APPENDIX 4

NEEDS ANALYSIS:
ADULTS WITH MENTAL HEALTH PROBLEMS

Principal factors that will determine the need for services for people aged 18 to 64 with mental health problems

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EXECUTIVE SUMMARY

Introduction

Looking forward to 2012 and 2021, this report is an assessment of the principal factors that will determine the need for social and health care for adults aged 16 to 64 years with mental health problems. According to the London Health Observatory[1], "the term 'mental health problem' can be used to describe the full range of mental health issues, from common experiences such as 'feeling depressed' to more severe clinical symptoms such as 'clinical depression' and enduring problems such as schizophrenia". This report considers the likely future mental health needs of Herefordshire's adult population, in order that these needs can be anticipated and planned for by service providers.

Demographics of Herefordshire

- Herefordshire's current[2] estimated population of 18-64 year-olds is 105,600 – 59% of the total population. The county has an older overall age profile than both the West Midlands region and England and Wales.
- Office for National Statistics (ONS) projections suggest numbers of 18-64 year-olds may increase by 2.0% by 2012, although more conservative local forecasts which take in to account expected housing provision suggest this increase will only be 0.1% by 2011.
- Projections suggest the 18-64 year-old population could be 107,000 in 2021, an increase of just 1.3% from 2005.
- Recent years have seen a more rapid growth in numbers in older age-groups (55-64s) and a more rapid decline in the younger ones (18-34s) than nationally. This ageing of the age profile is expected to continue, with the 55-64 year-old age-group growing most rapidly (by 7% in the short-term and 21% by 2021).

- The county has a smaller proportion of people from 'Black and Minority Ethnic' (BME) backgrounds than England as a whole (3.5% compared to 14.7%), but this population grew by 40.9% between 2001 and 2004 – much more rapid than the overall population growth of 1.7%. It is likely that numbers have increased further since the expansion of the EU in May 2004: between 2,500 and 3,000 workers from new member states were cleared to work in Herefordshire in 2005, although it is not known how many remain in the county. The county also experiences an annual influx of around 3,000 temporary seasonal agricultural workers – mainly over the summer months.
- In 2004, 3.8% of 18-64 year-olds in Herefordshire were estimated to be from a BME background; just under half of these were non-white.

General Health in Herefordshire

- Herefordshire's population is expected to live longer, on average, than nationally.
- Similar proportions of 18-64 year-olds in Herefordshire were in 'not good' health and/or had a 'limiting long-term illness' as nationally and regionally, according to the 2001 Census.

Sources of Information on Adults with Mental Health Problems

- It is not possible to obtain robust, comprehensive estimates of the number of people experiencing mental health problems who are in receipt of services. This is due to the potential for double-counting as a result of the independent databases used by the different service providers, and also to do with inconsistent recording and difficulties in extracting and obtaining information.
- It is estimated that around 780 people aged 18-64 in Herefordshire may be claiming Disability Living Allowance (i.e. may need some level of care) for a 'mental health

[1] http://www.lho.org.uk/HIL/Disease_Groups/MentalHealth_Prevalence.aspx

[2] ONS 2005 mid-year estimate. In August 2007, after this needs analysis work was completed, the ONS published revisions to the population estimates and projections. As a result, Herefordshire's population was reduced, which has a minor impact on the estimated and projected numbers of people with mental health problems in Herefordshire. This does not change any of the conclusions drawn.

reason' in August 2006, and that at the same time around 2,175 are claiming Incapacity Benefit or Severe Disablement Allowance because of a 'mental disorder'.
- Estimates and future projections have been produced for the purpose of this report, mainly using the *Survey of Psychiatric Morbidity among Adults in Private Households*, carried out in 2000 by the Office for National Statistics on behalf of the Department for Health. These assume that prevalence rates in Herefordshire will remain at the same level as in Great Britain as a whole in 2000. This is despite some suggestions that prevalence may increase, for which no robust information exists, even at a national level.

Common Mental Health Problems
- An estimated 18,250 adults aged 18-64 were experiencing common mental health problems in Herefordshire in 2005.
- Assuming that the national prevalence rates from 2000 remain appropriate, no notable change is expected in the number of adults experiencing common mental health problems in the county in the short-term (i.e. up to 2012).
- The same assumption yields an expected 1% increase in numbers by 2021: 100 extra people;
- Assuming that those who need to are currently accessing secondary services, this could be expected to equate to an extra 5 or 6 people requiring secondary mental health services in 2021.

Psychotic Disorders
- There are an estimated 874 cases of 'psychosis, schizophrenia or bi-polar affective disorder' known to GPs in Herefordshire in January 2007.
- This figure is higher than national prevalence rates would suggest (600 household residents) - even after accounting for approximately 50 people in communal establishments, and it has not been possible to reconcile these figures.
- Despite this large discrepancy, there is no reason to assume that more people in Herefordshire will require treatment for a psychotic disorder either in 2012 or 2021, than do currently.

Personality Disorders
- There were an estimated 4,650 household residents aged 18-64 in Herefordshire with a personality disorder in 2005.
- If prevalence were to continue at the same levels, forecast population changes would result in this number increasing by around 50 people (1%) in the short-term (up to 2012).
- In the longer term, in 2021, projections would suggest a 3% growth in the number, to 4,800 adults (an increase of around 150 people).
- It is estimated that currently around 60 adults receiving secondary specialist mental health care have a primary diagnosis of 'personality disorder' – just 1.3% of all estimated cases. It is not possible to determine how many people are diagnosed within primary care.
- This large discrepancy may be explained by considering that large numbers of people with a personality disorder do not require specialist services, or may be misdiagnosed with another mental health problem. There has also been a history of secondary services not taking them on because of a lack of treatments and associated statutory constraints, although national policy is starting to challenge this.

Early onset dementia
- It is estimated that there are approximately 50 people aged 30-64 with dementia in Herefordshire; numbers are expected to remain at a similar level up to 2012 and in 2021.
- Currently, only two-fifths (22) of these people are receiving a secondary service, and an estimated one-third of these are suffering from preventable dementia related to substance misuse.

Dual Diagnosis

- 'Dual diagnosis' refers to "the coexistence of mental health and substance misuse problems", and is important to consider in the context of service planning as it seems to result in high levels of service use, particularly expensive resources (e.g. emergency services and inpatient beds), compared to mental health problems alone.
- Little is known about the extent of dual diagnosis at a national level. It is estimated that around one third of psychiatric patients with serious mental illness have a substance misuse problem, and that around half of drug and alcohol service users have a mental health problem.
- It has not been possible to identify the extent of dual diagnosis in Herefordshire.

Ethnicity of People with Mental Health Problems

- It is not possible to produce estimates of the number of people in different ethnic groups in Herefordshire experiencing mental health problems.
- Information on ethnic group of patients is not currently collected by GPs, so there is no way of knowing the ethnicity of people with mental health problems known to primary care in Herefordshire.
- In April 2007, 3.5% of Herefordshire mental health service users (aged 18+) are recorded as being from a 'Black and Minority Ethnic' population, almost equal to the proportion of over 18s in the population as a whole in 2004 (3.4%).
- Nothing is known about the general mental health of migrant and seasonal workers in Herefordshire.

Geographic Distribution of People with a Mental Health Problem

- It is not possible to produce projections of the number of people in different parts of Herefordshire who will experience mental health problems.
- Further work would be required to assess whether current services are provided equitably across the county and that access to these services is equal, regardless of location.

Mental Health of Prisoners

- The number of people from Herefordshire in prison is unknown; the only available relevant information is that the Herefordshire Forensic Assessment Community Team is currently working with 6 people.
- Prevalence of mental health problems is high amongst the prison population in general.

Carers

- Assuming that the prevalence of caring in Herefordshire is as it was at the 2001 Census, 14,100 people aged 18-64 in Herefordshire are estimated to have been providing at least one hour of unpaid care a week in 2005, with 3,600 providing care for 20 hours or more per week.
- At the same time, 1.3% of 18-64 year-olds in the county (1,340 people) were entitled to Carers' Allowance, i.e. were not in employment or full-time education and were caring for a severely disabled person for at least 35 hours a week.
- Carers are more likely to be in 'not good' health than non-carers, and the disparity increases with the amount of time spent caring per week. People who provide care over a long period of time are particularly at risk of poor health. Carers' health is also more likely to deteriorate over time than that of non-carers, with many of the detrimental changes attributable to the caring role.
- Using national observations, an estimated 800 people aged 18-64 in Herefordshire are estimated to have been caring for someone with a 'mental disability' in 2005. A further 2,500 care for someone with both a 'physical and mental disability', and around 700 of this latter group could be expected to have a neurotic disorder.

Housing

- National research points toward a higher likelihood of housing instability in people with mental health problems. People with neurotic disorders and people with probable psychotic disorders are both more likely than those without to be socially renting, and the former group are more likely to have moved three or more times in the last two years.
- Although it is not possible to estimate the extent of social renting amongst people with mental health problems in Herefordshire who are *not* accessing secondary mental health services, a housing assessment of 1,361 Adult Mental Health service users supports the national observation. Almost half of service users in private households were renting (either privately or socially), in comparison with less than a quarter of all household residents in the county.
- A survey of care co-ordinators for the *Herefordshire Mental Health Services Housing Plan* identified at least 133 service users living in unsuitable accommodation, with incomplete information provided for around 400 service users. A wide range of single-figure accommodation units were identified as needed to suitably house these people, with the majority (66%) requiring 'general needs housing'.

INTRODUCTION

Looking forward to 2012 and 2021, this report is an assessment of the principal factors that will determine the need for social and health care for adults aged 16 to 64 years with mental health problems. These include demographic change, taking into account the expected levels and characteristics of in-migration; the implications of changing patterns of health, treatment, and the development of health care services in response to them; the extent to which people might be able to pay for their social care; and housing.

According to the London Health Observatory[3], "the term 'mental health problem' can be used to describe the full range of mental health issues, from common experiences such as 'feeling depressed' to more severe clinical symptoms such as 'clinical depression' and enduring problems such as schizophrenia".

The Mental Health Foundation[4] elaborates:
"…a wide range of problems which affect someone's ability to get on with their daily life. Mental health problems can affect anyone, of any age and background, as well as having an impact on the people around them such as their family, friends and carers.

"Most people recover from their mental health problems. Long-term problems can lead to considerable disruption and difficulty in people's lives, but many of the people affected find ways of managing their problems and are able to lead active lives".

This report considers the likely future mental health needs of Herefordshire's adult population, in order that these needs can be anticipated and planned for by service providers.

Like the Herefordshire Primary Care Trust and Herefordshire Council's 'Joint Commissioning Plan for People with Mental Health Problems' (2006), this report only considers alcohol or drug use and dependence where they co-exist with other mental health problems.

Note on revisions to Office for National Statistics' population estimates
In August 2007, after the needs analysis work was completed, but before the needs assessment was finalised, the ONS published estimates of population for mid-2006 using a new methodology for estimating international migration at the local level. At the same time, it revised the 2005 mid-year estimates – upon which the estimates and projections of the numbers of people with a physical disability in this needs analysis are based.

The local 2005-based forecasts for Herefordshire will not be revised, but the ONS 2004-based sub-national population projections have been revised to take account of the new methodology.

Herefordshire's estimated population of 18-64 year-olds in 2005 was revised down from 105,600 to 104,300; the estimate for mid-2006 is 104,800. The projection for 2012 is now 105,600 (down from 107,700), and that for 2021 is 103,800 (reduced from 107,000)

These changes have some minor impacts on the estimated and projected numbers of people with mental health problems in Herefordshire, but these are not significant enough to change any of the conclusions drawn.

[3] http://www.lho.org.uk/HIL/Disease_Groups/MentalHealth_Prevalence.aspx
[4] http://www.mentalhealth.org.uk

DEMOGRAPHICS OF HEREFORDSHIRE

THE COUNTY OF HEREFORDSHIRE

Herefordshire is a predominantly rural county of 842 square miles situated in the south-western corner of the West Midlands region, bordering Wales. With a population of approximately 56,000, the city of Hereford is the major location in the county for employment, administration, health, education facilities and shopping. The five market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington are the other principal centres, with populations ranging from 11,000 (Leominster) to 2,500 (Kington).

The county has beautiful unspoilt countryside, distinctive heritage, remote valleys and rivers, including the river Wye, which flows east through Hereford and the Wye Valley Area of Outstanding Natural Beauty. The south-west of the county includes the Black Mountains, and the Malvern Hills form part of the boundary with Worcestershire to the east.

Herefordshire has limited access to the motorway network via the M50, which starts near Ross-on-Wye and joins the M5 north of Tewkesbury in Gloucestershire. The other main road links, which all pass through Hereford, are the A49 (running from north to south), the A438 (east to west) and the A4103 to Worcester.

The nature of Herefordshire's rurality presents unique challenges to service providers, with a relatively small population of 178,800[5] scattered across the 2nd largest[6] unitary authority in England. Furthermore, although three English counties[7] have a lower population density than Herefordshire, no other top tier local authority has a greater proportion of its population living in "very sparse" areas[8].

CURRENT POPULATION

Herefordshire's current total population is 178,800[5], of which 59% (105,600) are aged 18-64. Herefordshire has an older overall age profile than both the West Midlands Region and England and Wales, and this is apparent in the older groups within the population of interest in this report. Table 1 shows how Herefordshire has a larger proportion of 55-64 year-olds in its population than either the region or England and Wales as a whole, and a smaller proportion of 18-34 year-olds.

It should be noted that the mid-year estimates exclude around 2,700[9] Herefordshire students who live away from home during term-time, the majority of whom are likely to be aged 18-21. As the county has no universities, this group is not compensated for by students from other areas living within the county during term-time.

Table 1: Proportion of total population in adult age-groups, 2005

Area		18-34	35-54	55-64	18-64
Herefordshire	No.	*29,400*	*51,000*	*25,200*	*105,600*
	%	16.4%	28.5%	14.1%	59.1%
West Midlands Region	%	21.6%	27.6%	11.9%	58.4%
England & Wales	%	22.3%	28.1%	11.7%	62.0%

Source: 2005 mid-year estimates, ONS. Note: figures may not sum due to rounding.

Whilst gender distribution is an important issue when considering older people due to the longer life expectancy of females, it is less of one for adults aged 18-64; there is a roughly

[5] 2005 mid-year estimate, ONS
[6] Behind East Riding of Yorkshire
[7] Northumberland, North Yorkshire and Cumbria
[8] According to the sparsity measures used in the calculation of the Local Government Finance Settlement 2006/07, 29% of Herefordshire's population live in wards with a density of 0.5 persons per hectare or lower and 25% live in Output Areas with a density of 0.5 or lower.
[9] 2001 Census

50:50 split between males and females in the age groups of interest in Herefordshire, as nationally.

RECENT TRENDS

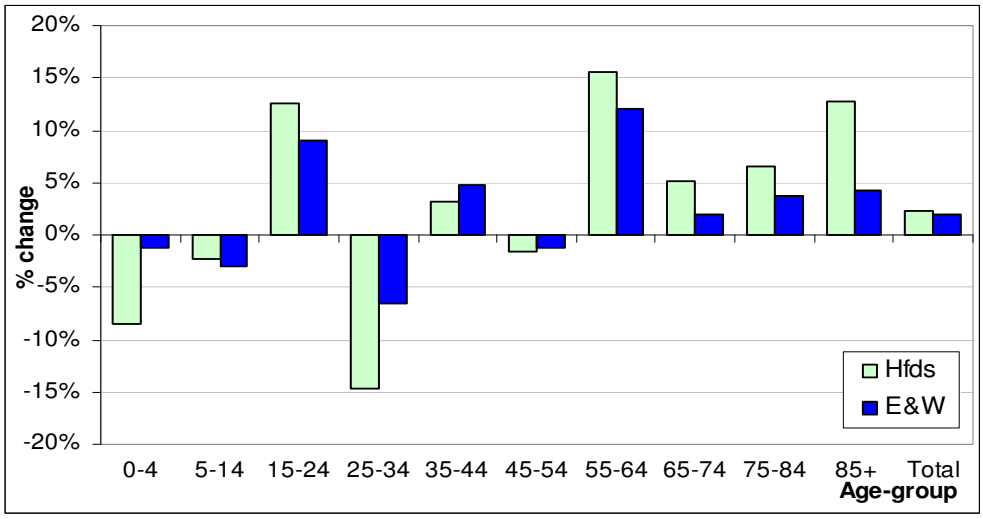
Herefordshire's population grew by 2.2% between 2001 and 2005, which is broadly similar to the national growth (2.0%), but change was not consistent across age-groups (Figure 3). The number of people aged 18-64 increased by 2,500 over this period – a growth similar to the total population growth but, as Table 2 shows, numbers of 18-34 year-olds fell by 4.5%, whilst the population aged 55-64 increased by 15.6%. These changes were in the same direction as national trends, but larger.

Table 2: Observed population change (%), 2001 to 2005

Age-group	Herefordshire	England & Wales
18-34	-4.5%	-0.5%
35-54	+1.0%	+2.0%
55-64	+15.6%	+12.1%
18-64	+2.4%	+2.8%

Source: mid-year population estimates, ONS

Figure 3: Observed population change (%), 2001 to 2005



Source: mid-year population estimates, ONS

MIGRATION

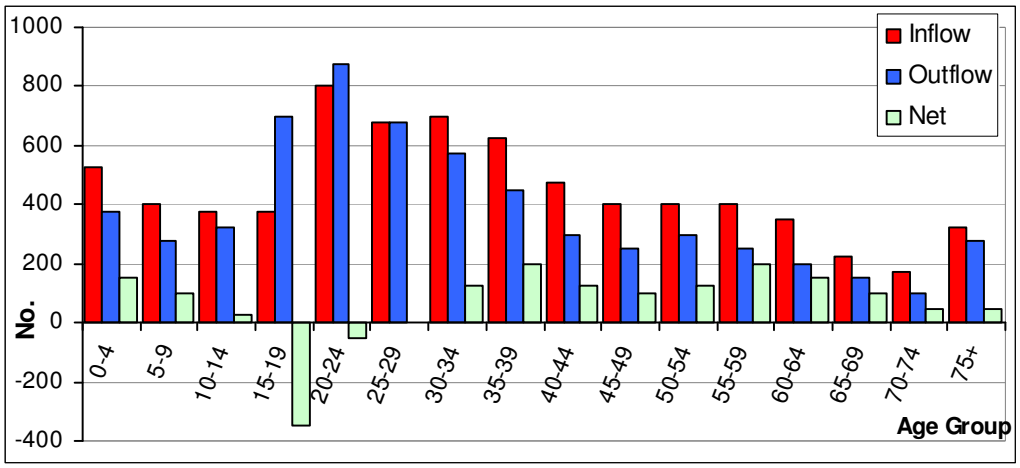
Within UK Migration

Herefordshire experiences an average annual net gain of just over 1,000 residents from elsewhere in the UK. Analysis of migration within *England and Wales*[10] shows that about two-thirds (65%) of the net migrants into Herefordshire come from London and the South-East (including Bedfordshire, Hertfordshire and Essex); just under a quarter (24%) from neighbouring English counties (Gloucestershire, Worcestershire and Shropshire); 13% from non-neighbouring parts of the West Midlands region and the rest from other parts of England; on average more people move from Herefordshire to Wales than vice versa, giving a net loss.

The average numbers of people in each age group moving into and out of Herefordshire each year, along with the average net in-flow (people moving *in* minus people moving *out*), are shown in Figure 4. The largest flows, both into and out of Herefordshire, are in the 20-24 year-old age group. This is one of the age groups where people are most mobile generally, so the pattern is not necessarily unique to Herefordshire.

[10] Over the period mid-1998 to mid-2004

Figure 4: Average annual migration between Herefordshire and rest of UK



Source: derived from ONS Internal Migration Estimates; average over period mid-2000 to mid-2004

Notably, the only average net *out*-flows are in the 15-19 and 20-24 year-old age-groups, with the largest in the former: on average 350 more 15-19 year-olds leave the county each year than move into it. This may be explained by the fact that Herefordshire does not have a major centre of higher education, coupled with the fact that young people leaving home to start university are generally aged 18-19 and are counted at their term-time address.

However, it is worth noting that although there is an average annual net loss of 400 15-24 year-olds, this only represents around 2% of the county's population of these ages. To put this into perspective, Rutland UA in the East Midlands 'loses' around 7% of its population of this age-group each year, whilst Westminster 'gains' around 7%.

International Migration

According to the ONS mid-year estimates of population, until 2004 Herefordshire had an average of zero net international migrants per year. In the 2005 estimates, the county had a net in-flow of 440.

The only detailed information available regarding permanent international migration is the number of people moving into Herefordshire from outside the UK in the year before the 2001 Census. This figure was 567, which represents just 0.3% of the total population of the county at the time, and the number moving in the other direction is unknown. 54% of these international in-migrants were aged under 30, which is much higher than the corresponding figure of 44% of in-migrants from within the UK; both figures are higher than the proportion of under 30s of Herefordshire's population (33%).

Migrant workers

Between 2,500 and 3,000 workers from new European Union accession states[11] were cleared to work in Herefordshire in 2005. The ages of these migrants are unknown, but it is likely that most were young adults. However, there is currently no information on how long they remain in the county, or even the UK.

The county also experiences a significant influx of temporary seasonal agricultural workers each year (around 3,000[12]) – mainly over the summer months, with the majority from Ukraine and Russia. These are, by definition, students who are permitted to work on participating farms for up to 6 months.

[11] Source: Worker Registration Scheme; Work Permits (UK), Home Office. States are: Poland, Lithuania, Estonia, Latvia, Slovenia, Slovakia, Hungary and the Czech Republic.
[12] Source: Seasonal Agricultural Workers Scheme; Work Permits (UK), Home Office.

ETHNICITY

Experimental statistics[13] suggest that in 2004, 3.5% of Herefordshire's total resident population was from an ethnic minority (6,200 people). This proportion is still very low by national (14.7%) and regional (15.5%) comparisons, but reflects a growth of 40.9% in the BME population from 2001 compared to just 1.7% for the total county population. It is very likely that numbers have increased even more since the expansion of the EU in May 2004 given the migrant worker statistics discussed above.

This information is also available for Herefordshire's 18-64 year-old population, and indicates that younger age-groups have a slightly higher proportion of people from ethnic minorities: 3.8% of 18-64 year-olds are estimated to be from an ethnic group other than 'white British', in comparison with 3.5% of the total resident population (Table 5). This figure rises to 5.1% of 18-34 year-olds.

For all age-groups, 'White other' was the largest ethnic minority group (1.5% of total population aged 18-64). 'White Irish' was the second largest group for 50-64 year-olds (0.8% of all 50-64s), whilst 'Asian or Asian British' was the second largest for 18-34 year-olds (1.0% of all 18-34s). These two ethnic groups were equally sized for 35-50 year-olds (0.5% of all 35-50 year-olds each).

Table 5: Percentage of Herefordshire residents in ethnic group, by age-group, 2004

Age-group	'White British'	Ethnic group other than 'White British'
18 to 34	94.9%	5.1%
35 to 49	96.1%	3.9%
50 to 64	97.3%	2.7%
18 to 64	96.2%	3.8%
Total population	96.5%	3.5%

Source: ONS © Crown copyright.

The small numbers of people aged 18-64 from ethnic minority groups are shown in Table 6, as is the distribution amongst these groups: just under half of people from an ethnic minority are non-white.

Table 6: Percentage of Herefordshire's 18-64 year-old non-'white British' residents in each ethnic group, 2004

Ethnic Group	No. aged 18-64 in ethnic group	% of total 18-64 year-old non-'White British' in group
White British	100,800	-
White Irish	600	15.0%
White Other	1,600	40.0%
Mixed	400	10.0%
Asian or Asian British	600	15.0%
Black or Black British	300	7.5%
Chinese	200	5.0%
Other ethnic group	200	5.0%
Non-'White'	1,800	45.0%
Total non-'White British'	4,000	100.0%

Source: ONS © Crown copyright. Figures may not sum due to rounding (to the nearest 100).

[13] ONS experimental population estimates by ethnic group.

FUTURE POPULATION

The Office for National Statistics produces population ***projections*** for local authorities based on recent and nationally projected trends in births, deaths and migration – i.e. estimates of what could be reasonably expected to happen to the population *if recent trends were to continue.* The most recent set of sub-national projections are 2004-based and project forward to 2029.

Herefordshire Council's Research Team produces population ***forecasts*** for Herefordshire which are also based on recent and nationally projected trends in births, deaths and migration, but, unlike the projections, also take into account anticipated housing provision under the Unitary Development Plan – which has a constraining effect on in-migration. Until the Regional Spatial Strategy is decided it is not possible to anticipate what housing provision there may be after the UDP, so forecasts can only be produced up to 2011. 2005-based interim forecasts have been produced which take account of a higher than average net international in-migration between 2004 and 2005 (but do not make any attempt to forecast future trends in international migration)

As this needs analysis is interested in expected demand for services up to 2012, and longer term to 2021, the ONS projections are considered alongside the local forecasts; the latter is considered as an alternative scenario for the short-term assessment.

Both the forecast and projected figures for 2011 are presented in Table 7a, along with the projections for 2012 and 2021.

- The key point to note is that according to the ONS projections, the population aged 18-64 in Herefordshire will rise to a peak in 2011 (at 108,100) before falling slowly but steadily to 107,000 in 2021.

- The local forecasts predict less growth by 2011 (to 105,700 people), so that numbers would have to continue to increase to reach the level projected for 2021.

- In the long term (up to 2021), by far the biggest rate of change is expected to be in the population of 55-64 year-olds: an increase of 20.6% from 2005, which represents an extra 5,200 residents. The population aged 35-54 is expected to fall by 5,000 over the same period, although this only represents a fall of 9.8% due to the larger numbers in this group.

- Comparing the ONS projections for 18-64 year-olds in Herefordshire to the corresponding national ones shows that even the expected rise in numbers to 2011 would result in a slightly lower rate of growth than in England and Wales as a whole (2.4% to 3.7%). The subsequent projected fall in Herefordshire's population of 18-64 year-olds would result in a much lower overall rate of growth between 2005 and 2021 (1.3% compared to 5.5% in England and Wales).

All of the potential changes discussed here would result in an older age-structure of the 18-64 year-olds in Herefordshire, as illustrated in Table 7b. The proportion of this group aged 55-64 is expected to increase from 24% in 2005, to 25-26% in 2011/12, and to 28% by 2021. Conversely, the proportion aged 35-54 is expected to decrease from 48% in 2005 to 47% in 2001/12 and 43% in 2021. The proportion in the 18-34 age-group is expected to remain fairly constant, fluctuating between 27% and 29%.

Table 7a: Expected change in population aged 18-64, Herefordshire and England & Wales

		Current	Short-term			Long-term
		2005	2011		2012	2021
		Estimate	Forecast	Projection	Projection	Projection
18-34	No.	29,400	28,700	29,700	30,100	30,500
	% change from 2005	-	*-2.4%*	*+1.0%*	*+2.4%*	*+3.7%*
35-54	No.	51,000	50,000	51,100	50,600	46,000
	% change from 2005	-	*-2.0%*	*+0.2%*	*-0.8%*	*-9.8%*
55-64	No.	25,200	27,000	27,300	27,000	30,400
	% change from 2005	-	*+7.1%*	*+8.3%*	*+7.1%*	*+20.6%*
18-64	No.	105,600	105,700	108,100	107,700	107,000
	% change from 2005	-	*+0.1%*	*+2.4%*	*+2.0%*	*+1.3%*
18-64: projected % change, England & Wales		-	-	*+3.7%*	*+3.7%*	*+5.5%*

Source: ONS 2005 mid-year estimates & 2004-based sub-national projections; HC Research Team 2005-based interim forecasts using ONS estimates and Gov't Actuary's Department projected trends; GAD 2004-based national population projections.

Table 7b: Expected proportion of 18-64 year-old population by age-group, Herefordshire

Age-group	Current	Short-term			Long-term
	2005	2011		2012	2021
	Estimate	Forecast	Projection	Projection	Projection
18-34	28%	27%	27%	28%	29%
35-54	48%	47%	47%	47%	43%
55-64	24%	26%	25%	25%	28%
18-64	100%	100%	100%	100%	100%

Source: ONS 2005 mid-year estimates & 2004-based sub-national projections; HC Research Team 2005-based interim forecasts using ONS estimates and Gov't Actuary's Department projected trends; GAD 2004-based national population projections.

As only projections are available for the years after 2011, the only long-term scenario considered is the 2021 ONS projection. Although the focus of the short-term needs analysis is 2012, since the projections suggest that the total population aged 18-64 will peak in 2011 it seems appropriate to consider the forecasts and projections concurrently. The combined factors of different age-groups being expected to peak at different points throughout the period and age-sex-specific prevalence rates mean that different mental health problems could peak at different times in the short-term. In terms of service planning it seems appropriate to consider the 'worst case scenario', i.e. take the population scenario that suggests the highest number of cases of each mental health problem. In fact, as will be discussed in subsequent sections, the differences in the numbers estimated to be experiencing mental health problems between the short-term forecast and projections are relatively minor.

It must be noted that the forecasts and projections presented here are only possible scenarios of what might happen to Herefordshire's population in the future – if trends change and/or fertility, mortality and migration assumptions are not met the population could be very different.

As mentioned above, the local forecasts take into account the higher than average international in-migration in 2004, without making any assumptions about the effect of any sustained increase. The international migration assumptions for the 2004-based projections are based on movements in the few years prior to the expansion of the European Union; little is known, even at a national level, about the impact of these changes on the population in the longer term.

COMMUNAL ESTABLISHMENT POPULATION

A communal establishment is defined[14] as an establishment providing managed (i.e. supervised full or part-time) residential accommodation. This includes small hotels and guesthouses if they have capacity for 10+ guests (excluding the owner/manager and family), and sheltered housing unless half or more of the residents possess their own facilities for cooking (in which case the whole establishment is classified as separate households).

The only comprehensive information regarding the population living in communal establishments is from the 2001 Census. As Table 8 shows, the numbers and proportions within the age-groups of interest are small, but it is important to consider them, since prevalence rates tend to relate to the population living in private households. A further complication is that some Census information includes resident staff and their families whilst others exclude them.

Table 8: Household & communal establishment residents in Herefordshire, 2001 Census

	Age-group			
	18-34	35-49	50-64	18-64
Total population	30,992	37,193	34,902	103,087
Household residents	30,636	37,028	34,766	102,430
Communal establishment residents (inc. staff)	356	165	136	657
% of age-group living in a communal establishment (inc. staff)	1.2%	0.4%	0.4%	0.6%
Residents (non-staff) of medical & care establishments	112	83	68	263
Residents (non-staff) of education establishments (inc. halls of residence)	84	11	6	101
Residents (non-staff) of other communal establishments*	52	26	26	104
Communal establishment residents (non-staff)	248	120	100	468

Source: 2001 Census, tables S001 & S126 © Crown copyright.
** Hotel; boarding house; guest house; hostel (including youth hostel, hostel for the homeless & people sleeping rough; or other. Residents of Hereford Garrison at Credenhill are not included in any of these figures. Note: the age-groups in this table are different to those used throughout the report due to constraints in published Census data.*

The majority (56%) of residents were in 'medical & care establishments', although a third (34%) of 18-34 year-old residents were in 'education establishments' – likely the halls of residence of the Royal National College for the Blind. Of the 263 residents of medical & care establishments, 17 were in a psychiatric hospital or home.

In their sub-national household projections, which run to 2026, the Office for the Deputy Prime Minister[15] assume that the numbers of people living in communal establishments will remain constant for all ages below 75. In the absence of any other local information, this assumption will be adopted for the purposes of this report.

- In January 2007, there were 81 people aged 18-64 known to the Adult Mental Health Service living in communal establishments: 13 in secure unit placements, 10 in nursing homes, 36 in residential homes (including adult placements) and 22 in supported housing.[16] These would all fall under the classification of 'medical & care establishments' in Table 8.

[14] 2001 Census, Office for National Statistics
[15] ODPM, now Department for Communities and Local Government (DCLG); 2003-based household projections released in 2006.
[16] Source: Adult Mental Health Service, Herefordshire Primary Care Trust.

Summary: Demographics of Herefordshire

- Herefordshire's current estimated population of 18-64 year-olds is 105,600 – 59% of the total population. The county has an older overall age profile than both the West Midlands region and England and Wales.
- Office for National Statistics projections suggest numbers of 18-64 year-olds may increase by 2.0% by 2012, although more conservative local forecasts which take in to account expected housing provision suggest this increase will only be 0.1% by 2011.
- Projections suggest the 18-64 year-old population could be 107,000 in 2021, an increase of just 1.3% from 2005.
- Recent years have seen a more rapid growth in numbers in older age-groups (55-64s) and a more rapid decline in the younger ones (18-34s) than nationally. This ageing of the age profile is expected to continue, with the 55-64 year-old age-group growing most rapidly (by 7% in the short-term and 21% by 2021).
- The county has a smaller proportion of people from 'Black and Minority Ethnic' (BME) backgrounds than England as a whole (3.5% compared to 14.7%), but this population grew by 40.9% between 2001 and 2004 – much more rapid than the overall population growth of 1.7%. It is likely that numbers have increased further since the expansion of the EU in May 2004: between 2,500 and 3,000 workers from new member states were cleared to work in Herefordshire in 2005, although it is not known how many remain in the county. The county also experiences an annual influx of around 3,000 temporary seasonal agricultural workers – mainly over the summer months.
- In 2004, 3.8% of 18-64 year-olds in Herefordshire were estimated to be from a BME background; just under half of these were non-white.

GENERAL HEALTH IN HEREFORDSHIRE

LIFE EXPECTANCY & GENERAL HEALTH

Herefordshire's population is expected to live longer, on average, than the national population. Based on 2002-04 data, life expectancy at birth in Herefordshire is 77.5 years for males and 82.5 years for females, compared to 76.6 and 80.9 respectively for England. Increases in life expectancy over the last ten years have been broadly in line with national trends.

The 2001 Census asked residents to say how their health had been overall in the last year (from options: good, fair or not good). Overall, 69% of Herefordshire's household residents said they were in 'good' health and 8% were 'not good'.[17] This split is broadly similar to nationally (9% 'not good') and regionally (10%).

7% of Herefordshire residents aged 18-64 said that their health was 'not good', which is again broadly similar to England & Wales and the West Midlands Region (8% and 9% respectively). Propensity to state that health was 'not good' increased with age, from 3% of the county's residents aged 18-24 (2% of those aged 18-19) to 14% of those aged 60-64.

Unsurprisingly, across all ages, much higher proportions of residents of communal establishments stated that their health was 'not good' than in the population as a whole: 11% of 18-19 year-olds, increasing to 42% of 60-64 year-olds in communal establishments.[18] As noted in Table 8, Herefordshire's communal establishment population aged 18-64 was 468 in 2001 (0.5% of all 18-64 year-olds), and 56% of these were resident in medical and care establishments.

[17] 2001 Census, Table T07
[18] 2001 Census, Table T09

LIMITING LONG-TERM ILLNESS

A 'limiting long-term illness' (LLI) is defined as an illness, health problem or disability, which limits daily activity or work. At the 2001 Census, 18% of Herefordshire's total population reported having an LLI – the same proportion as nationally and similar to regionally (19%). Of the county's 18-64 year-olds, 14% said they had an LLI, which is broadly equal to the national and regional figures (both 15%). Table 9 shows how the prevalence of limiting long-term illness increases with age.

Table 9: Percentage of Herefordshire residents* that have an LLI by age group

Age-group	% with LLI	No. with LLI
18-24	7%	964
25-44	9%	4,183
45-59	18%	6,502
60-64	28%	2,818

** All people, including those living in communal establishments.*
Source: 2001 Census, ONS – Crown Copyright

There is no information from the Census regarding the nature of LLIs, and due to the self-reporting nature of the question, it could well be that what is 'limiting' for one person may not be for another. It should also be noted that an LLI in not necessarily a *physical* impairment.

Summary: General Health in Herefordshire

- Herefordshire's population is expected to live longer, on average, than nationally.
- Similar proportions of 18-64 year-olds in Herefordshire were in 'not good' health and/or had a 'limiting long-term illness' as nationally and regionally, according to the 2001 Census.

HEREFORDSHIRE'S OVERALL MENTAL HEALTH

MEASURE OF MENTAL HEALTH

The Regional Lifestyle Survey (2005) examined mental health using a validated measure[19], with raw scores transformed onto a scale of 0 to 100 (100 = best possible health state), and indicated that Herefordshire residents have very slightly better mental health than residents of the region overall. Men report slightly better mental health than women for both geographies (see Figure 10).

Figure 10: Mental health in 12 months prior to Regional Lifestyle Survey, 2005

Source: Regional Lifestyle Survey 2005, Herefordshire Report; HC Research Team

[19] Based on questions which asked people to rate how much they agreed with certain statements related to mental & physical health. The measure is subject to intellectual property rights & may not be reproduced without prior permission being sought from the publishers. Interested parties should either consult WMRO or WMPHO or consult the supplementary technical report.

SUICIDE

Suicide rates in Herefordshire have appeared high in the past relative to England and Wales as a whole, although the difference is not statistically significant due to the small numbers (annual average of 15-16 deaths). Annual fluctuations can be expected because of the small numbers, but the Director of Public Health's Report (2006) recommends the rates should be closely monitored. Suicide prevention has had a high priority in Herefordshire, and the government target of a 20% reduction in the suicide rate between 1995-97 and 2010 is expected to be met.[20]

Consistently more men that women commit suicide, with the 25 to 44 year-old age group particularly vulnerable. This reflects the national situation, where suicide is the biggest single cause of death for men aged 18 to 35.

Table 11: Number of deaths from suicide of people aged 15 to 64, Herefordshire

Year	Male	Female	Total
2002	8	5	13
2003	10	0	10
2004	12	5	17
2005	8	5	13
2006	4	3	7

Source: Health in Herefordshire: Director of Public Health Annual Report, 2006

Summary: Herefordshire's Overall Mental Health

- The Regional Lifestyle Survey indicated that Herefordshire residents have very slightly better mental health than those of the region overall.
- Suicide rates have appeared relatively high in the county in the past; prevention has had a high priority and the government target of a 20% reduction between 1995-97 and 2010 is expected to be met.

SOURCES OF INFORMATION ON ADULTS WITH MENTAL HEALTH PROBLEMS

KNOWN SERVICE USERS

Although information on users of mental health services does exist, it is not possible to obtain robust, comprehensive estimates of the current number of people experiencing mental health problems who are in receipt of services. This is due to the potential for double-counting as a result of the independent databases used by the different service providers, and also to do with inconsistent recording and difficulties in extracting and obtaining information. The available data is presented in subsequent sections, where appropriate. Many systems do not enable the extraction of historic data, so only a snapshot can be provided.

DISABILITY-RELATED BENEFIT CLAIMANTS

People with a disability can claim specific benefits, and whilst there are no specific benefits for mental health disorders, if such a condition significantly interferes with a person's way of life they are eligible to claim. The two benefits that are available to adults aged 18-64[21] are

[20] *Health in Herefordshire: The Annual Report of the Director of Public Health 2006*, Herefordshire Primary Care Trust, p.9.

[21] People over 65 can claim Attendance Allowance.

Disability Living Allowance (DLA) and Incapacity Benefit (IB)/Severe Disablement Allowance (SDA).

Benefits data is presented here to give an indication of actual numbers of people in Herefordshire who meet the criteria for disability-related benefits, but this information is of limited value because:

- although the number aged 18-64 claiming each benefit in Herefordshire is available, it is not possible to obtain detailed information about this age-group at a county level, for example the reason for claim, or numbers who claim both benefits;
- it is not possible to calculate take-up rates as the total number eligible is unknown, so is therefore not possible to determine whether any increases in the numbers of claimants are due to increases in eligible numbers, or to improved take-up due to publicity of welfare rights.

Disability Living Allowance (DLA)

DLA is not income-related, and is paid to people who have required help for three months and are likely to need that help for at least six more months. It comprises two components with different levels depending on the severity of the disability:

- Care component – for people who need help with their personal care(i.e. attention in connection with their bodily functions and/or continual supervision to avoid substantial danger to themselves or others), with three possible rates (higher, middle or lower)[22];
- Mobility component – for people who have difficultly walking, with two possible rates (higher or lower).[23]

A person can only begin claiming DLA if they are under 65, but can continue to receive it after this age if they satisfy the criteria. As shown in Table 12, roughly two-thirds of Herefordshire claimants are aged 18-64. In 2005, 4.5% of the county's population aged 18-64 are claiming DLA: 4,700 people.

The number of claimants in Herefordshire increased by 7.1% between 2003 and 2005, whilst the population grew by just 1.2%. However, this rise could be related to improvements in take-up rates rather than an increase in prevalence.

Table 12: Claimants* of either (or both) component(s) of Disability Living Allowance, Herefordshire

	2003	2004	2005	2006
All ages	6,560	6,890	7,200	7,430
Aged 18-64	4,390	4,550	4,700	4,860
% of all claimants aged 18-64	*67%*	*66%*	*65%*	*65%*
% of population aged 18-64 claiming	4.2%	4.3%	4.5%	-

Source: Work and Pensions Longitudinal Study, Department for Works and Pensions.

** All entitled: those in receipt of payment and those whose payment has been suspended, e.g. if in hospital. Count is snapshot as at 31st August each year; all figures rounded to nearest 10.*

Information on the numbers of people claiming each rate of DLA is also published, but it is only possible to obtain exact counts at a county level for the population of working age[24] (see Tables 13 & 14).

[22] Higher rate paid to those who need help during the day *and* night; middle to those who need help during the day *or* night; lower rate to those who need help during some of the day or cannot prepare a cooked meal for themselves given the ingredients.

[23] Higher rate paid to those who are (virtually) unable to walk; lower to those who can walk but need help outside on unfamiliar routes.

[24] 16 to 59 for females; 16 to 64 for males.

Table 13: Claimants* of Disability Living Allowance (DLA) *Care Component* (working age), Herefordshire

Rate	2003	2004	2005	2006
Higher	880	880	920	980
Middle	1,170	1,250	1,300	1,330
Lower	1,410	1,480	1,570	1,630
Nil (i.e. eligible for mobility comp. only)	560	530	530	510
All rates	4,020	4,150	4,320	4,450

Source: Work and Pensions Longitudinal Study, Department for Works and Pensions.
** All entitled: those in receipt of payment and those whose payment has been suspended, e.g. if in hospital. Count is snapshot as at 31st August each year; all figures rounded to nearest 10.*

Table 14: Claimants* of Disability Living Allowance (DLA) *Mobility Component* (working age), Herefordshire

Rate	2003	2004	2005	2006
Higher	2310	2350	2390	2420
Lower	1200	1300	1370	1470
Nil (i.e. eligible for care comp. only)	500	500	560	550
All rates	4020	4150	4320	4450

Source: Work and Pensions Longitudinal Study, Department for Works and Pensions.
** All entitled: those in receipt of payment and those whose payment has been suspended, e.g. if in hospital. Count is snapshot as at 31st August each year; all figures rounded to nearest 10.*

People can claim DLA because of any disabling condition, but it is not possible to obtain information on the reason for claim at county level. As at August 2006 the main disabling condition of 19% of all DLA claimants aged 18-64 in Great Britain was 'mental health causes' – the largest single disabling condition. The equivalent figure for the West Midlands region was slightly lower, at 16%; only 'arthritis' was more common (18%).

- As the Regional Lifestyle Survey suggests that mental health in Herefordshire is slightly better than in the region as a whole, it seems most appropriate to take this lower percentage to estimate that around 780 people aged 18-64 in Herefordshire may be claiming DLA for this reason – i.e. may need some level of care because of a 'mental health reason'.

The number of people aged 18-64 claiming each level of each component of DLA for a 'mental health reason' is not available for any geography, and as rates may vary with age it is therefore not appropriate to attempt to estimate how many claimants of each type in Herefordshire are aged 18-64 and claiming for a 'mental health reason'.

Incapacity Benefit (IB) / Severe Disablement Allowance (SDA)

IB is paid to those who cannot work because of an illness or disability and who meet certain National Insurance contribution requirements. Until 2001 SDA was paid to those who were unable to work but did not meet the contribution criteria; these people can still receive SDA but no new claims can be made.

Although these benefits are primarily for people of working age, some claimants are still able to receive them once they pass state retirement age.[25] However, as Table 15 shows, almost all claimants in Herefordshire have been aged 18-64 (98%) since 2003: around 5,900 each year. These figures indicate that 5.6% of the population aged 18-64 in Herefordshire are claiming IB/SDA each year.

Detailed data regarding the reason for a claim is only available for the population as a whole (i.e. all claimants aged 16 and above). Over a third of people claiming IB/SDA each year are unable to work because of a 'mental disorder' (Table 15). This is the single most

[25] Currently 60 for women; 65 for men. There is no upper limit for SDA once it has been claimed, and the short-term rate of IB can be paid for up to a year after retirement age.

common reason for claiming, and the proportion has increased slightly each year since 2002 (from 35% to 38%). These proportions are similar to regionally, and about two percentage points lower than the proportion in England as a whole each year.

Table 15: Claimants of Incapacity Benefit (IB) or Severe Disablement Allowance (SDA), Herefordshire

	2003	2004	2005	2006
Total IB/SDA claimants (all ages)	5,960	5,970	6,040	5,890
No. of people (all ages) claiming IB/SDA due to 'mental disorders'	2,090	2,150	2,190	2,220
% of all IB/SDA claimants (all ages) claiming due to 'mental disorders'	*35%*	*36%*	*36%*	*38%*
No. of IB/SDA claimants aged 18-64	5,850	5,850	5,920	5,800
% of all IB/SDA claimants aged 18-64	*98%*	*98%*	*98%*	*98%*
% of population aged 18-64 claiming IB/SDA	5.6%	5.6%	5.6%	-

Source: Work and Pensions Longitudinal Study, Department for Works and Pensions.
Count is snapshot as at 31st August each year; all figures rounded to nearest 10.

The increasing trend in claims due to mental disorders is further illustrated by considering the change in numbers: whilst the total number claiming IB/SDA has fluctuated annually, and *fell* by 70 people (1.2%) overall between 2003 and 2006, the number claiming due to mental disorders has increased each year up to a total of 130 people over the period (a growth of 6.2%).

- Although the exact number of people aged 18-64 claiming because of a mental disorder cannot be obtained, if it can be assumed that the distribution of reasons claiming are the same for 18-64 year-olds as for all people aged 16 and over[26] it could be estimated that, as at August 2006, around 2,175 18-64 year-olds in Herefordshire are claiming IB/SDA because of a 'mental disorder'.

Discussion

The claimant figures suggest that more people aged 18-64 in Herefordshire are unable to work because of a disability (5,800) than require care because of a disability (4,860), although it is not possible to determine how many people are unable to work *and* require care. It is estimated that over 2,000 people aged 18-64 are unable to work because of a 'mental disorder'. These facts should be noted when considering ability to pay for services.

The reason for there being 940 more claimants of IB/SDA than DLA is unknown; there could be a real difference in the effects of disabilities on peoples' lives, or there may be differences in take-up. No estimates of the proportion of people who are eligible for a disability-related benefit exist, even at a national level, although the Department for Works and Pensions have commissioned a study into the feasibility of estimating DLA take-up.[27] However, 'best guesses' of take-up are said to be 'discouraging', particularly in relation to younger people's take-up of DLA (not least because half of applications fail). It is expected that a greater proportion of those who are eligible for IB are claiming it (i.e. take-up is higher), as it is accessed through long-term sick pay. [28]

[26] This is possibly an unrealistic assumption, particularly if considering older people. However, given that 98% of claimants are aged 18-64 it seems reasonable for this purpose.
[27] By the Policy Studies Institute: www.psi.org.uk/research/project.asp?project_id=151
[28] Marsh, A (2006) *The trouble with take-up. The Monitor: Blue Skies.* Issue no. 143, Vol. 1 http://www.epolitix.com/EN/Publications/Blue+Skies+Monitor/143_1/home.htm

NATIONAL ESTIMATES OF PREVALENCE OF MENTAL HEALTH PROBLEMS

There are several different ways of measuring mental health problems:

- 'prevalence' – number of cases of a particular diagnosis at one point in time;
- 'lifetime prevalence' – number of people who have experienced a particular problem at any time in their lives;
- 'incidence' – number of new cases arising over a particular time period.

To get a true understanding of the extent of mental health problems, it is best to consider these measures in conjunction with each other, although it is not always possible to obtain data on all of them.

The most reliable way of estimating rates is to undertake a survey of the general population. In Great Britain the largest survey of this kind was the *Survey of Psychiatric Morbidity among Adults in Private Households*, carried out in 2000 by the Office for National Statistics on behalf of the Department for Health.[29] The rates derived from this survey are the most widely quoted amongst the relevant literature so are used as much as possible in this Herefordshire Needs Analysis.

The ONS survey provides age-sex specific rates for the prevalence of neurotic disorders (common mental health problems), personality disorders and probable psychotic disorders.

Organic psychoses (such as dementia) are not covered by the ONS survey – and neither are eating or sexual disorders[30] [pp.13 & 14]

Other surveys relating to specific conditions have been published; a survey into the prevalence of early onset dementia has been utilised to estimate numbers with this condition.

The following sections are arranged by type of mental health problem, with estimated and projected numbers of people in Herefordshire according to national observations presented alongside any available information about known service users in the county.

Underlying the subsequent sections is the assumption that future prevalence will remain at current levels. It is impossible to be categoric about this, and it is important to bear in mind some suggestions that it could increase; as well as changes in incidence, it is possible that there could be changes in treatment and diagnosis. However, there is a lack of information – even at a national level – on likely future scenarios with regard to mental health problems.

In a recent Institute of Public Policy Research report for the Disability Rights Commission on "…the possible circumstances and experiences of disabled people by 2020"[31], possible future trends are projected using observed changes in self-reporting of a long-term health problem or disability and type of impairment in the ONS Labour Force Survey between 2001 and 2004.

'Mental illness' is one of the impairment groups, and the work indicates that there could be "…a notable increase in the number of people with mental health impairments across all the younger age groups"[32] (i.e. all age groups below 50 years). The authors note that "[t]his is consistent with the World Health Organisation prediction that depression will be the leading cause of disability by 2020 (WHO 2001)."

However, they qualify all of their work with the caution that "…the fact that a pattern has occurred between 2001 and 2004 is not a guide to the pattern occurring over the next four

[29] www.mind.org.uk/Information/Factsheets/Statistics/Statistics+1

[30] Singleton, N. et al (2001) *Psychiatric Morbidity among Adults living in Private Households, 2000.* The Stationery Office, London. pp.13 & 14.

[31] Pillai, R et al (March 2007) *Disability 2020: Opportunities for the full and equal citizenship of disabled people in Britain in 2020*. Disability Rights Commission; p.18.

[32] Ibid, p.49.

years, much less over the next 15 years. None the less, these extrapolations give at least some indication of one possible future scenario, although we cannot make any claims for its likely accuracy."[33] Their findings for the UK could be applied to Herefordshire's population, but the broad classification of 'mental illness' would not give any real insight with regard to likely future demand for services from adults with mental health problems.

Summary: Sources of Information on Adults with Mental Health Problems

- It is not possible to obtain robust, comprehensive estimates of the number of people experiencing mental health problems who are in receipt of services. This is due to the potential for double-counting as a result of the independent databases used by the different service providers, and also to do with inconsistent recording and difficulties in extracting and obtaining information.
- It is estimated that around 780 people aged 18-64 in Herefordshire may be claiming Disability Living Allowance (i.e. may need some level of care) for a 'mental health reason' in August 2006, and that at the same time around 2,175 are claiming Incapacity Benefit or Severe Disablement Allowance because of a 'mental disorder'.
- Estimates and future projections have been produced for the purpose of this report, mainly using the *Survey of Psychiatric Morbidity among Adults in Private Households*, carried out in 2000 by the Office for National Statistics on behalf of the Department for Health. These assume that prevalence rates in Herefordshire will remain at the same level as in Great Britain as a whole in 2000. This is despite some suggestions that prevalence may increase, for which no robust information exists, even at a national level.

MENTAL HEALTH PROBLEMS AMONGST ADULTS IN HEREFORDSHIRE

COMMON MENTAL HEALTH PROBLEMS (NEUROTIC DISORDERS)

Definition

Common mental health problems are conditions traditionally referred to as "neuroses", which exhibit symptoms that can be regarded as severe forms of 'normal' emotional experiences.[34] These symptoms include fatigue and sleep problems, forgetfulness and concentration difficulties, irritability, worry, panic, hopelessness, and obsessions and compulsions, but to such a degree that they cause distress and problems with daily activities.[35]

Estimated Numbers

The possible numbers of household residents aged 18-64 in Herefordshire with different types of neurotic disorders for the different years of interest are shown in Table 16. These estimates are derived from applying the age-sex-specific prevalence rates from the ONS survey of psychiatric morbidity. Interviewees in the survey were classified as having a neurotic disorder if they had experienced symptoms of the particular disorder[36] during the past week. Clearly 'mixed anxiety and depressive disorder' is much more prevalent than any other, but this "…is a 'catch-all' category which included people…who could not be coded into any of the other five neurotic disorders"[37] (ONS, 2000, p. 24).

[33] Ibid, p.46.
[34] Mental Health Foundation website: http://www.mentalhealth.org.uk/information/mental-health-overview/mental-health-introduction
[35] Singleton et al (2001), p.153
[36] By applying algorithms based on the ICD-10 diagnostic criteria for research (ibid, p.24)
[37] Ibid, p.24

Assuming that these rates are appropriate for Herefordshire's household population, both at the time of the survey and into the future, there is not expected to be a dramatic change in the number of people with any particular neurotic disorder, particularly in the longer term.

Table 16: Household residents aged 18-64 with neurotic disorder(s), Herefordshire

Disorder	Past Estimate	Current Estimate	Short-term Projection				Long-term Projection	
	2001	2005	2011 (forecast pop'n)	2011 (projected pop'n)	2012 (projected pop'n)	*% change in short-term**	2021 (projected pop'n)	*% change in long-term*
Mixed anxiety & depressive disorder	9,300	9,450	9,450	9,700	9,650	*3%*	9,500	*1%*
Generalised anxiety disorder	5,150	5,250	5,200	5,350	5,350	*2%*	5,250	*0%*
Depressive episode	3,000	3,050	3,050	3,100	3,100	*2%*	3,050	*0%*
All phobias	2,000	2,050	2,000	2,050	2,050	*0%*	2,000	*-2%*
Obsessive compulsive disorder (OCD)	1,250	1,300	1,300	1,350	1,350	*4%*	1,300	*0%*
Panic disorder	800	800	800	850	850	*6%*	850	*6%*
ANY NEUROTIC DISORDER(S)	17,900	18,250	18,250	18,700	18,650	*2%*	18,350	*1%*

Source: Herefordshire Council Research Team using ONS estimates, projections and rates.
** Percentage change is presented as change between 2005 estimate and the highest number of cases suggested by the rates according to either the 2011 forecast; 2011 or 2012 projection.*
Note: counts rounded to nearest 50; totals don't sum as people can have more than one disorder.

The rates suggest that 1 in 6 (17%) of Herefordshire's household residents aged 18-64 were suffering from a common mental health problem in 2005 (18,250 people). Assuming that these prevalence rates remain constant, this proportion is expected to be the same in 2021: this would represent a 1% growth in the number of people with common mental health problems (an extra 100 people).

According to these national rates, the largest number of adults with common mental health problems living in households would be expected in 2011 – if the ONS projection were realised (18,700 people; a growth of 2% from 2005). According to the more conservative local forecast, the overall number in 2011 would be expected to remain at similar levels to 2005.

As already mentioned (p.15), the Institute of Public Policy Research report that the World Health Organisation predict "…depression will be the leading cause of disability by 2020…"[38], but it has not been possible to establish any quantifiable relationship between this suggestion and the incidence of common mental health problems in Herefordshire.

Known service users & discussion

Although notably higher than the proportion of those without neurotic disorder, according to the ONS survey only two-fifths (39%) of those identified as having a neurotic disorder had spoken to their GP about a mental or emotional problem in the previous year (6% of those without).[39] Less than a quarter (24%) of those exhibiting significant neurotic symptoms were currently receiving treatment (either medication or therapy) for a mental or emotional problem.[40] For these reasons, it would be impossible to ascertain whether the national prevalence rates produce accurate estimates.

[38] [38] Pillai, R et al (March 2007) *Disability 2020: Opportunities for the full and equal citizenship of disabled people in Britain in 2020*. Disability Rights Commission; p.49.
[39] Singleton et al (2001), p.105.
[40] Ibid, p.103.

However, despite the above, many statistics point to mental health problems being very common in GP consultations. For instance, the Department of Health's *Choosing Health* consultation in March 2004 indicated that up to 1 in 4 GP consultations concern mental health issues[41], and Mann (1992)[42] suggested that 90% of depression is managed in primary care – with this problem being the third most common reason for GP consultations.[43]

Whilst GPs have to supply a certain amount of information regarding patients to the Primary Care Trust[44], much of the specific information is held in their local systems and it was not possible to access this for this report, although it may be possible in the future.

- The only statistic that is available is that 1,285 patients[45] *of any age*, of all 24 GP practices in Herefordshire, were newly diagnosed (i.e. incidence) as experiencing a single major depressive episode in 2006-07. It is not possible to estimate how many of these may be aged 18-64 as prevalence, and therefore incidence, varies according to age.[46]

The only more detailed information on adults experiencing common mental health problems is from the Adult Mental Health Service caseload audit in January 2007. This secondary service deals with cases that are too serious to be dealt with by a GP alone. There were 1,004 such cases, which are presented in Table 17. It must, however, be noted that a person may be counted more than once if they saw more than one care co-ordinator, although it is not possible to ascertain the extent of this. It would be expected that most of these people would also be known to GPs, so therefore some may be included in the *incidence* figure of 1,285 – although not all, as some cases would have occurred before April 2006.

Table 17: 18-64 year-olds identified by caseload audit as receiving care from Herefordshire Adult Mental Health Service for a common mental health disorder (primary diagnosis), January 2007

Diagnosis	Caseload	% of common mental health problem cases
Anxiety	197	19.6%
Depression	606	60.4%
Neuroses	75	7.5%
Obsessive compulsive disorder (OCD)	80	8.0%
Post traumatic stress disorder (PTSD)	46	4.6%
Total common mental health problem	1,004	100%

Source: Adult Mental Health Caseload Audit, Herefordshire PCT, January 2007

Due to differences in classifications, the only possible comparison is between known and estimated obsessive compulsive disorder (OCD). It is to be expected that prevalence rates would estimate many more cases than are being treated by secondary services – the rest

[41] Sainsbury Centre for Mental Health (2006) *Prevalence – how common are mental health problems?* www.scmh.org.uk

[42] Cited in: NHS (2005) *Marginalised groups – people with mental health problems*. www.library.nhs.uk/mentalhealth

[43] Effective Health Care Bulletin (2002) *Improving the recognition and management of depression in primary care* Vol. 7. No. 5. NHS Centre for Reviews and Dissemination. The University of York. Cited in: *Fast Forwarding Primary Care Mental Health – Graduate primary care mental health workers: Best Practice Guidance (2003)*

[44] GPs are required to supply data on certain performance targets to the PCT under the Quality and Outcomes Framework (QOF) for GPs, as part of the new GP contract.

[45] Not necessarily residents of Herefordshire, as there is no restriction on registering with a GP outside county of residence. Conversely, Herefordshire residents with mental health problems may be registered with a GP outside the county.

[46] Singleton et al (2001), p.24.

would be expected to be either not be receiving treatment, or being treated in primary care – by their GP. However, the proportions are reasonably similar: 7.1% of the estimated number of people with any neurotic disorder have OCD, in comparison with 8.4% of all cases identified in the caseload audit. However, a significant caveat with this comparison is that it assumes no double-counting in the audit.

If these figures could be considered robust counts of adults receiving a service from the Adult Mental Health Service run by Herefordshire PCT because of a common mental health problem, it could be estimated that around 5% of people experiencing such a problem require secondary care. If this were the case, none of the population scenarios considered would result in a noticeable increase in potential service users: no more than 10 extra by 2011 if the ONS projection were realised, but only 5 or 6 more than in 2005 by 2021.

- There are (April 2007) 15 people aged 18-64 with common mental health problems living in managed accommodation in Herefordshire: one in a nursing home, three in residential homes and eleven in supported housing. These people are not included in any of the estimates using the prevalence rates, but would be expected to be included in the caseload audit, and in the GP figures if onset was in 2006-07.

Summary: Common Mental Health Problems

- An estimated 18,250 adults aged 18-64 were experiencing common mental health problems in Herefordshire in 2005.
- Assuming that the national prevalence rates from 2000 remain appropriate, no notable change is expected in the number of adults experiencing common mental health problems in the county in the short-term (i.e. up to 2012).
- The same assumption yields an expected 1% increase in numbers by 2021: 100 extra people;
- Assuming that those who need to are currently accessing secondary services, this could be expected to equate to an extra 5 or 6 people requiring secondary mental health services in 2021.

PSYCHOTIC DISORDERS

Definition

Psychotic symptoms are less common than 'neurotic' symptoms, and interfere with a person's perception of reality, possibly including hallucinations - i.e. seeing, hearing, smelling or feeling things that no-one else can.[47] In the ONS *Survey of Psychiatric Morbidity among Adults in Private Households* psychotic disorders were defined as "…one of a number of disorders under the ICD-10 categories of 'schizophrenia, schizotypal and delusional disorders' and affective disorder such as manic episodes and bipolar affective disorder." These disorders are known as 'severe and enduring mental health problems'[48], and people with them would be expected to need higher levels of treatment and/or care than the majority experiencing 'common mental health problems'.

Due to the way that the survey was conducted, and as it is very difficult for a non-specialist interviewer to make assessments of psychotic disorders, ONS present prevalence of 'probable' psychotic disorder.[49] Respondents were diagnosed as having a 'probable' psychotic disorder if they were assessed as such at a clinical interview, or if they didn't have a clinical interview but had two or more indicators of psychosis in the initial interview.[50]

Estimated Numbers

The national prevalence rates suggest that there has not been any noticeable change in the number of people in the county with these conditions between 2001 and 2005, and numbers are not expected to change either by 2012 or 2021 (see Table 18).

Table 18: Household residents aged 18-64 with probable psychotic disorder(s), Hfds

Disorder	Past Estimate	Current Estimate	Short-term Projection				Long-term Projection	
	2001	2005	2011 (forecast pop'n)	2011 (projected pop'n)	2012 (projected pop'n)	*% change in short-term**	2021 (projected pop'n)	*% change in long-term*
Probable psychotic disorder	600	600	600	600	600	*0%*	600	*0%*

Source: Herefordshire Council Research Team using ONS estimates, projections and rates.
** Percentage change is presented as change between 2005 estimate and the highest number of cases suggested by the rates according to either the 2011 forecast; 2011 or 2012 projection.*
Note: counts rounded to nearest 50.

Known service users

Primary Care

- According to data provided to the Primary Care Trust by GPs under the 'Quality and Outcomes Framework' (QOF), there were 1,210 cases of psychosis, schizophrenia or bi-polar affective disorder (i.e. psychotic disorders) known to GPs in Herefordshire[51] as at 31st March 2007. This equates to an overall prevalence (in the total population) of 0.7%[52] (678 per 100,000 population). This prevalence is based on the total number of patients, but it is extremely unlikely that any of these 1,210 cases would be under 16.

The overall prevalence of 0.7% is identical to the equivalent figure for England, which indicates that local prevalence is the same as national – although an overall figure such as this takes no account of differences in age structure. Having said this, although age-specific

[47] Mental Health Foundation: http://www.mentalhealth.org.uk/information/mental-health-overview/mental-health-introduction
[48] London Health Observatory: http://www.lho.org.uk/HIL/Disease_Groups/MentalHealth.aspx
[49] Singleton et al (2001), pp.16-17.
[50] Ibid, p.82.
[51] i.e. registered with a Herefordshire GP. Therefore could include some cases living out of county, and could exclude some cases in Herefordshire registered with a GP in another county.
[52] Based on 178,341 registered patients – of all ages.

prevalence rates were presented, the ONS survey found no significant differences in prevalence between age-groups amongst household residents aged 18 and over.[53]

- Making the major assumption that the age distribution of psychotic disorders known to GPs in Herefordshire in 2006-07 is equal to the age distribution of the population as a whole at mid-2005, it could be estimated that there were 874[54] cases of psychosis, schizophrenia or bi-polar affective disorder in patients aged 18-64 known to GPs in Herefordshire.

The equivalent count for 2005-06 was 943 (an estimated 681 aged 18-64 using the same assumptions as previously), but an additional 267 cases of psychotic disorder in one year seems unrealistic. It is expected that this 28% increase in known cases is related to changes in GP recording/reporting systems rather than a sudden jump in prevalence or registered patients (the number of people registered with a GP grew by less than 1% over the same period).

Secondary care

- According to the Adult Mental Health Service caseload audit in January 2007, 832 people aged 18-64 were receiving a service because of a psychotic disorder (see Table 19). The audit suggests that over two-thirds of cases are diagnosed as 'schizophrenia'. However, there is significant doubt as to how accurate the counts are due to these large numbers. It is likely that some service users worked with more than one care co-ordinator, and would therefore be double counted in the audit.

Table 19: Caseload of 18-64 year-olds receiving care from Adult Mental Health Service for a psychotic disorder (primary diagnosis), Herefordshire, January 2007

Diagnosis	Caseload	% of psychotic disorder cases
Bipolar	156	18.8%
Psychosis	108	13.0%
Schizophrenia	568	68.3%
Total psychotic disorder	832	100%

Source: Adult Mental Health Caseload Audit, Herefordshire PCT, January 2007

It would be expected that most of the Adult Mental Health service users identified by the caseload audit would also be known to GPs; the estimated numbers aged 18-64 from both of these sources are reasonably similar.

Discussion

Both the estimated number of cases known to GPs (874) and the (possible) number receiving a service from the Adult Mental Health service (832) seem markedly higher than the prevalence rates would suggest (600), but the following must be borne in mind:

- the GP estimate is based on a significant assumption regarding the age distribution of these disorders in Herefordshire;
- the caseload audit may include double counting where a person has seen more than one care co-ordinator;
- the 600 is an estimate of the number of *household* residents.

In early 2007, there were 49 people aged 18-64 diagnosed as having a 'psychosis' or 'psychopathic disorder' living in managed accommodation in Herefordshire.[55] It is expected that these are included in the counts of known service users, but they would not be included in the estimate from the rates.

[53] Singleton et al (2001), p.26.
[54] 2005 mid-year estimate: 72% of population aged 16+ is aged 18-64.
[55] Source: Adult Mental Health Service, Herefordshire Primary Care Trust; 33 in residential/ nursing homes; 7 in secure units; 9 in supported housing.

Nevertheless, even after adding an extra 50 people to the estimate of 600 using national prevalence rates, it would appear that there are 200 more adults with psychotic disorders currently accessing either primary or secondary care services in Herefordshire than the rates suggest. As this group of people are the most likely to require intensive services, this kind of discrepancy would have a significant impact on the cost of providing these services. Therefore, it is important to try and understand the large difference.

It is not possible to ascertain the extent of double counting in the Adult Mental Health caseload audit – therefore it is not appropriate to assume that the figure of 832 is an accurate count of the number of 18-64 year-olds with a psychotic disorder receiving secondary services.

It would be hoped that information from the GP Quality and Outcomes Framework would be more accurate, but it is still possible that there are definitional differences between what constitutes 'psychosis, schizophrenia or bi-polar affective disorder' according to a GP and what is a 'probable psychotic disorder' based on the national survey.

Indices produced by Durham University[56] suggest that, in view of its social characteristics, Herefordshire would be expected to have a lower prevalence of severe mental health problems (such as psychotic disorders) than nationally (by approximately 20%). Crudely[57] applying this to the 600 people estimated using the national rates would suggest that the county would be expected to have just under 500 household residents aged 18-64 with a probable psychotic disorder. This would further widen the gap between the estimated and 'known' figures.

However, as mentioned above, this is in direct conflict with the QOF data, which suggests (using a crude overall prevalence rate) that Herefordshire has a similar prevalence to England as a whole.

Therefore, it is not possible to reconcile the figures suggested by the national prevalence rates and the estimated number of adults known to GPs with psychosis, schizophrenia or bi-polar affective disorder.

Nonetheless, a useful conclusion can still be drawn from the fact that the estimated numbers of 18-64 year-old household residents with a probable psychotic disorder using the national prevalence rates do not change over the period 2001 to 2021. Therefore, despite the discrepancies discussed above, there is no reason to assume that more people in Herefordshire will require treatment for a psychotic disorder, either in 2012 or 2021, than do currently.

Summary: Psychotic Disorders

- There are an estimated 874 cases of 'psychosis, schizophrenia or bi-polar affective disorder' known to GPs in Herefordshire in January 2007.
- This figure is higher than national prevalence rates would suggest (600 household residents) - even after accounting for approximately 50 people in communal establishments, and it has not been possible to reconcile these figures.
- Despite this large discrepancy, there is no reason to assume that more people in Herefordshire will require treatment for a psychotic disorder either in 2012 or 2021, than do currently.

[56] On behalf of the Department of Health & the Care Services Improvement Partnership; Adult Mental Health Service Mapping website: www.amhmapping.org.uk/reports/workbook.php

[57] i.e. not taking age structure into account. However, although age-specific rates were presented and used to calculate the estimate, the national survey found no significant difference in prevalence by age.

PERSONALITY DISORDERS

Definition

The ONS *Survey of Psychiatric Morbidity among Adults in Private Households* uses the American Psychiatric Association's DSM-IV definition of a personality disorder, i.e. 'an enduring pattern of inner experience and behaviours that deviates markedly from the expectation of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time and leads to distress or impairment.'[58]

Estimated Numbers

Assuming that they are appropriate for Herefordshire's current and future population, the national prevalence rates suggest that there were 4,650 household residents with a personality disorder in mid-2005 – as shown in Table 20. Both short- and long-term projections could be expected to result in a 3% rise in this number: to 4,800. However, the more conservative local forecast would suggest only a 1% increase in the short-term (to 4,700).

Table 20: Household residents aged 18-64 with personality disorder(s), Herefordshire

	Past Estimate	Current Estimate	Short-term Projection				Long-term Projection	
Disorder	2001	2005	2011 (forecast pop'n)	2011 (projected pop'n)	2012 (projected pop'n)	*% change in short-term**	2021 (projected pop'n)	*% change in long-term*
Personality disorder[59]	4,500	4,650	4,700	4,800	4,800	*3%*	4,800	*3%*

Source: Herefordshire Council Research Team using ONS estimates, projections and rates.
** Percentage change is presented as change between 2005 estimate and the highest number of cases suggested by the rates according to either the 2011 forecast; 2011 or 2012 projection.*
Note: counts rounded to nearest 50.

Known service users

Nothing is known about adults with a personality disorder in Herefordshire who are receiving treatment or care from a GP; the only information is from the Adult Mental Health Service caseload audit in January 2007, which suggests that care co-ordinators in the secondary service were working with 62 people with this diagnosis.

In early 2007, there were 4 people aged 18-64 diagnosed as having a 'personality disorder' living in managed accommodation in Herefordshire: one in a residential home, one in a medium secure unit, and two in supported housing.[60] It is expected that these are included in the caseload audit, but they would not be included in the estimate from the rates.

Discussion

The known cases are tiny in comparison with the estimated number according to the prevalence rates (just 1.3% of this estimate), but it is it to be expected that not all people with a personality disorder will come into contact with secondary mental health services[61] - probably even the majority. There is a history of these services not taking on people with personality disorder (not least because of a lack of treatments to offer them and associated statutory constraints), although recent national policy[62] is starting to challenge this. Some people may receive the treatment they need from their GP, or cases may be not be known to service providers at all. It is also possible that personality disorders are misdiagnosed or co-exist with another mental health problem, so that the person is recorded as having

[58] Singleton et al (2001), p.17.
[59] Including the following types of personality disorder: obsessive-compulsive, avoidant, schizoid, paranoid, borderline, antisocial, dependent, schizotypal, histrionic and narcissistic.
[60] Source: Adult Mental Health Service, Herefordshire Primary Care Trust.
[61] Hawkings, C. and Gilburt, H. (2004) *Dual diagnosis toolkit; mental health and substance misuse: a practical guide for professionals and practitioners*. Rethink and Turning Point, p.19
[62] Such as *No longer a diagnosis of exclusion. Policy implementation guidance for the development of services for people with personality disorder*. National Institute for Mental Health in England (2003)

another mental health problem instead. This is a particular problem because the symptoms of personality disorders can be more general than those of other mental health problems.[63]

Therefore, it is not possible to determine whether the rates produce an accurate estimate of the actual numbers, but in the absence of any other information it must be assumed that they do.

Summary: Personality Disorders

- There were an estimated 4,650 household residents aged 18-64 in Herefordshire with a personality disorder in 2005.
- If prevalence were to continue at the same levels, forecast population changes would result in this number increasing by around 50 people (1%) in the short-term (i.e. up to 2012).
- In the longer term, in 2021, projections would suggest a 3% growth in the number, to 4,800 adults (an increase of around 150 people)
- It is estimated that currently around 60 adults receiving secondary specialist mental health care have a primary diagnosis of 'personality disorder' – just 1.3% of all estimated cases. It is not possible to determine how many people are diagnosed within primary care.
- This large discrepancy may be explained by considering that large numbers of people with a personality disorder do not require specialist services, or may be misdiagnosed with another mental health problem. There has also been a history of secondary services not taking them on because of a lack of treatments and associated statutory constraints, although national policy is starting to challenge this.

EARLY ONSET DEMENTIA

Definition

Early – or young – onset dementia is defined by the Alzheimer's Society[64] as a 'broad range of conditions that can cause dementia in [people under 65]'. As it is rare, no national population based surveys have been conducted to estimate prevalence rates – so the only sources are relatively small, local studies based on known cases. A recent report[65] for the Alzheimer's Society considered all such studies and used an 'expert consensus group' to produce more robust prevalence rates.[66]

Estimated Numbers

Assuming that once age and gender are accounted for these rates are suitable estimates of prevalence for Herefordshire, the current and projected numbers of people with early onset dementia are shown in Table 21.[67] The projected growth in the population could be expected to result in a small increase in the number of cases of early onset dementia in the county, from an estimated 52 in 2005 to 55-56 in 2011/12, and 60 in 2021. For all years, around three-quarters of cases could be expected to be people aged 55-64.

[63] Hawkings and Gilburt (2004), p. 19

[64] *Younger people with dementia: an approach for the future* (2005), Alzheimer's Society, London.

[65] Knapp, Prof. M. et al (2007) *Dementia UK: The Full Report.* Alzheimer's Society, London

[66] Using the Expert Delphi Consensus methodology, whereby ten leading UK and European experts systematically reviewed currently available research data and "…reached a consensus to produce the best possible estimates" (Knapp et al, p.xii).

[67] The Alzheimer's Society will be publishing local authority estimates using these rates "…in due course" (Knapp et al, p.24).

Table 21: Estimated & projected number of Herefordshire residents aged 30-64 with dementia

Age-group	Current	Short-term			Long-term
	2005	2011 (forecast pop'n)	2011 (projected pop'n)	2012 (projected pop'n)	2021 (projected pop'n)
30-54	15	15	16	16	15
55-64	37	40	40	40	45
Total	52	55	56	56	60

Source: Herefordshire Council Research Team. Note: unrounded figures presented due to very small numbers, but these cannot be assumed to be exact as the population figures upon which they are based are only estimates.

Even after assuming that these rates are appropriate for Herefordshire, it should be noted that the studies that these rates were based on would have had large confidence intervals given the small sample sizes. For instance, according to one study[68] the 95% confidence interval for prevalence amongst women aged 60-64 was between 75 and 207 cases per 100,000 population. Confidence intervals are not presented in the new report, but the estimates should still be considered with caution.

It is also likely that these rates under-estimate the true prevalence, as the studies depend on known cases where dementia is diagnosed in someone under 65, and therefore assume that all people seek help in the early stages of the disease[69] - and are correctly diagnosed.

Furthermore, the rates are based on studies that are at least 15 years old – no epidemiological studies of dementia have been carried out in the UK more recently. Current age- and sex-specific prevalence rates may be different if "[c]hanges in incidence (perhaps linked to improvements in diet and cardiovascular health) and[/or] survival (improved medical and social care)…"[70] have occurred. The same caveat applies to projecting future numbers.

Prevalence rates for type of dementia have been produced, but given the small numbers it is not appropriate to attempt to estimate local numbers. However, points worth noting regarding potential causes are:

- Alzheimer's disease was considered the dominant subtype among women of all ages;
- Fronto-temporal dementia[71] was considered the dominant subtype among younger men (30-54), whilst vascular dementia[72] was dominant amongst the older age-groups (55-64);
- Furthermore, the Harvey study (1998) found that 12.5% of cases of early onset dementia were attributable to alcohol-related brain impairment, which is preventable.

Known service users

There are currently (March 2007) 22 people with dementia under the age of 65 known to Mental Health Services in Herefordshire, i.e. about two-fifths of the number suggested by the national prevalence rates. A study in Southampton found a similar pattern: one-third of estimated cases were known to service providers.[73]

[68] Harvey, Dr. R J (1998) *Young Onset Dementia: Epidemiology, clinical symptoms, family burden, support and outcome*. Dementia Research Group, Imperial College School of Medicine.
[69] Knapp et al (2007), p.15.
[70] Knapp et al (2007), p.20.
[71] A rare form of dementia (including Pick's disease), that affects the front of the brain. Memory can remain intact in the early stages, although behaviour and personality change (Knapp et al p.xii).
[72] Caused by problems with the supply of oxygen to the brain, e.g. due to a stroke or small vessel disease, or conditions such as hypertension - which affect the heart, arteries or circulation of blood to the brain.
[73] Moore, P. & Buss, L. (2004) *A review of early onset dementia services in Southampton.* Hampshire Partnership NHS Trust.

The Older People's Mental Health Service (DMHOP) is providing a service to 15 of these 22, whilst 7 are receiving a service from the Adult Mental Health Service. It is very likely that this latter group are suffering from dementia related to substance misuse.

A further 8 adults are receiving a service from the Adult Mental Health Service for organic illnesses that are not early onset dementia. Nothing more is known about these people.

Summary: Early onset dementia

- It is estimated that there are approximately 50 people aged 30-64 with dementia in Herefordshire;
- This number is expected to remain at a similar level up to 2012 and in 2021;
- Currently, only two-fifths (22) of these people are receiving a secondary service, and an estimated one-third of these are suffering from preventable dementia related to substance misuse.

EATING DISORDER

It has not been possible to identify any robust sources relating to the prevalence of eating disorders at a national level.

According to an audit of care co-ordinators' caseloads, in January 2007, 39 people aged 18-64 in Herefordshire were being treated for an eating disorder by the Adult Mental Health Service – although it is not possible to be certain that these figures do not include any double-counting.

According to the Transitions database, 14 young people under the age of 18 were referred to the Eating Disorder Service in 2005/06. No information relating to their ages is available at this point in time, so it is possible that some of these are now over 18 and counted in the 39 discussed above. Of these 14 young people, 5 being treated for anorexia nervosa had 'serious' mental health co-morbidity including self-harm and attempted suicide.

BEHAVIOURAL DIAGNOSES

The Adult Mental Health Service caseload audit in January 2007 identified 6 cases of 'autistic spectrum' and 11 cases of 'adjustment disorder'. These are behavioural diagnoses which should be considered by both the mental health and learning disabilities services. It is not possible to combine them with any of the categories considered in this report, and no estimates of national prevalence have been identified.

DUAL DIAGNOSIS

'Dual diagnosis' refers to "the co-existence of mental health and substance misuse problems" – although there is a danger that this label over simplifies people's problems by implying that there are only two, and there is also the possibility of it being used to refer to co-existence of other problems (e.g. mental health problem and learning disability).[74] It is also important to consider the differing likely treatment needs of people labelled as 'dual diagnosis' – for example a person with a bipolar disorder who is alcohol dependent in comparison with a person with schizophrenia who smokes cannabis a few times a week.[75]

[74] Hawkings, C. and Gilburt, H. (2004) *Dual diagnosis toolkit; mental health and substance misuse: a practical guide for professionals and practitioners*. Rethink and Turning Point, p. 2

[75] Banerjee, S. et al (eds.) (2002) *Co-existing problems of Mental Disorder and Substance Misuse (dual diagnosis): An Information Manual*. The Royal College of Psychiatrists' Research Unit, commissioned by the Department of Health. p. 2

Another complication with the term arises because "[i]n practice, people are usually only given a formal diagnosis of dual diagnosis if they have severe mental health problems (generally psychotic disorders) **and** severe substance misuse problems that meet the criteria for specialist services". This may mean that a person who has, for instance, a serious substance misuse problem and a common mental health problem such as anxiety or depression may not receive the most appropriate care for all of their problems.[76]

People with dual diagnosis are an important group to consider in the context of service planning as they, in comparison with "…people with mental disorder alone, seem to have a worse prognosis, with high levels of service use and particularly heavy use of expensive resources such as emergency services and inpatient beds (where they typically spend twice as long). More effective ways of managing people with dual diagnosis therefore have the potential to reduce crises and to be more cost effective."[77]

Little is known about the extent of dual diagnosis at a national level. It is estimated that around one third of psychiatric patients with serious mental illness have a substance misuse problem, and that around half of drug and alcohol service users have a mental health problem[78]. In a study by Marsden *et al* (2000)[79] 20% of people in substance misuse treatment reported recent psychiatric treatment.

The literature around dual diagnosis specifically mentions people with personality disorders; the Department of Health's guide states that they "…are at high risk of substance misuse and are at greater risk of mental illness. They also have difficulty in forming trusting and supporting relationships. This makes working with them a particular challenge."[80]

It has not been possible to identify the full extent of dual diagnosis in Herefordshire; what has been obtained follows:

- Two people aged 18-64 living in a residential home are classified as 'dual diagnosis';
- Twelve people aged 18-64 in the Adult Mental Health Service caseload audit in January 2007 who were receiving a mental health service were classified as 'substance misuse';
- As at 31st March 2007, ten people aged 18-64 were receiving a service from the Community Alcohol Service Team of the Adult Mental Health Service;
- A total of 429 people aged 16+ whose principal problem is drug misuse are currently (April 2007) receiving a service from DASH.[81] Although it is not possible to identify how many of these are diagnosed with mental health problems, the estimates mentioned above would suggest that approximately 215 of these would have some form of mental health problem and that around 85 may have received recent psychiatric treatment.

Summary: Dual Diagnosis

- 'Dual diagnosis' refers to "the coexistence of mental health and substance misuse problems", and is important to consider in the context of service planning as it seems to result in high levels of service use, particularly expensive resources (e.g. emergency services and inpatient beds), compared to mental health problems alone.
- Little is known about the extent of dual diagnosis at a national level. It is estimated that around one third of psychiatric patients with serious mental illness have a substance misuse problem, and that around half of drug and alcohol service users have a mental health problem.
- It has not been possible to identify the extent of dual diagnosis in Herefordshire.

[76] Hawkings and Gilburt (2004), p. 2
[77] Ibid, p. 3
[78] Ibid, p. 4
[79] Marsden, J. et al (2000) Psychiatric symptoms among clients seeking treatment for drug dependence. Intake from the National Treatment Outcome Research Study. *British Journal of Psychiatry.* 176, 285-289. Cited in Hawkings and Gilburt (2004).
[80] Banerjee, S. et al (eds.) (2002) p. 2
[81] The largest provider of drugs services in Herefordshire.

ETHNICITY OF PEOPLE WITH MENTAL HEALTH PROBLEMS

It is not possible to produce estimates of the number of people in different ethnic groups in Herefordshire experiencing mental health problems as, although the ONS *Survey of Psychiatric Morbidity among Adults in Private Households* considered prevalence by ethnic group and found some apparent differences, none of these differences were statistically significant due to the small numbers in minority ethnic groups with mental health problems in the sample.[82]

Information on ethnic group of patients is not currently collected by GPs, so there is no way of knowing the ethnicity of people with mental health problems known to primary care in Herefordshire.

The ethnicity of users of the secondary Adult and Older People's mental health services is collected in the Care Programme Approach (CPA) database, but it is not possible to obtain information regarding Adult Mental Health service users alone. Furthermore, whilst this is the most comprehensive count of the number of people accessing secondary mental health services in Herefordshire, there are known gaps in the database. For instance, some teams are more thorough than others in completing relevant documentation.

Therefore, the only possible comparison of people with mental health problems in Herefordshire with the population as a whole is of current secondary service users aged 18 and above with the general population at the time of the 2001 Census (see Table 22), although this has limited value given the change in the structure of the total population since then, and the gaps in the database. This data suggests that 3.5% of Herefordshire mental health service users aged 18 and over are non-'White British', which is similar to the 3.4% of all people of that age in the county in 2004.

Table 22: Ethnicity of Herefordshire Mental Health Service Users (aged 18+) from CPA database, April 2007

Ethnic Group	Mental Health Service Users (aged 18+)		% of population (aged 18+), 2001 Census
	Number	%	
White British	2,127	91.3%	96.6%
White Irish	7	0.3%	0.6%
White Other	38	1.6%	1.4%
Mixed	13	0.6%	0.4%
Asian or Asian British	9	0.4%	0.5%
Black or Black British	4	0.2%	0.3%
Chinese	1	0.0%	0.2%
Other ethnic group	9	0.4%	0.1%
Unknown ethnic group	121	5.2%	-
Total non-'White British'	81	3.5%	3.4%
All People	2,329	100%	100%

Source: CPA database, Herefordshire PCT & ONS experimental population estimates by ethnic group © Crown copyright. Figures may not sum due to rounding.

The Rethink and Turning Point *Dual Diagnosis Toolkit* explains that "[a]lthough there are some local studies, data on substance misuse among ethnic minorities in the UK is sparse, and there is danger of making estimations and broad generalisations", but that "[t]he special issues relating to members [of] minority ethnic groups with mental health problems are well known."[83]

It should be noted that nothing is known about the general mental health of the recent inflow of migrant workers to Herefordshire, or of any temporary seasonal workers working in the county.

[82] Singleton et al (2001), pp.24 & 27.
[83] Hawkings and Gilburt (2004), p. 50.

Summary: Ethnicity of People with Mental Health Problems

- It is not possible to produce estimates of the number of people in different ethnic groups in Herefordshire experiencing mental health problems.
- Information on ethnic group of patients is not currently collected by GPs, so there is no way of knowing the ethnicity of people with mental health problems known to primary care in Herefordshire.
- In April 2007, 3.5% of Herefordshire mental health service users (aged 18+) are recorded as being from a 'Black and Minority Ethnic' population, almost equal to the proportion of over 18s in the population as a whole in 2004 (3.4%).
- Nothing is known about the general mental health of migrant and seasonal workers in Herefordshire.

GEOGRAPHIC DISTRIBUTION OF PEOPLE WITH MENTAL HEALTH PROBLEMS

It is not possible to produce projections of the number of people in different parts of Herefordshire who will experience mental health problems, as there are no population forecasts or projections below county level.

Table 23 shows the number of people who are currently (March 2007) receiving a service from area-based community teams of the secondary Adult Mental Health Service run by Herefordshire PCT. People are allocated to community teams on the basis of the location of their GP, although if a person were registered with a GP outside their area of residence it would be usual for them to be allocated to their local community team.

This is the most comprehensive count of the number of people receiving an area-based service in Herefordshire, but there are known gaps in this data; for instance some teams are more thorough than others in completing relevant documentation.

Table 23: Distribution of area-based cases, Adult Mental Health Service Community Teams, Herefordshire, 31st March 2007

Community Team	Number	% of area-based cases
Hereford (City)	560	28.0%
Leominster (North Herefordshire)	289	14.5%
Ross (South Herefordshire)	300	15.0%
Ledbury / Bromyard (East Herefordshire)	49	2.6%
Total area-based cases	1,998	100.0%

Source: CPA database, Herefordshire PCT

Further work would be required to assess whether this represents mental health problems across the county, and whether current services are provided equitably across the county.

A further 108 people are receiving a service from a countywide team/service, but it is not possible to identify where in the county they reside.

Summary: Geographic Distribution of People with a Mental Health Problem

- It is not possible to produce projections of the number of people in different parts of Herefordshire who will experience mental health problems.
- Further work would be required to assess whether current services are provided equitably across the county and that access to these services is equal, regardless of location.

MENTAL HEALTH OF PRISONERS

As at April 2007 the Herefordshire Forensic Assessment Community Team (FACT) was working with six people aged 18-64 in prisons (outside Herefordshire) who have been identified as having mental health problems.

The number of residents of Herefordshire aged 18-64 who are in prison is not known, so it is not possible to ascertain whether this figure is what would be expected. Prisoners are not included in any estimates based on national prevalence rates as they are not 'household residents'.

An ONS survey of *Psychiatric Morbidity Among Prisoners*[84] in 1997 found the following in respect of prisoners:

- About 20% of males (both sentenced or on remand) had received help or treatment for a mental or emotional problem in the year before entering prison. This is half the proportion of female prisoners (40%) [p.9];
- About 15% of male prisoners (both sentenced and on remand) had received help or treatment for a mental or emotional problem since entering prison, in comparison with 23% of female remand and 30% of female sentenced prisoners [p.9];
- Female prisoners were significantly more likely to have a neurotic disorder than male prisoners, as in the household population. 59% of males on remand and 40% of sentenced males were found to have a neurotic disorder, in comparison with 76% and 63% of females, respectively [p.16];
- Prevalence of personality disorder was 78% among sentenced males, 64% among males on remand, and 50% among females (either sentenced or on remand) [p.10];
- Prevalence of psychotic disorder, based on clinical interviews, was 7% for sentenced males, 10% for males on remand, and 14% for female prisoners (either sentenced or on remand) [p.11]. This was noted to be much higher than prevalence amongst the general household population in the 1993 survey of psychiatric morbidity (0.4%).

Also, a large proportion of prisoners had several mental disorders – no fewer than 70% of any of the sample groups mentioned above had at least two of the five disorders[85] considered.

Summary: Mental Health of Prisoners

- The number of people from Herefordshire in prison is unknown; the only available relevant information is that the Herefordshire Forensic Assessment Community Team is currently working with 6 people.
- Prevalence of mental health problems is high amongst the prison population in general.

[84] Singleton, N. et al (1998) *Psychiatric morbidity among prisoners: summary report*. The Government Statistical Service.

[85] Personality disorder; psychosis; neurosis; alcohol misuse and drug dependence.

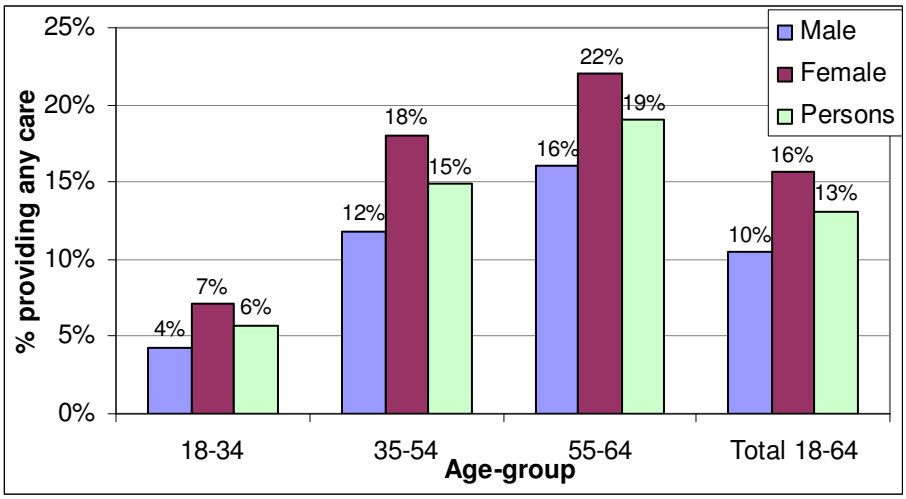
CARERS

NUMBERS OF CARERS

2001 Census

According to the 2001 Census, 13% of 18-64 year-old residents of households in Herefordshire provide at least 1 hour of unpaid care[86] a week: a total of 13,373 people. However, the gender proportions aren't equal: only 10% of men (5,333 men) compared to 16% of women (8,040 women). Figure 24 illustrates that this disparity is evident across all ages, and also how the proportion providing unpaid care increases with age. This pattern is identical to that across England and Wales as a whole, although each of the Herefordshire figures is one percentage point below the national.

Figure 24: Proportion of household population providing at least one hour of unpaid care per week, Herefordshire



Source: 2001 Census, Table S025 © Crown copyright

- Assuming that prevalence of caring by age and gender has remained consistent since 2001, it could be estimated that 14,100 people aged 18-64 were providing at least one hour of unpaid care per week in 2005, with 60% of them female. Of these, 3,600 would be expected to be providing care for 20 hours or more per week (65% female).

However, it is also likely that snap-shot estimates of the number of carers at a point in time, like the Census provides, are an underestimate of the number of carers over time. Nationally, more than 40% of carers start or stop caring over the course of a year, and less than two-thirds of the actual number of people who provide care over a year are captured at one point within that time.[87]

Carer's Allowance Claimants

The only other information regarding carers in Herefordshire are numbers of people claiming Carer's Allowance. This is likely to be a very small subset of all carers as it is only available to people not in employment or full-time education who care for a severely disabled person[88] for at least 35 hours a week. Nevertheless, 1,370 people aged 18-64 were entitled[89] to Carer's Allowance in August 2006 – a similar number to the previous two years (see Table

[86] Any unpaid help; looking after or supporting family members; friends; neighbours or others because of long-term physical or mental ill-health or disability or problems related to old age.

[87] Hirst, M (2005) *Estimating the prevalence of unpaid adult care over time*; Research Policy and Planning vol. 23, no. 1.

[88] i.e. a person in receipt of the medium or higher level of the care component of Disability Living Allowance, Attendance Allowance or a Constant Attendance Allowance at the maximum rate under the War Pensions or Industrial Injuries Scheme (DWP).

[89] 'Entitled' includes some people who are entitled to receive Carer's Allowance, but do not because they are receipt of another benefit which exceeds their weekly rate; it does not necessarily include everyone in the population who is eligible to claim.

25). The number entitled in 2005 represents 1.3% of the population aged 18-64; the proportion entitled increases slightly with age, from 0.7% of 18-34 year-olds to 1.9% of 55-64 year-olds (in 2005).

Table 25: Numbers entitled[89] to Carer's Allowance in Herefordshire, by age.

Year (August snapshot)	18-34	35-54	55-64	18-64
2006	210	680	480	1,370
2005	220	650	470	1,340
2004	210	670	450	1,330
2003	220	650	380	1,250

Source: Work and Pensions Longitudinal Study (WPLS), Department for Works and Pensions.

THE CARED FOR

The Census didn't ask for whom care is provided, so nothing can be deduced about people who *require* care from this source. However, a national survey of adults living in private households[90] (2000) identified carers and asked for more detail about their situation. 6% of carers cared for someone with only a 'mental disability' (as defined by the respondent) and a further 18% were looking after someone with both a physical and mental disability. It is not possible to estimate numbers of people aged 18-64 being cared for in each of these categories as there is no information regarding the ages of people being cared for.

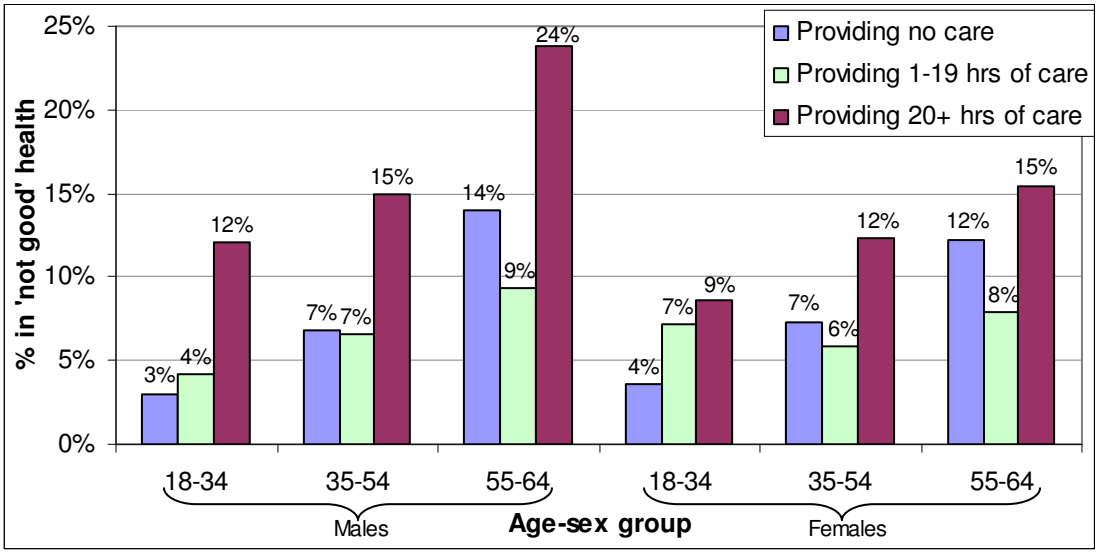
It has not been possible to identify any sources of information regarding children providing care for adults with mental health problems.

CARERS' HEALTH

National analysis of the Census[91] has shown that carers are more likely to be in 'not good' health and/or have a limiting long-term illness themselves than non-carers.

- In Herefordshire, 14% of 18-64 year-olds who provide 20+ hours of care per week are in 'not good' health, compared with 7% of both those providing 1 to 19 hours and those providing no care. The difference is particularly marked in males of all ages, as illustrated by Figure 26.

Figure 26: Proportion of household population in 'not good' health by age, sex & amount of care provided, Herefordshire



Source: 2001 Census, Table S025 © Crown copyright

[90] Maher, J and Green, H (ONS) (2002) *Carers 2000*. London: The Stationery Office
[91] *Facts about carers* (2005), Carers UK: www.carersuk.org

Furthermore, people who provide care over a long period are at particular risk of poor health, and carers' health is more likely to deteriorate over time than that of non-carers – with many of the detrimental changes attributable to the caring role.[92]

An ONS survey, *Mental Health of Carers*[93] in 2001 found the following key points:

- Female carers were found to be 23% more likely to have neurotic symptoms than women in general; no significant difference in male carers.
- Carers in rural or semi-rural areas were found to have a *lower* prevalence of neurotic symptoms than those in urban areas (12% to 21%), although a Carers UK members' survey (2002) found that over half of the respondents living in 'remote rural areas' experienced some form of social exclusion.[94]
- Strong association between carers' assessment of their own health and their mental health: over a third (37%) of carers who said they were in fair or poor health had neurotic symptoms, in comparison with only 7% who said they were in very good or excellent health. Similar associations were found between limiting and long-standing physical health conditions and mental health.
- The majority of carers (71%) said that their caring responsibilities caused them to be worried at least a little of the time, with 18% saying that it caused worry a lot of the time. A third said that caring made them depressed at least a little of the time. However, only 8% said that caring had a direct impact on their physical health.
- Overall 7% of carers said they smoked more, 7% drank more alcohol and 3% took more prescribed or non-prescribed drugs due to the strains of caring; those who had increased their use of these substances were more likely to display significant neurotic symptoms.

This survey included people of all ages over 16, and no analysis is available for different age groups. It was noted however [p.15], that there were no significant differences between the proportions displaying significant neurotic symptoms in different age-groups – although the data did suggest a decline with age.
The survey found that the carers with the following characteristics were more likely to exhibit significant neurotic symptoms:

- Those caring for people with both physical and mental health problems, compared to those caring for people with physical problems or old age (28% of the former to 14% of the latter);
- Carers providing both personal and physical care, compared to those providing practical and/or other types of help;
- Sole carers, in comparison with those who did not have the main responsibility for the person they cared for;
- Those who needed someone else to look after the person they cared for in order to take a break and had not been able to do this since becoming a carer, in comparison to those who had been able to get this alternative help and had taken a break (17% to 36%);
- Those who felt that caring had had a detrimental effect on their relationships with friends, social life and leisure activities (which was about a third), compared to those who did not (30% to 12%).

Also, research by Carers UK indicated that 70% of carers worried about their finances and 60% believed this had an effect on their health, and many report that lack of alternative care leads to the neglect of their own health – including some cases of carers discharging themselves from hospital because of this.[95]

- Assuming that people aged 18-64 care for the same 'type' of people as all people aged 16 and over; the caring situation in Herefordshire in 2005 was the same as in Britain as a whole in 2000; and prevalence of caring by age and sex has not changed locally since

[92] Hirst, M (2004) *Health inequalities and informal care*; quoted by Carers' UK in *Facts about carers*
[93] Singleton, N, et al (2002) *Mental Health of Carers*. London: The Stationery Office
[94] Carers UK (2003), Policy Briefing: *Rural Carers*. www.carersuk.org
[95] *Back me up: supporting carers when they need it most* (2005) Carers UK

2001, it could be estimated that around 800 adults aged 18-64 in Herefordshire care for someone with a 'mental disability' (as defined by the respondent). An estimated further 2,500 care for someone with both a physical and mental disability. Using the results of the ONS survey, 28% of this latter group (around 700 people), could have a neurotic disorder.

These findings indicate that it is important to ensure proper support is available to carers in order to reduce their chances of suffering from mental health problems - particularly around the times when a heavy care role begins or ends, when adverse effects on psychological well-being are most pronounced.[96]

Summary: Carers

- Assuming that the prevalence of caring in Herefordshire is as it was at the 2001 Census, 14,100 people aged 18-64 in Herefordshire are estimated to have been providing at least one hour of unpaid care a week in 2005, with 3,600 providing care for 20 hours or more per week.
- At the same time, 1.3% of 18-64 year-olds in the county (1,340 people) were entitled to Carers' Allowance, i.e. were not in employment or full-time education and were caring for a severely disabled person for at least 35 hours a week.
- Carers are more likely to be in 'not good' health than non-carers, and the disparity increases with the amount of time spent caring per week. People who provide care over a long period of time are particularly at risk of poor health. Carers' health is also more likely to deteriorate over time than that of non-carers, with many of the detrimental changes attributable to the caring role.
- Using national observations, an estimated 800 people aged 18-64 in Herefordshire are estimated to have been caring for someone with a 'mental disability' in 2005. A further 2,500 care for someone with both a 'physical and mental disability', and around 700 of this latter group could be expected to have a neurotic disorder.

ABILITY TO PAY

EARNINGS

The only information on earnings is for the total population of the county as a whole; the only available relevant breakdown is by gender.

- In 2006, average (median) gross weekly earnings for full-time employees who work in Herefordshire were £390.60, compared to £415.50 for the West Midlands region and £453.30 for England.[97] Whilst Herefordshire's median earnings appear lower than regionally *and* nationally, the difference with the region is not statistically significant.

- Herefordshire's lower quartile earnings are also significantly lower than England's: 25% of people who work in the county earned less than £297.00 per week, whereas the equivalent national figure is £320.30.

- The top 25% of earners in Herefordshire earned more than £551.20. The equivalent figure for England as a whole was £642.0, but this is not significantly higher (due to the sample size).

- Herefordshire has one of the largest gender pay gaps of neighbouring English authorities, and of all authorities in the West Midlands region: on average, full-time female workers earn only 72% of the amount earned by their male counterparts. The national equivalent figure is 79%.

[96] Hirst, M (2004) *Hearts & Minds: The health effects of caring*. University of York, in association with Carers UK

[97] 2006 Annual Survey of Hours & Earnings, Office for National Statistics (ONS)

INCOME

There are no data on levels of *income*[98] in Herefordshire, but the Indices of Deprivation 2004[99] included an 'income' domain based on the extent to which households in an area were dependent on income related benefits. Overall, Herefordshire is more 'income deprived' than two-thirds of English local authorities.[100]

In addition, income deprivation 'hotspots' exist within the county: ten areas[101] in Herefordshire were in the 25% most deprived areas in England. Six of the ten areas of the 'South Wye' part of Hereford city are amongst these; the remainder are north of the river in Hereford ('College Estate' and 'Courtyard') and in Leominster ('Ridgemoor') and Bromyard ('Central').

EMPLOYMENT & FINANCIAL CHARACTERISTICS OF PEOPLE WITH MENTAL HEALTH PROBLEMS

- As already discussed (see p.14), an estimated 2,000 people aged 18-64 in Herefordshire each year are unable to work, and are therefore claiming Incapacity Benefit or Severe Disablement Allowance, because of a 'mental disorder'. Some of these people may also be claiming Disability Living Allowance to help with the cost of any care they may need because of their disability(ies), but it is not possible to determine how many.

According to the ONS *Survey of Psychiatric Morbidity among Adults in Private Households*[102] (i.e. those aged 16-74):

- People with neurotic disorders were more likely than those without to be economically inactive, i.e. not working or seeking employment (39% of those with neurotic disorder compared to 28% of those without); and less likely to be employed (58% to 69%). This was particularly found to be the case for people with phobias.

- People with probable psychotic disorders were more likely than those without to have qualifications no higher than GCSE level (84% to 64%) and to be economically inactive (70% to 30%), and were less likely to be employed (28% to 67%).

Summary: Ability to pay

- There is little available information about earnings and income in Herefordshire, although median weekly earnings are lower than nationally (£390.60 compared to £453.30, in 2006);
- An estimated 2,000 people aged 18-64 in the county are unable to work, and are therefore claiming Incapacity Benefit or Severe Disablement Allowance because of a 'mental disorder';
- There is no specific information available about the levels of income of people with mental health problems in Herefordshire. If national trends apply, people with neurotic or psychotic disorders are significantly less likely to be in employment, and significantly more likely to be economically inactive (i.e. not working and not seeking employment), than people without. This would be expected to be reflected in lower average incomes of people with these disorders, limiting the extent to which they could be expected to pay for services.

[98] Earnings plus unearned income from investments, etc.
[99] Office for the Deputy Prime Minister (ODPM), now Department for Communities & Local Government (DCLG). Based on data from 2001.
[100] Herefordshire ranked 114th out of 354 English local authorities in terms of income deprivation.
[101] Lower Super Output Areas (LSOAs): statistical geographies of about 1,500 people that nest into wards. They were determined by ONS, but names were given by HC Research Team.
[102] Singleton et al (2001)

HOUSING

It is not possible to identify housing issues relating to adults aged 18-64 specifically, so the facts and figures discussed in this section pertain to adults of all ages.

According to the ONS *Survey of Psychiatric Morbidity among Adults in Private Households*[103]:

- People with neurotic disorders were more likely than those without to be socially renting (26% of those with a disorder compared to 15% of those without) and more likely to have moved three or more times in the last two years (6% to 3%) [p.80].
- People with phobias and those who experience depressive episodes were particularly likely to be socially renting (37% & 36% to 15% of those without), whereas people with obsessive compulsive disorder were particularly likely to be private renting (22% to 10% of those without) [p.80].
- People with probable psychosis were more likely to be socially renting than those without (49% to 17%) [p.82].
- Analysis of people with personality disorders was not carried out for the report; a separate topic report on this group of people was planned [p.76] but has not been published.

These figures point towards a higher likelihood of housing instability in people with mental health problems, but it is not appropriate to attempt to estimate numbers in Herefordshire, as these percentages do not relate specifically to the population of interest (i.e. aged 18-64) and do not take into account any underlying factors that may affect tenure regardless of mental health status. Furthermore, according to the 2001 Census, household residents in Herefordshire aged 16-74 are generally less likely to be socially renting than those in England and Wales as a whole (12.8% to 15.6%).

HEREFORDSHIRE MENTAL HEALTH SERVICES HOUSING PLAN

Herefordshire Mental Health Services are about to publish a Housing Plan[104], covering the period 2007 to 2010, to "review the current accommodation needs for people with mental health problems with a view to developing a range of housing options to ensure people are able to live in the most appropriate environment".

The Plan will mainly focus on the needs of those with severe and enduring mental health problems who require "…more intensive and sustained community treatment" than the majority of those with mental health problems who "will be supported within the community".

Three surveys were carried out in the development of the plan, the largest being of care co-ordinators (in December 2006) about the people with whom they were working. Not all co-ordinators completed the survey, but of the 1,361 service users (of all ages but mostly 18+) in respect of whom information was provided, 133 (9.8%) were living in accommodation that was deemed unsuitable, and 74 (5.4%) were living in temporary accommodation, including eight who were homeless. However, the situation was deemed unsuitable for only 26 (35%) of those living in temporary accommodation.

Of the 133 service users identified as being in unsuitable accommodation, 65 (49%) cannot stay in their current accommodation for longer than two years, 40 (30%) have a forensic history and 49 (37%) have been detained under the Mental Health Act.

The Plan sets out future need on the basis of what type of accommodation would be required for the 133 service users identified as currently living in unsuitable accommodation; this is reproduced in Table 27. However, it was noted that information regarding accommodation for around 400 service users was incomplete, so these needs are likely to

[103] Singleton et al (2001)
[104] Roche, T (2007) *Mental Health Services in Herefordshire: Housing Plan – 2007 to 2010*

be an underestimate. Regular surveys to identify future need are recommended, with the acknowledgement that these would require the full co-operation of all care co-ordinators.

Table 27: Required accommodation identified by survey of care co-ordinators for Adult Mental Health service users in Herefordshire in currently in unsuitable accommodation

Type of Accommodation	Units Required	Location required
Sheltered Housing	4	2 in Hereford; 1 in Ledbury; 1 in Leominster
Warden Controlled Housing	6	5 in Hereford City; 1 in Kington
Accommodation unit for service users with medium to high support needs	10	10 in Hereford City
Supported Housing	9	1 in Bromyard; 5 in Hereford; 1 in Leominster; 1 in Ross; 1 in 'Herefordshire'
Young Persons Supported scheme	1	1 in Hereford City
Residential Care Home	9	4 in Hereford; 2 in 'Herefordshire'; 2 in Leominster; 1 out of county
Rehabilitation	1	1 in Hereford City
Dry House	1	1 in 'Herefordshire Rural'
Support whilst living at home	4	N/a
General Needs Housing	88	
Total units required	133	

Source: Mental Health Services in Herefordshire, Housing Plan – 2007 to 2010

1,170 service users were identified as living in permanent accommodation, with the majority (78.5%) in private households (see Table 28). Of those in private households, almost half (48.4%) were renting a house or flat – although it is not possible to identify which of these were socially renting. This supports the view that people with mental health problems are more likely to live in rented accommodation than those without: only 22.7% of all household residents in Herefordshire aged 18 and above live in rented accommodation.

Table 28: Current accommodation of mental health service users (surveyed via care co-ordinators in December 2006)

Type of accommodation		No. of identified service users	% of all identified service users
Permanent accommodation	Rented flat or house	517	38.0%
	Owner occupied house or flat	435	32.0%
	Living with family or friends	117	8.6%
	Residential home	54	4.0%
	Sheltered scheme	27	2.0%
	Warden scheme	12	0.9%
	Nursing home - in county	7	0.5%
	Out of county	1	0.1%
Temporary accommodation		74	5%
Unanswered		117	9%
Total service users		1361	100%

Source: Herefordshire Mental Health Services Housing Plan

It is not known whether there was any potential for double counting if more than one care co-ordinator responded for the same service user. However, this survey identified 61 people living in nursing or residential homes in December 2006, whereas Adult Mental Health Service figures indicate that only 46 people were living in these types of homes in January 2007.

Eight mental health accommodation providers[105] responded to a separate survey, which asked whether residents were suitably placed; all 33 residents (aged 34 to 69) assessed were judged to be so at the time, but five as requiring alternative accommodation within the next six months. The figure of 33 is clearly lower than even the 61 in residential or nursing homes identified in the survey of care co-ordinators (Table 28), let alone the 81 known to be living in communal establishments in January 2007 (p.8), so it is unclear how comprehensive these figures are.

Summary: Housing

- National research points toward a higher likelihood of housing instability in people with mental health problems. People with neurotic disorders and people with probable psychotic disorders are both more likely than those without to be socially renting, and the former group are more likely to have moved three or more times in the last two years.
- Although it is not possible to estimate the extent of social renting amongst people with mental health problems in Herefordshire who are *not* accessing secondary mental health services, a housing assessment of 1,361 Adult Mental Health service users supports the national observation. Almost half of service users in private households were renting (either privately or socially), in comparison with less than a quarter of all household residents in the county.
- A survey of care co-ordinators for the *Herefordshire Mental Health Services Housing Plan* identified at least 133 service users living in unsuitable accommodation, with incomplete information provided for around 400 service users. A wide range of single-figure accommodation units were identified as needed to suitably house these people, with the majority (66%) requiring 'general needs housing'.

[105] The Shires, Aston Lodge, Elm Lodge, Francis House, Merrivale Farm, Sands Care Home, The Chestnuts and Wykenhurst.

APPENDIX: ADULT MENTAL HEALTH SERVICE DATA

ADULT MENTAL HEALTH SERVICE: CPA DATABASE

Table A1 includes everyone who was receiving a service from the secondary Adult Mental Health Service run by Herefordshire PCT as at 31st March 2007, and which team they were receiving that service from.

This is the most comprehensive count of the number of people accessing secondary mental health services in Herefordshire. However, despite this, there are known gaps in this data; for instance some teams are more stringent than others in completing relevant documentation.

It would be expected that most of these cases are also known to GPs in Herefordshire.

Table A1: People receiving a service from the secondary Adult Mental Health Service run by Herefordshire PCT, 31st March 2007

Team		Service Users
Community Teams	Hereford City 1	254
	Hereford City 2	306
	Leominster	289
	Ross	300
	Ledbury / Bromyard	49
Countywide Services	Forensic Assessment Community Team (FACT)	34
	Community Alcohol Service (CAS)	10
	Assertive Outreach	32
	Early Intervention	22
	Crisis Assessment Home Treatment (CAHT)	1
	Oak House (residential rehabilitation centre)	9
Total		1,306

Source: CPA database, Herefordshire PCT

ADULT MENTAL HEALTH SERVICE CASELOAD AUDIT

Table A2 details the results of the caseload audit of care co-ordinators providing care to adults aged 18-64 in January 2007. No further detail is available, and it is not possible to be sure that cases are not double-counted if seen by more than one care co-ordinator – or to ascertain the extent of any double-counting.

Table A2: Herefordshire Adult Mental Health Service caseload audit, January 2007

Diagnosis (primary)	Caseload	Classification for needs analysis
Anxiety	197	Common mental health problem
Depression	606	
Neuroses	75	
Obsessive compulsive disorder (OCD)	80	
Post traumatic stress disorder (PTSD)	46	
Bipolar	156	Psychotic disorder
Psychosis	108	
Schizophrenia	568	
Personality disorder	62	Personality disorder
Organic	15	7 are young onset dementia; 8 are other organic illness
Eating disorder	39	Eating disorder
Autistic spectrum	6	Behavioural diagnoses
Adjustment disorder	11	Behavioural diagnoses
Substance misuse	12	-
Other	6	-
Total cases	1,987	

Source: Adult Mental Health Service, Herefordshire PCT

It is concerning that the caseload audit appears to identify 681 more people than the CPA database, particularly since they were only two months apart. This seems to indicate significant double-counting, but the fact that the CPA database is known to be incomplete for certain teams means that it is impossible to determine which is the more accurate.

RESIDENTS OF MANAGED ACCOMMODATION

Tables A3 to A5 show the diagnoses of residents of managed accommodation in Herefordshire in the early part of 2007. It should be the case that they have been included in the figures in Tables A1 & A2, as care co-ordinators were asked for information on everyone on their caseload, but it is not possible to check that this is so.

Table A3: Diagnoses of adults aged 18-64 with mental health problems in residential or nursing homes in Herefordshire, 1st January 2007

Diagnosis Type	Nursing Home	Residential Home	Total
Common mental health problems	1	3	4
Dual diagnosis (substance misuse)	-	2	2
Learning disability and mental health problem	-	1	1
Organic	3	-	3
Personality disorder	-	1	1
Psychosis	6	27	33
Unknown	-	1	1
Autism	-	1	1
Total	10	36	46

Source: Adult Mental Health Service, Herefordshire PCT

Table A4: Diagnoses of adults aged 18-64 with mental health problems in secure unit placements in Herefordshire, 31st March 2007

Diagnosis Type	High secure	Medium secure	Low secure	Total
Psychopathic disorder	-	2	1	3
Psychosis	1	1	2	4
Personality Disorder	-	1	-	1
Unknown	-	3	2	5
Total	1	7	5	13

Source: Adult Mental Health Service, Herefordshire PCT

Table A5: Diagnoses of adults aged 18-64 with mental health problems in supported housing in Herefordshire, April 2007

Diagnosis Type	Residents
Common mental health problem	11
Psychosis	9
Personality disorder	2
Total	22

Source: Adult Mental Health Service, Herefordshire PCT

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