

factsheet

September 2011

Key facts and trends in mental health

Updated figures and statistics

In 2009, the Mental Health Network (MHN) published a factsheet on key statistics and trends in mental health. Two years on we have updated the factsheet, reflecting new figures, statistics and resources. Some of the sources used in 2009 have not been updated since and so for completeness we have included the previous entries.

The overall picture is a mixed one. For example, it is encouraging to see patients spending less time in hospitals – pointing perhaps towards the increasing use of community-based treatments. However, it is concerning that people on a Care Programme Approach do not feel they are getting the support they need in terms of employment, housing and financial advice.

Against the backdrop of the reforms to the NHS and the efficiency savings required, it is clear that mental health services face a serious test in the coming months and years.

Key trends in morbidity and behaviour

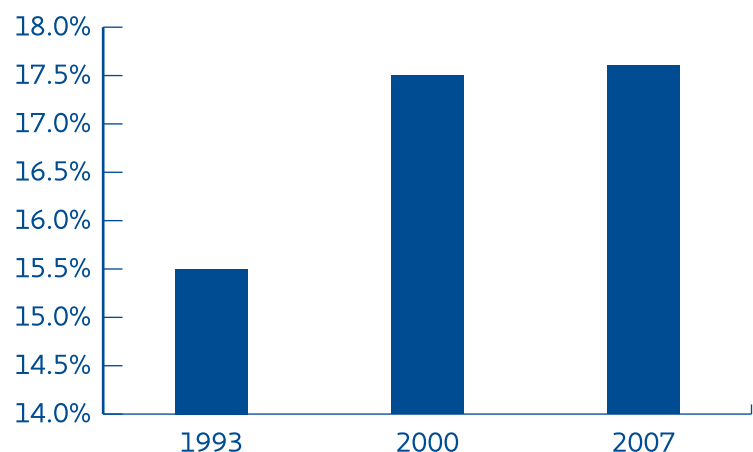
Prevalence of common mental disorders:¹

The proportion of the English population meeting the criteria for one common mental disorder has increased from 15.5 per cent in 1993 to 17.6 per cent in 2007.

Other key headlines from the 2007 study, *Psychiatric morbidity in England*, include:

- more than half of those with a common mental disorder presented with mixed anxiety and depressive disorder (9 per cent)

Figure 1. Proportion of people aged 16–64 meeting the criteria for at least one common mental disorder



Source: *Psychiatric morbidity in England, 2007*
NHS Information Centre, 2008

- women were more likely than men to have a common mental disorder (19.7 per cent and 12.5 per cent respectively)
- the largest increase in rate of common mental disorders between 1993 and 2007 was observed in women aged 45–64, among whom the rate rose by about a fifth
- rates of common mental disorders varied by age: those aged 75 and over were the least likely to have a disorder (6.3 per cent of men, 12.2 per cent of women)
- a quarter (24 per cent) of people with a common mental disorder were receiving treatment for an emotional or mental problem, mostly in the form of medication. The level and nature of treatment varied by type of disorder. Over half (57 per cent) of adults with a phobia received treatment, but only 15 per cent of those with mixed anxiety and depressive disorder did so. Nearly half (48 per cent) of those with two or more disorders were receiving treatment for a mental or emotional problem.

Rates of psychotic disorders

The overall prevalence of psychotic disorder in 2007 was 0.4 per cent (0.3 per cent of men, 0.5 per cent of women). In both men and

women the highest prevalence was observed in those aged 35 to 44 years (0.7 per cent and 1.1 per cent respectively).²

There was no change between 2000 and 2007 in the overall prevalence of probable psychosis – the rate was 0.5 per cent of 16–74-year-olds in both surveys.

Prevalence of psychotic disorder was significantly higher among black men (3.1 per cent) than men from other ethnic groups. There was no significant variation by ethnicity among women.

Prevalence also varies according to income, increasing from 0.1 per cent of adults in the highest income quintile to 0.9 per cent of adults in the lowest income quintile.

Figures from 2009/10 show that where a diagnosis was included for those who spent time in hospital, schizophrenia accounted for the most bed days. It is nearly double that of the second most common diagnosis, which was mood affective disorders.

Rates of ‘anti-social’ and ‘borderline’ personality disorders

‘Anti-social’ personality disorder was present in 0.3 per cent of adults aged 18 or over (0.6 per cent of men and 0.1 per cent of

women) in 2007.³ 1.7 per cent of men aged 18–34 had the disorder. 0.4 per cent of women aged 16–34 had the same condition, while no cases were identified in those aged over 35. The prevalence in adults aged 16–74 and living in England was similar in 2000 (0.6 per cent) and 2007 (0.4 per cent).

Prevalence of ‘borderline’ personality disorder was similar to that of ‘anti-social’ personality disorder, at 0.4 per cent of adults aged 16 or over. While the association with sex was not significant, the observed pattern fits with the expected profile (0.3 per cent of men, 0.6 per cent of women). Rates of ‘borderline’ personality disorder in those aged 16–74 and living in England did not change significantly between 2000 (0.8 per cent) and 2007 (0.5 per cent).

Rates of suicide continue to fall

Suicide among the general population of England has continued a downward trend, despite a brief increase in 2008. Each age group has seen a fall in suicide rates.

Data shows some regional variation in suicide rates, with the North West experiencing the highest (10.8 per 100,000 population) and London and

Figure 2. Number of suicides in the general population, by sex

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Male	3,798	4,006	3,749	3,564	3,442	3,439	3,427	3,426	3,308	3,183	3,203	3,414
Female	1,255	1,257	1,260	1,255	1,154	1,187	1,226	1,241	1,150	1,021	1,010	1,116
Total	5,053	5,263	5,009	4,819	4,596	4,626	4,653	4,667	4,458	4,204	4,213	4,530

South Central the lowest (8.7 per 100,000 population).⁴

Between 1997 and 2008, there were changes in the method of suicide. While suicide by hanging and cutting/stabbing has increased, suicide by self poisoning, drowning and firearms has decreased.

There has been a decrease in the number of suicides committed by patients (people who had been in contact with mental health services within the previous 12 months). There has also been a significant fall in the number of suicides by inpatients, as this fell by 56 per cent between 1997 and 2008.

Trends in homicide

Evidence shows that there is no significant overall trend in the number of homicides by people with schizophrenia.⁵ Between 1997 and 2008, there were 364 homicides committed by people with schizophrenia – 6 per cent of the total sample (which was 6,141). In 2007, the latest year for which the figures are available, there were 30 homicides committed by people with schizophrenia.

Data tracking statistics since 2004 suggest a decrease in the number of homicides by people with symptoms of mental illness and psychosis. 351 homicides, within the report period, were committed by people suffering from psychosis – 6 per cent of the total sample.

628 homicides, within the report period, were committed by people with an abnormal

mental state of mind at the time of the crime. This represents 10 per cent of the total sample.

Dual diagnosis remains a challenge

The dual problem of mental ill health and substance misuse remains a challenge for mental health services. While resources have been dedicated to tackling these issues, one of the biggest problems remains that staff working in mental health services are not adequately trained to deal with substance misuse. That between 22–44 per cent of adult psychiatric inpatients in England also have a substance misuse problem highlights why this shortfall needs to be urgently addressed.⁶

Research indicates that urban populations have higher rates of dual diagnosis than rural areas. Despite over 60 per cent of patients in high secure facilities having a history of substance misuse, only 20 per cent are receiving treatment specifically for their substance use.⁷

Wider societal changes and challenges

Mental ill health continues to be a barrier to paid employment

Research shows that a total of 2.3 million people with a mental health condition are on benefits or out of work.⁸ Mental health conditions are the primary reason for claiming health-related benefits, with some 42 per cent doing so. When comparing the growth rates of mental health-related incapacity benefits claims from 2000 (5.4 per cent) with total incapacity benefits (0.8 per

cent), the case for tackling mental health-related unemployment becomes even clearer.⁹

National health indicators for social care and mental health show that only 7.9 per cent of adults (aged 18–69) in England receiving secondary mental health services, and who are on the Care Programme Approach, were known to be in paid employment at the time of their last review.¹⁰

At a population level, attitudes towards employing those with a mental health condition continue to be poor. Just four in ten employers would hire someone with a mental health condition, compared with 62 per cent of employers who would hire someone with a physical condition.¹¹

Housing, homelessness and mental health

People with mental health conditions are far less likely to be homeowners. Those with a mental disorder are far more likely than those with no disorder to be living in rented accommodation (38 per cent compared to 24 per cent).¹²

Research indicates that 43 per cent of those accessing homelessness projects in England suffer from a mental health condition. An estimated 69 per cent of rough sleepers suffer from both mental ill health and a substance misuse problem.¹³ A study by Shelter, which interviewed people living within homelessness services, found that primary care practitioners were often reluctant to refer those suffering from substance misuse to psychiatric services.¹⁴

Demographic change

The King's Fund's *Mental health review* highlights that changing demography – both an ageing population and changing ethnic make-up – will affect future demand for mental health services.¹⁵ In 2010, 17 per cent of the population were aged 65 and over. If current trends continue, 23 per cent of the population will be aged 65 and over by 2035.¹⁶ There are currently 750,000 people in the UK with dementia, which is set to grow to over one million by 2021. The cost of dementia to the UK economy currently stands at £20 billion per annum, and is projected to rise to £27 billion per annum by 2018.¹⁷

Stigma and discrimination

The stigma attached to mental health continues to be a burden on service users, their families and carers. However, it is encouraging to note there are some improvements. The annual *Attitudes to mental illness 2011*¹⁸ survey, based on English statistics, highlights changes over time. Key findings include:

- the percentage of people agreeing that “mental illness is an illness like any other” increased from 71 per cent in 1994 to 77 per cent in 2011
- the percentage saying they would feel uncomfortable talking to their employer about their mental health was 43 per cent in 2011, compared to 50 per cent in 2010 (the first year the question was asked)
- the percentage saying they would feel comfortable talking to a friend or family member about their mental health rose from 66 per cent in 2009 (the first

year the question was asked) to 70 per cent in 2011

- the percentage of people disagreeing with the statement “increased spending on mental health services is a waste of money” decreased from 89 per cent in 1994 to 82 per cent in 2011.

Despite the development and expansion of treatments such as psychological talking therapies, a high proportion of the public believe that people with a mental health condition should be kept in a psychiatric hospital. This increased from 52 per cent in 2009 to 57 per cent in 2010.¹⁹

The benefits of early intervention

It is widely accepted that early intervention in psychosis services not only produces better outcomes but is also cost effective. The *Suicide prevention strategy* consultation sets out plans to support 14–20-year-olds, as a high proportion of mental health problems develop during this period.²⁰

It is estimated that improved early intervention services could save the NHS up to £38 million per year.²¹ Early intervention has been shown to reduce the severity of symptoms, drive down relapse rates and decrease the use of inpatient care in comparison to the standard community mental health team care package.

NHS budget and spending projections

Current spending on mental health²²

Total investment in adult mental

health in England in 2009/10 was £6.311 billion, which is a 7 per cent cash increase and a real terms increase of 5.3 per cent from 2008/09. Three priority areas – crisis resolution, early intervention and assertive outreach – have seen spending rise by 5 per cent in real terms between 2008/09 and 2009/10.

Variation in spending between strategic health authorities (SHAs) has continued, with mental health services in London budgeted at £211 per head compared to the national average of £193. The amount per head invested by SHAs varies between 8.9 per cent above and 9.8 per cent below the national average.

Investment in new services

Crisis resolution and home treatment has seen the biggest real terms investment of the three priority areas, with £253 million spent in 2009/10. However, early intervention into psychosis has seen the biggest real terms percentage rise (1,274 per cent) since the priority areas were created in 2002/03, with £104 million spent in 2009/10 – see Figure 3.²³

Service activity

Inpatient bed days

For the first time since 2004/05, there has been a slight increase in the number of people who have received inpatient NHS mental healthcare in England. This number rose to 107,765 in 2009/10, a 5.1 per cent increase on the previous year.²⁴

Overall, there were 5,335,448 finished consultant episodes in the adult mental illness category

Figure 3. Reported investment in priority areas 2002/03–2009/10, at 2009/10 pay and price levels

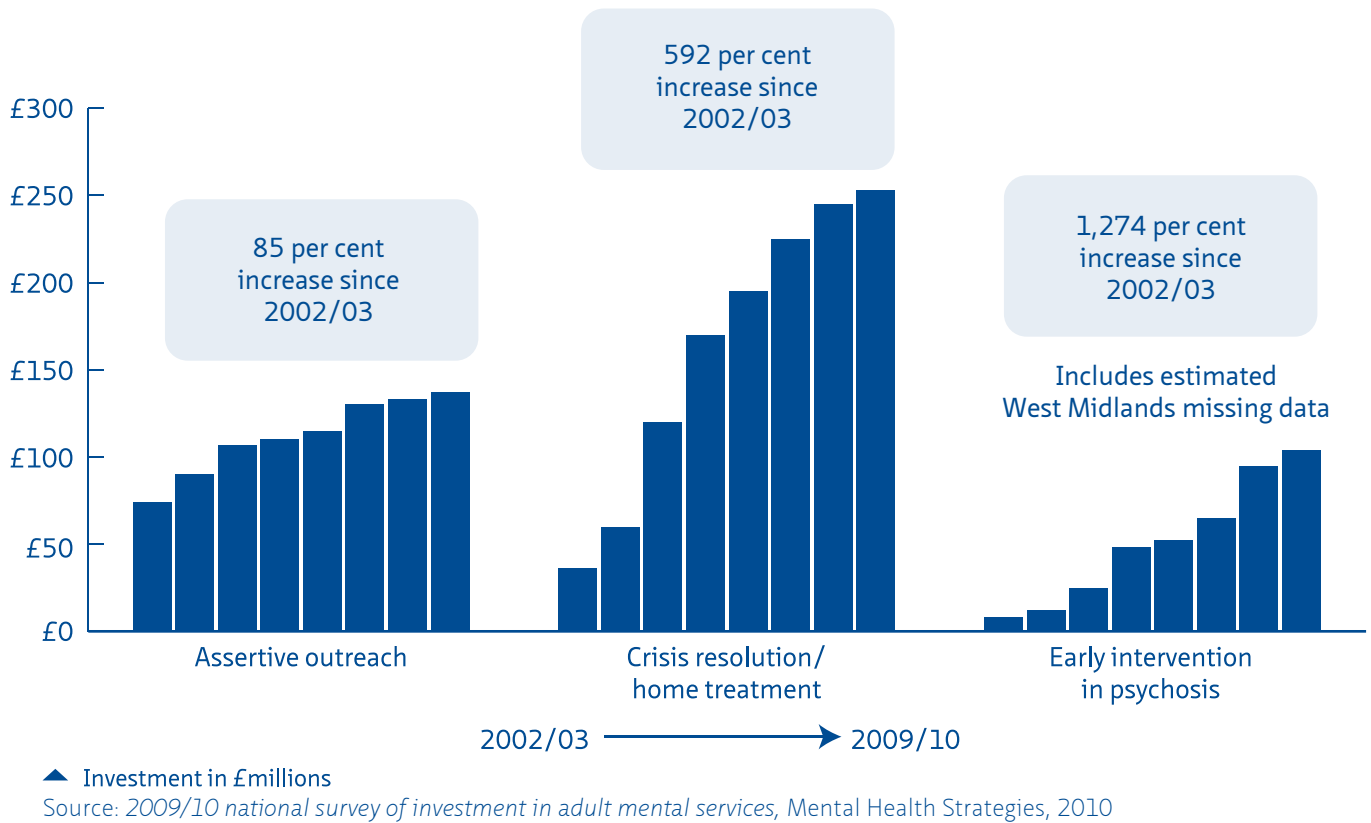
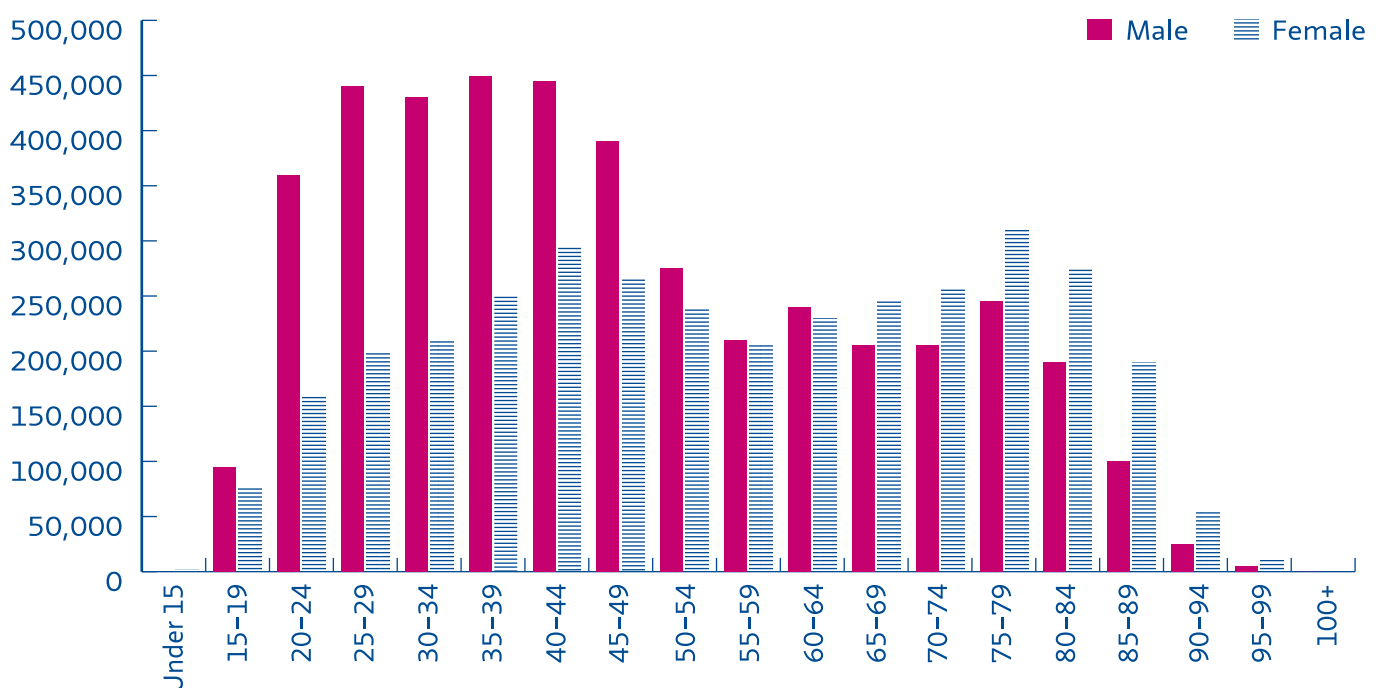


Figure 4. Total bed days by age and gender, 2009/10



Source: Mental health bulletin: fourth report from mental health minimum dataset annual returns 2010, NHS Information Centre, 2011

in 2009/10. This compared to 5,458,703 in 2008/09.²⁵

Men are still spending more time in hospital than women, with the average number of bed days per year, per inpatient, 78 days for men compared to 68 for women – see Figure 4 on page 5.²⁶ There was a notable disparity between the numbers of men and women aged between 20–29 years old who were admitted to hospital with psychiatric problems in 2009/10. 54.3 per cent more men than women in that age group spent time in hospital.²⁷

Prison statistics remain static²⁸

Unchanged from previous years, 72 per cent of male and 70 per cent of female prisoners suffer from two or more mental disorders, compared to only 5 per cent and 2 per cent respectively in the general population. 20 per cent of the overall prison population suffer from four of the five major disorders.²⁹ Furthermore, 7 per cent of male and 14 per cent of female prisoners suffer from psychosis. This compares to just 0.5 per cent of men and 0.6 per cent of women in the general population. These figures cover both England and Wales.

The number of suicides in prison is slightly decreasing, with 60 prisoner suicides in 2009 (compared to 92 in 2007).

The Mental Health Act

The number of detentions under the Mental Health Act in England rose to 49,417 in 2009/10 compared to 47,725 in 2008/09. This 3.5 per cent increase is the largest rise over the past three years.³⁰

However, there has been a significant reduction in the number of young people admitted to adult psychiatric wards under the Act. Research from the Care Quality Commission (CQC) shows that, during 2009/10, 88 young people were admitted to adult wards, with most transferred or discharged within a few days.³¹

Over-occupancy continues to be a problem for those detained under the Act. During 2009/10, 29 per cent of acute wards visited had occupancy rates of over 100 per cent.³²

Rates of admission for people from BME communities

The *Count me in*³³ census covering England and Wales, published annually by the CQC, shows very little change in terms of its black and minority ethnic (BME) reporting in the 2010 survey.

Rates of admission continue to be higher for the Black African, Black Caribbean and Black Other groups compared to White British, Indian and Chinese groups.

The White British group had a higher than average GP referral rate but lower than average A&E referral rate. Black African, Black Caribbean and mixed race groups had a significantly higher referral rate from the criminal justice system, ranging between 30–83 per cent.

As with all of the previous census reports, the 2010 survey found a higher than average detention rate under section 37/41 of the Mental Health Act for Black Caribbean and Black Other groups. Among men, the detention for the White British

group was 16 per cent lower than average. However, for all other groups it was higher than average:

- the White/Black Caribbean group by 77 per cent (higher than average)
- the Black Caribbean group by 100 per cent
- the Black African group by 27 per cent
- the Black Other group by 52 per cent.

Quality, safety and user experience

Ratings in quality

The 2008/09 NHS performance ratings – an overview of the performance of the NHS trusts in England show a 32 per cent decrease, from 2007/08, in the number of mental health trusts scoring “excellent”. Five mental health trusts scored as “weak”, which is 9 per cent higher than the previous year.³⁴

The 2008/09 CQC self-assessments against core quality and safety standards saw 41 of the 60 mental health trusts (including learning disabilities trusts) declaring full compliance. At 68 per cent, this was the highest proportion of any sector. 88 per cent of mental health trusts (again including learning disabilities trusts) declared compliance with 90 per cent or more of the standards.³⁵

User experience

Results from the annual CQC’s *Community mental health survey 2011*³⁶ show that the majority of respondents had not spent any time in hospital over the last 12 months. This underlines the importance of

community services and their increasing use by service users.

Key findings from this year's survey include:

- 31 per cent of respondents who needed support from someone in NHS mental health services with their physical health needs said that they had not received support but would have liked it

- 42 per cent of respondents received care under a Care Programme Approach – an approach which should include support on housing, employment and financial advice. However, the survey found that:

- 35 per cent had not received any help with finding or keeping work
- 27 per cent had not received any help with finding or

keeping accommodation

- 27 per cent had not been given any help with financial advice or benefits

- there were improvements in aspects of crisis care, with more service users saying they had the number of someone from the mental health team at their NHS trust to contact outside of office hours.

Further information

For further information on the issues covered in this factsheet, please contact holly.mitchell@nhsconfed.org

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The Mental Health Network

The Mental Health Network was established as part of the NHS Confederation to provide a distinct voice for mental health and learning disability service providers. We aim to improve the system for the public, patients and staff by raising the profile of mental health issues and increasing the influence of mental health and disability providers.

For further details about the work of the Mental Health Network, visit www.nhsconfed.org/mhn or email mentalhealthnetwork@nhsconfed.org

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