

# Mental health profile

## Bedfordshire PCT

### Introduction

This profile gives an overview of the mental health of the adult population in this area. With other local information, it is designed to support the action being taken by the NHS, primary care trusts and local government, to improve mental health services by informing local commissioning plans for these services.

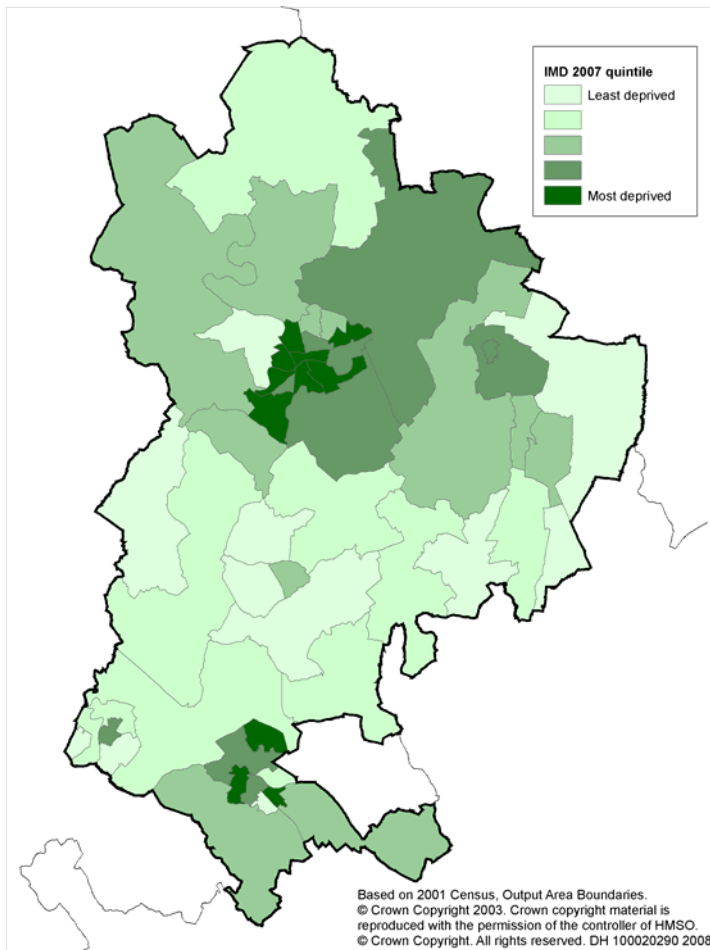
Mental health is a key national priority, and mental health services must promote equality, access, choice and independence, and address healthcare inequalities in the longer term; this can be achieved through service and performance improvement, and system change.

Further information on mental health, along with electronic copies of this and other PCT profiles, is at URL [http://www.erpho.org.uk/topics/Mental\\_Health](http://www.erpho.org.uk/topics/Mental_Health)

### Mental health demographics

- Bedfordshire PCT has a population of 403,900.
- The ethnic composition is 90% White, 2% Mixed race, 5% Asian, 2% Black and 1% Chinese.
- The three most deprived wards are Kingsbrook, Cauldwell and Castle.
- There were 4110 claimants of incapacity benefits due to mental health conditions in 2006.
- There were 95 admissions for schizophrenia in 2005/6.
- There were an estimated 1946 persons aged 15-64 who were problem drug users in 2004/5.
- There were 5304 alcohol-related inpatient admissions in 2005.
- There are 2076 persons on enhanced and standard care.
- Bedfordshire PCT spent £158 per head on mental health care in 2006/7.

Figure 1. Map of deprivation across the PCT



### Key messages (from Ref. 1)

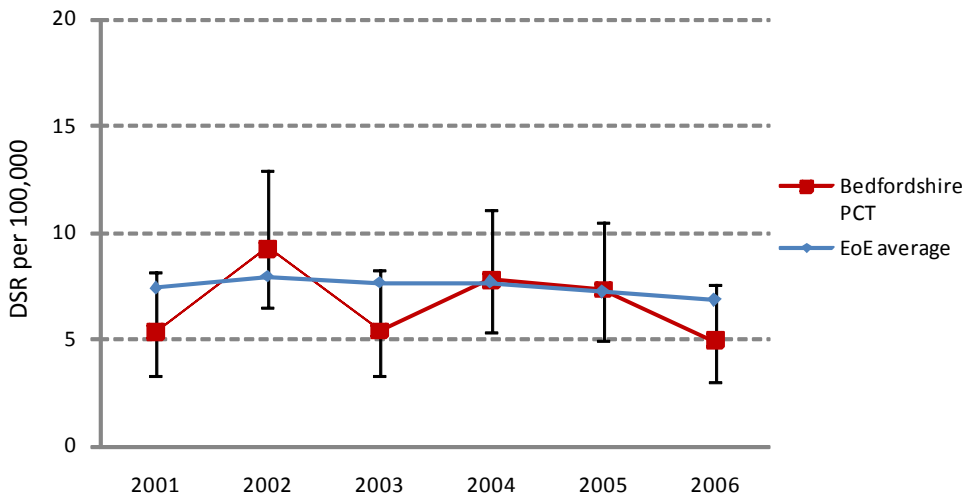
- There are strong links between social deprivation (see map, left) and mental ill health.
- Evidence supports the beneficial effects of employment on mental health by boosting people's confidence and psychological well-being. People who are unemployed are twice as likely to have depression as people in work.
- Children from poor households are three times more likely to have mental health problems.
- People who have been abused or who have been victims of domestic violence are more likely to suffer from mental health problems.
- People with drug and alcohol problems are more likely to have mental health problems.
- Between one quarter and one half of homeless people may have a serious mental disorder, as well as be alcohol dependent.
- Black and minority ethnic groups are diagnosed as having higher rates of mental health problems than the general population.
- There is a high rate of mental health problems in the prison population.

### Suicide and injury undetermined

The chart below shows the directly standardised rate for mortality from suicide and injury undetermined of persons of all ages for this area, and for the region overall, from 2001 to 2006. The vertical lines represent the limits of the variation around the local rate that might occur due to chance (95% confidence interval). If the

regional average falls below the vertical bars, then the death rate in this area is higher than the regional rate. If the regional average falls above the vertical bars, then the death rate in this area is lower than the regional rate, and if the regional average crosses area between the vertical lines then the death rate in this area is the same as the regional rate.

Figure 2. Mortality from suicide and injury undetermined

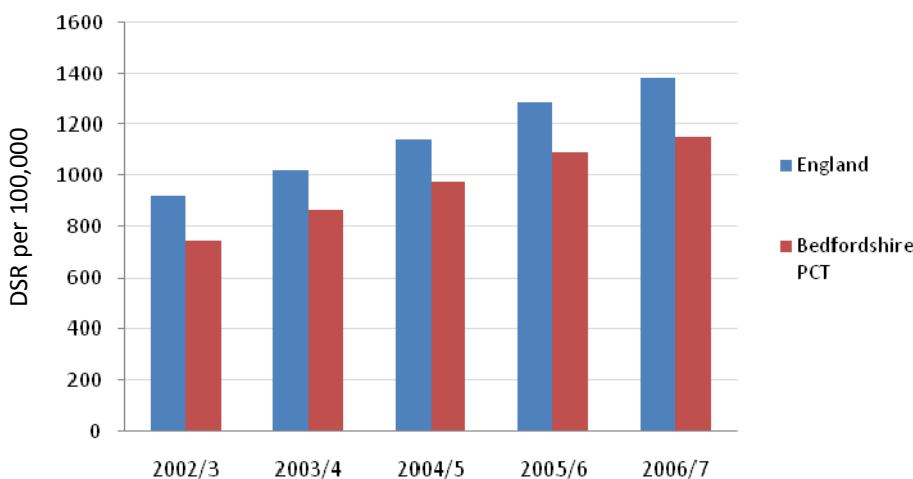


### Alcohol-related harm

The chart below shows National Indicator 39, which provides the rate of hospital admissions for alcohol-related harm for every 100,000 members of the population (standardised using the European population), derived from Hospital Episode Statistics (HES) covering the period 2002/03 to 2006/07. The chart compares this PCT (red) with the England average (blue). Evidence suggests an association between increased alcohol consumption and mental ill

health. Alcohol consumption can be a cause of mental ill health, or a result of mental ill health. Less than 1% of the general population is classified as being moderately or severely dependent on alcohol; this increases to 2% in people with neurotic disorders, 5% among those with phobias, and 6% among those with two or more neurotic disorders. Alcohol dependence is often treated within mental health services (Ref. 2). Further information on alcohol use locally can be found in the Local Alcohol Profiles (Ref. 3).

Figure 3. Hospital admissions for alcohol-related harm

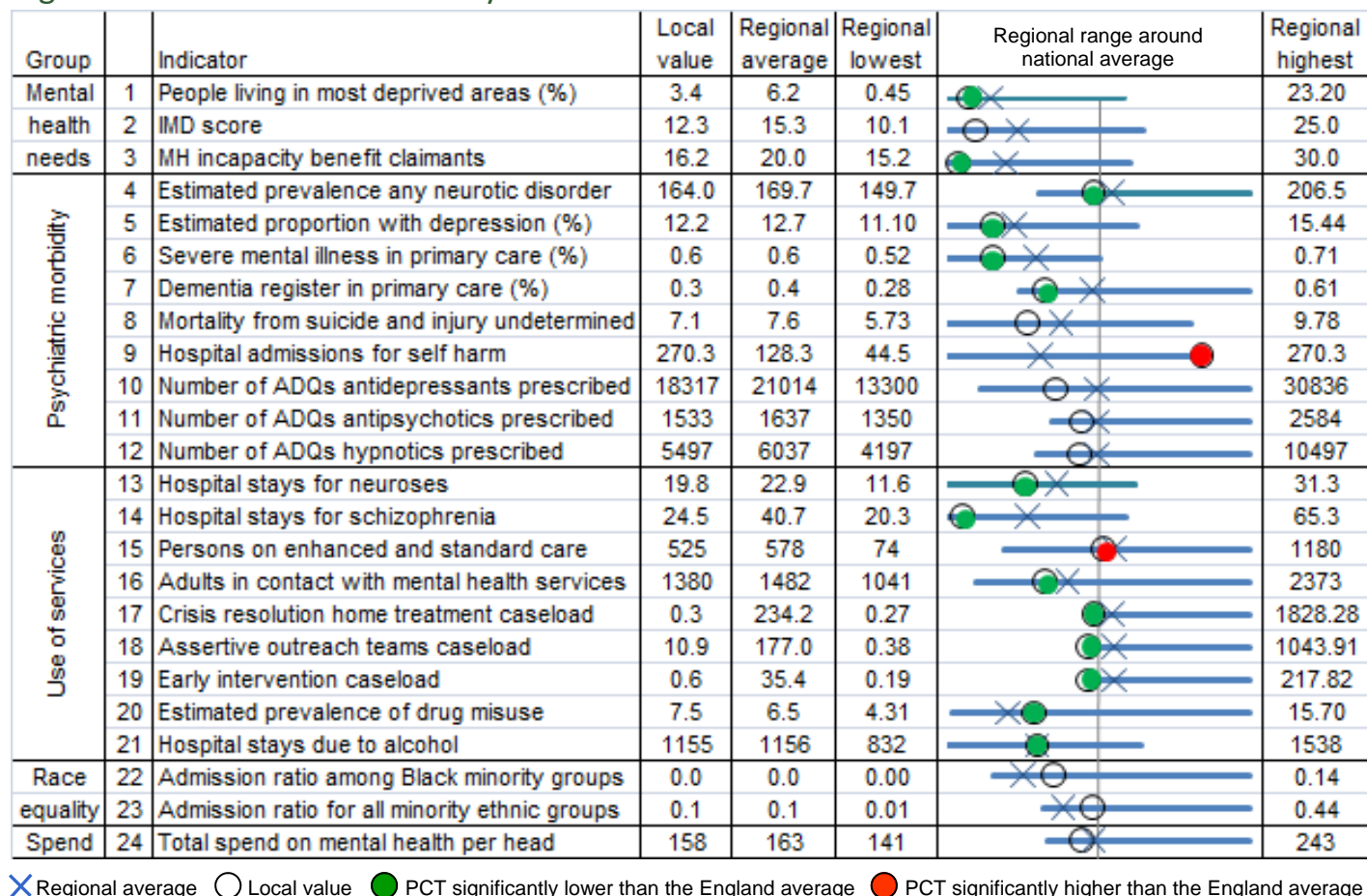


## Summary of mental health in this area

The chart below shows how mental health in this PCT compares with the England average. For each indicator, the value for this PCT is shown as a circle, while the regional range is shown as a blue bar. Indicators are grouped by type. Key factors underpinning indicator selection were public

health priorities and outcomes, rather than measures of service provision; and data validity and reliability. Some of the indicators selected have limitations and these are discussed further on the mental health profiles topic page at [http://www.erpho.org.uk/topics/Mental\\_Health](http://www.erpho.org.uk/topics/Mental_Health)

Figure 4. Mental health summary



## Indicator definitions

1. Level of deprivation of a population in an area, as measured by the percentage of people in that area living in the most deprived fifth of areas in England. 2. Measure of multiple deprivation for small geographical areas. IMD 2007 scores have been calculated for small geographical areas known as Super Output Areas covering the whole of England. 3. Working-age people who are in receipt of benefits for mental health conditions per 1000 people aged 16-64M, 16-59F. 4. Estimated prevalence of neurotic disorder per 1000 population aged 16-74. 5. Proportion of the population aged 16-64 predicted to have a common mental illness based on having a CIS-R (Clinical Interview Schedule, revised version) score of 12+. 6. The number of people registered with the GP with schizophrenia, bipolar disorder and other psychoses divided by the total practice list size for all practices within the PCT. 7. Number of persons with dementia on practice register per 100 total population. 8. Age-standardised mortality rate for suicide and injury undetermined per 100,000 total population. 9. Hospital admissions for self harm (primary diagnosis ICD-10 codes X60 - X84) per 100,000 population for the years 2003 and 2004. 10. Prescriptions of antidepressant drugs (BNF 4.3) in primary care, (2007/8) Number of ADQs of antidepressant drugs per 1000 total population. 11. Prescriptions of antipsychotics (BNF 4.2.1) in primary care, 2007/8. Number of ADQs of drugs used in psychoses and related disorders per 1000 total

population. 12. Prescriptions of anxiolytics and hypnotic drugs (BNF 4.1.2 and 4.1.1) in primary care, (2007/8). Number of ADQs of hypnotics and anxiolytics per 1000 total population. 13. Directly standardised rate of total number of neuroses admissions per 100,000 of the resident PCT population 2005/6. 14. Directly standardised rate of total number of schizophrenia admissions per 100,000 of the resident PCT population 2005/6. 15. Directly standardised rate of total number of persons on standard and/or enhanced Care Programme Approach per 100,000 of the resident PCT population 2005/6. 16. Directly standardised rate of total number persons with open mental health spells per 100,000 of the resident PCT population 2005/6. 17. Directly standardised rate of total number of CRHT contacts per 100,000 of the resident PCT population 2005/6. 18. Directly standardised rate of total number of Assertive outreach contacts per 100,000 of the resident PCT population 2005/6. 19. Directly standardised rate of total number of Early intervention caseload contacts per 100,000 of the resident PCT population 2005/6. 20. Estimated prevalence of Problematic Drug Users 2004/5. 21. Directly standardised rate of total number of alcohol-attributable admissions per 100,000 of the resident PCT population (National Indicator 39) 2005/6. 22. Admission to mental health services 2005/6: ratio of Black minority group adults to all White adults. 23. Admission to mental health services 2005/6: ratio of all ethnic group adults to all White adults. 24. Total spend on mental health per head 2006/7.

## Regional overview

The chart below gives an overview of how each PCT compares with the England average for all the indicators used in this profile. As with the mental

health summary (Figure 4), indicators are grouped according to type.

	No confidence intervals available for this data
	Significantly lower than the England average
	Not significantly different
	Significantly higher than the England average

Figure 5. Tartan rug

Group	Indicator	Bedfordshire	Cambridgeshire	E & N Hertfordshire	Ot Yar & Waveney	Luton	Mid Essex	Norfolk	North East Essex	Peterborough	South East Essex	South West Essex	Suffolk	West Essex	West Hertfordshire
Mental health needs	1 People living in most deprived areas (%)														
	2 IMD score														
	3 MH incapacity benefit claimants														
Psychiatric morbidity	4 Estimated prevalence any neurotic disorder														
	5 Estimated proportion with depression (%)														
	6 Severe mental illness in primary care (%)														
	7 Dementia register in primary care (%)														
	8 Mortality from suicide and injury undetermined														
	9 Hospital admissions for self harm														
	10 Number of ADQs antidepressants prescribed														
	11 Number of ADQs antipsychotics prescribed														
	12 Number of ADQs hypnotics prescribed														
	Use of services	13 Hospital stays for neuroses													
14 Hospital stays for schizophrenia															
15 Persons on enhanced and standard care															
16 Adults in contact with mental health services															
17 Crisis resolution home treatment caseload															
18 Assertive outreach teams caseload															
19 Early intervention caseload															
20 Estimated prevalence of drug misuse															
21 Hospital stays due to alcohol															
Race equality	22 Admission ratio among Black minority groups														
	23 Admission ratio for all minority ethnic groups														
Spend	24 Total spend on mental health per head														

### Notes

This profile is intended to give an overview of mental health outcomes within a PCT, and draws together key data relating to mental health. Inevitably, there are gaps in our data and important public health issues have had to be omitted due to a lack of reliable data. It is hoped that these gaps can be rectified in the future.

These profiles draw to a great extent on the APHO report on mental health (Ref. 2). The authors wish to acknowledge this contribution.

For any queries or feedback on these profiles please contact: [comms@rdd-phru.cam.ac.uk](mailto:comms@rdd-phru.cam.ac.uk)

### References

1. Department of Health. National service framework for mental health: modern standards and service models. 1999. <http://tinyurl.com/3372ml>
2. APHO Indications of Public Health in the English Regions 7: Mental Health <http://tinyurl.com/col2p4>
3. Local alcohol profiles for England. <http://www.nwph.net/alcohol/lape/>

### Further resources

- APHO Health Profiles <http://tinyurl.com/6j8ram>  
 National Suicide Prevention Strategy for England <http://tinyurl.com/6fhsc2>