent and where these services should be.

Feedback on the 'postbox' exercise showed that

- At the Supporting People Event, the 'People with Mental Health Needs' client group received 9.4% of the total money allocated to client groups using the 'post box' exercise. There was a slight variation in the distribution of funds between those

people who attended the event in a professional capacity and those who attended in a non professional capacity, allocating 7.5% and 3.2% respectively

- At the Partnership Day, using the same 'post box' exercise, 'People with Mental Health Needs' received 0.5% of the total money allocated to the client groups.

### **Implications of service unavailability:**

- Possible loss of tenancies
- Re-admissions to hospitals

### **Specific omissions in provision:**

- No accommodation based or floating support provision for people with mental health problems in North Warwickshire.

## **Strategic Context**

### National Strategic Drivers

**The National Service Framework for Mental Health (NSF)** published by the Government in 1999 set out an ambitious agenda for changing the way mental health services are provided.

It aimed to drive up quality and remove the wide and unacceptable variations in provision. It did this by setting seven standards that covered five areas:

<b>Standard 1</b>	Mental Health promotion
<b>Standards 2 and 3</b>	Primary care and access to services
<b>Standards 4 and 5</b>	Effective services for people with severe mental illness
<b>Standard 6</b>	Caring about carers
<b>Standard 7</b>	Preventing suicide

**Our Health, Our Care, Our Say: a New Direction for Community Services**, the Government White Paper published in January 2006, provides a focus for the strategic commissioning of services for people with mental health needs. It sets out a clear vision for integrated and personalised services closer to home. Its overall goal is to ensure that services are designed around the needs and choices of service users.

**Delivering Race Equality in Mental Health Care** (Department of Health 2005) is the Government's five year action plan for tackling discrimination in NHS and local authority mental health services. It recognises that people from Black and Minority Ethnic Groups do not get the quality of mental health services they are entitled to. The action plan is based on three key areas of reform:

- Better, more responsive services
- Better engagement of services with their local communities
- Better information

The Government's Social Exclusion Unit's Report **Mental Health and Social Exclusion** (2004) acknowledged that people with long term mental health problems are one of the most excluded groups in society. Unemployment is high and all too often people do not have activities to fill their days and spend their time alone.

## Local Strategic Drivers

### **The Local Area Agreement**

Warwickshire's Local Area Agreement includes particular targets for increasing support to people with mental health needs through the Supporting People Programme and the promotion of emotional health in the workplace.

### **The Joint Commissioning Strategy for Adult Mental Health Services was**

jointly developed by Warwickshire County Council and Warwickshire PCT.

The overarching purpose of the strategy is to improve the outcomes for people with mental health needs and their carers.

The key theme running throughout this strategy is one of social inclusion regardless of age, race or disability. The overall social context within which people live their lives, has a crucial effect on quality of life and the development and maintenance of mental health. There is a whole area of life and activity outside the confines of mental health services where people need to take their full place as citizens. Mental health services must link with other agencies and programmes to promote full citizenship and social inclusion of people with mental ill health. A socially inclusive service will provide a network of services that promote both a feeling of, and actual independence.

The strategy sets out our vision for services, the underpinning values and the strategic commissioning priorities for the next three years. These commissioning priorities have been decided as a result of an analysis of needs and of current services. Full account was taken of what people with mental health needs and their carers have said about services.

### **The strategic commissioning priorities are:**

#### Service User and Carer Involvement

We will fully engage service users and carers in all levels of commissioning.

#### Social Inclusion

We want people with mental health needs to have the same opportunities to work and participate in their communities as any other citizen.

#### Empowerment

We want to put people with mental health needs in control of their own services, giving them more choice and a stronger voice

#### Mental Well-being

We want to promote mental health well-being

#### Mental Health Integrated Care Pathway

We will commission a range of services across the county in line with an integrated care pathway