

**InformGloucestershire**

# **Adults with Mental Health Conditions Prevalence of Needs**

Release date: July 2020



**Gloucestershire**  
COUNTY COUNCIL

## Key points

In 2020 an estimated **70,000** people aged **18-64 years** in Gloucestershire have a common mental disorder, **12,300** have an antisocial personality disorder, **8,900** have a borderline personality disorder, and **2,600** have a psychotic disorder. An estimated **26,600** people aged 18-64 will have two or more psychiatric disorders.

These numbers are predicted to show **little change** in the next ten years. However, the number of people seeking help from services and the number of diagnoses may increase as awareness of mental health conditions rises.

In 2020 an estimated **12,100** people in Gloucestershire **aged 65 years or over** will have **depression** and this number is predicted to rise to **15,200** by 2030 as the number of older people in the population increases. The number of older people with **severe depression** is predicted to rise **from 3,800 to 4,900** in the same period.

The number of people aged 18 years and over in Gloucestershire **diagnosed** by GPs with **depression** has increased from **27,043** people in 2012/13 to **52,777** people in 2018/19, an increase of **95%**.

The number of people in Gloucestershire **diagnosed with schizophrenia, bipolar affective disorder or other psychoses** has increased from **4,446** in 2012/13 to **5,177** in 2018/19, a rise of **16.4%**.

In August 2019, **7,521** people in Gloucestershire were **claiming a disability benefit** for a mental health condition, an **increase of 5.9%** from August 2018; **3,911** of these claimants were age 16-64 years and **3,610** were 65 or over. The most common condition claimed for was dementia, followed by psychoneurosis (depression/anxiety/stress) and psychosis.

An estimated **16,500** people aged 18-64 years are at higher risk of **alcohol related health problems** and an estimated **12,200** are higher risk of **drug related health problems** in Gloucestershire in 2020. The number of people in Gloucestershire at higher risk of alcohol and health problems is predicted to show **little change** over the next 10 years; the number of people dependent on drugs is expected to increase by 2.3% in the same period.

## Key points

Research shows an association between child sexual abuse and childhood and adult mental disorders. An estimated **42,700** adults aged 18-64 in Gloucestershire will have experienced abuse as a child.

There were **212.1 emergency hospital admissions for self-harm per 100,000 population** in Gloucestershire in 2018/19. This was an increase from a rate of 200.6 in 2017/18. The admission rate for females is consistently higher than that for males.

There were **10.4 suicides per 100,000 population** in 2016-18 in Gloucestershire, an increase from a rate of 9.8 in 2015-17. The suicide rate for males is consistently higher than that for females.

The Small Area Mental Health Index highlights that **areas of poorest mental health** in Gloucestershire (relative to England) lie predominantly in **Cheltenham, Gloucester and the Forest of Dean** whilst a large proportion of the areas with the best mental health (relative to England) fall within Cotswold district.

Nationally, **33%** of carers caring for people with a mental health problem and **37%** of carers who support people with memory and cognition, **provide care for 100 hours or more** each week.

**63%** of carers providing mental health support and **60%** of carers who provide support with memory and cognition **have a long-standing illness or disability** themselves.

Carers providing mental health support are more likely than other groups of carers to have **concerns about their personal safety** with a quarter saying they have some worries or are extremely worried. They are amongst the least likely of carers to say they have **encouragement and support** with just under a quarter saying they have no encouragement or support.

Over two thirds of carers providing mental health support or support with memory and cognition say they **do not have enough social contact** with people or are **socially isolated** and around four fifths **have difficulty finding time to do the things they enjoy**. Around a half have **difficulty looking after themselves**.

## Introduction

This document provides a broad outline of the needs of adults with mental health problems in Gloucestershire that might have an impact on future demand for social care. The aim is to bring together key evidence to support Gloucestershire County Council and our partner organisations in their understanding of the potential social care needs of our most vulnerable adults in the County.

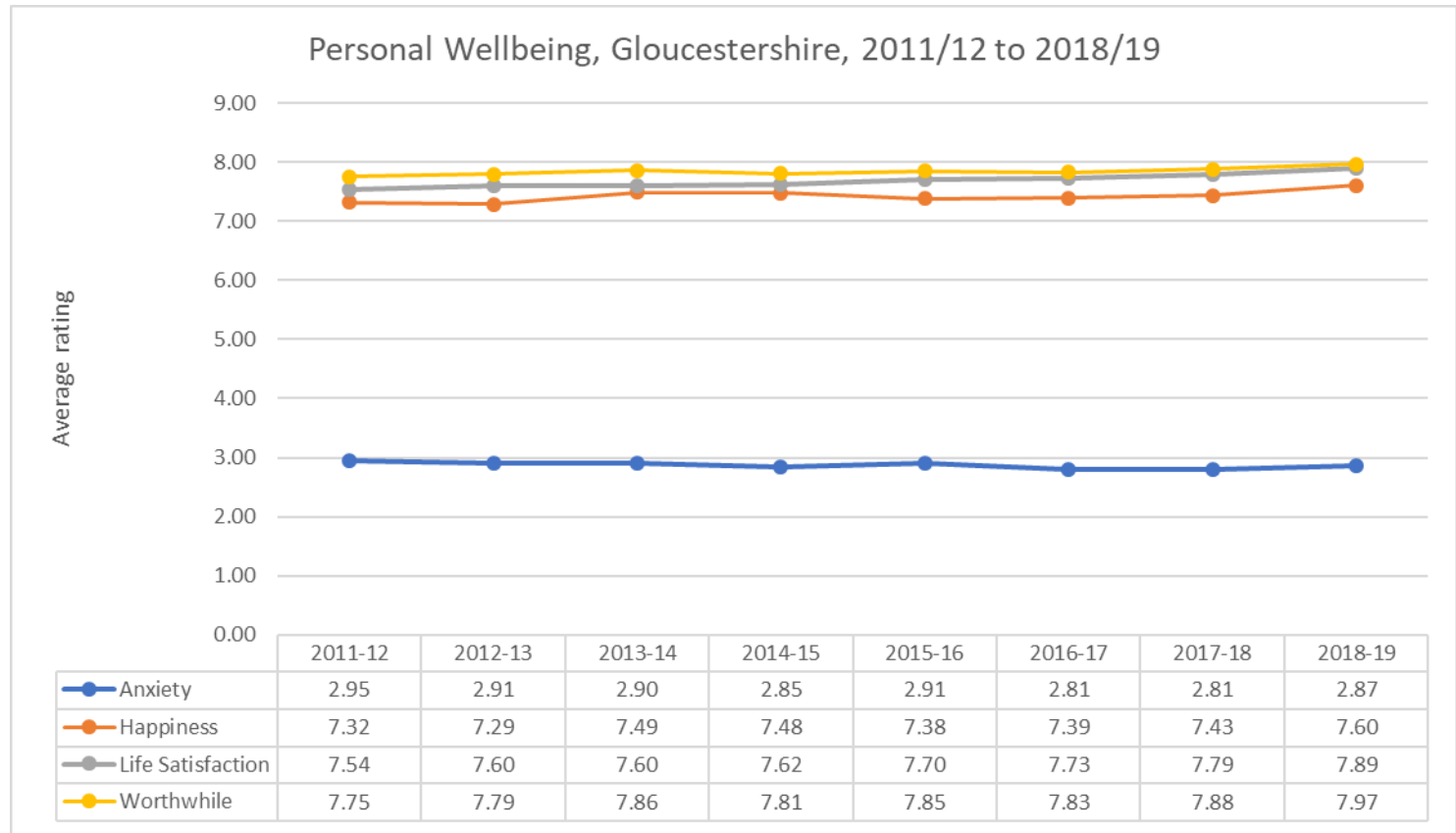
Since the introduction of the Care Act 2014, as well as identifying need, local authorities are required to identify individuals' strengths – personal, community and social networks – and to maximise those strengths. This will enable people to achieve better outcomes, thereby meeting their needs and improving or maintaining their wellbeing. The document [Strengths-based analysis](#) on Inform Gloucestershire, provides a baseline understanding of the strengths of the local adult population as well as adult social care service users. The [Community Theme](#) on Inform Gloucestershire also looks at other characteristics within the population such as Social Capital and Community Assets that may mitigate any needs.

For the purposes of this document, adults are defined as those who are aged 18 and over.

## What is Mental Health?

- There are two aspects to mental health: **mental or personal wellbeing** and **mental health problems**.
- **Mental health problems** are concerned with diagnosable illnesses, such as anxiety or depression.
- **Mental or personal wellbeing** is not just the absence of mental health problems. It is concerned with how people feel about their lives.
- **Personal wellbeing** is defined by the Office for National Statistics as: how satisfied we are with our lives; our sense that what we do in life is worthwhile, our day to day emotional experiences (happiness and anxiety)
- People's mental health can change as circumstances change and as they move through different stages of their life.
- Most mental health symptoms have traditionally been divided into two groups with symptoms described as '**neurotic**' or '**psychotic**'.
- **Neurotic** covers those symptoms which can be regarded as severe forms of 'normal' emotional experiences such as depression, anxiety or panic. Conditions formerly referred to as 'neuroses' are now more frequently called 'common mental health problems.'
- Less common are '**psychotic**' symptoms, which interfere with a person's perception of reality, and may include hallucinations
- Although **dementia** is a neurological condition rather than a mental health condition, information on dementia has been included in this report, since profiles and strategies (for example, the Public Health England mental health profile) often include dementia within the theme of mental health. In addition, dementia services are delivered locally by Gloucestershire Health and Care NHS Foundation Trust which provides mental health services.

## Personal Wellbeing, Gloucestershire, 2011/12 to 2018/19

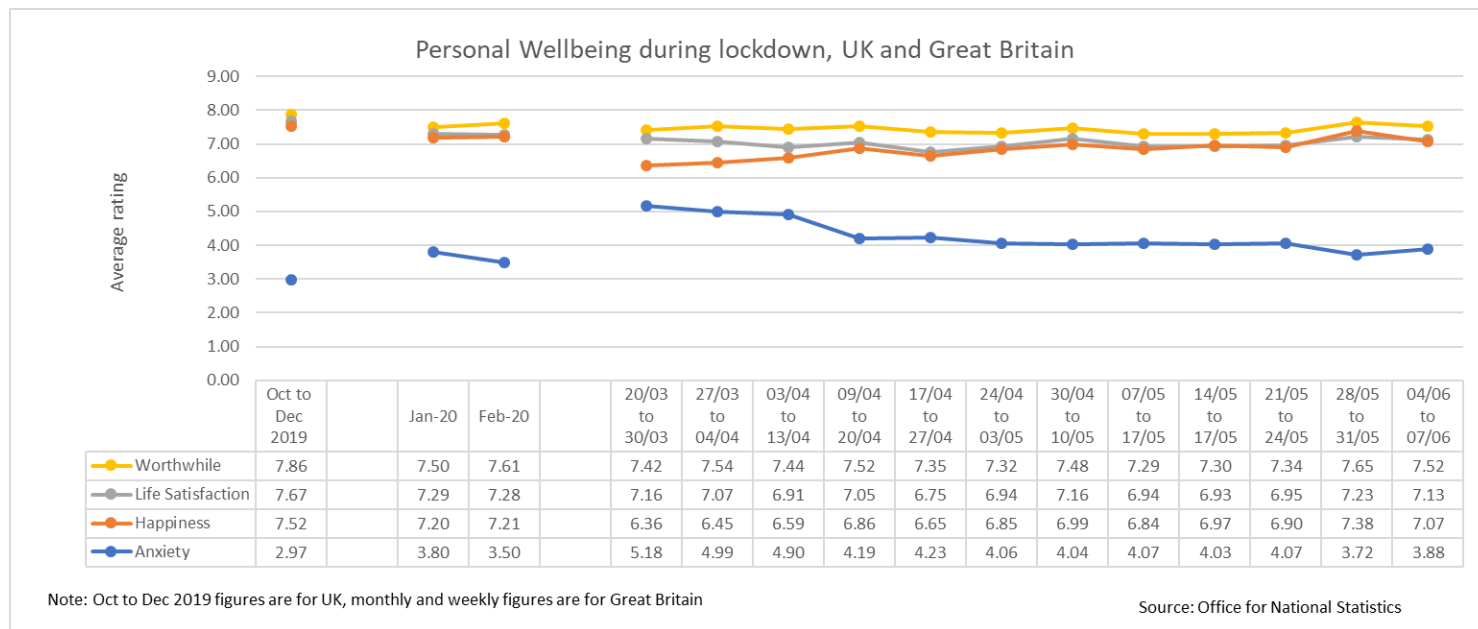


Source: Office for National Statistics

The Annual Population Survey (APS) carried out by the Office for National Statistics (ONS) includes questions on personal wellbeing which ask respondents (aged 16+) to rate their life satisfaction, feelings that things done in life are worthwhile, happiness and anxiety, from 0 (not at all) to 10 (completely).

In Gloucestershire, from 2011/12 to 2018/19 there was a slight upward trend in happiness, life satisfaction and feelings that things done in life are worthwhile, and a slight drop in anxiety. These changes reflected the national trends.

# The Impact of Covid-19 on Personal Wellbeing, UK and Great Britain

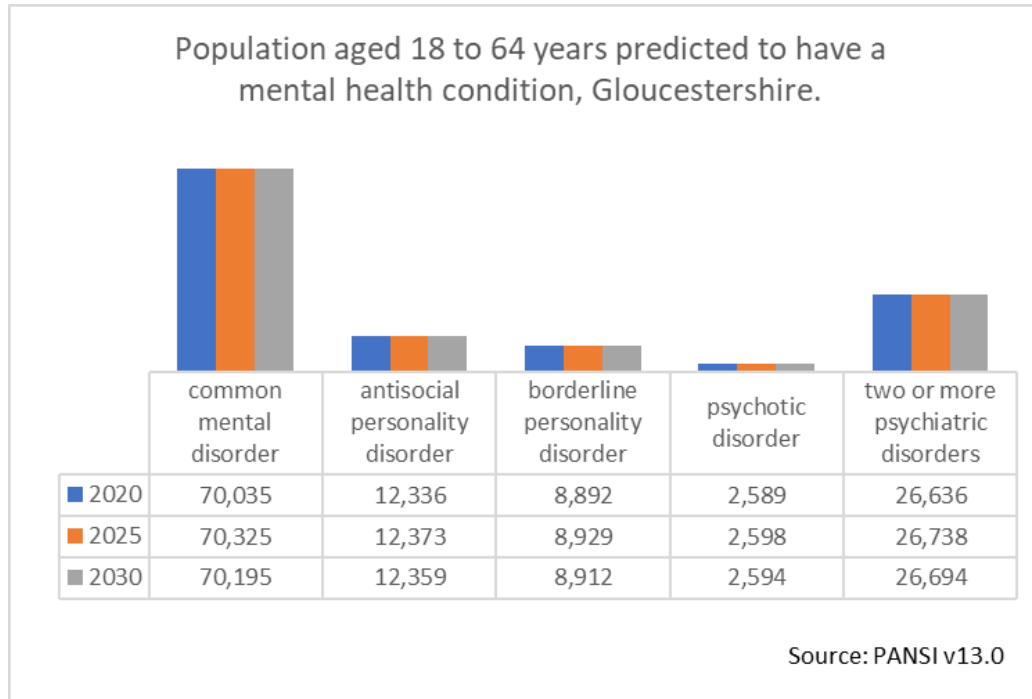


The Office for National Statistics has been monitoring personal wellbeing during the Covid-19 pandemic. Data is not available at a local authority level, but national data shows significant changes in personal wellbeing at the beginning of lockdown, with notable increases in anxiety and reductions in happiness, feelings of things being worthwhile, and life satisfaction. In the first week of lockdown:

- the average rating for **anxiety** had risen to 5.18 compared with 2.97 at the end of 2019
- the average rating for **happiness** had fallen to 6.36 compared with 7.52 at the end of 2019;
- the average rating for **life satisfaction** had fallen to 7.16 compared with 7.67 at the end of 2019.
- the average rating for **feeling that things done in life were worthwhile** had fallen to 7.42 compared with 7.86 at the end of 2019.

Since the first week of lockdown ratings for anxiety and happiness have improved with the values in the first week of June being 3.88 and 7.07 respectively. However, life satisfaction and feeling that the things we do are worthwhile remained subdued at 7.13 and 7.52 respectively.

## Estimated Prevalence and Projections for Mental Health Conditions, 2020 to 2030



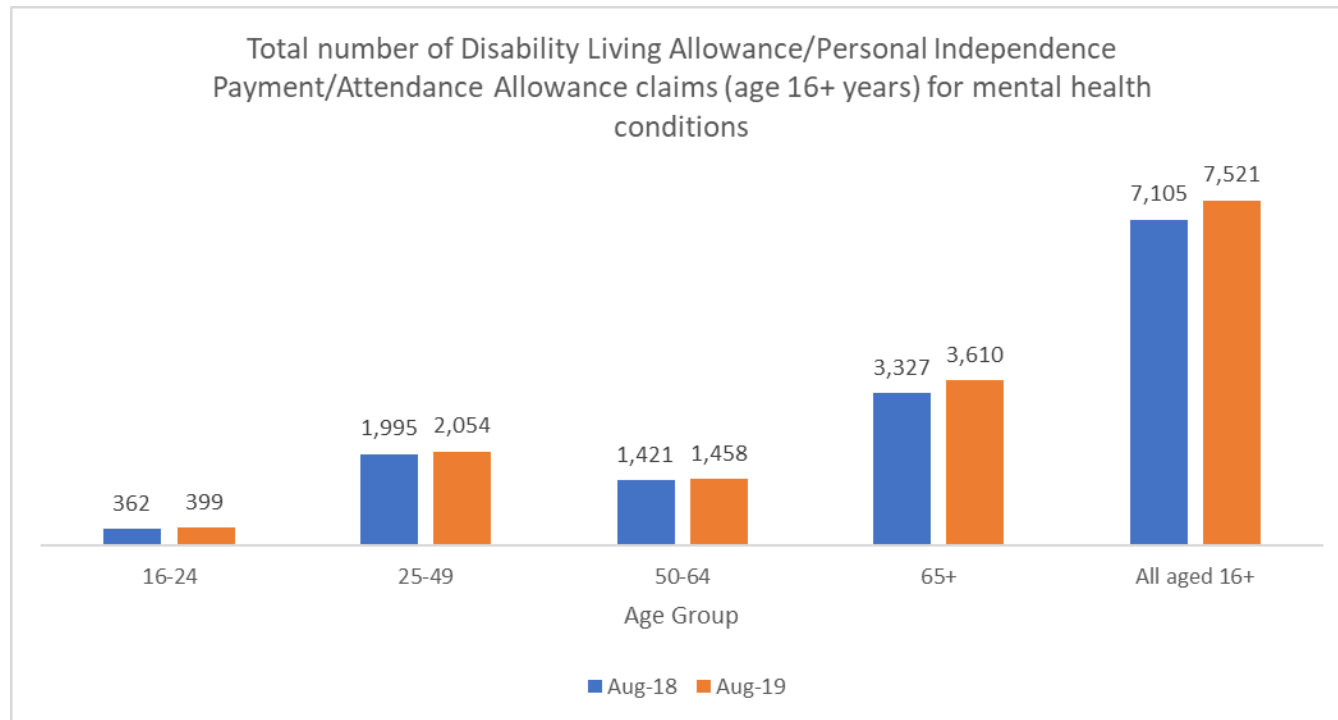
The PANSI model estimates that in Gloucestershire in 2020, amongst people aged 18 to 64 years:

- around 70,000 people will have a common mental health condition;
- around 12,300 will have an antisocial personality disorder, 8,900 will have a borderline personality disorder, and 2,600 will have a psychotic disorder;
- around 26,600 will have two or more psychiatric disorders;
- the numbers are expected to show little change between 2020 and 2030 as the working age population is expected to show little growth.

However, it is important to remember that these figures estimate the underlying prevalence; the number of people who are actually diagnosed with mental health conditions may increase in future years as awareness and understanding of mental health issues increases, leading to more people seeking help.



## Prevalence: Disability Benefit Claims



### In August 2019:

- just over 7,500 people in Gloucestershire, aged 16 years and over were claiming a disability benefit for a mental health condition;
- this was an increase of just over 400 people (5.9%) on the previous year;
- of these 7,500 people, 3,610 (48%) were aged 65 years or over.

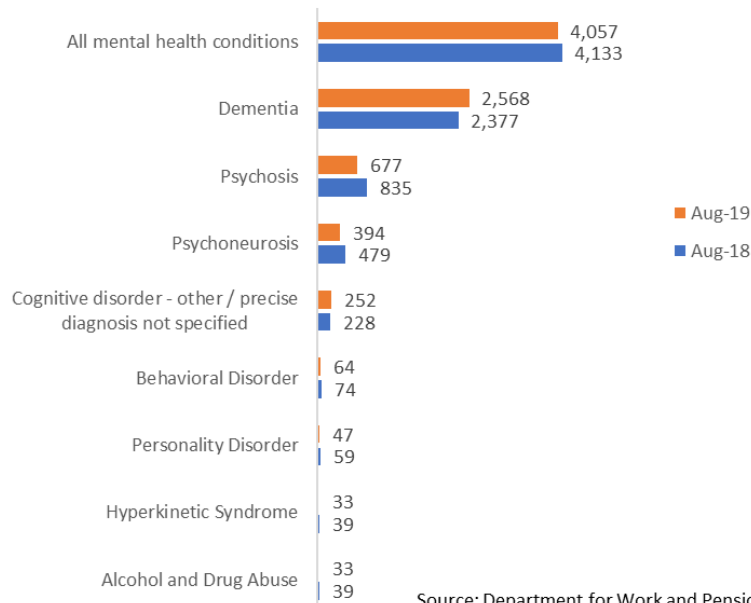
(see the Notes section for an explanation of the different benefits)

## Disability Benefit Claims by Mental Health Condition

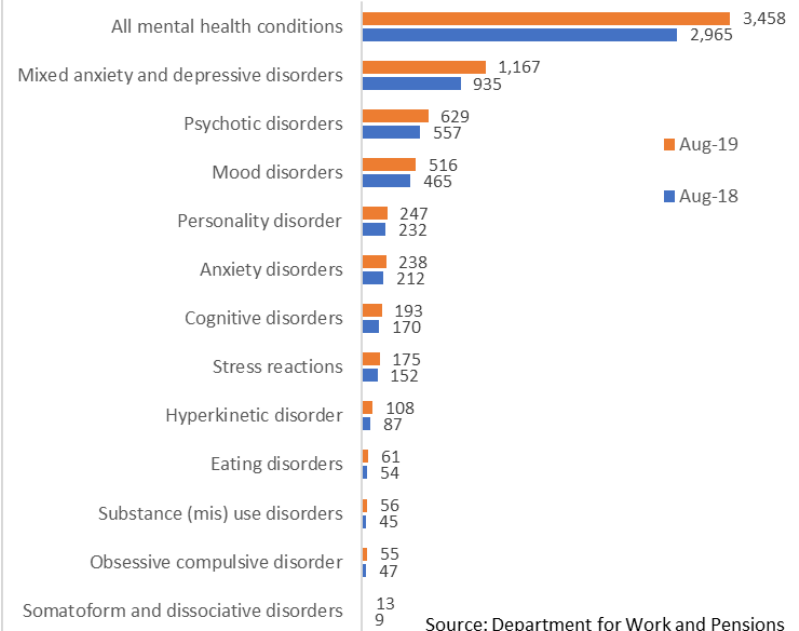
Among the **4,057** Disability Living Allowance (DLA) and Attendance Allowance (AA) claims for a mental health condition in August 2019, the most common condition was **dementia (2,568 claims)** followed by **psychosis (677 claims)** and **psychoneurosis (394 claims)**. Over three quarters of these claims were for people aged 65 years and over.

Among the **3,458** Personal Independence Payment claims for a mental health condition in August 2019 the most common condition was 'mixed anxiety and depressive disorders' (**1,167 claims**) followed by **psychotic disorders (629 claims)** and **mood disorders (516 claims)**. Over 90% of these claims were for people aged 16-64 years.

Number of Disability Living Allowance/Attendance Allowance claims for a mental health condition by people aged 16 years and over, Gloucestershire



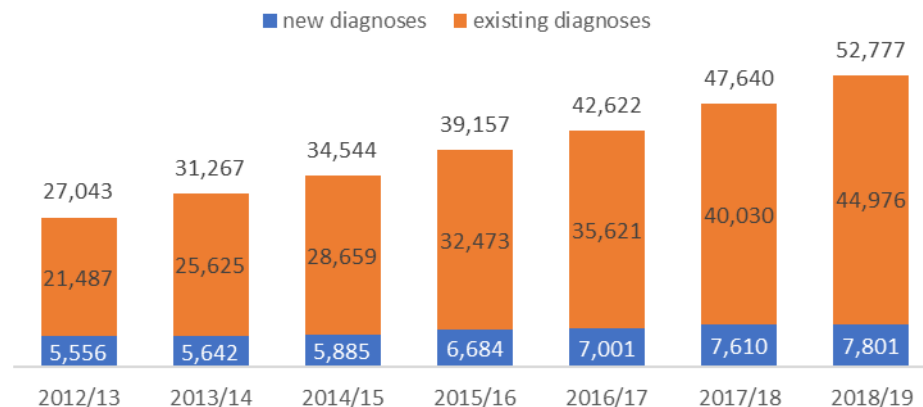
Number of Personal Independence Payment claims for a mental health condition by people aged 16 years and over, Gloucestershire



# Depression

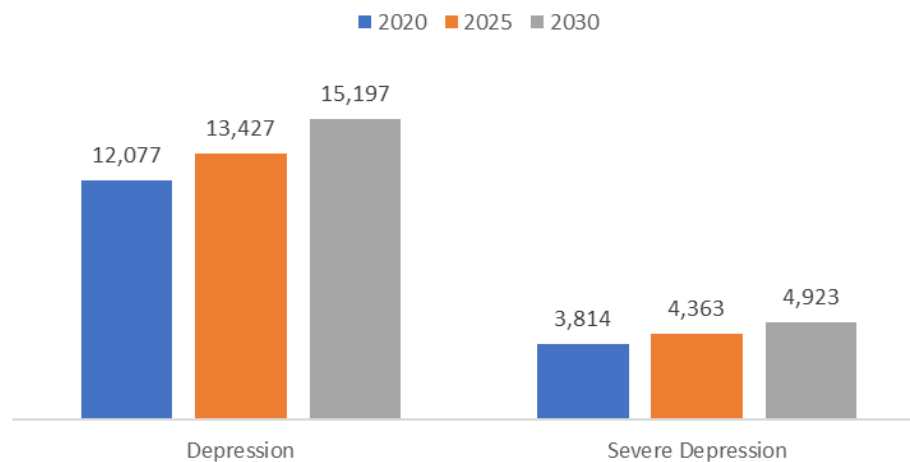
- The number of people diagnosed with depression in Gloucestershire has increased from 27,043 in 2012/13 to 52,777 in 2018/19; this represents a rise of 95%;
- The number of people diagnosed with depression in Gloucestershire in 2018/19 is equivalent to 10.2% of the population who are registered with a GP.
- Modelled data from POPPI suggests that in Gloucestershire around 12,100 people aged 65 and over will have depression in 2020, and around 3,800 will have severe depression. The number of older people with depression is predicted to rise to around 15,200 by 2030 as the population ages, with 4,900 predicted to experience severe depression.

Number of people aged 18 years and over diagnosed with depression, Gloucestershire



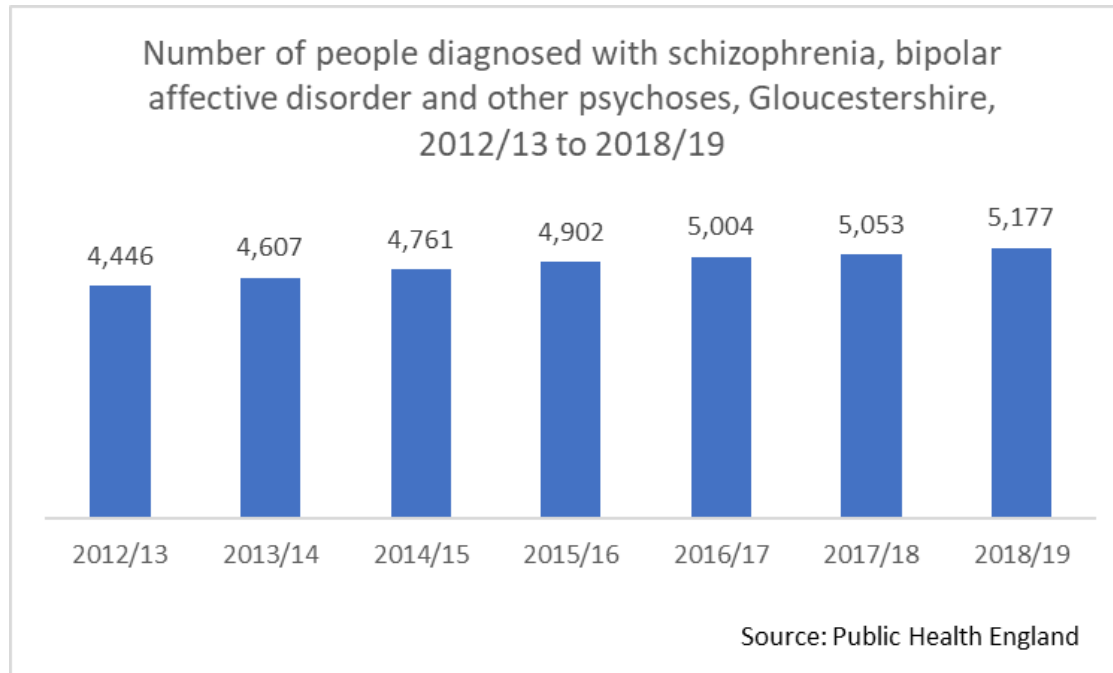
Source: Public Health England

Population aged 65 years and over predicted to have depression or severe depression, Gloucestershire



Source: POPPI v13.0

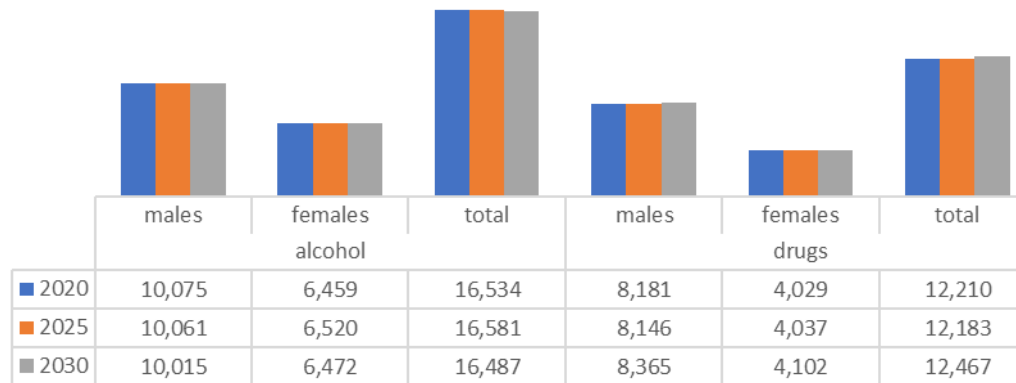
## Severe Mental Health Conditions



- The number of people in Gloucestershire diagnosed with schizophrenia, bipolar affective disorder or other psychoses has increased from 4,446 in 2012/13 to 5,177 in 2018/19, a rise of 16.4%.
- This represents an increase in prevalence from 0.71% of the population who are registered with a GP in 2012/13 to 0.80% in 2018/19.

## Alcohol and Drug Related Health Problems

Number of people aged 18 to 64 years predicted to be at higher risk of alcohol related health problems or dependent on drugs  
Gloucestershire, 2020 to 2030



Source: PANSI v13.0

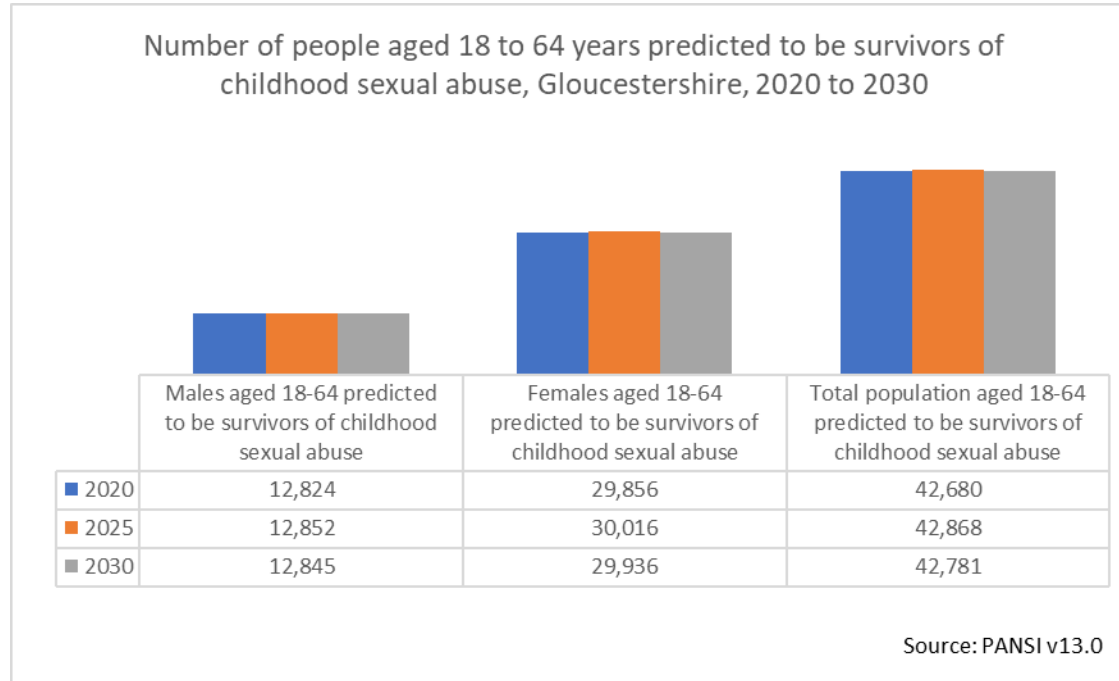
Research demonstrates a strong link between mental health problems and alcohol and drug use . In Gloucestershire in 2016/17 some 21% of people who entered treatment at a specialist alcohol misuse service and 23% of people who entered treatment at a specialist drug misuse service were also in receipt of treatment from mental health services for a reason other than substance misuse.

In Gloucestershire in 2020:

- 16,534 people are predicted to be at higher risk of alcohol related health;
- 12,210 people are predicted to be at higher risk of drug related health problems;
- 61% of people at risk of alcohol related health problems and 67% of people at risk of drug related alcohol problems are predicted to be men.

The number of people in Gloucestershire at higher risk of alcohol related health problems is predicted to show little change over the next 10 years. The number of people who are dependent on drugs is also predicted to show little change between 2020 and 2025 but is then predicted to increase slightly (by 284 people or 2.3%) between 2025 and 2030.

## Childhood sexual abuse

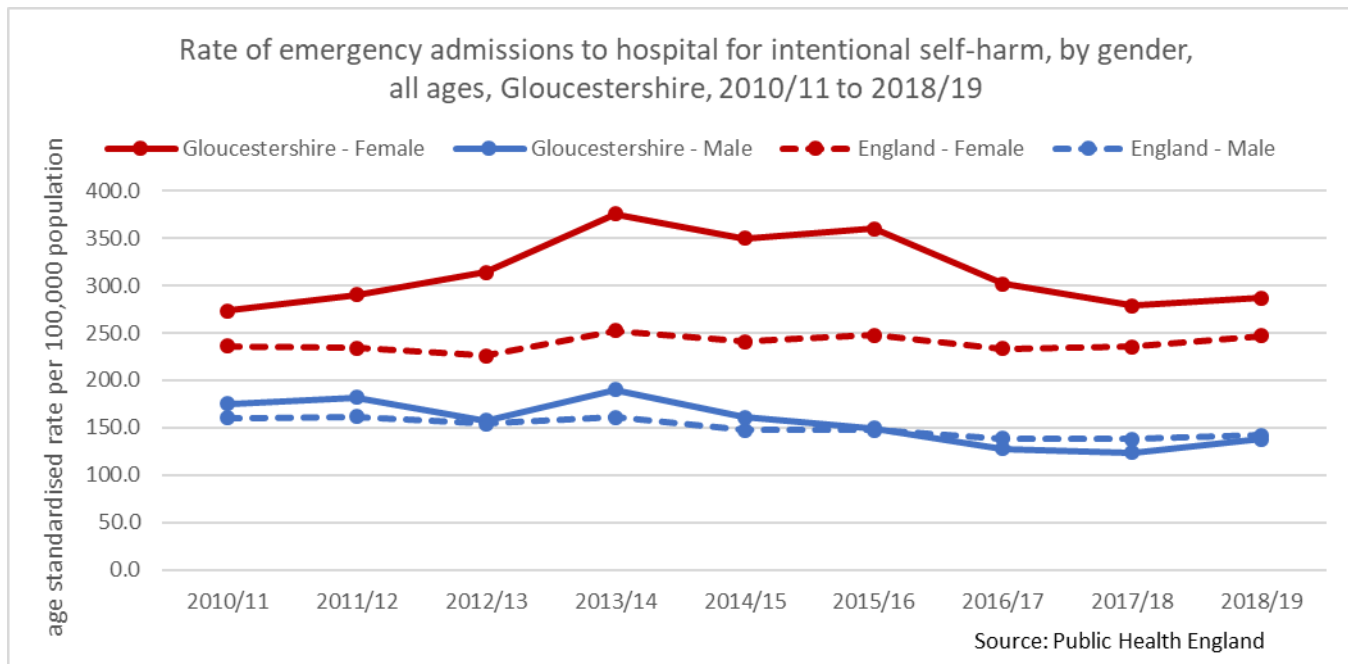


Research shows an association between child sexual abuse and a subsequent increase in rates of childhood and adult mental disorders.

It is predicted that in Gloucestershire in 2020 there will be just under 42,700 people aged 18 to 64 years who are survivors of childhood sexual abuse, of whom 70% will be female and 30% male.

The number of people aged 18 to 64 years who are victims of childhood sexual abuse is predicted to show little change over the next 10 years as the working-age population is expected to show little growth.

## Self-harm



There were 1,280 emergency admissions to hospital for intentional self-harm in 2018/19, a rise from 1,211 in 2017/18.

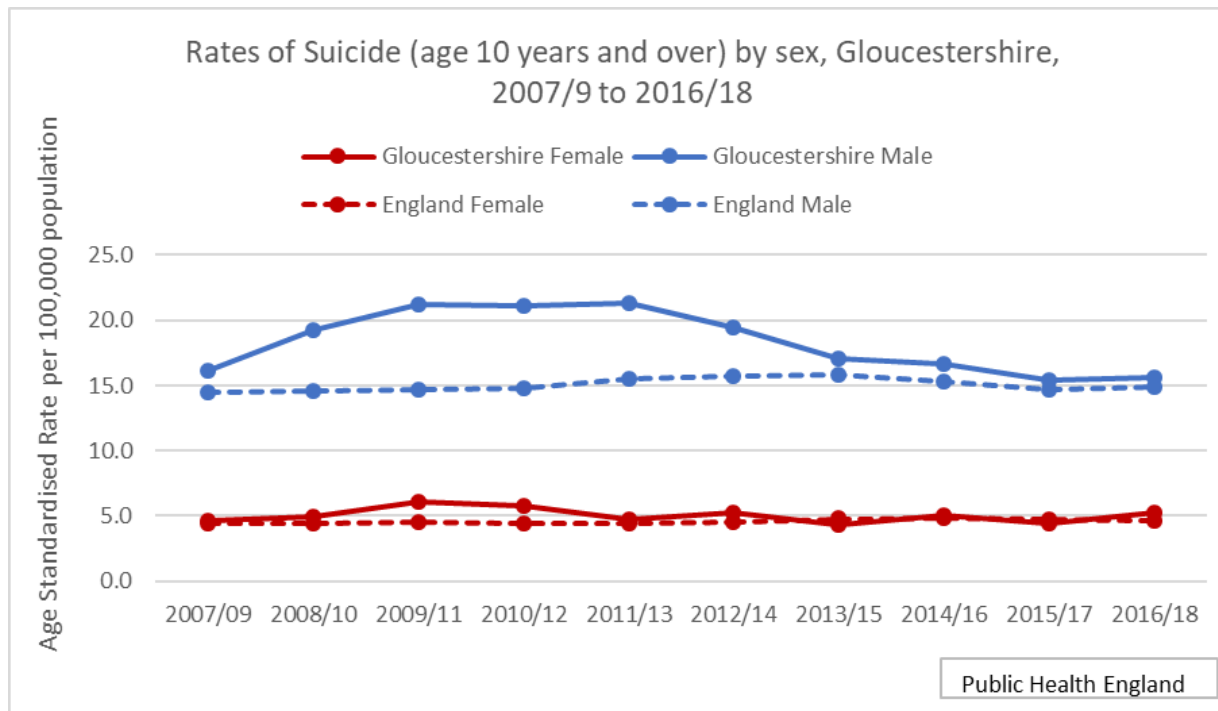
This is equivalent to an age-standardised rate of 212.1 admissions per 100,000 population, an increase from a rate of 200.6 in 2017/18.

The graph above shows that the admission rate for females is consistently higher than that for males in the county; this is also the case nationally.

The graph also shows the rate for females is higher than that for females in England. However, over the last five years there has been a fall in the admissions rate for females bringing it closer to the rate for females in England.

Looking at the rates over the last five years for males, they have been similar to those for England and there has been no statistically significant change.

## Suicide



There were 172 suicides in Gloucestershire in the 3 year period 2016-18, an increase from 163 in the period 2015-17. This is equivalent to an age standardised rate of 10.4 per 100,000 population, an increase from a rate of 9.8 in 2015-17.

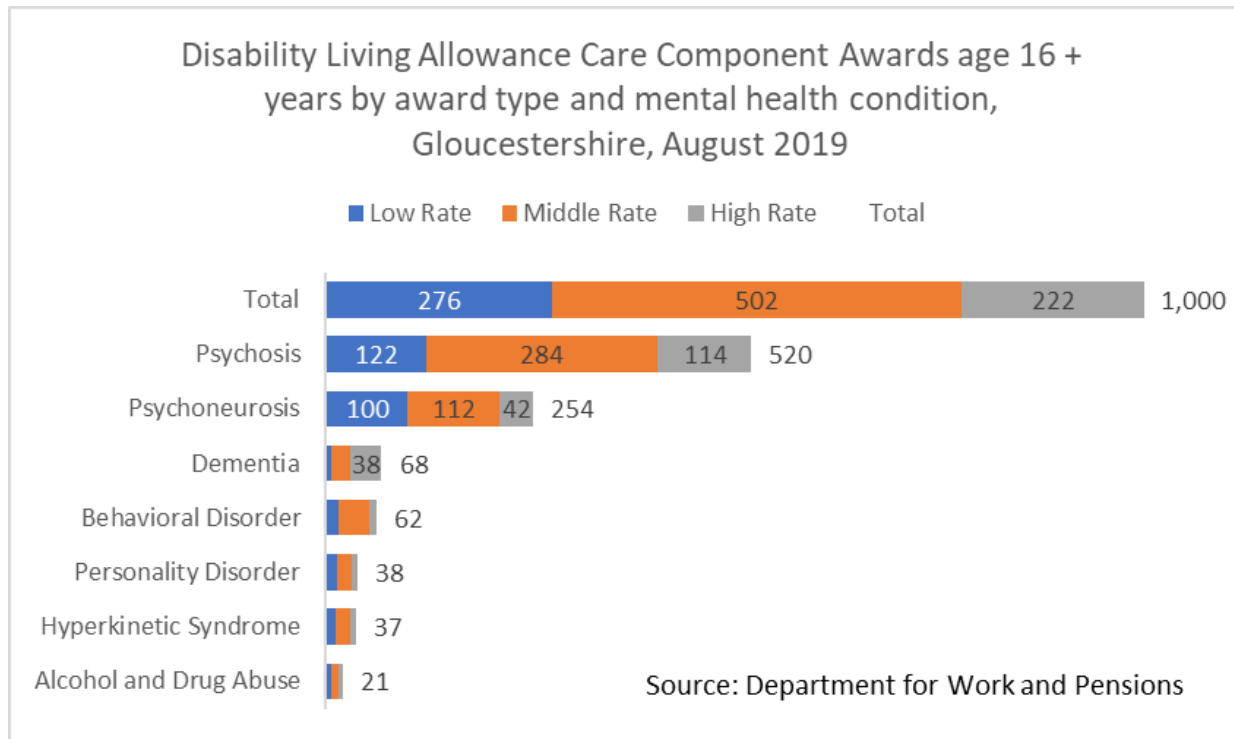
The suicide rate for males in Gloucestershire is consistently higher than the rate for females in Gloucestershire; this is also the case in England.

The suicide rate for males in Gloucestershire rose between 2007/9 and 2009/11 and then fell between 2011/13 and 2015/17; it has been similar to the rate for males in England since 2013/15.

The suicide rate for females in Gloucestershire rose slightly between 2007/9 and 2009/11 and then fell between 2009/11 and 2011/13, remaining fairly level since. The rate been similar to that for females in England throughout this period.



## Care and Support Needs

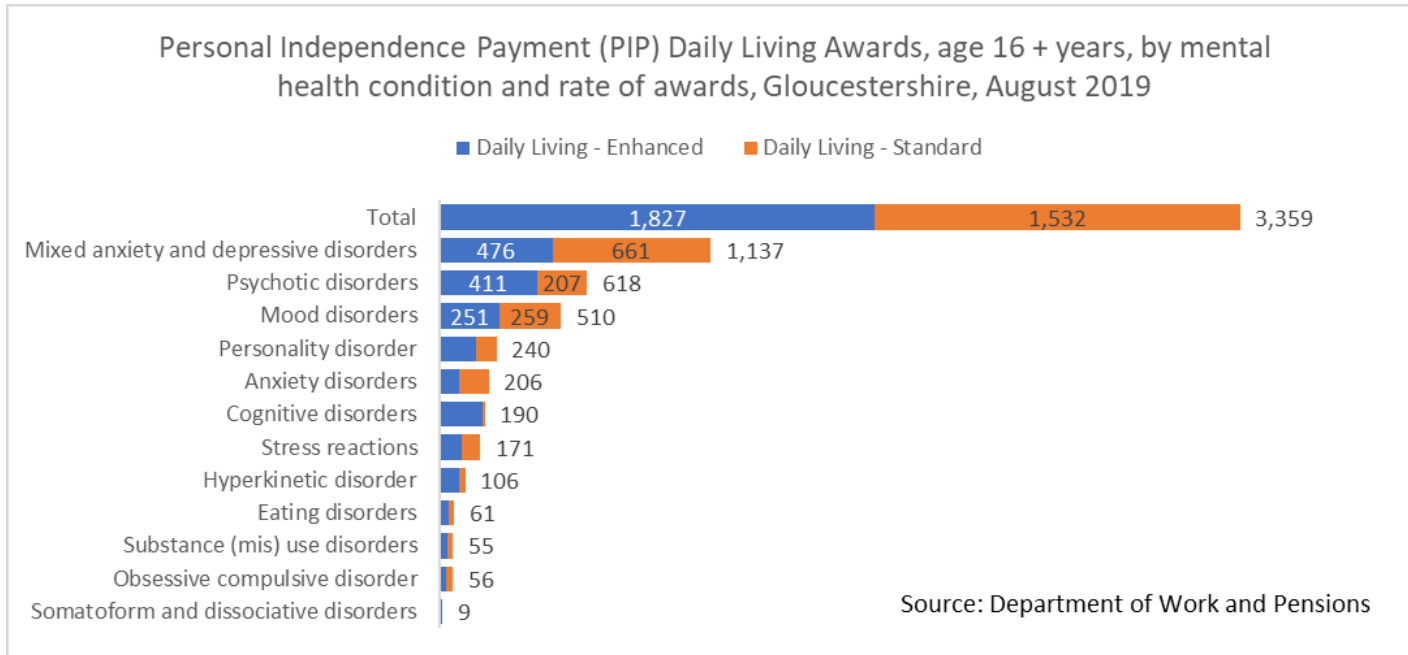


Of the 1,054 Disability Living Allowance (DLA) claims for a mental health condition in Gloucestershire, 1,000 (95%) included a care component, meaning the claimant had some care needs. The majority of these DLA claims will be by people aged under 65 years of age.

276 (28%) of these DLA care component claims were awarded the low rate, 502 (50%) the middle rate and 222 (22%) the high rate (meaning the person requires care and/or supervision during the day and night).

52% of the DLA care component claims were for people with psychosis, and 25% were for people with psychoneurosis. Dementia is not a common condition for DLA claims because this DLA is paid to people whose health conditions started before the age of 65 years.

## Care and Support Needs: Personal Independence Payment Daily Living Awards

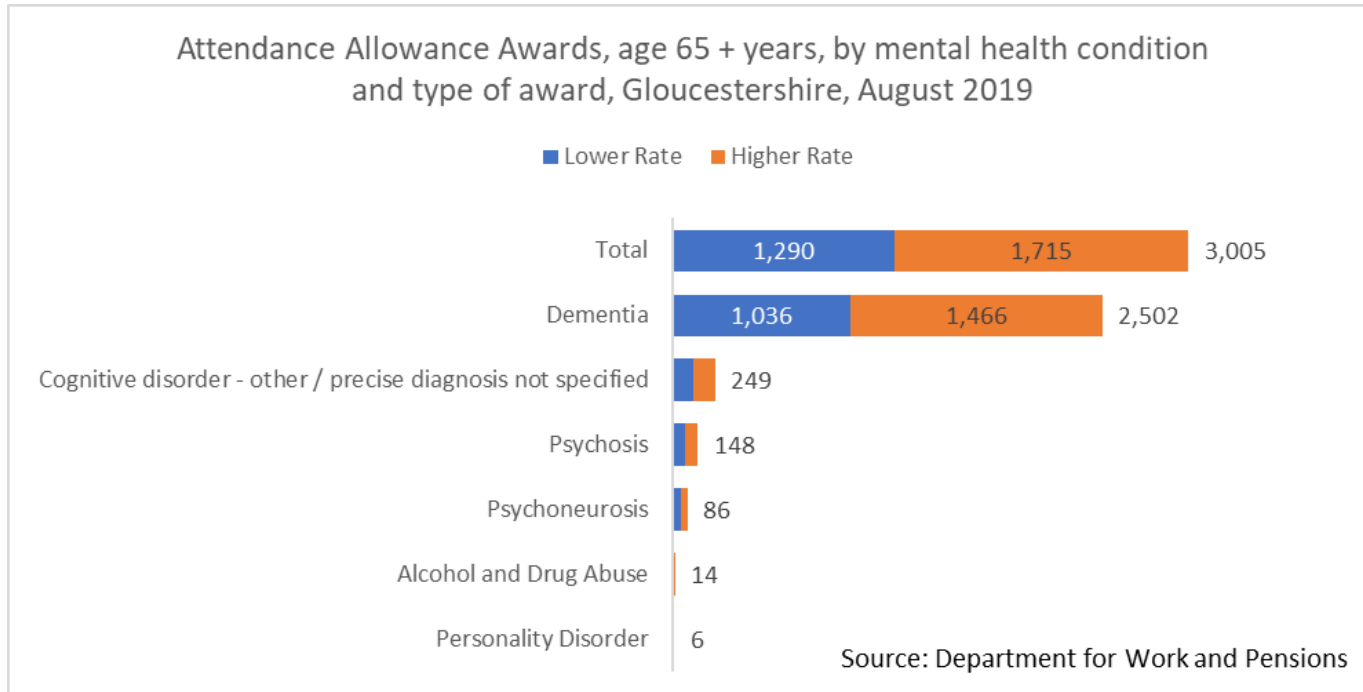


Of the 3,458 Personal Independence Payment (PIP) awards for a mental health condition, 3,359 (97%) included a daily living award, meaning the claimant had some care needs. The majority of these claims will be by people aged 16 to 64 years.

1,827 PIP Daily Living Awards (54%) were awarded at the low rate and 1,532 (46%) at the enhanced rate (indicating a higher level of care needs).

94% of people claiming for cognitive disorders (which includes dementia) were awarded the enhanced rate. Around three quarters of people claiming for hyperkinetic disorder and two thirds of people claiming for psychotic disorders or personality disorders also received the enhanced rate

## Care and Support Needs: Attendance Allowance Awards



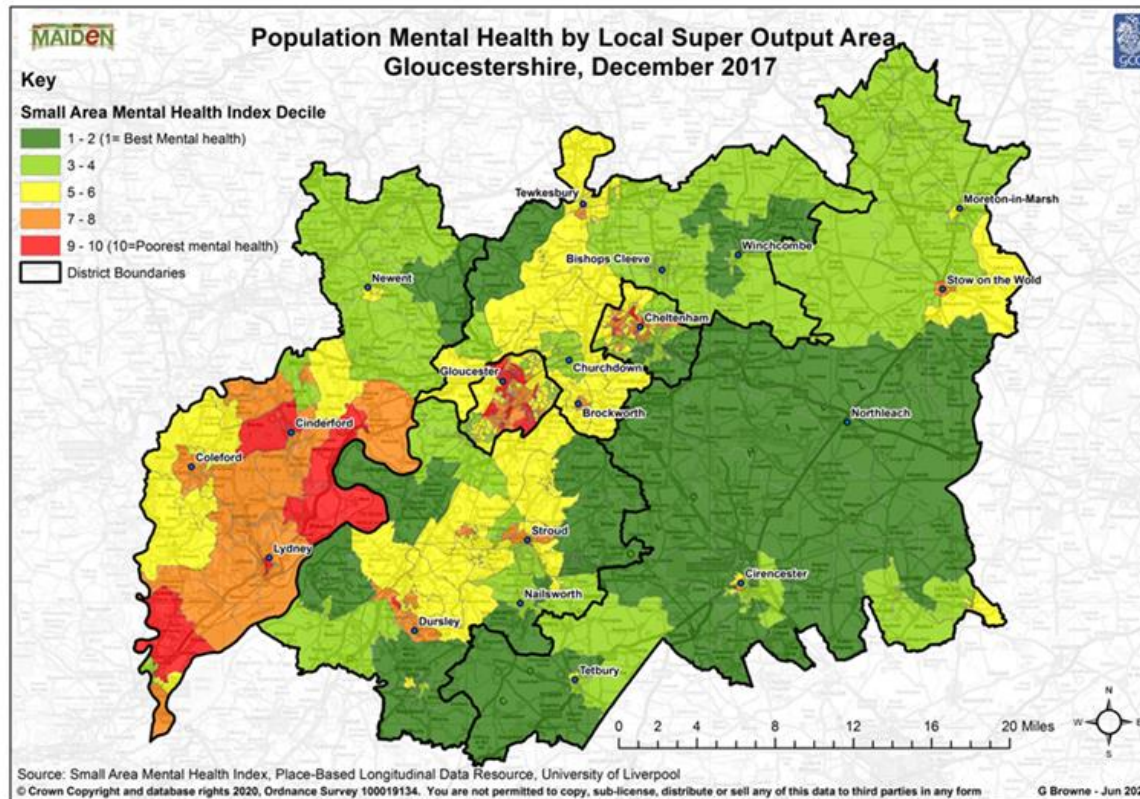
Attendance Allowance awards are made to people aged 65 years and over and are only made for care needs; there is no mobility component. People who are claiming Disability Living Allowance or Personal Independence Payment cannot also receive Attendance Allowance

In August 2019 there were 3,005 Attendance Allowance awards for mental health conditions, of which 2,502 claims (83%) were for dementia.

43% of Attendance Allowance awards (1,290 awards) were paid at the lower rate and 57% (1,715 awards) at the higher rate.


## Mental Health Needs in Local Area (1)


The Small Area Mental Health Index is a composite annual measure of population mental health for each Lower Super Output Area (LSOA) in England. The map below and the table on the following page show that in Gloucestershire the areas with the poorest mental health relative to England (coloured red) lie primarily within Cheltenham, Gloucester and the Forest of Dean districts whilst a large proportion of the areas with best mental health relative to England (coloured green) fall within Cotswold district; there were no areas with the poorest mental health in Cotswold district and no areas with the best mental health in Gloucester.



## Mental Health Needs in Local Area (2)

District	LSOA	District	LSOA	District	LSOA	District	LSOA
Cotswold	Abbey	Cheltenham	Battledown 3	Gloucester	Coney Hill 2	Stroud	Berkeley 1
	Bourton Village 1		Charlton Kings 1		Kingsholm & Wotton 1		Berkeley 2
	Bourton Village 2		Charlton Kings 3		Kingsholm & Wotton 3		Bisley
	Chedworth and Churn 1		Charlton Kings 4		Kingsholm and Wotton 4		Chalford 1
	Chedworth and Churn 2		Charlton Park 2		Matson & Robinswood 1		Chalford 2
	Chesterton 2		College 3		Matson & Robinswood 2		Chalford 3
	Coln valley		College 4		Matson & Robinswood 4		Chalford 4
	Ermin		Leckhampton 1		Matson & Robinswood 6		Kingswood
	Four Acres 2		Leckhampton 3		Moreland 3		Minchinhampton 1
	Grumbolds Ash with Avening 2		Park 4		Moreland 4		Nailsworth 1
	Kemble	Hesters Way 1	Moreland 7	Painswick and Upton 3			
	New Mills	Lansdown 1	Podsmead 1	Severn 1			
	Northleach 1	St Mark's 1	Tuffley 1	Severn 2			
	Northleach 2	Oakley 1	Tuffley 4	Wotton-under-edge 1			
	Sandywell	St. Paul's 2	Westgate 1	Wotton-under-edge 3			
	Siddington and Cerney 1	Swindon Village 2	Westgate 4	Cam West 3			
	South Cerney Village	Hartpury and Redmarley 1	Westgate 5	Highnam with Haw Bridge 3			
	Stratton	Cinderford East 2		Winchcombe 3			
	The Ampneys and Hampton 1	Cinderford West 1		Winchcombe 4			
	The Ampneys and Hampton 2	Newnham 1					
The Beeches 2	Newnham 2						
The Rissingtons	Tidenham 3						

 Lower Super Output Area (LSOA) falls within 20% of LSOAs in England with the best mental health

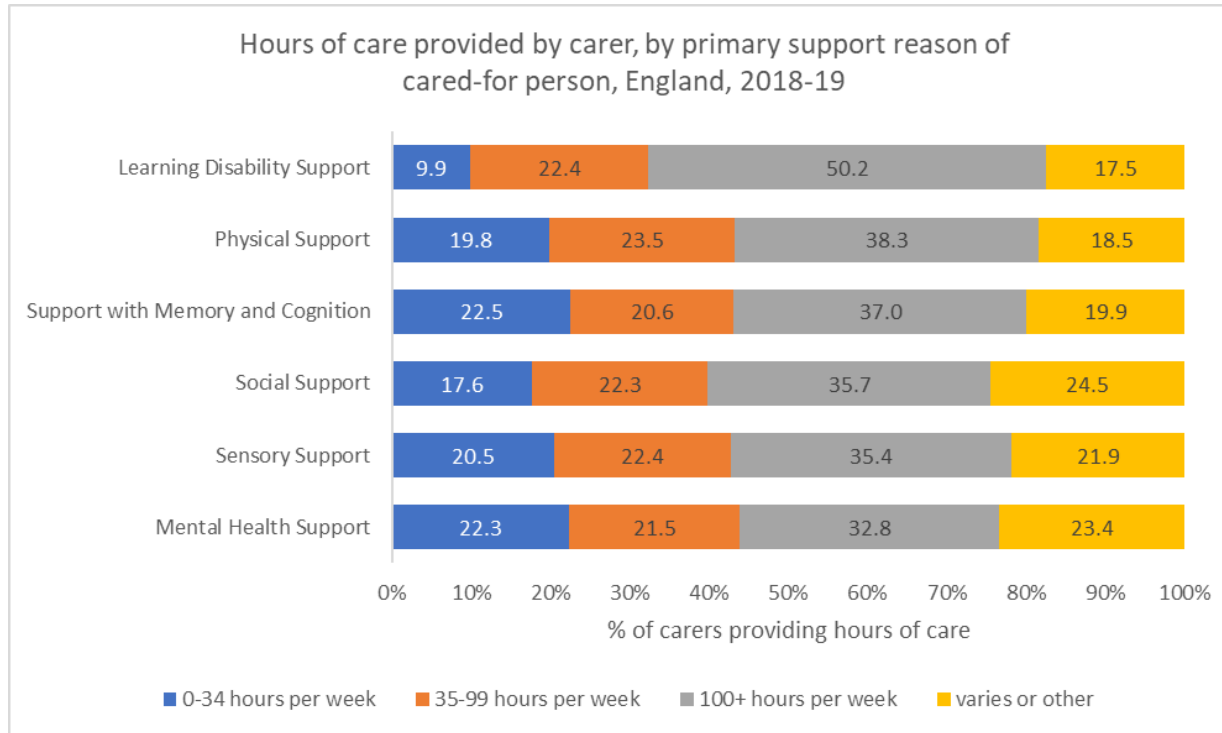
 Lower Super Output Area (LSOA) falls within 20% of LSOAs in England with the worse mental health

## Caring for people who have a mental health need

A survey of carers by Gloucestershire County Council has been carried out every two years since 2012 as part of a national survey, with the data submitted to the Department of Health. However, as the number of respondents caring for people with a mental health problem is not large enough for a robust analysis, results for England are used here instead to look at three areas relating to carers who are caring for people with mental health problems: the hours of care given by carers, the health of carers and the quality of life of carers.

The survey analyses carers by the type of support they give: the two types most relevant to this report are carers providing mental health support and carers providing support with memory and cognition.

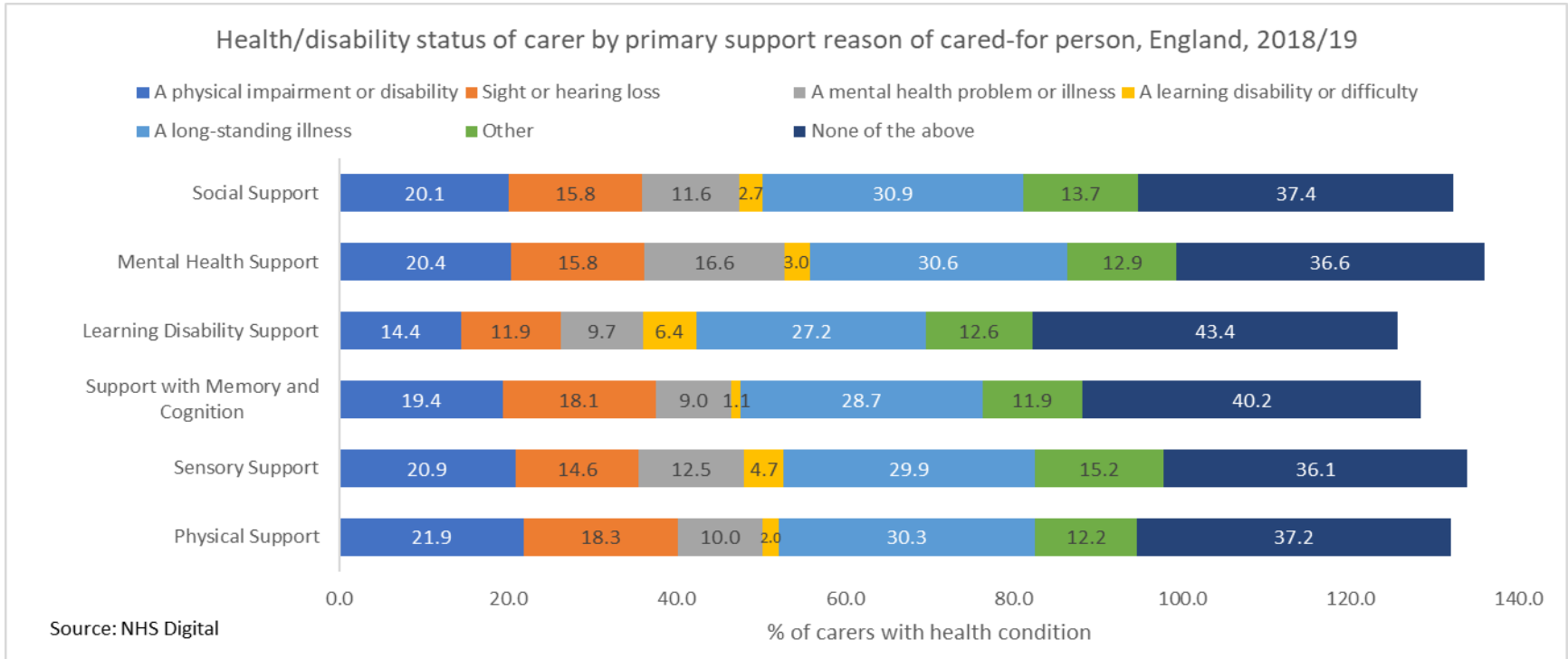
## Carers providing mental health support or support with memory and cognition: hours of care



Over half (54.3%) of carers providing mental health support were full-time carers providing care for at least 35 hours each week, with 32.8% providing 100 hours or more of care each week (effectively round-the-clock care).

Over half (57.6%) of carers providing support with memory and cognition were full-time carers providing care for at least 35 hours each week with 37.0% providing 100 or more hours per week.

# Carers providing mental health support or support with memory and cognition: health of carer



- 63.4% of carers providing mental health support and 59.8% of carers providing support with memory and cognition had an illness or disability themselves.
- Carers providing mental health support were more likely than other groups of carers to have a mental health problem themselves (16.6% had a mental health problem compared with, for example, 10.0% of carers providing physical support).

(Note: percentages add up to more than 100% in the graph above because respondents could have more than one condition)



## **Carers providing mental health support or support with memory and cognition: Quality of Life (1)**

### **Personal Safety**

Carers providing mental health support were the most likely of all the groups of carers to say they had worries about their personal safety with 22.5% saying they had some worries and 2.4% saying they were extremely worried.

Amongst carers providing support with memory and cognition, 18.6% had some worries about their personal safety and 1.8% were extremely worried.

### **Looking after myself**

Carers providing mental health support or support with memory and cognition were the least likely of the groups of carers to say they could look after themselves.

18.8% of carers providing mental health support and 19.0% of carers providing support with memory and cognition felt they were neglecting themselves.

A further 31.5% of carers providing mental health support and 30.1% of carers providing support with memory and cognition said they sometimes couldn't look after themselves well enough.

### **Encouragement and Support**

Carers providing mental health support were the least likely of all the groups of carers to say they had encouragement and support.

24.1% of carers providing mental health support and 15.8% of carers providing support with memory and cognition said they had no encouragement and support.

A further 43.9% of carers providing mental health support and 49.5% of carers providing support with memory and cognition said they had some encouragement and support but not enough.

## Carers providing mental health support or support with memory and cognition: Quality of Life (2)

### **Social Contact**

18.3% of carers providing mental health support and 17.6% of carers providing support with memory and cognition said they had little social contact and felt socially isolated. Carers providing mental health support were the most likely of all the groups of carers to say they had little contact and felt socially isolated.

A further 49.5% of carers providing mental health support and 51.9% of carers providing support with memory and cognition said they had some social contact but not enough.

### **Control over daily life**

14.0% of carers providing mental health support and 17.2% of carers providing support with memory and cognition said they had no control over their daily life. Carers providing support with memory and cognition were the most likely of all carers to say they had no control over their daily life.

A further 62.8% of carers providing mental health support and 61.4% of carers providing support with memory and cognition said they had some control over their daily life but not enough.

### **Doing things with my time**

17.1% of carers providing support with memory and cognition and 17.3% of carers providing mental health support said they were not able to do anything they valued or enjoyed with their time. A further 64.8% of carers providing mental health support and 67.0% of carers providing support with memory and cognition said they were not able to do enough of the things they valued or enjoyed with their time.

Carers providing support with memory and cognition were the least likely of all the groups of carers to say they were able to spend their time as they wanted.

### **The PANSI and POPPI models**

The PANSI (Projecting Adult Needs and Service Information) and POPPI (Projecting Older People Population Information) models have been developed by The Institute for Public Care at Oxford Brookes University. Prevalence rates from research have been applied to the Office for National Statistics 2016-based population projections to provide estimates of the number of people with certain health conditions or disabilities and the number of people with care needs.

Some of the models were updated in 2020 to reflect prevalence rates from more recent research than the earlier models:

#### **PANSI Alcohol-related health problems**

A new model using prevalence rates from the Health Survey for England 2018 replaced the previous model which used prevalence rates from the Adult Psychiatric Morbidity Survey 2007. The new model predicts the number of people at higher risk of alcohol related health problems whereas the earlier model predicted the number of people who were dependent on alcohol. The new model has resulted in lower estimates than the previous model.

#### **PANSI Drug dependence**

A new model using prevalence rates from the Adult Psychiatric Morbidity Survey 2014 replaces the previous model which used prevalence rates from the Adult Psychiatric Morbidity Survey 2007. The new model has resulted in estimates which are similar to the earlier model.

### Disability Benefits

People with mental health problems may be eligible for one of three non-means tested disability benefits if they have difficulties with mobility or daily living activities.

**Personal Independence Payment (PIP) is a benefit for people aged 16 or over who are below state pension age** when they make the claim for benefit. It is made of up two parts, 'daily living' and 'mobility', and one or both parts may be claimed depending on the type of difficulties the claimant has. Within each part there are two rates which relate to the level of difficulty experienced. People who are receiving PIP before they reach state pension age can continue to receive PIP after they reach state pension age. People who develop disabilities/long-term health conditions after they reach state pension age are not eligible for PIP but may be eligible for Attendance Allowance (AA).

**Attendance Allowance (AA) is a benefit for people over state pension age** with disabilities/long-term health conditions who have care needs; it is paid at two rates depending on the level of need.

**Disability Living Allowance (DLA) was a benefit for disabled people who were aged under 65 when they made the claim and who needed help with mobility or care.** DLA for adults (aged 16-64) is currently being replaced by Personal Independence Payment (PIP) and new claims for DLA for adults can therefore no longer be made.