

JSNA Review - Prioritisation Tool

Priority Topic: Mental Health (children and adult)

	Score	High	Medium	Low	Zero	Score	Weighting	What's the evidence?
	Criteria	10 points	5 points	1 point	0 points			
Estimated Level of Need	Level of need – Volume	Topic covers an estimated <u>large 'in need' population</u> (>25,000 people).	Topic covers an estimated <u>medium sized 'in need' population</u> (10,000 – 24,999).	Topic covers an estimated <u>small 'in need' population</u> (<10,000).	-	High – 10 points	1.5	<ul style="list-style-type: none"> 26,000 children requiring CAMHS service across the tiers: <ul style="list-style-type: none"> T1: 16,659 (problems may include sleeping difficulties or feeding problems) T2: 7,773 (problems may include family work, bereavement, parenting groups etc) T3: 2,055 (problems may be developmental, autism, hyperactivity, depression, early onset psychosis etc) T4: 82 (severe mental health problems) <p style="text-align: right;"><i>CHiMAT and ONS, 2011</i></p> There are 26,426 residents aged over 18 registered as having a mental health condition in Warwickshire Those suffering with depression are more likely to reside in the south of the county (but this may be due to the fact that there are more residents; thus, affecting the numbers) Schizophrenia (affects 1:100 people) Psychosis (8 out of 10 people who experience psychosis have their first episode between the ages of 15 and 30) <p style="text-align: right;"><i>QoF, 2012/13</i></p>
	Level of need – Severity	The population concerned have <u>'severe' needs.</u>	The population concerned have <u>'considerable' needs.</u>	The population concerned have <u>'moderate' needs.</u>	-	Medium – 5 points	1.5	<p>It is not easily defined as those who have a mental health illness as to the level of severity because there is a wide spectrum of illnesses that have different levels of need. It is however known that those with severe mental health illnesses will require a higher level of support than those who don't.</p> <p>Mental health illnesses do vary and may be defined as:</p> <ul style="list-style-type: none"> Schizophrenia (positive or negative symptoms. Positive: experiencing things that aren't real (hallucinations or delusions) and Negative: lack of motivation and/or becoming withdrawn) Psychosis (hearing or seeing things or holding unusual beliefs that other people do not share) Bipolar disorder (causes your mood to swing from highs (mania) to lows (depression)) Anxiety disorders (They make someone feel anxious all, or a lot of, the time) <p style="text-align: right;"><i>Rethink Mental Illness</i></p>

	<p>Level of need – Trend</p>	<p>Available evidence suggests <u>rapidly worsening</u> situation over time.</p>	<p>Available evidence suggests <u>worsening</u> situation over time.</p>	<p>Available evidence suggests situation has remained <u>stable</u> over time.</p>	<p>Available evidence suggests <u>improving</u> situation over time.</p>	<p>Medium – 5 points</p>	<p>1</p>	<ul style="list-style-type: none"> • Increase in number of referrals to CAMHS over the last 3 years with self-harm increasing significantly • Level of complexity and need is also increasing (not just volume) <p style="text-align: right;"><i>CAMHS</i></p> <ul style="list-style-type: none"> • It is expected that those with severe depression (20.8%) in Warwickshire will increase at a much higher rate when compared to those with depression (19.9%) • Warwickshire will increase greater when compared to West Midlands and England for both severe depression and depression • It is predicted that in all districts/boroughs that severe depression will increase the most except for Warwick District where depression will increase the most <p style="text-align: right;"><i>POPPI, 2012</i></p>
	<p>Level of need – Benchmarks</p>	<p>Available evidence suggests <u>very high</u> prevalence relative to comparator areas (the County is a clear statistical outlier).</p>	<p>Available evidence suggests <u>above average</u> prevalence relative to comparator areas.</p>	<p>Available evidence suggests prevalence <u>in-line</u> with comparator areas.</p>	<p>Available evidence suggests <u>relatively low</u> prevalence relative to comparator areas.</p>	<p>Low – 1 point</p>	<p>1</p>	<p>In-line with comparator areas (children and adult mental health)</p>
	<p>What is the magnitude of potential health benefit from dealing with the issue? What is the ability to benefit?</p>	<p><u>Large</u> potential health benefits to be gained.</p>	<p><u>Medium</u> potential health benefits to be gained.</p>	<p><u>Small</u> potential health benefits to be gained.</p>	<p>-</p>	<p>High - 10 points</p>	<p>1</p>	<ul style="list-style-type: none"> • Mental health disorders in childhood can have high levels of persistence: <ul style="list-style-type: none"> ○ 25% of children with diagnosable emotional disorder and 43% with a diagnosable conduct disorder still had the problem three years later ○ Young people experiencing anxiety in childhood are 3.5 times more likely than others to suffer depression or anxiety in adulthood <p style="text-align: right;"><i>CAMHS Review, 2008</i></p> <ul style="list-style-type: none"> • People with a severe mental illness die up to 20 years younger than their peers in the UK. The mortality rate among people with a severe mental illness aged 18-74 are three times higher than that of the general population (HSCIC, 2012) • People with mental health conditions consume 42% of all tobacco in England (McManus et al, 2010 as cited in the Public Health Mental Strategy 2014-2016) • In 2009 there were 39 suicides in Warwickshire (comparable to both England and West Midlands rates) <p style="text-align: right;"><i>(Public Health Mental Strategy 2014-2016)</i> <i>Public Health Mental Health Strategy & HSCIC, 2012</i></p>

	Score	High	Medium	Low	Zero	Score	Weighting	What's the evidence?
	Criteria	10 points	5 points	1 point	0 points			
Early intervention	Does the topic have early intervention implications? Is it any emerging issue which is likely to cause further problems in the future?	<u>Clear, demonstrable evidence</u> that there is a <u>strong case</u> for early intervention.	<u>Some evidence</u> which highlights areas suitable early intervention.	<u>Weak evidence</u> that the topic has areas suitable early intervention.	<u>No evidence</u> to suggest that the topic contains areas suitable early intervention.	High - 10 points	1	<ul style="list-style-type: none"> In children, those with emotional disorder or conduct disorder are likely to have the problem three years later if not addressed. Can lead to poorer outcomes in education (<i>CAMHS Review, 2008</i>) Conduct disorder is the most common mental disorder in childhood. By the time that child is 28 years old, individuals with persistent antisocial behaviour at age 10 have cost society ten times as much as those without the condition (<i>Scott et al 2001</i>) If the symptoms associated with common mental health conditions are identified, it is possible to reduce the severity of mental health conditions (<i>WHO</i>) Can be a predisposition to other unhealthy lifestyles (increased drinking, poor diet, sedentary lifestyle etc) Likely to increase with an ageing population
Consultation & Engagement	What level of qualitative information do we have on the issue?	<u>Consistent evidence of strong views</u> from stakeholders, patients, residents and/or service users.	<u>Some evidence of strong views</u> from stakeholders, patients, residents and/or service users.	<u>Weak evidence of views</u> from stakeholders, patients, residents and/or service users.	<u>No evidence of views</u> from stakeholders, patients, residents and/or service users.	High - 10 points	1	<ul style="list-style-type: none"> CAMHAS redesign project is currently underway which involves gathering stakeholder views and will undertake a co-production exercise with service users and stakeholders. Can collect from Warwickshire Wellbeing Hubs, Warwickshire Mental Health Employment Services and also in the pipeline includes Tenders for Advocacy Services, Books on Prescription, Exercise on Referral Schemes
Inequalities	What is the scale of inequality?	<u>Persistent, wide scale geographic and population-based</u> inequalities are clearly apparent.	<u>Some notable geographic or population-based inequalities</u> are apparent.	<u>Some minor inequalities</u> exist.	<u>Little or no evidence</u> of inequalities.	Medium - 5 points	1	<ul style="list-style-type: none"> Anecdotally, CAMHS is difficult to access children and young people from disadvantaged backgrounds. Also a suggestion that levels of need vary across the County, but the service provision does not reflect this. Significant issues of waiting times at tier 3 reported in the CQC report on the CWPT. More likely to have poor diet, take less exercise, smoke more and misuse drugs and alcohol More likely to live 20 years less than the general population (mainly related to poorer health linked to heart disease and stroke) (more commonly known as disability adjusted life years or disability-free life expectancy) Prevalence is more likely to occur with those that have a family history of mental illness

Wider Impact	What broader impact does the topic have on the local population?	<u>A number of significant, clear and obvious direct impacts.</u>	<u>A moderate direct and/or indirect impact.</u>	<u>A minor indirect impact.</u>	<u>Unclear, little or no impact.</u>	High - 10 points	1	<ul style="list-style-type: none"> • Mental health conditions in children impacts on not only their family and friends but also their education. If the issue is not addressed as a child, there is a significant economic burden on society as the person is prevented from reaching their potential and requiring ongoing support (CAMHS) • Mental illness affects everyone from carers (if necessary) to the immediate family and even colleagues • Can be cyclical with those with family members with a mental health illness being more genetically likely to develop a mental health illness • Mental wellbeing is associated with reduction of crime and antisocial behaviour • More likely to impact on associated health inequalities (risky lifestyle behaviours, educational attainment and employment etc)
Cost Implications	Estimated economic cost associated with tackling the topic in Warwickshire	<u>High levels (multi-millions of £s) of both direct and indirect estimated economic costs both now and in the future.</u>	<u>Medium levels (c. £5 million) of direct and/or indirect estimated economic costs both now and in the future.</u>	<u>Low levels (<£1 million) of estimated economic costs either now/and or in the future.</u>	-	High - 10 points	1.5	<ul style="list-style-type: none"> • Prevention of mental disorder spending and promotion of mental health represents less than 0.1% of the annual NHS mental health budget (Public Health Mental Health Strategy 2014-2016, p.g. 7) • Mental ill health costs some £105 billion each year in England alone. This includes £21 billion in health and social care costs and £29 billion in losses to business (Centre for Mental Health 2010 as cited in the Public Health Mental Strategy 2014-2016).

Total Score = 88.5

Maximum points available: 115