B&NES Wellbeing & Mental Health Needs Assessment

June 2022

Executive Summary

This report describes the wellbeing and mental health of people living in Bath and North East Somerset (B&NES). The main report highlights a variety of areas in which outcomes are better or similar to the national average. However, there are also a number of issues that suggest a worsening of mental health in the B&NES population, a rise in referrals to services and higher rates of admission to hospital. Key findings include:

- Measures of wellbeing have declined, and more people report experiencing anxiety. Both measures are now worse than the national average.
- National data suggests that episodes of poor mental health are relatively common in teenagers and girls appear to be twice as likely as boys to experience poor mental health.
- Referrals to Child and Adolescent Mental Health Services (CAMHS) have increased and waiting times have risen. Around 1 in 3 referrals are deemed not appropriate for CAMHS support.
- Referrals to Mental Health Support Teams working with school children have doubled in the last year.
- Use of our online Kooth mental heath support service increased dramatically during the pandemic but has fallen during the last year. Girls and people identifying as being from BAME backgrounds are over-represented amongst service users.
- More young people in B&NES are admitted to hospital for mental health conditions than the national rate, especially girls. Eating disorders and use of alcohol were the most common reasons.
- There has been a sharp rise in the number of children with Education and Health Care Plans (EHCP) that feature Social, Emotional and Mental Health (SEMH) as the primary need.
- Amongst children needing social care intervention, parental mental ill-health has been the highest contributing factor in recent years.
- Mental health problems, such as depression and anxiety, are relatively common in the adult B&NES population affecting around 1 in 6 adults.
- Waiting times for adult talking therapy services are better than the national target.
- Less common, at around 1 in 100 adults, are people living with severe mental illness (SMI), such as schizophrenia and bipolar affective disorder. This is slightly lower in B&NES than the national prevalence rate. People living with these conditions are less likely to be in employment and independent housing than the general population and have a lower life expectancy due to poorer physical health.
- Although premature mortality in adults with SMI in B&NES is better than the England average, it is nonetheless 8 times higher than the premature mortality rate in the non-SMI population in B&NES. This ‘excess’ is the highest in the country.
- Amongst people in contact with Mental Health services, the proportion subject to detention under the Mental Health Act has consistently been higher for B&NES than England for several years.
- Most people entering our drug and alcohol services have a mental health need, and the rate is higher than the national average.
- People in B&NES are more likely to be admitted to hospital for self-harm than the national average, with young females and people in our more deprived communities having the highest rates.

Acronyms

ADHD	Attention-Deficit / Hyperactivity Disorder
APMS	Adult Psychiatric Morbidity Survey
APS	Annual Population Survey
B&NES	Bath & North East Somerset
BSW CCG	B&NES, Swindon and Wiltshire Clinical Commissioning Group
CAMHS	Children and Adolescent Mental Health Services
CFS	Chronic Fatigue Syndrome
CMD	Common Mental Disorders
COMHAD	Co-occurring Mental Health, Alcohol and Drug difficulties
CPA	Care Programme Approach
CYP	Children & Young People
CYPMHS	Children & Young People Mental Health Services
EHCP	Education and Health Care Plan
GH	Getting Help
GMH	Getting More Help
HERS	Hospital Education Reintegration Service
IAPT	Improving Access to Psychological Therapies
JSNA	Joint Strategic Needs Assessment
LTC	Long Term Conditions
MH	Mental Health
MHA	Mental Health Act
MHCYP	Mental Health of Children and Young People survey
MHST	Mental Health Support Teams
MUS	Medically Unexplained Symptoms
NBV	New Birth Visits
NICE	National Institute for Health & Care Excellence
OOA	Out of Area
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
OTR	Off the Record
PTSD	Post-Traumatic Stress Disorder
QOF	Quality and Outcomes Framework
SEMH	Social, Emotional and Mental Health
SEND	Special Educational Needs and Disabilities
SMI	Severe Mental Illness
SW LKIS	South West Local Knowledge and Intelligence Service
UA	Unitary Authority
YTD	Year to Date

Contents

Introduction

This report reviews available data on Wellbeing and Mental Health in B&NES. National and regional data is included where possible to provide context. The report is structured into the following themes:

- Background
- Wellbeing
- Mental Health Overview
- Perinatal Mental Health
- Children & Young People
- Adult Common Mental Disorders
- Severe Mental Illnesses (SMI) & Mental Health Crisis Care
- Self-harm

Background

The World Health Organisation defines Mental Health as "a *state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community*".[1] The Mental Health Foundation emphasise that good mental health is not simply the absence of diagnosable mental health problems but is characterised by a person's ability to fulfil a number of key functions and activities including: the ability to learn; the ability to feel, express and manage a range of positive and negative emotions; the ability to form and maintain good relationships with others; and the ability to cope with and manage change and uncertainty.[2]

Mental ill-health is very common and often starts in childhood, adolescence and young adulthood.[3] In 2014, one in six adults had a common mental disorder[a]; about one in five women and one in eight men.[4] In 2017 one in eight 5- to 19-year-olds had at least one mental disorder.[5]

Mental health is shaped by the wide-ranging characteristics and inequalities of the social, economic and physical environments in which people live.[6] Poor mental health is associated with a number of risk factors including poverty, migration, extreme stress, exposure to violence (domestic, sexual and gender-based), emergency and conflict situations, substance use, natural disasters, trauma and low social support. Children who have been neglected are more likely to experience mental health problems including depression, PTSD and ADHD.[7] Poor mental health can worsen physical health and hamper recovery from illness whilst poor physical health can impact mental health.[8]

The Covid-19 pandemic has caused deteriorations in mental health particularly in women, young people and those facing financial hardship.[9] The Royal College of Psychiatrists[10] also highlighted over 8.4 million individuals were found to be drinking at higher risk levels in April 2020 compared to prior to the pandemic (Feb 2020). The psychological impact of the pandemic is still emerging, and psychological trauma can take time to reveal itself. Therefore, it should be anticipated that consequences of the pandemic will further come to light in the coming months and years.

[a] Common mental disorders (CMDs) comprise different types of depression and anxiety and can be mild, moderate or severe. Further information can be found here.

The NHS Long Term Plan[11] published in 2019 committed to:

- spending at least £2.3bn more a year on mental health care by 2023/24 to enable further service expansion and faster access to community and crisis mental health services for both adults, children and young people
- helping 380,000 more people get therapy for depression and anxiety by 2023/24
- delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24

This long term plan was published prior to the Covid pandemic so the impact of the pandemic may not be known for some time on delivery of these longer term plans.

The draft BSW Thrive strategy[12] aims to drive forwards improvements to mental health and wellbeing across B&NES, Swindon and Wiltshire by putting the person needing support for their mental health at the centre of everything we do. In order to support the delivery of its commitments, the following workstreams have been put in place:

1. Implement Thrive and create community resilience
2. Provide early help and navigation that is community based
3. Redress the balance between physical and mental health and improve outcomes
4. Provide better support for people in crisis
5. Deliver safe, effective and accessible care
6. Minimise the need of high intensity and Out of area (OOA) care and treatment

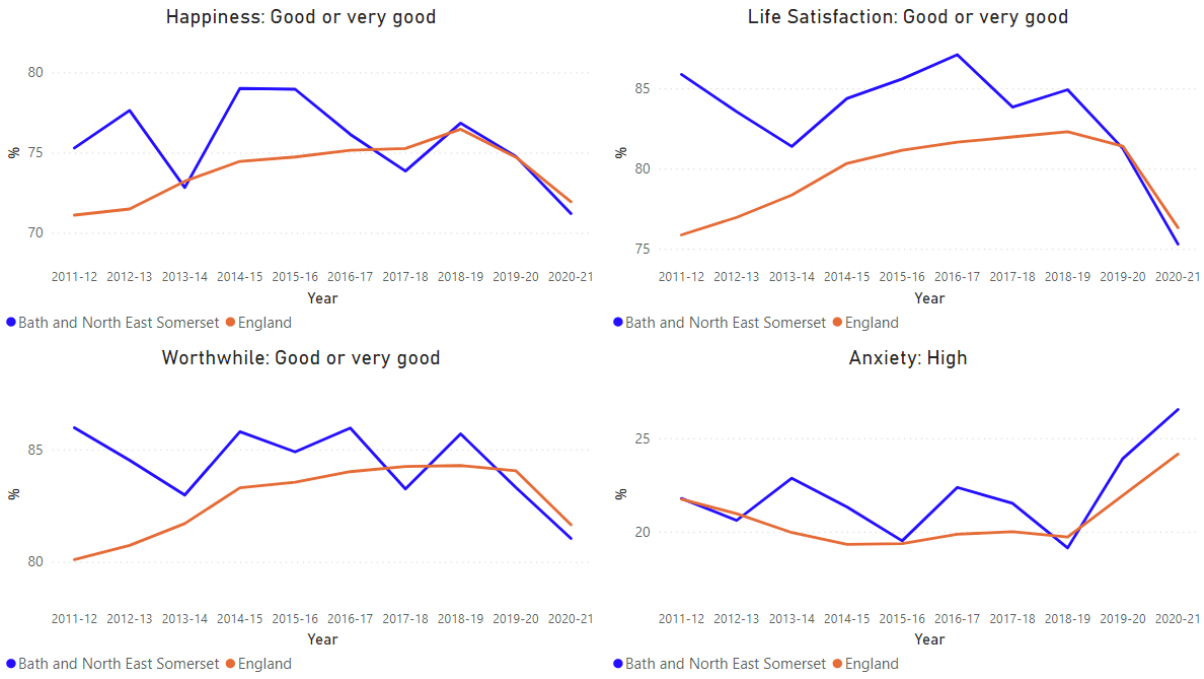
Wellbeing

Although there is no consensus on a single definition of Wellbeing, the Department for Health[13],[14] suggests that *"Wellbeing is about feeling good and functioning well and comprises an individual's experience of their life; and a comparison of life circumstances with social norms and values"*. It includes a person's happiness, life satisfaction, their sense of purpose, and how in control they feel[15].

In 2020/21, 71% of B&NES respondents to the ONS Annual Population Survey (APS)[16] reported a high level of happiness[b]. 75% reported a high level of life satisfaction and 81% reported high feelings the things done in life are worthwhile. These values have shown some decline in recent years with the decrease pre-dating the Covid-19 pandemic and declining further during the pandemic. Numbers reporting high levels of Happiness have dropped from a high of 79% in 2014/15 to 71% in 2020/21. Numbers reporting high levels of Life Satisfaction have dropped from a high of 87% in 2016/17 to 75% in 2020/21. Numbers reporting high levels of Worthwhileness have dropped from a high of 86% in 2011/12, 2014/15 and 2016/17 to 81% in 2020/21. In 2020/21 reported levels of happiness, satisfaction and worthwhileness in B&NES have all dropped slightly below the national figures. This is coupled with an increase over time in reported anxiety levels with 27% of B&NES residents reporting High anxiety[c]. This is higher than the national figure (24%) and has increased from a low of 19% in 2018/19 (see **Figure 1**).

[b] A score of at least 7 out of 10
[c] A score of at least 6 out of 10

Figure 1 ONS APS ratings over time



Note: Axes do not start at 0 and differ for each domain
The APS is a continuous household survey with the data comprising 12 months of survey data.

The results from the 2020 B&NES Voicebox local residents survey showed lower wellbeing scores and higher anxiety levels compared with the 2019/20 APS scores. This may be explained in part by the impact of the pandemic since the Voicebox survey was conducted in Nov & Dec 2020 during a period of national lockdown. The B&NES Voicebox survey is also based on a smaller sample size and tends to be completed by an older demographic (although it should be noted the survey results are weighted to control for this).

Table 1 Wellbeing response rates in APS and B&NES Voicebox

	B&NES respondents to APS (2019/20)	B&NES Voicebox survey* (Q4 2020)	B&NES respondents to APS (2020/21)
Happiness	75%	61%	71%
Life Satisfaction	81%	61%	81%
Worthwhile	83%	72%	75%
Anxiety	24%	33%	27%

** based on 1,273 responses*

In 2021, the B&NES Voicebox survey included the short version of the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)[d]. This showed 32% of B&NES respondents were classified as having Low wellbeing, 57% with Moderate wellbeing and 11% with High wellbeing. Low wellbeing was over double the level that would be expected compared to UK Populations norms (2011) at 32%

[d] Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) © University of Warwick 2006, all rights reserved. B&NES results based on 977 responses. Levels of wellbeing defined as follows: overall score <20 = Low wellbeing, 20 – <28 = Moderate wellbeing, 28 – 35 = High wellbeing.

compared to 15%. However, these population norms relate to 2011 prior to the pandemic and it is unknown how these have changed more recently. There was also evidence to suggest mental wellbeing was lower in B&NES in those aged 18-39 and 65+.

General wellbeing has been tracked since the start of the pandemic by the national UCL Covid Social Study[e]. Data collected from March 2020 to Nov 2021 suggests people living alone, young adults, those with a mental health diagnosis, those with lower household incomes, people living in urban areas, people with a physical health diagnosis, and those from ethnic minority groups continue to report lower levels of life satisfaction[17].

A recent report by the Prince's Trust[18] shows overall confidence and happiness of 16–25-year-olds across the UK has fallen to the lowest level in the report's 13-year history. Almost half of young people (48%) report experiencing a mental health problem, with similar numbers stating their mental health had worsened during the pandemic (46%) and the pandemic had increased their anxiety (44%).

Key Findings

- Although B&NES residents reported a high level of happiness (71%), satisfaction (75%) and worthwhileness (81%) in the 2020/21 ONS Annual Population survey, these figures have shown a decline over time (from highs of 79% (happiness), 87% (satisfaction), and 86% (worthwhileness) in recent years) and are all now slightly below national figures. These declines began prior to the pandemic. This is coupled with an increase in those reporting high levels of anxiety (27%), up from 19% in 2018/19. This is higher than the national figure (24%). In Dec 2021, the B&NES Voicebox residents survey classified 32% of B&NES respondents as having 'Low wellbeing' and suggested mental wellbeing was lower in residents aged 18-39 and 65+.

Mental Health Overview

In 2017, the estimated prevalence of common mental disorders in people over 16 years old was around one in seven (14%) in B&NES compared with one in six (17%) in England.[19] Although less than the national average, this still equates to many people living with a common mental disorder in B&NES – around 25,000. In 2020/21, the recorded prevalence of depression in people aged 18+ (as recorded on practice disease registers) was 10.6% in B&NES (18,681 cases) compared with 12.3% in England. These figures have been increasing steadily from 6.3% in 2013/14. In 2020/21, the percentage of people aged 18+ with depression recorded on practice disease registers for the first time was 1.2% in B&NES (2,102 cases) compared to 1.4% in England. The suicide rate in B&NES is similar to the national average (11.1 per 100,000 compared to 10.4 per 100,000).

Table 2 Mental Health Summary for B&NES

	B&NES	England
Estimated prevalence of common mental disorders in 16+ (2017)	14.1%	16.9%
Depression: Recorded prevalence aged 18+ (2020-21)	10.6%	12.3%

[e] A panel study of over 70,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic

Depression: QOF incidence aged 18+, new diagnosis (2020-21)	1.2%	1.4%
Suicide rate per 100,000 population (2018-2020)	11.1	10.4
Estimated prevalence of emotional disorders: % population aged 5 to 16 (2015)	3.3%	3.6%
% of School pupils with social, emotional and mental health needs (school age) (2021)	3.38%	2.79%
Emergency hospital admission for intentional self-harm per 100,000 population (2020/21)	231.2	181.2
Hospital admissions for mental health conditions (under 18 years) per 100,000 population (2020/21)	109.1	87.5
Hospital admissions for self-harm (10-24 years) per 100,000 population (2020/21)	544.8	421.9
Admission episodes for alcohol-specific conditions per 100,000 population (under 18s) (2018/19– 2020/21)	78.1	29.3
Diagnosis of schizophrenia, bipolar disorder, and other psychoses QOF (all ages) (2020/21)	0.83%	0.95%
People subject to Mental Health Act per 100,000 population aged 18+ (2019/20 Q2)	41.6	45.6
Premature mortality in adults with severe mental illness per 100,000 population (2018 – 2020)	76.3	103.6
Excess under 75 mortality rate in adults with severe mental illness (2018 – 2020)	714.7%	451.0%
Adults in contact with secondary mental health services who live in stable & appropriate accommodation (2020/21)	57%	58%

Source: OHID Fingertips Mental Health, Dementia and Neurology Profile[20]

Key (compared to England): Better 95% | No Difference | Worse 95% | Not compared

Risk Factors & Protective Factors

A number of **risk factors** have been identified that have been shown to have an impact on mental health. These include:

- Children and adults presenting with obesity
- Children in care
- Deprivation and living in poverty
- Low income/ long term unemployment
- Homelessness
- Substance and alcohol use
- Experiencing violent crime
- Experiencing abuse, neglect or family dysfunction
- Behavioural, emotional and social support needs
- Loneliness and lack of social interaction

Similarly, a number of **protective factors** have been identified, including:

- Wellbeing
- Educational attainment
- Being in employment

- Physical activity
- Social contact

For further details on indicators for risk and protective factors in B&NES, please visit the Public Health England Mental Health and Wellbeing JSNA.

Perinatal Mental Health

Perinatal mental ill health can occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 20% of new and expectant mums and covers a wide range of conditions such as depression and anxiety. If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family.[21] In 2020 there were 1,690 births[22] in B&NES suggesting an estimate of between 169 and 254 women will experience perinatal mental illness each year.

Table 3 Rates of Perinatal psychiatric disorders per 1,000 maternities

Disorder	Estimated National Rate (per 1,000 deliveries)	Estimated cases in B&NES per annum*
Post-partum psychosis	2	4
Chronic serious mental illness	2	4
Severe depressive illness	30	51
Mild to Moderate depressive illness and anxiety	100-150	169-254
Post-traumatic stress disorder	30	51
Adjustment disorders and stress	150-300	254-507

Source: RCPSYCH CR232 Perinatal Mental Health Services report[23]
** Based on 2020 number of live births in B&NES*

B&NES Health Visitor reviews

Table 4 B&NES Health Visitor Reviews

	B&NES	England
Proportion of New Birth Visits (NBVs) completed within 14 days (2020-21)	93.7%	88.0%
Proportion of infants receiving a 6 to 8 week review (2020-21)	88.1%	80.2%
Proportion of children receiving a 12 month review (2020-21)	59.3%	76.1%

Source: OHID Fingertips Perinatal Mental Health[24]

Key (compared to England): Better 95% | No Difference | Worse 95% | Not compared

In 2020-21 the proportion of NBVs completed within 14 days was 93.7% in B&NES which is significantly higher than the national figure (88%). Similarly, the proportion of infants receiving a 6-to-8-week review was significantly higher in B&NES (88.1%) than the national figure (80.2%). However, the proportion of children receiving a 12-month review in B&NES was significantly lower

(59.3%) than the national figure (76.1%). This figure has decreased from 93% in 2019-20 and 91% in 2018-19 (see **Table 5 B&NES Health Visitor Reviews over time**), likely due to the pandemic:

Table 5 B&NES Health Visitor Reviews over time

	2018-19	2019-20	2020-21
Proportion of New Birth Visits (NBVs) completed within 14 days	93%	93%	94%
Proportion of infants receiving a 6 to 8 week review	87%	88%	88%
Proportion of children receiving a 12 month review	91%	93%	59%

Source: OHID Fingertips Perinatal Mental Health[25]

Children and Young People

Prevalence

Mental Health of Children and Young People (MHCYP) in England 2017[26]

This national survey collected information about the mental health and wellbeing of 9,117 children aged 2 to 19 between Jan and Oct 2017. The survey combines reports from children, their parents and teachers (dependent on the child's age). Key findings were as follows:

- One in eight (12.8%) 5- to 19-year-olds had at least one mental disorder when assessed in 2017
- Specific mental disorders were grouped into four broad categories: emotional, behavioural, hyperactivity and other less common disorders. Emotional disorders were the most prevalent type of disorder experienced by 5- to 19-year-olds in 2017 (8.1%)
- Rates of mental disorders increased with age. 5.5% of 2- to 4-year-old children experienced a mental disorder, compared to 16.9% of 17- to 19-year-olds. Caution is needed, however, when comparing rates between age groups due to differences in data collection.
- Data from this survey series revealed a slight increase over time in the prevalence of mental disorder in 5- to 15-year-olds. Rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017.
- Emotional disorders became more common in 5- to 15-year-olds – increasing from 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017. All other types of disorder, such as behavioural, hyperactivity and other less common disorders, remained similar in prevalence for this age group since 1999

MHCYP in England 2021 Wave 2 follow up[27]

The national wave 2 follow-up was based on 3,667 children and young people who took part in the 2017 survey and explored their mental health in Feb/Mar 2021. Key findings were as follows:

- Probable mental disorder[f]: Rates of probable mental disorder increased between 2017 and 2021; in 6- to 16-year-olds from one in nine (11.6%) to one in six (17.4%), and in 17- to 19-

[f] Determined using the Strengths and Difficulties Questionnaire. Responses were used to estimate the likelihood that the child/young person might have a mental disorder, this was classified as either 'unlikely', 'possible' or 'probable'.

year-olds from one in ten (10.1%) to one in six (17.4%). Rates in both age groups remained similar between 2020 and 2021. Among 17- to 19- year-old girls, the prevalence of probable mental disorder increased from one in 7 (13.4%) in 2017 to nearly a quarter (24.8%) in 2021.

- Change in mental health: Looking at individual-level change, 39.2% of those aged 6 to 16 years in 2021 had experienced deterioration in mental health since 2017, and 21.8% experienced improvement. Among those aged 17 to 23 years in 2021, 52.5% experienced deterioration, and 15.2% experienced improvement.
- Eating problems: The proportion of children and young people with possible eating problems increased between 2017 and 2021, from 6.7% to 13.0% in 11- to 16-year-olds and from 44.6% to 58.2% in 17- to 19-year-olds.[g]

Using these MHCYP national prevalence estimates gives the following estimated number of cases in B&NES:

Table 6 Estimates for B&NES based on MHCYP 2017 & 2021 rates

Measure	Age	National	B&NES estimate[1]
Number experiencing at least one mental disorder (2017)	5-19	12.8%	4,470
Number experiencing emotional disorders (2017)	5-19	8.1%	2,830
Number experiencing behavioural disorders (2017)	5-19	4.6%	1,610
Number experiencing hyperactivity disorders (2017)	5-19	1.6%	560
Number experiencing other less common disorders[2] (2017)	5-19	2.1%	730
Probable mental disorder rate (2021)	6-19	17.4%	5,750
Number experiencing deterioration in MH since 2017	6-16	39.2%	9,150
	17-23	52.5%	14,400
Number experiencing improvement in MH since 2017	6-16	21.8%	5,100
	17-23	15.2%	4,200
Proportion experiencing possible eating problems (2021)	11-16	13.0%	1,650
	17-19	58.2%	5,600

[1] Based on ONS population mid-year estimates 2020

[2] Including Autism Spectrum Disorders (ASD), eating disorders, tic disorders

[g] Young people and parents completed 5 screening questions from the Eating Disorders Development and Well-Being Assessment module. 'Screening positive' was defined as scoring above the threshold (endorsing 2 or more items for children and endorsing one or more items for young people) on these questions. This does not mean that the child or young person had an eating disorder but indicates an increased likelihood of problems with eating. The 5 questions were as follows:

1. Have you ever thought you were fat even when other people told you that you were very thin? Yes/No
2. Would you be ashamed if other people knew how much you eat? Yes/No
3. Have you ever deliberately made yourself vomit (throw up)? Yes/No
4. Do worries about eating (such as: What to eat? Where to eat? How much to eat?) really interfere with your life? Yes/No
5. If you eat too much, do you blame yourself a lot? Yes/No

CYP Mental Health and the Covid-19 pandemic

A recent national study[h,28] showed that although mental health problems generally increased during the first national lockdown, help-seeking declined in this period. A study by Bakolis et al[29], also supports this view of decreased MH referrals at this time and the fifth annual report by the Children's Commissioner (Feb 2022)[30] also highlighted referrals to CYPMHS decreased in 2020/21 compared to 2019/20 but showed an increase compared to 2018/19 (~497,500 referrals in 20/21 which equated to 4% of all children in England compared to 4.5% in 19/20 and 3.4% in 18/19). It is suggested this drop in referrals may be related to disruption and staff shortages caused by COVID-19 pandemic measures. School closures and staff shortages meant less interaction with children experiencing mental health difficulties, and subsequently, fewer referrals. Less frequent access to community services (including primary NHS care) and youth services during the pandemic may have caused the same effect. They also anticipate that numbers referred into services are likely to continue to increase in the coming years.

The Big Ask[31] is the biggest ever national survey of children, with over half a million responses. The survey was open to any child in England aged 4-17 and was launched online between April and May 2021, running for six weeks. Responses were received from children in all 151 English local authorities[i] and has given insights about wellbeing. All children were affected directly or indirectly by the pandemic but despite this upheaval, the responses demonstrated the majority of this generation are happy. The majority of children aged 9-17 (80%) were happy or ok with their mental health but 20% were unhappy making it the top issue for children. Girls were almost twice as likely as boys to be unhappy with their mental health (25% vs 13%). Older children were also more likely to be unhappy (32% of 16-17 years olds compared to 9% of 9-11 year olds). 40% of girls aged 16-17 were unhappy with their mental health.

Recent national data from Steer Education[32] shows a growing divide between girls' and boys' social and emotional wellbeing. Data collected from over 15,000 11-18 year olds in 92 state secondary schools from Oct 2018 to Dec 2021 showed girls aged 11 were 30% more likely to suffer from poor mental health than boys of the same age. By 18, girls were twice as likely to experience mental health issues than boys.

The national Covid surveillance study[33] has found that increases and decreases in mental health symptoms over the course of the pandemic have coincided with periods of national lockdown and high COVID-19 cases followed by easing of lockdown and reducing cases. The national Co-Space study[34] has found that children with special educational needs and those from low-income households (families earning less than £16,000 per year) do not appear to show the similar post lockdown recovery, instead continuing to have higher rates of mental health symptoms than children without special educational needs and children from higher income households (data from March '20 to June '21).

A recent survey of GPs[35] reported major concerns of overstretched CAMHS services, exacerbated further by the pandemic. The survey of 1,000 GPs across the UK found 95% of GPs believed mental health services for CYP were critically failing, 63% feared their patients will come to harm and one in five (18%), say a patient has attempted to take their own life due to lack of access to treatment over the past 12 months. Over half (53%) reported that at least 6 in ten referrals for patients experiencing

[h] Based on the health records of over 14 million people over the age of 10 in England

[i] Results by LA are not available.

anxiety, depression, a conduct disorder, and who are self-harming are routinely rejected by CAMHS as their symptoms were not deemed severe enough, even though only the most at-risk are referred.

Service Demand

Evidence suggests that some children and young people's mental health and wellbeing has been substantially impacted due to and during the pandemic. The Royal College of Psychiatrists have reported high increases in the number of children and young people being referred to mental health services for crisis and non-crisis care nationally:

- 190,271 0–18-year-olds were referred to children and young people's mental health services between April to June 2021, an increase of 134% on the same period in the prior year (81,170) and 95% on 2019 (97,342).
- 8,552 children and young people were referred for urgent or emergency crisis care between April and June 2021, up 80% on the same period last year (4,741) and up 64% on 2019 (5,219).
- 340,694 children in contact with children and young people's mental health services at the end of June 2021, up 25% on the same month last year (272,529) and up 51% on June 2019 (225,480). [36]

B&NES CAMHS – Referrals

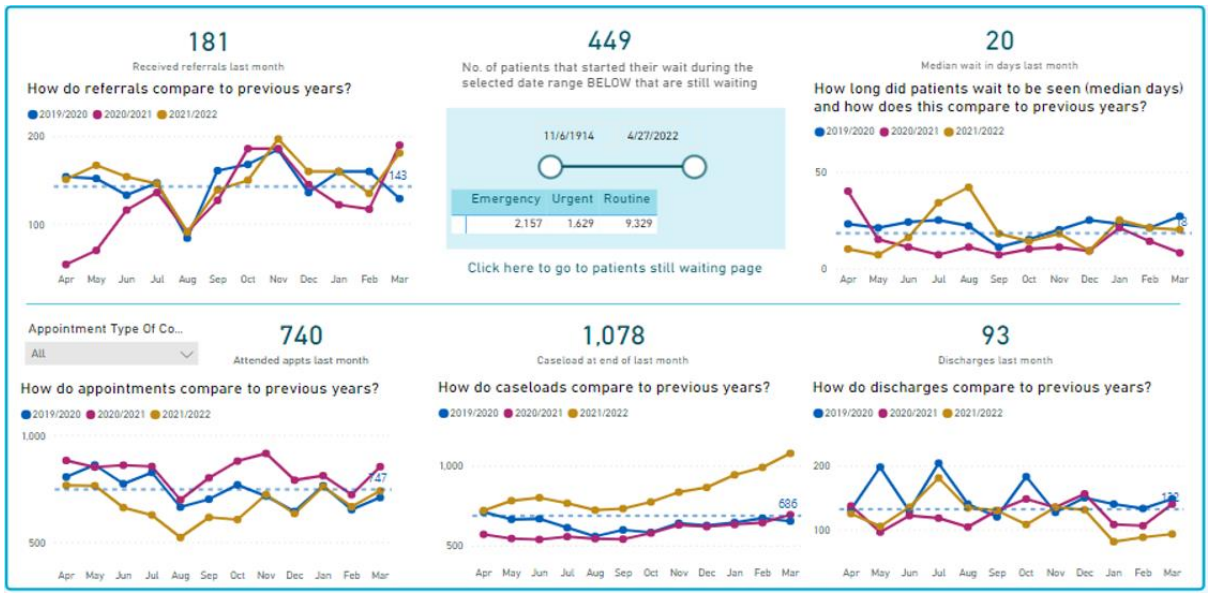
B&NES CAMHS is a specialist service that helps children and young people who are struggling with a range of different mental health issues. Referrals to CAMHS can be made by anyone i.e. self-referral, parents/carers, school staff, GPs etc. All referrals receive the help/advice deemed most appropriate. Following initial discussions, if it is felt the issue is not a mental health issue, they will be offered advice and signposting by the Getting Advice team.

Table 7 CAMHS Referrals

	Referrals received	Number of CYP assessed	% of inappropriate* referrals
2014/15	844	640	24%
2015/16	1,054	856	19%
2016/17	1,266	1,123	10%
2017/18	1,533	1,358	11%
2018/19	1,808	1,436	21%
2019/20	1,769	1,299	27%
2020/21	1,539	1,212	21%
2021/22	1,826	1,274	30%

** Inappropriate referrals are those not deemed to be for mental health issues after initial discussions*

Figure 2 B&NES Community Headlines



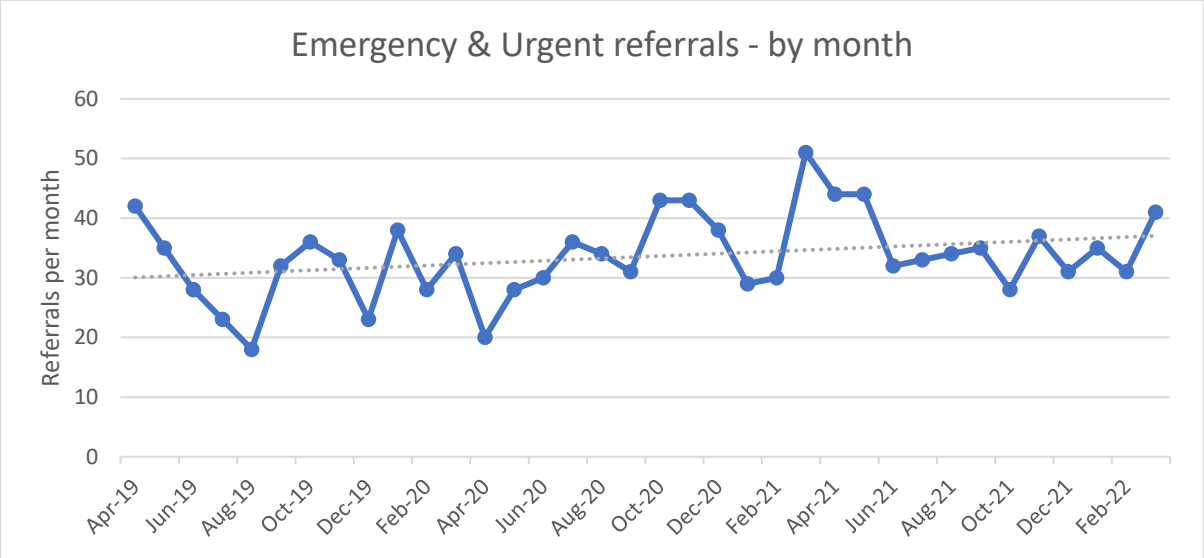
In **Table 7 CAMHS Referrals** we can see referrals to CAMHS services have increased over recent years, more than doubling from 2014/15 to 2018/19. Referrals decreased in 2019/20 and 2020/21, which is thought to be primarily due to the pandemic, but have increased to pre-pandemic levels in 2021/22. The introduction of online referrals mid-year 2018/19 led to an increase in referrals, many of which were not appropriate for CAMHS. A pre-referral questionnaire was introduced in Oct '21 with the aim of helping people get to the right source of help quickly and lower the number of inappropriate referrals. It is unknown at this time why inappropriate referrals have increased in 2021/22. In **Figure 2 B&NES Community Headlines**, we can also see the caseload volumes are consistently higher each month in 2021/22 compared with the previous 2 years and discharges have decreased over the course of 2021/22.

The number of emergency/urgent referrals have also increased in recent years from 370 in 2019/20 to 425 in 2021/22 and did not show a decrease in 2020/21 as seen in overall referrals:

Table 8 CAMHS Emergency/Urgent Referrals over time

	2019/20	2020/21	2021/22
Emergency & Urgent referrals received	370	413	425

Figure 3 CAMHS Emergency/Urgent Referrals by month



We can see that similar to the national picture noted above, B&NES referrals to CAMHS also showed an increase in the time period noted (April to June 2021) but not to the same degree as the national data. 471 children and young people were referred to CAMHS between April to June 2021, an increase of 96% on the same period in 2020 (240) and a 7% increase on 2019 (439). In the period Jan to Oct 2021, there was an increase of 16% on the same period in 2020 (1,424 referrals compared to 1229) and referrals were slightly lower than the same period in 2019 (1,485 referrals in Jan to Oct '19 compared to 1,424 in Jan to Oct '21).

In B&NES, 120 children and young people were referred for urgent or emergency crisis care between April to June 2021, an increase of 54% on the same period in 2020 (78) and an increase of 14% on the same period in 2019 (105). In the period Jan to Oct 2021, there were 360 referrals for urgent or emergency care, an increase of 12% on the same period in 2020 (322 referrals Jan-Oct '20) and an increase of 16% on the same period in 2019 (310 referrals Jan-Oct 2019). The BSW CAMHS crisis service mobilised during 2021 so it is unknown if this has influenced referral numbers as well as the pandemic.

B&NES CAMHS – Waiting Times

The recent children's commissioner report[37] indicates that nationally, for those children who are accepted into mental health treatment services, average waiting times have decreased substantially from 2019/20. The waiting times have decreased from 43 days on average in 2019/20 to 32 days in 2020/21. However, over a third (37%) of children accepted onto waiting lists were still waiting for their treatment to begin.

In B&NES, the median wait time for CAMHS services decreased from 20 days in 2019/20 to 11 days in 2020/21. This increased slightly to 13 days in 2021/22. The annual median wait times quoted here are for all BSW provided services for B&NES, including urgent and emergency referrals (which are seen within 24 hours or 7 days).

Table 9 Median Waiting Time for B&NES Community CAMHS Services

	2019/20	2020/21	2021/22
Median wait time (days)	20	11	13

Getting Help and Getting More Help Waiting times

Getting Help is a service within CAMHS designed for children & young people who need a short intervention (usually 6 sessions). Getting More Help is designed for those needing a more intensive treatment (usually 12 sessions). Getting More Help also includes specialist support such as the Eating Disorders service.

Table 10 Getting Help (GH) Waiting Times

	GH routine % within 4 weeks	GH routine % within 8 weeks
2018/19	69%	99%
2019/20	35%	66%
2020/21	47%	71%
2021/22	35%	45%

Table 11 Getting More Help (GMH) Waiting Times

	GMH routine % within 4 weeks	GMH routine % within 8 weeks	GMH Urgent % within 4 weeks
2018/19	40%	71%	100%
2019/20	37%	78%	100%
2020/21	56%	77%	100%
2021/22	60%	63%	100%

The percentage of GH routine referrals seen within 4 weeks and 8 weeks has declined since 2018/19. In 2018/19, 69% were seen within 4 weeks but this halved to 35% in 2019/20 and 2021/22. This increased slightly in 2020/21 to 47%. The percentage of GH routine referrals seen within 8 weeks has more than halved from 99% in 2018/19 to 45% in 2021/22. The rise in waiting times has been the result of staffing shortages and challenges in recruiting. The GH service has had a high vacancy rate since mid-2020. The service had a continuity plan in place for much of 21/22 and has been able to recruit so has seen a reduction in waiting times more recently. The average waiting time between April – October 2021 was 85 days with a maximum of 101 days. Between November ’21 to Jan ’22 this reduced to an average of 71 days.

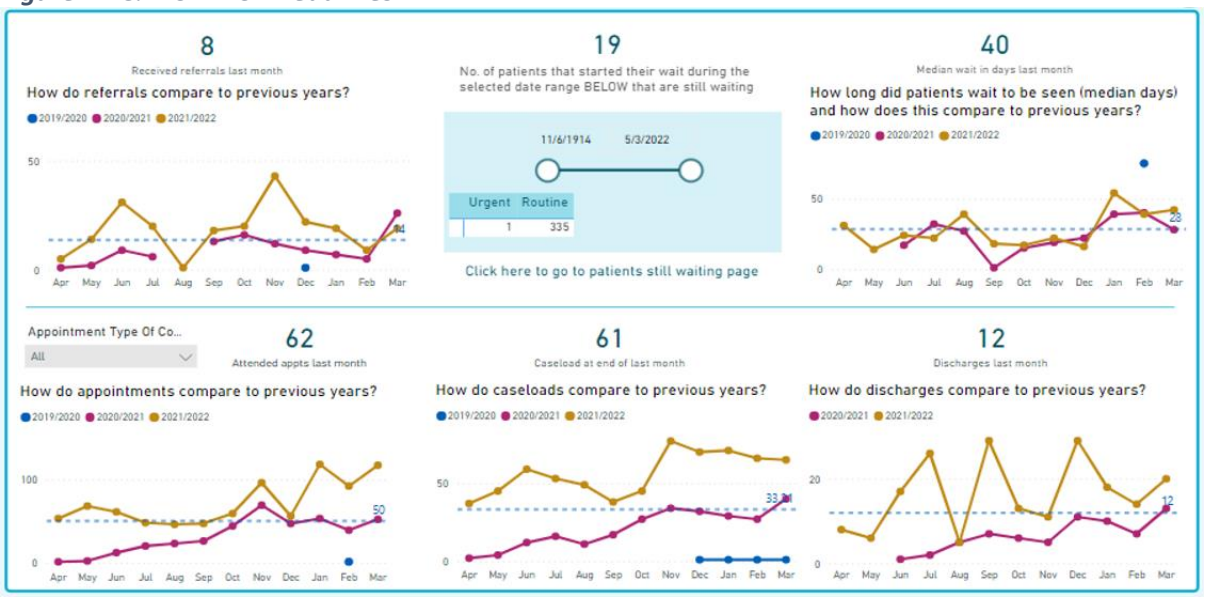
The percentage of GMH urgent referrals has remained at 100% seen within 4 weeks. The percentage of GMH routine referrals seen within 4 weeks was similar in 2018/19 and 2019/20 (40% and 37% respectively) and has increased to 56% in 2020/21 and 60% in 2021/22. The percentage of GMH routine referrals seen within 8 weeks increased from 71% in 2018/19 to 78% in 2019/20 and 77% in 2020/21 but has decreased to 63% in 2021/22.

CAMHS B&NES Mental Health Support Team (MHST) Headlines

MHST are a team who work in local schools with young people aged 5-18 years and their parents/carers to provide early help support with mental health and wellbeing. They work

with children and young people experiencing anxiety, low mood and other issues affecting wellbeing by providing 1:1 sessions and group work.

Figure 4 B&NES MHST Headlines



The number of referrals received annually has more than doubled with 106 received in 2020/21 and 221 received in 2021/22. This correlates with the new service becoming established and it is expected that referrals will continue to increase. The median wait time is generally higher each month in 2021/22 compared to 2020/21 with a median time of 40 days in Mar '22. The caseload volumes are consistently higher each month in 2021/22 compared with 2020/21. The number of discharges is also consistently higher each month in 2021/22 compared with 2020/21. As more people come through a greater volume of discharges is expected.

B&NES Community Services

Kooth

Kooth is commissioned to provide anonymous and personalised online mental health support for children and young people. No referrals are necessary, access to Kooth is immediate and the service is available 24/7. Users are able to choose how they want to access help: Magazines, Forums, Activity Centres, Messaging, Live Counselling.

Table 12 Kooth Service Data

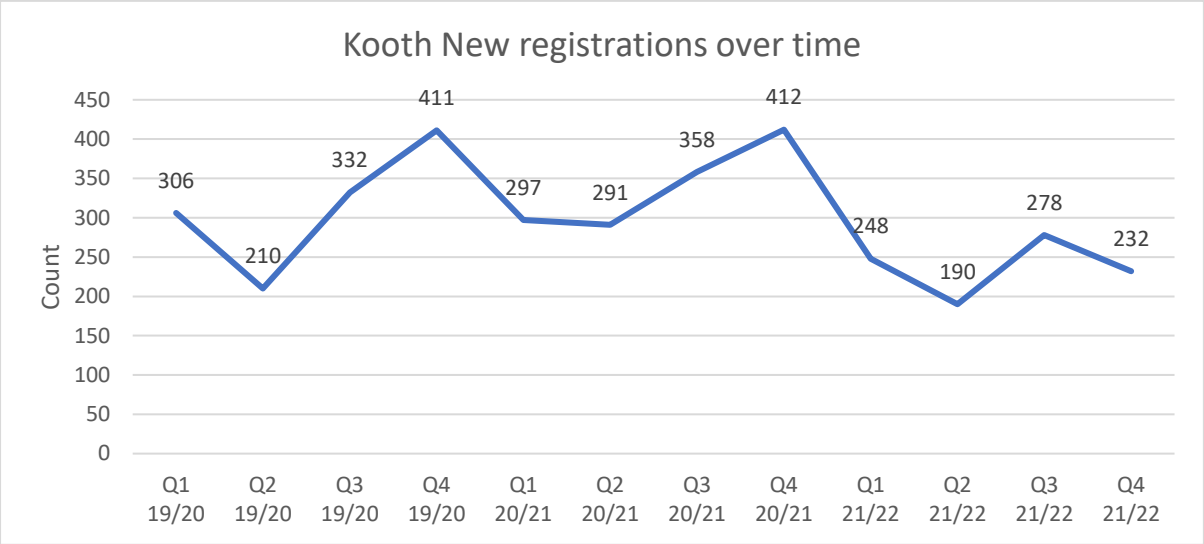
	2019/20	2020/21	2021/22
New registrations	1,259	1,356	948
Total Logins	8,058	13,563	7,769
Unique Young people (Q4)	491	514	322
% of Young People Returning	N/A	81%	66%
% of logins out of office hours*	68%	67%	74%
BAME	20%	19%	24%
Worker Hours utilised (counselling, messaging and moderation)	N/A	2,007	1,392

** 9am – 5pm Mon-Fri*

Source: Kooth B&NES Q4 reports 2019/20 and 2020/21

The total number of new registrations increased slightly in 2020/21 compared to 2019/20 (1,356 compared to 1,259). This fell to 948 new registrations in 2021/22. Demand increased prior to the pandemic in Q3 & Q4 2019/20 then decreased during Q1 & Q2 20/21. Demand increased again in Q3 & Q4 20/21 at a time when there were high Covid-19 rates and further lockdowns. Demand has generally decreased in 2021/22:

Figure 5 Kooth New registrations over time



This pattern is mirrored in the total number of logins with a 68% increase from 2019/20 to 2020/21 (13,563 logins compared to 8,058). This has decreased by 43% in 2021/22 to 7,769 logins during the year.

During recent years:

- The majority of new registrations were female (71% in 2020/21, 68% in 2021/22)
- Ages of new users ranged from 11-20 with a median age of 15
- New registrations identified as coming from BAME backgrounds increased from 19% in 2020/21 to 24% in 2021/22
- The average number of chat counselling sessions per month increased from 42 in 2019/20 to 51 in 2020/21 and decreased to 30 per month in 2021/22
- The top 4 presenting issues in both 2020/21 and 2021/22 were: Anxiety/stress, Self-harm, Family relationships and Suicidal thoughts
- The average article views per month increased from 208 in 2019/20 to 329 in 2020/21 and decreased to 120 per month in 2021/22
- The average forum views per month increased from 596 in 2019/20 to 2,101 in 2020/21 and decreased to 714 in 2021/22

Off The Record

Off the Record (OTR) is a charity that has been delivering emotional health and wellbeing support to young people across B&NES for over 25 years. It provides a range of confidential and independent services for children and young people (10-25), that support the development of their emotional health and well-being including counselling, listening support, youth participation, advocacy and specialist groups, support for care leavers and a LGBTQ+ focused youth group.

In 2020-21, OTR saw their highest demand ever for services[38] with a 40% increase in referrals, particularly in relation to worries about self-harm, suicide, and breakdown in family relationships. In 2021, they helped over 2,100 young people across the range of their services.

Between Sept 2020 to Sept 2021, Listening Support services worked with 1,827 young people with 752 of those being ready to be discharged from the service over the course of the year. On average, patients reduced 5 points in their Core 10 score (a method of assessing psychological distress and monitoring progress), representing a significant drop in how far their mental health impacted on their daily lives.

In 2020/21, OTR delivered 3,615 hours of listening support and counselling to 19 different schools, colleges and universities across B&NES, representing 51.5% of their total hours. 62% of those giving feedback on these services reported they felt more positive about themselves.

OTR work with significantly more females than males with only 22% of the young people registered self-identifying as 'male'.

In Sept 2019, OTR extended their Listening services to 18-25 years-olds. An external evaluation of this provision for 18-25 year-olds in B&NES (Sept 19 to March 2020) found that:

- The number of 18-25 year-olds accessing the service has increased each year
- increasing numbers of young women, BAME young people and LGBTQ young people are accessing the services
- there is increased reach into rural areas of B&NES

Bath MIND Provision

Bath MIND offer specific services for young people and additionally all over the age of 16 and registered with a GP in B&NES are welcome in the Wellbeing support groups. Youth specific services provide 1:1 and group support including:

- Safe Space – a peer support group for young people (aged 16-25) to connect and have discussions about their mental health and wellbeing, facilitated by staff/volunteers
- Mentoring for Young People – 1:1 peer mentoring matches a young person (aged 16-25) to a peer mentor for up to 12 weeks, helping to support the person in an area of their life they feel they need help. There is generally a waiting list for this service
- Room 627 – a project to help young people navigate the changes of moving from Year 6 to Year 7

In general, each of these services is in high demand and has seen increased demand during and post pandemic lockdowns.

CYP Hospital Admissions

Table 13 CYP Indicators for B&NES

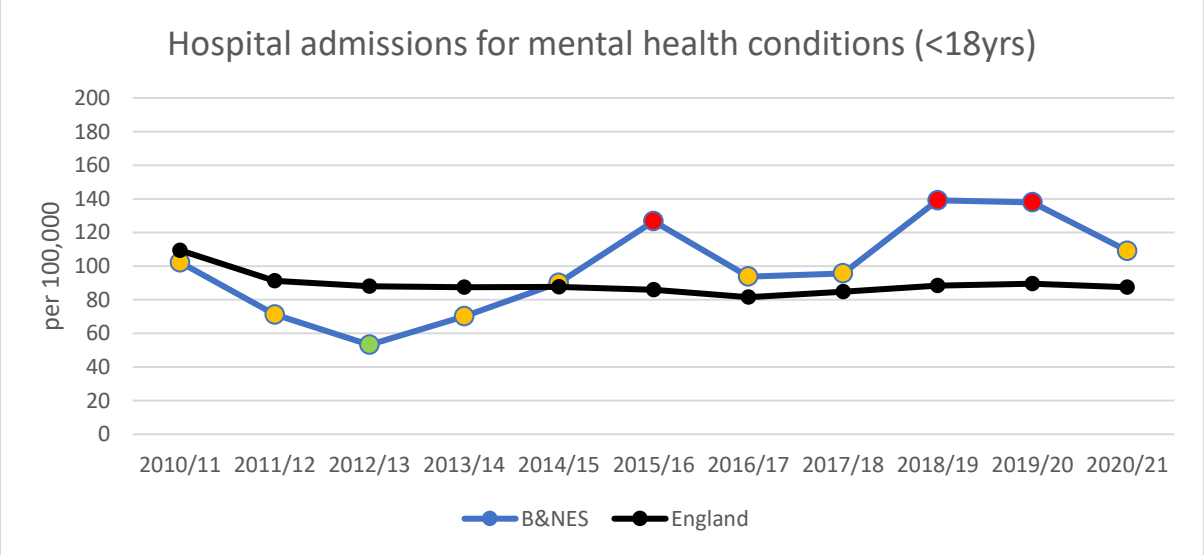
	B&NES	England
Hospital admissions for mental health conditions (under 18 years) per 100,000 population (2020/21)	109.1	87.5
Hospital admissions for self-harm (10-24 years) per 100,000 population (2020/21)	544.8	421.9
Hospital admissions for self-harm (10-14 years) per 100,000 population (2020/21)	370.1	213.0
Hospital admissions for self-harm (15-19 years) per 100,000 population (2020/21)	926.5	652.6
Hospital admissions for self-harm (20-24 years) per 100,000 population (2020/21)	356.9	401.8
Admission episodes for alcohol-specific conditions per 100,000 population (under 18s) (2018/19 – 2020/21)	78.1	29.3

Source: OHID Fingertips Children and Young People's Mental Health and Wellbeing Profile[39]

Key (compared to England): Better 95% | No Difference | Worse 95% | Not compared

In 2020/21, hospital admissions for mental health conditions (<18 years) were higher in B&NES than England (109.1 per 100,000 compared to 87.5 per 100,000). This rate is lower than the rate in Swindon in the same period (118.2 per 100,000) and similar to the rate in Wiltshire (108.2 per 100,000). Admissions have increased from 33 in 2016/17 to around 50 in 2018/19 and 2019/20, reducing to around 40 in 2020/21.

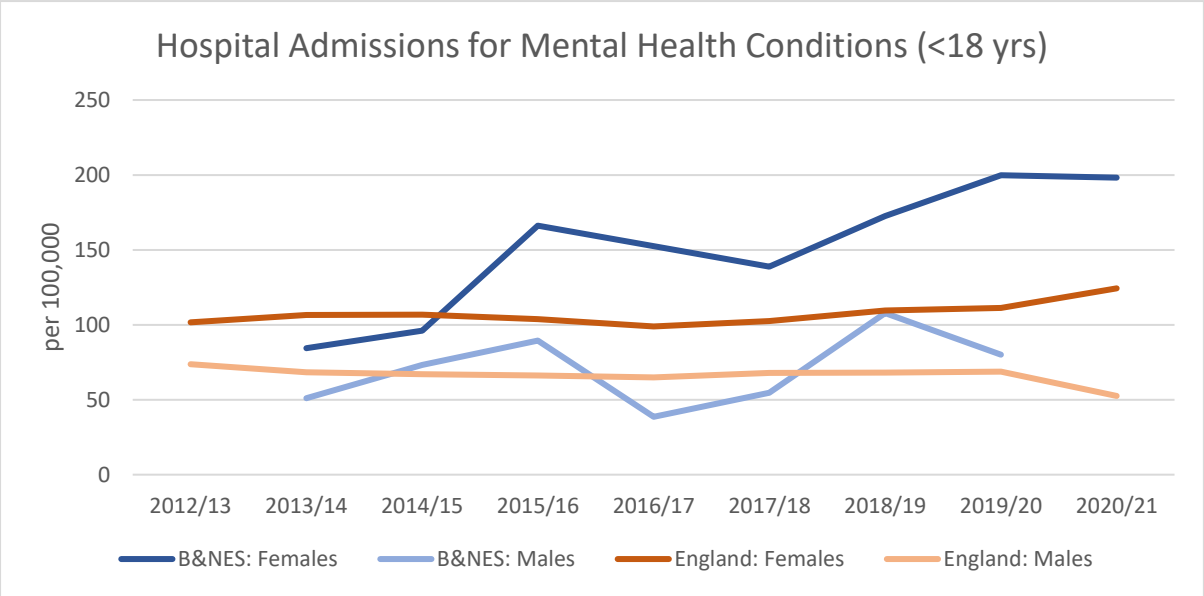
Figure 6 Hospital admissions for mental health conditions (Under 18s)



Source: OHID Fingertips Public Health Profiles[40]

The 2020/21 rate for Females in B&NES is significantly higher than the National rate for Females (198.2 vs 124.3 per 100,000), see ***Figure 7 Hospital admissions for mental health conditions (Under 18s) by Gender***. In 2020/2, there were around 35 female admissions and <5 male admissions.

Figure 7 Hospital admissions for mental health conditions (Under 18s) by Gender



Crude rate per 100,000
Source: OHID Fingertips Mental Health and Wellbeing Profile[41]

In 3 of the past 4 years, Eating Disorders has been the highest observed primary diagnosis reason for admissions, and the 2nd highest reason in 2019/20. Mental and behavioural disorders due to use of alcohol was the highest primary diagnosis reason in 2019/20 and the second highest reason in the other 3 of the past 4 years:

Table 14 Primary Diagnosis Reason for Hospital Admissions for Mental Health Conditions (<18 yrs) - Top 4 reasons

Primary Diagnosis Reason	2018/19	2019/20	2020/21	2021/22
F50 – Eating Disorders	30%	29%	45%	28%
F10 – Mental and behavioural disorders due to use of alcohol	20%	44%	18%	18%
F32 – Depressive Episode	11%	13%	0%	10%
F41 – Other anxiety disorders	13%	9%	5%	8%

Source: SUS data – based on ICD-10 codes

Further information on Eating Disorders can be found separately in the JSNA.

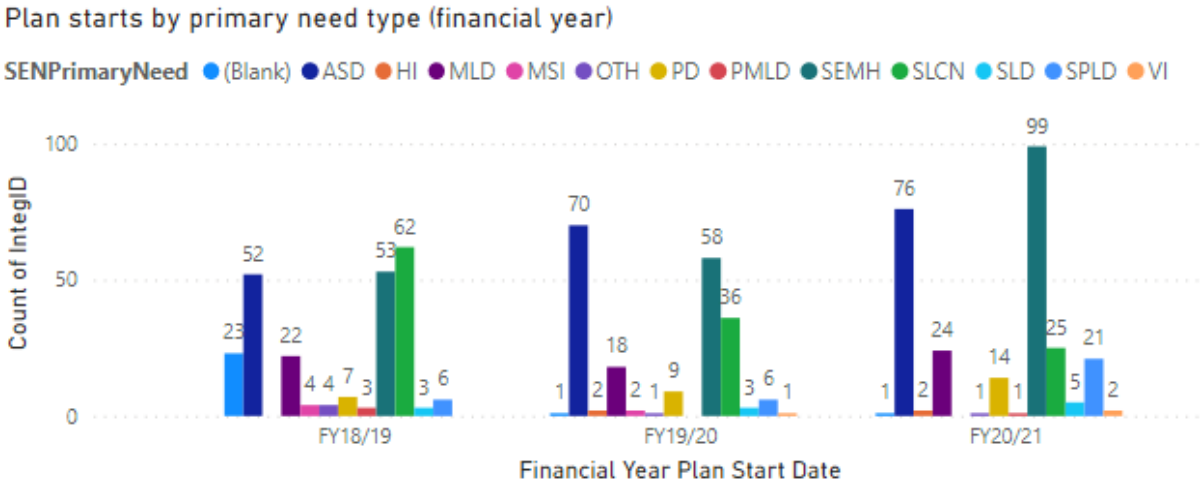
In 2020/21, hospital admissions as a result of self-harm (10-24 years) were also higher in B&NES, 544.8 per 100,000 compared to 421.9 per 100,000 nationally. Further information on **self-harm** data can be found here.

Admission episodes for alcohol-specific conditions per 100,000 population (under 18s) are discussed separately in the JSNA.

SEND

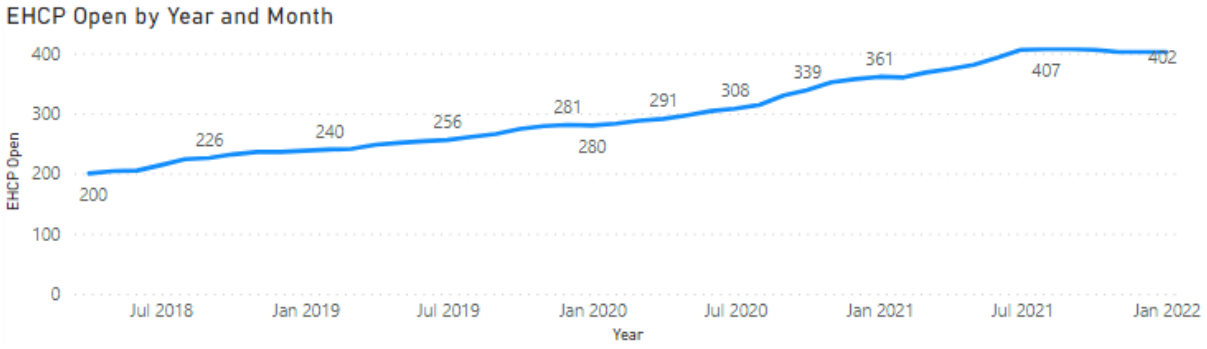
Children & young people in B&NES with an EHCP (Education, Health and Care Plan) starting where the primary need has been assessed as SEMH (Social, Emotional and Mental Health needs) have shown an increased trend over recent years with 53 recorded in 2018/19, 58 in 2019/20, almost doubling to 99 in 2020/21.

Figure 8 Plan starts by primary need type



The number of open ECHPs with SEMH as the primary need has more than doubled in recent years, increasing from 200 in April 2018 to 402 in Jan 2022:

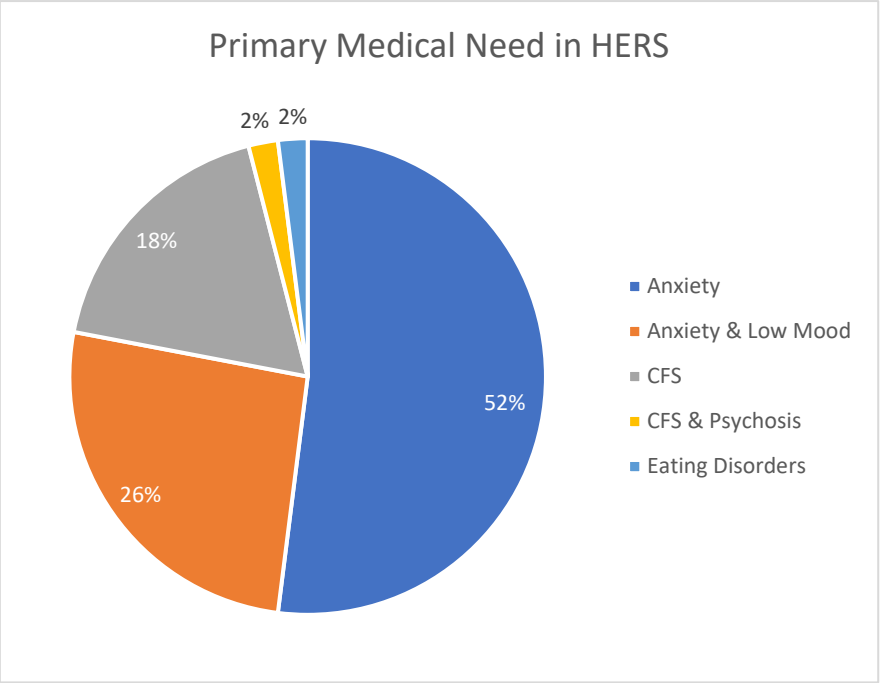
Figure 9 Primary Need - SEMH:



Hospital Education Reintegration Services (HERS)

When schools are unable to support pupils to access mainstream or special school due to their health needs, the Local Authority has a statutory duty to arrange suitable education. The pupils are then referred to the Hospital Education Reintegration Service (HERS). Over recent years there has been a significant change in the profile of pupils' medical needs, with the majority now referred to HERS due to a primary mental health need. Data from December '21 indicated that over 80% had been referred due to a primary mental health need:

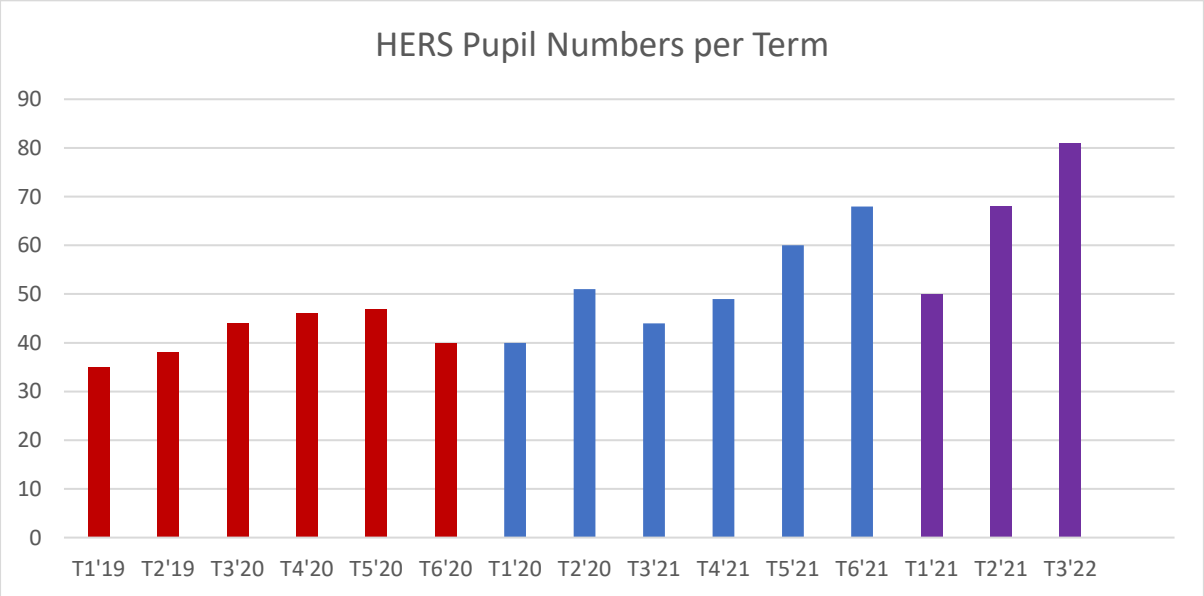
Figure 10 Primary Medical Need in HERS – Dec 2021



Note: CFS – Chronic Fatigue Syndrome

The service was commissioned in 2018 to meet the needs of 33 learners. As of Term 3 '22, it has 80 pupils on roll with a current referral rate of 11 per week.

Figure 11 HERS Pupil Numbers per Term



Key Findings

- The Mental Health of Children and Young People (MHCYP) national survey found rates of probable mental disorder in 6-19 year-olds increased between 2017 and 2021 from one in nine (11.6%) to one in six (17.4%) in 6-16 year olds and from one in ten (10.1%) to one in six

(17.4%) in 17-19 year olds. This would give an estimated 5,750 children and young people with a probable mental disorder in B&NES. These observed survey rates also suggest that by March 2021, an estimated 23,550 experienced deterioration in mental health since 2017 and an estimated 9,300 experienced improvement in mental health since 2017 in B&NES.

- In 2021, the prevalence of probable mental disorder in 17-19 year old girls was 24.8% - this would equate to around 1,165 17-19 year old girls in B&NES with a probable mental disorder.
- The Big Ask survey is the biggest ever national survey of children with over half a million responses. Responses were received from children in all English LAs. It found the majority of 9-17 year olds were happy or ok with their mental health, but 20% were unhappy. Girls were almost twice as likely to be unhappy with their mental health (25% vs 13%), and older children (16-17 year olds) were more likely to be unhappy (32% compared to 9% of 9-11 year olds).
- Recent national data[42] shows a growing divide between girls' and boys' social and emotional wellbeing. Girls aged 11 were 30% more likely to suffer from poor mental health than boys of the same age. By 18, girls were twice as likely to experience mental health issues than boys.
- Referrals to CAMHS more than doubled from 844 in 2014/15 to 1,808 in 2018/19. Referrals decreased in 2020/21 to 1,539 which is primarily thought to be due to the pandemic but have since increased to pre-pandemic levels in 2021/22 (1,826). The percentage of inappropriate referrals decreased in 2016/17 and 2017/18 to around 10% but have since increased, with 30% of referrals deemed inappropriate in 2021/22. The median wait timej decreased from 20 days in 2019/20 to 11 days in 2021/21. This increased slightly to 13 days in 2021/22.
- Emergency/Urgent referrals to CAMHS have increased from 370 in 2019/20 to 413 in 2020/21 and 425 in 2021/22 (a 15% increase in 2 years).
- Waiting times for the Getting Help CAMHS service have worsened in recent years. The percentage of GH routine referrals seen within 4 weeks has halved from 69% in 2018/19 to 35% in 2021/22. The percentage of GH routine referrals seen within 8 weeks has more than halved from 99% in 2018/19 to 45% in 2021/22. The rise in waiting times has been the result of staffing shortages and challenges in recruiting with a high vacancy rate since mid-2020. This has improved so a reduction in waiting times has been seen more recently. The average waiting time from Apr to Oct '21 was 85 days, with a maximum of 101 days. From Nov '21 to Jan '22 this reduced to an average of 71 days.
- Referrals to B&NES MHST more than doubled with 106 received in 2020/21 and 221 received in 2021/22. This correlates with the new service becoming established and it is expected that referrals will continue to increase. The median waiting time for this service was 40 days in March 2022.
- Kooth saw increased demand in 2020/21 during the height of the pandemic but this has decreased in 2021/22 with new registrations falling from 1,356 in 2020/21 to 948 in 2021/22 and Total logins falling from 13,563 in 2020/21 to 7,769 in 2021/22. The majority of users are female (~70%) and new registrations identifying as coming from BAME backgrounds increased from 19% in 2020/21 to 24% in 2021/22. The top 4 presenting issues in both 2020/21 and 2021/22 were: Anxiety/stress, Self-harm, Family relationships and Suicidal thoughts.

[j] Annual median wait times quoted are for all BSW provided services for B&NES, including urgent and emergency referrals.

- Off the Record saw their highest ever demand in 2020/21 with a 40% increase in referrals. Data for 2021/22 is not yet available. OTR work with significantly more females (78%) than males (22%) and have also noted increasing numbers of BAME and LGBTQ young people accessing services.
- Bath MIND provision also saw increased demand at the height of the pandemic (two to four fold increases).
- Rates of hospital admissions for mental health conditions in those under 18 years is higher than the national rate but has shown some reduction in 2020/21 compared to 2018/19 & 2019/20. The rate for Females in B&NES is significantly higher than the National rate for Females (198.2 vs 124.3 per 100,000). In 3 of the past 4 years, Eating disorders has been the highest observed primary diagnosis reason for admissions with Mental and behavioural disorders due to use of alcohol being the second highest primary diagnosis reason. These were also the highest two primary diagnosis reasons for admissions in 2019/20 where Eating disorders was second highest.
- Children and young people in B&NES with an EHCP start with SEMH as the primary need have almost doubled since 2018/19 (200 in Apr 2018 compared to 402 in Jan 2022)
- The HERS service has seen numbers increase from 33 learners in 2018 to 80 in Term 3 2022. The profile of pupil's medical needs has changed significantly with the majority now referred to HERS due to a primary mental health need (80% in December 2021).

Adult Common Mental Disorders

Prevalence

Common mental disorders (CMDs) comprise different types of depression and anxiety. They cause emotional distress and interfere with daily function and although less disabling than major psychiatric disorders, their higher prevalence means the cumulative cost of CMDs to society is great. In 2014, one in six adults had a common mental disorder. Women were more likely to be affected than men; about one in five women had CMD symptoms compared with one in eight men. CMD symptoms were also associated with age, with working-age people being around twice as likely to have symptoms of CMD compared to those aged 65 and over. [43]

Using these Adult Psychiatric Morbidity Survey (APMS) national prevalence estimates gives the following estimated number of cases in B&NES:

Table 15 Estimates for B&NES based on APMS 2014 rates[44]

Measure	National	B&NES estimate[1]
Number of adults with a common mental disorder	15.7%	25,070
Number of females with a common mental disorder	19.1%	15,480
Number of males with a common mental disorder	12.2%	9,590

[1] Based on ONS population mid-year estimates 2020, adults age 18+

Table 16 Depression Estimates for B&NES

	England	B&NES	B&NES count
Depression: Recorded prevalence aged 18+ (2020-21)	12.3%	10.6%	18,681
Depression: QOF incidence aged 18+, new diagnosis (2020-21)	1.4%	1.2%	2,102

Source: OHID Fingertips Mental Health, Dementia and Neurology Profile[45]

The incidence of depression is slightly lower in B&NES than England (10.6% vs 12.3%) but in 2020/21 this still meant 18,681 people had an unresolved record of depression on GP practice registers within B&NES CCG. In 2020/21, over 2,100 people were diagnosed with depression for the first time.

Service Demand

Improving Access to Psychological Therapies (IAPT)

IAPT is an NHS programme in England that offers interventions approved by the National Institute for Health and Care Excellence (NICE) for treating people with depression or anxiety. Employment Support is available through the IAPT programme and specialists can offer integrated treatment to people with Long Term Conditions (LTCs) or Medically Unexplained Symptoms (MUS). NICE-recommended therapies are delivered by a single competent clinician, with or without prescribed medication and can take place in a variety of mediums, including face-to-face contact and digitally enabled-therapy.[46]

Core IAPT services provide treatment for people with the following common types of mental ill health:

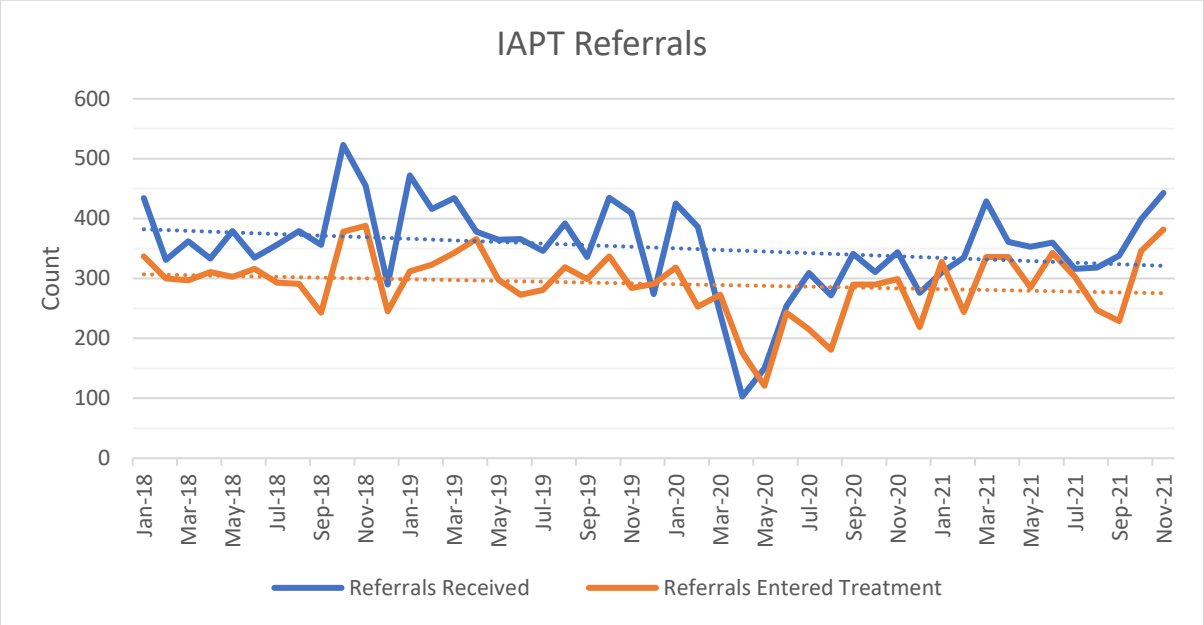
- Depression
- Generalised anxiety disorder
- Social anxiety disorder (social phobia)
- Panic disorder
- Agoraphobia
- Obsessive-compulsive disorder (OCD)
- Specific phobias
- Post-traumatic stress disorder (PTSD)
- Health anxiety (hypochondriasis)
- Body dysmorphic disorder
- Mixed anxiety and depressive disorder

Table 17 IAPT Profile for B&NES

Performance Indicator	**2018/19**	**2019/20**	**2020/21**	**2021/22 YTD (Apr-Nov '21)**
The number of people who have been referred for psychological therapies	4,728	4,353	3,434	2,888
The number of people who have entered psychological therapies	3,746	3,592	2,942	2,471

% of people completed treatment waiting under 6 weeks from referral to first treatment	93%	91%	94%	94%
% of people completed treatment waiting under 18 weeks from referral to first treatment	100%	99.9%	99.8%	100%

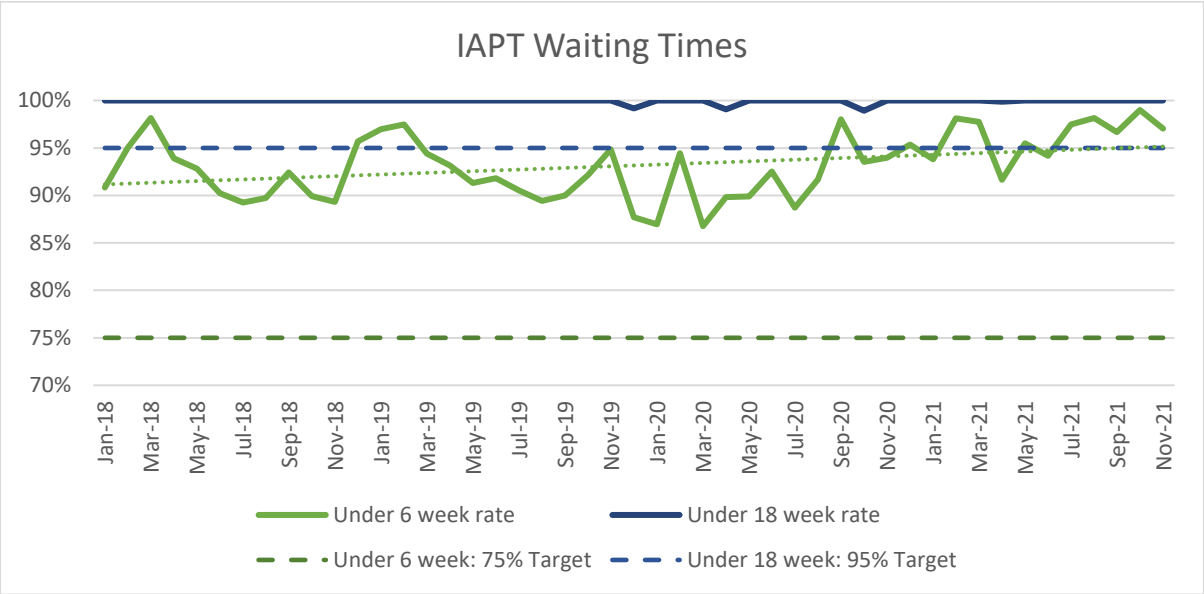
Figure 12 B&NES IAPT Referrals



The number of referrals received decreased by 8% in 2019/20 compared to the previous year: 4,728 referrals in 2018/19 and 4,353 in 2019/20. This decreased further in 2020/21 to 3,434 as a result of the pandemic. Numbers have increased again during 2021/22 with 2,888 referrals in the period April-Nov 2021. This is a 39% increase on referrals compared the same period in 2020 (2,084 referrals Apr-Nov '20) and a 5% decrease on the same period in 2019 (3,027 referrals Apr-Nov '19).

The number of referrals entering treatment have shown annual decreases since 2018/19. 2,471 have entered psychological therapies in the period Apr-Nov 2021, a 36% increase on the same period in 2020 (1,815 entering treatment Apr-Nov '20) and a similar number to the same period in 2019 (2,457 entering treatment Apr-Nov '19).

Figure 13 B&NES IAPT Waiting Times



Defined as: % of people who completed treatment waiting under 6/18 weeks from referral to first treatment. Higher percentages are better.

The percentage of people completing treatment waiting under 6 weeks from referral to first treatment has generally shown an increasing trend since April 2020 with a rate of 94% in 2020/21 and 94% for YTD 2021/22, This is above the 75% national target. The under 18-week rate has consistently been between 99%-100%, again above the 95% national target.

Note: Data quality work has been undertaken from April '21 onwards to close cases that weren't correctly closed down in the system. As a result, Referrals Completing Treatment and % Moving to Recovery data are not included since some months show artificially high counts and low percentages for these indicators.

B&NES Community Provision

Wellbeing House

Since 2020, the Wellbeing Respite House ran an Extended Service Wellbeing House – Crisis Accommodation, providing both step-down accommodation for those ready to leave Mental Health Wards and step-up provision to prevent the need of hospital admission. The service provided 24-hour support and was in high demand with referrals from AWP for step-down stays as well as referrals from other mental health support services and self-referrals for step-up stays. The demand over the pandemic was high with the project running at 98% capacity over the past 2 years and running a waiting list for those wishing to access the service for step up support while also signposting them to other support services available. An average of 112 people accessed the respite accommodation over the past 2 years, with some clients having more than one stay in a year. The

average length of stay was predominately 7 nights when clients were returning to their homes. However, some clients needed longer stays if they were accessing other housing options.

The main presenting needs of service users have been Depression and Anxiety.

From April 2022 the Wellbeing house is returning to a Community Respite model with office hours staffing levels. Crisis beds for clients being discharged from hospital are being commissioned separately.

Breathing Space evening support – Place of Calm provision provided by Bath MIND

This service offers face-to-face (F2F) and telephone service offering calm, non-clinical support for individuals experiencing or at risk of a mental health crisis. The service is an evening option open until 10.30pm (F2F) or 11.30pm (telephone support), seven evenings a week. Referrals can be made by professionals supporting the client or self-referral.

This service started during the Pandemic in April 2020. A total of 316 people have used the F2F service from April 2021 to March 2022. There has been a small increase in referrals each quarter as the service became more well-known.

The main presenting need of clients attending the service is Depression and Anxiety disorders.

Other Bath MIND provision

As well as Breathing Space, Bath MIND also provide a number of other services including:

1:1 Mental Health Support:

- Befriending service – based in the Community wellbeing hub, providing support to those feeling lonely, anxious or who have low mood
- The Community Services Framework – a new service supporting people to access the correct mental health support for them, helping them to plan next steps with a focus on future independence and increased resilience
- Counselling sessions – based on individual need, not time limited. Due to high demand there is currently a minimum waiting list of up to 3 months for sessions to begin.
- Wellbeing groups and Support – an array of activities and projects supporting hundreds of people across B&NES to create new connections and support systems.

Supported Housing:

- Supported Living – Bath Mind manages two self-contained flats in Bath and Chippenham, supporting tenants moving towards independent living over a 2-year period.
- Residential Care Home – an eight-bedroomed house in Bath providing non-nursing care and support for those with long term mental health problems.

Supported Living:

Services offered to individuals within their own homes, or withing the community including:

- Community Support Service – a range of 1:1 interventions including practical and emotional support

- Intensive Outreach Support service – this aims to allow a smooth discharge from psychiatric care, or to prevent people needing to access hospital, by providing short-term intensive support in clients' homes.

In general, each of these services has seen increased demand during and post pandemic lockdowns, with demand doubling or increasing four-fold in some cases.

Community Group Provision

There are commissioned and non-commissioned services who provide groups and activities to improve wellbeing and mental health. These activities include groups for crafts, sports and physical activities, relaxation techniques, gardening, cooking, creating art, music and social activities. The aim of these activities is to reduce social isolation and improve mental and physical wellbeing.

Referrals to these services are through the individual organisation or self-referrals. The majority of referrals tend to be self-referrals as they have been signposted to an activity or provider. Referrals for these types of activities have always been high and they continue to run at full capacity.

Across these community groups and activities the main presenting mental health needs have consistently been Depression and Anxiety. There has been a slight increase in Anxiety as a mental health need post Pandemic Lockdowns.

Mental Health and Homelessness

Homelessness and ill health are intrinsically linked and households living in unsettled accommodation are more likely to experience mental ill health than the general population. Common mental health problems are over twice as high among people who are homeless compared with the general population, and psychosis is up to 15 times as high[47].

Table 18 Homelessness Summary for B&NES

	B&NES	England
Statutory homelessness: rate per 1,000 households (2017/18)	1.1	2.4
Statutory homelessness: households in temporary accommodation, rate per 1,000 (2017/18)	0.4	3.4
Adults in contact with secondary mental health services who live in stable & appropriate accommodation (2020/21)	57%	58%

Source: OHID Fingertips Public Health Profiles[48]

Key (compared to England): Better 95% | No Difference | Worse 95% | Not compared

In 2017/18, the rate of statutory homelessness was significantly lower in B&NES than the national rate (1.1 per 1,000 compared to 2.4 per 1,000). The rate of households in temporary accommodation was also significantly lower than the national rate (0.4 per 1,000 compared to 3.4 per 1,000). This rate has increased both in B&NES and nationally during the pandemic. The number of households in temporary accommodation in B&NES has increased from 34 (0.4 per 1,000) in June 2018 to 63 in June 2020 (0.8 per 1,000) and 58 in June 2021 (0.7 per 1,000).

In 2019/20, the percentage of adults in contact with secondary mental health services living in stable & appropriate accommodation was 57% in B&NES compared to 58% nationally.

In 2018/2019, 65% of people in temporary accommodation were living with a mental health related condition e.g. long-term depression, personality disorder, psychosis, schizophrenia, suicide risk, and 40% of customers were living with a diagnosis of two or more conditions. (for example; mental health, learning disabilities, drug/alcohol misuse, diabetes)[49]. Mental ill-health and lack of appropriate support is an ongoing issue that affects individuals' ability to maintain the accommodation and of Temporary Accommodation providers' ability to support them to succeed.

In B&NES, of the households assessed as being already homeless between April 2018 to March 2021, a third (33.4%)of households had a history of mental health issues.

Parent Mental Ill Health in Social Care Assessments

In 2021, of children in B&NES being assessed as needing social care intervention, parent mental ill-health was the highest factor identified as contributing to a safeguarding concern (398 cases). This has been the highest factor of need in recent years and has increased year on year (see **Table 19 Factors identified at end of Assessment**). Cases with mental ill-health of the child as a factor has also increased, rising from 165 cases in 2019 to 213 cases in 2021.

Table 19 Factors identified at end of Assessment

Factor	2019	2020	2021
Parent Mental Ill health	278	382	398
Child Mental Ill Health	165	189	213

Domestic violence, substance misuse and parental mental health issues are known risk factors for child maltreatment. Further information on Social Care Assessment/Safeguarding data can be found in the JSNA.

Key Findings

- In 2014, one in six adults (15.7%) had a common mental disorder. Women were more likely to be affected than men; about one in five woman (19.1%) had CMD symptoms compared with one in eight men (12.2%). CMD symptoms were also associated with age with working-age people being around twice as likely to have symptoms of CMD compared to those aged 65 and over.
- Applying these rates locally would suggest there are around 25,000 adults in B&NES with a CMD; ~15,500 females and ~9,600 males.
- The incidence of depression is slightly lower in B&NES than England but in 2020/21 this still meant 18,681 people had an unresolved record of depression on GP practice registers within B&NES CCG. These numbers are growing year on year. In 2020/21, over 2,000 people in B&NES were diagnosed with depression for the first time.
- The number of people who have been referred for psychological therapies (IAPT) has decreased since 2018/19. Following lockdowns in 2020/21, referrals increased in 2021/22 with 2,888 in the period Apr-Nov '21. This is a 39% increase on referrals compared to the same period in 2020 and a 5% decrease on the same period in 2019.

- The number of IAPT referrals entering treatment have shown annual decreases since 2018/19. 2,471 have entered psychological therapies in the period Apr-Nov 2021, a 36% increase on the same period in the 2020 (1,815) and a similar number to the same period in 2019 (2,457).
- The percentage of people completing IAPT treatment waiting under 6 weeks from referral to first treatment has generally shown an increasing trend since April 2020 with a rate of 94% in 2020/21 and 94% for YTD 2021/22. This is above the 75% national target. The under 18-week rate has consistently been between 99%-100%, again above the 95% national target.
- For children being assessed as needing social care intervention in B&NES, parent mental ill-health has been the highest factor identified as contributing to a safeguarding concern in recent years.
- Breathing Space (Place of Calm provision provided by Bath MIND) has seen increases in referrals each quarter as the service has become more well-known. Other Bath Mind provision also saw increased demand at the height of the pandemic (two to four fold increases). As with other Community provision, the main presenting needs are Depression and Anxiety disorders. There has also been a slight increase in Anxiety as a mental health need post-pandemic lockdowns.

Severe Mental Illnesses (SMI) & Mental Health Crisis Care

The phrase severe mental illness (SMI) refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. Schizophrenia and bipolar disorder are often referred to as an SMI. People with SMI have a life expectancy up to 20 years less than the general population, and the gap is widening. This is mostly from preventable physical health problems, such as cardiovascular disease. It is estimated that for people with SMI, 2 in 3 deaths are due to physical illnesses and can be prevented.[50]

Cases of psychosis have risen over the past 2 years in England. There was a 29% increase in the number of people referred to mental health services for their first suspected episode of psychosis between April 2019 and April 2021. The increase was sustained during May with 9,460 referred in May 2021, up 26% from 7,520 in May 2019. Referrals remained higher in June 2021 with a 21% increase from June 2019.[51]

Table 20 SMI & Crisis Care Indicators

	B&NES	England
Diagnosis of schizophrenia, bipolar disorder, and other psychoses QOF (all ages) (2020/21)	0.83%	0.95%
GP prescribing of drugs for psychoses and related disorder: items(quarterly) per 1,000 population (2017/18 Q1)	51.8	48.9
Service users in hospital: % of mental health service users (end of quarter snapshot) (2019/20 Q2)	2.5%	2.0%
CPA adults in employment: % of people on CPA (aged 18-69) (end of quarter snapshot) (2019/20 Q2)	11.6%	9.1%
Mental health service users on Care Programme Approach: % of mental health service users (end of quarter snapshot) (2019/20 Q2)	23.4%	15.0%

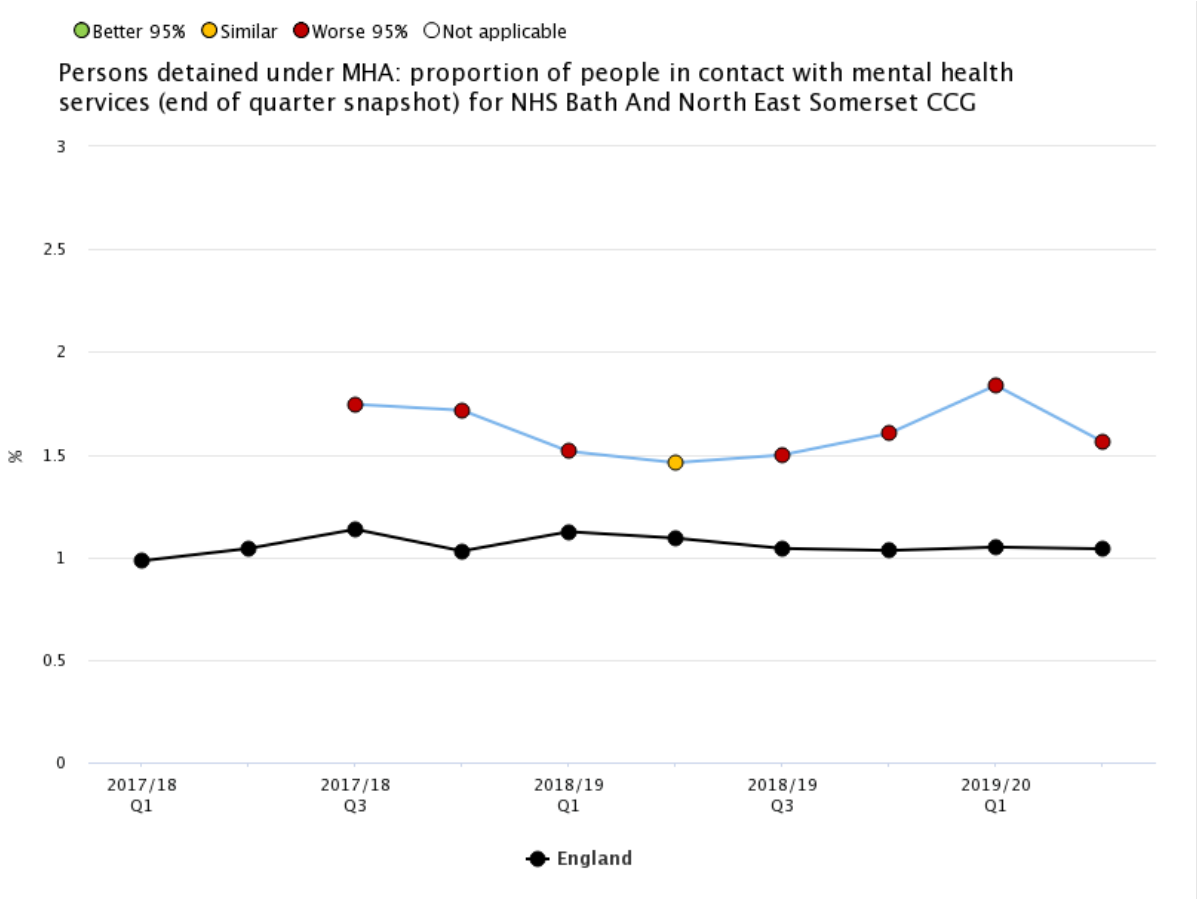
People subject to Mental Health Act per 100,000 population aged 18+ (end of quarter snapshot) (2019/20 Q2)	41.6	45.6
New cases of psychoses: estimated incidence rate per 100,000 population aged 16-64 (2011)	19.6	18.1
Persons detained under MHA: proportion of people in contact with mental health services (end of quarter snapshot) (2019/20 Q2)	1.56%	1.04%
Premature mortality in adults with severe mental illness (2018-20) (directly standardised rate per 100,000)	76.3	103.6
Excess under 75 mortality rate in adults with severe mental illness (2018-20)	714.7%	451.0%
Hospital admissions for mental health conditions (under 18 years) per 100,000 population (2020/21)	109.1	87.5
Hospital admissions for self-harm (10-24 years) per 100,000 population (2020/21)	544.8	421.9
Hospital admissions due to substance misuse (15-24 years) per 100,000 population (2018/19 – 2020/21)	87.9	81.2
Admission episodes for alcohol-specific conditions per 100,000 population (under 18s) (2018/19 – 2020/21)	78.1	29.3
Satisfaction with social care support: percentage of service users extremely satisfied or very satisfied with their care and support (2017/18)	73.3	65.0
Satisfaction with social care protection: percentage of service users (2017/18)	88.9	86.3
Suicide rate per 100,000 population (2018-2020)	11.1	10.4

Source: OHID Fingertips Severe Mental Illness[52]
CPA= Care Programme Approach

Key (compared to England): Better 95% | No Difference | Worse 95% | Not compared

In 2020/21, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on GP practice disease registers was 0.83% in B&NES (1,779 patients). The number of people subject to detention under the Mental Health Act as a proportion of people in contact with mental health services has consistently been higher for B&NES than England since 2017/18 with around 55 detained in 2019/20 Q1 and 45 in 2019/20 Q2.

Figure 14 Persons detained under MHA: proportion of people in contact with MH services

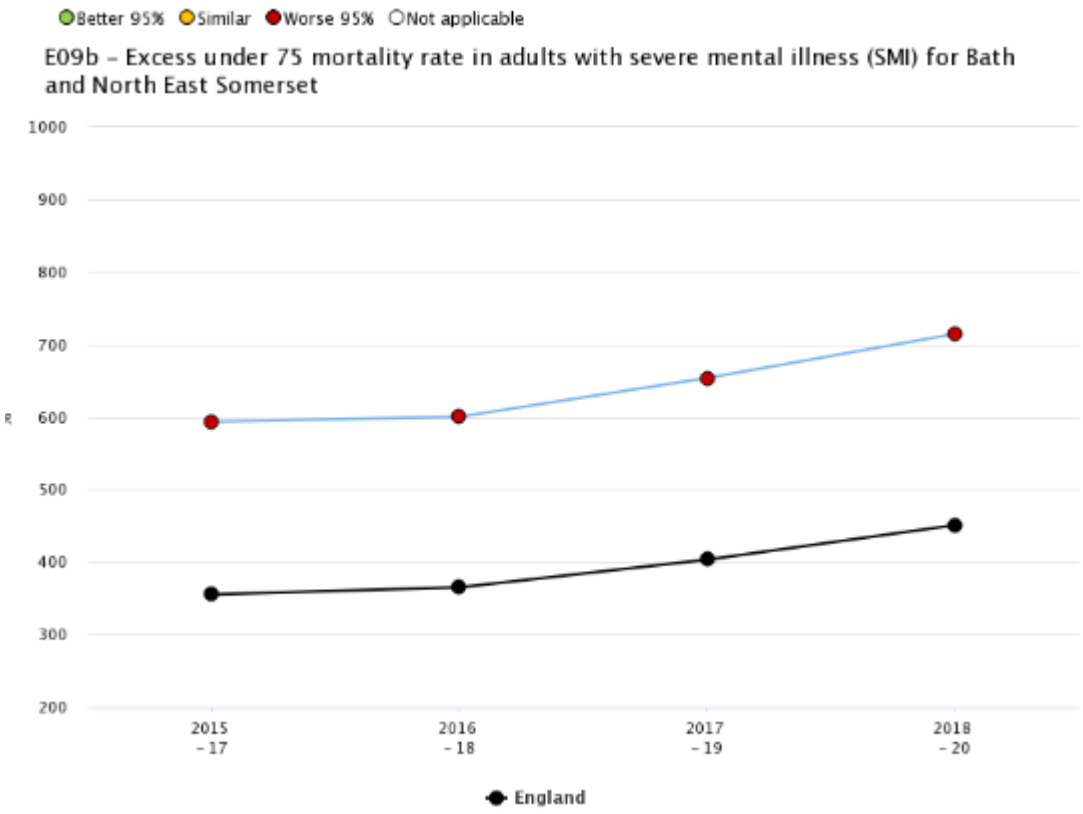


Source: OHID Fingertips Severe Mental Illness[53]

In the period 2018-20, excess under 75 mortality rate in adults with severe mental illness was significantly higher in B&NES than nationally (714.7% vs 451%). I.e. in B&NES, adults with SMI have a 714.7% higher chance of premature mortality than adults without SMI.

B&NES has consistently been higher than the National rate since 2015-17:

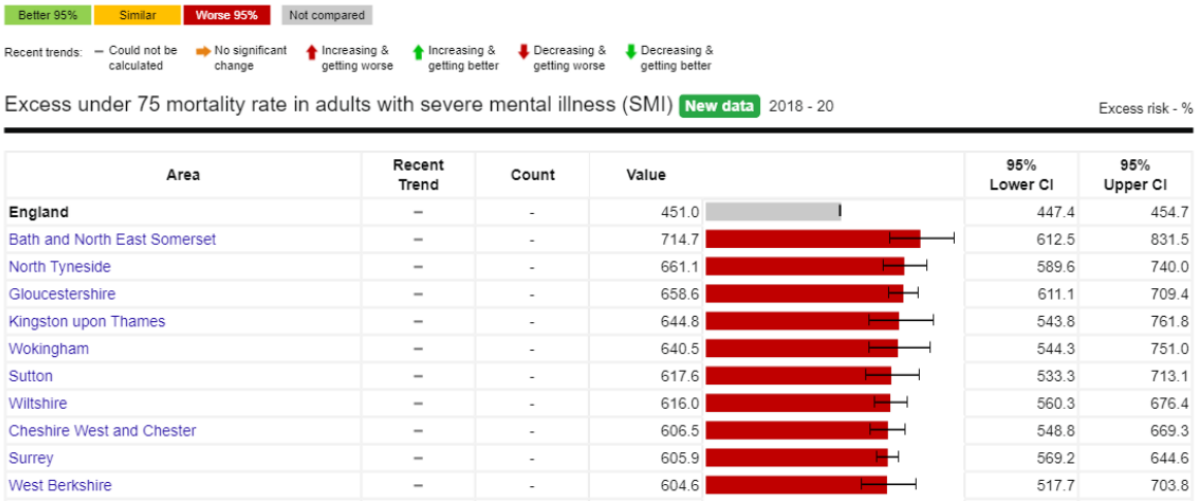
Figure 15 Excess under 75 mortality rate in adults with SMI



Source: OHID Fingertips Public Health Outcomes Framework[54]
Note: SMI is defined as having a referral to secondary mental health services in the 5 years preceding death.

This is also the worst rate nationally:

Figure 16 Excess under 75 mortality rate in adults with SMI by County/UA



Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	-	451.0	447.4	454.7
Bath and North East Somerset	–	-	714.7	612.5	831.5
North Tyneside	–	-	661.1	589.6	740.0
Gloucestershire	–	-	658.6	611.1	709.4
Kingston upon Thames	–	-	644.8	543.8	761.8
Wokingham	–	-	640.5	544.3	751.0
Sutton	–	-	617.6	533.3	713.1
Wiltshire	–	-	616.0	560.3	676.4
Cheshire West and Chester	–	-	606.5	548.8	669.3
Surrey	–	-	605.9	569.2	644.6
West Berkshire	–	-	604.6	517.7	703.8

Source: OHID Fingertips Severe Mental Illness Profile[55]
Note: 10 worst Counties/UA's included in chart

To add further context to this finding, B&NES premature mortality (under 75) rate in the SMI population is one of the lowest in the country (14th lowest) with Blackpool and Manchester having the highest rates across all LAs. B&NES premature mortality rate (under 75) in our non-SMI population is also relatively low compared to other LAs (3rd lowest). However, the premature mortality rate in our SMI population is over 8 times higher than our premature mortality rate in our non-SMI population (giving the highest ratio in the country) (see **Table 21 Mortality rates in SMI and non-SMI populations for selected LAs**):

Table 21 Mortality rates in SMI and non-SMI populations for selected LAs

Local Authority	Premature Mortality Rate: SMI population (u75) – DSR (a)	Premature Mortality: all causes (u75) – DSR	Excess Mortality (u75) in SMI vs non-SMI population (%)	Premature Mortality Rate: non-SMI population – DSR (calculated) (b)	Ratio (SMI/non-SMI) – (a/b)
B&NES	76.3	270.1	714.7	9.4	8.1
Blackpool	208.5	570.7	304.9	51.5	4.0
Manchester	212.4	528.2	244.2	61.7	3.4

DSR - Directly standardised rate per 100,000 population
Source: OHID PHOF [56]and Mortality Profile[57]

Physical Health Checks for people with SMI

The NHS Long Term Plan stated a commitment to 390,000 people with a severe mental illness receiving a full annual physical health check by 2023-24. The BSW Thrive document also commits to increased uptake of physical health checks to improve outcomes and redress the balance between physical and mental health.

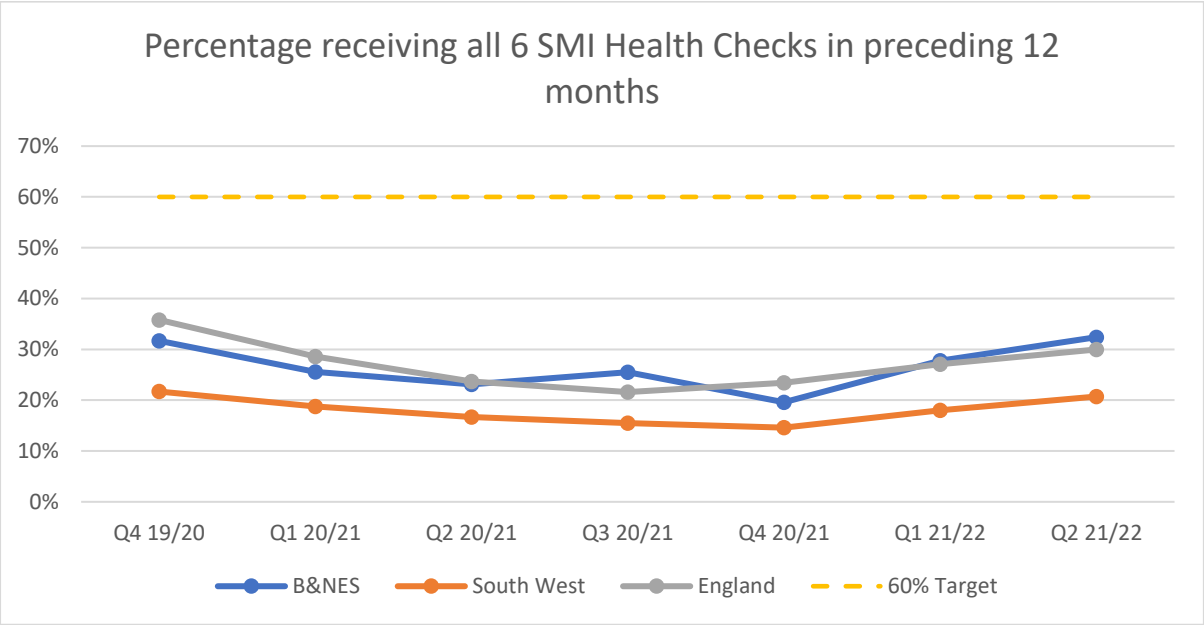
These physical health checks comprise:

1. Measurement of weight (BMI or BMI + waist circumference)
2. Blood Pressure and pulse check
3. Blood lipid test
4. Blood glucose test
5. Assessment of alcohol consumption
6. Assessment of smoking status

The national target is for 60% of patients on the SMI register to receive all 6 of these health checks at least once a year.

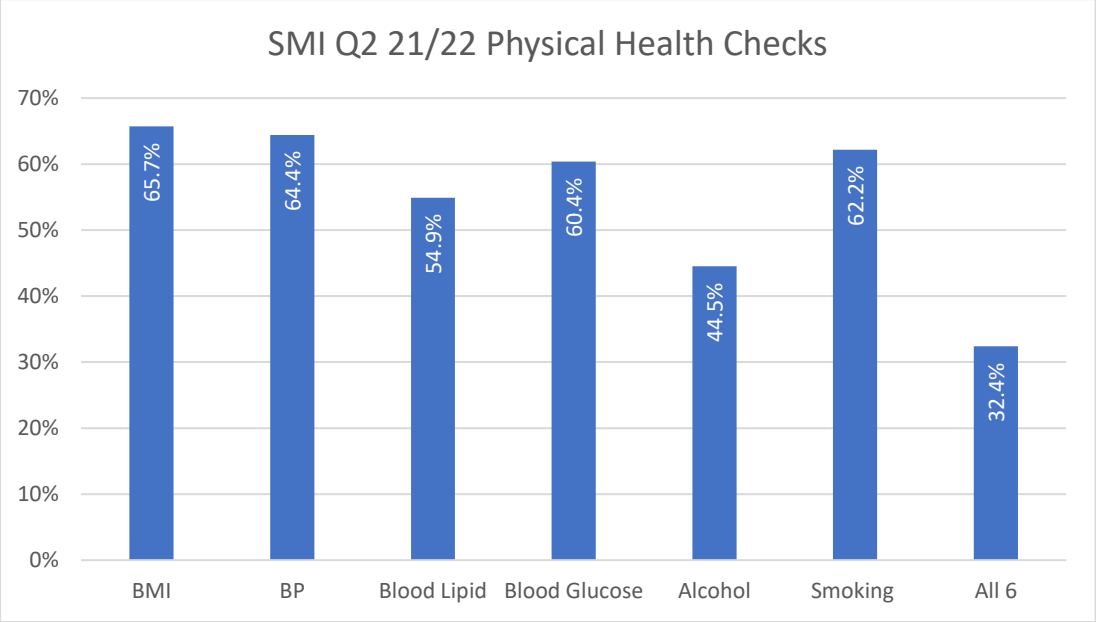
In B&NES, numbers on the SMI register have increased from 1,471 in Q4 2019/20 to 1,600 in Q2 2020/21. The percentage of patients on the SMI register receiving all 6 health checks in the preceding 12 months has increased over the past 2 quarters to 32.4% in B&NES in Q2 2021/22. This is similar to the national rate (30.0%) and higher than the rate for the South-West region (20.7%). All 3 rates are below the 60% national target. The proportion receiving all 6 health checks is now at its highest level since before the pandemic (31.7% in Q4 19/20 and 32.4% in Q2 21/22).

Figure 17 Percentage receiving all 6 SMI Health Checks



In Q2 2021/22, 4 of the 6 tests were carried out on over 60% of the register, with blood lipid tests and alcohol assessment recording the lowest percentages:

Figure 18 SMI Q2 21/22 Physical Health Checks



Dual-Diagnosis

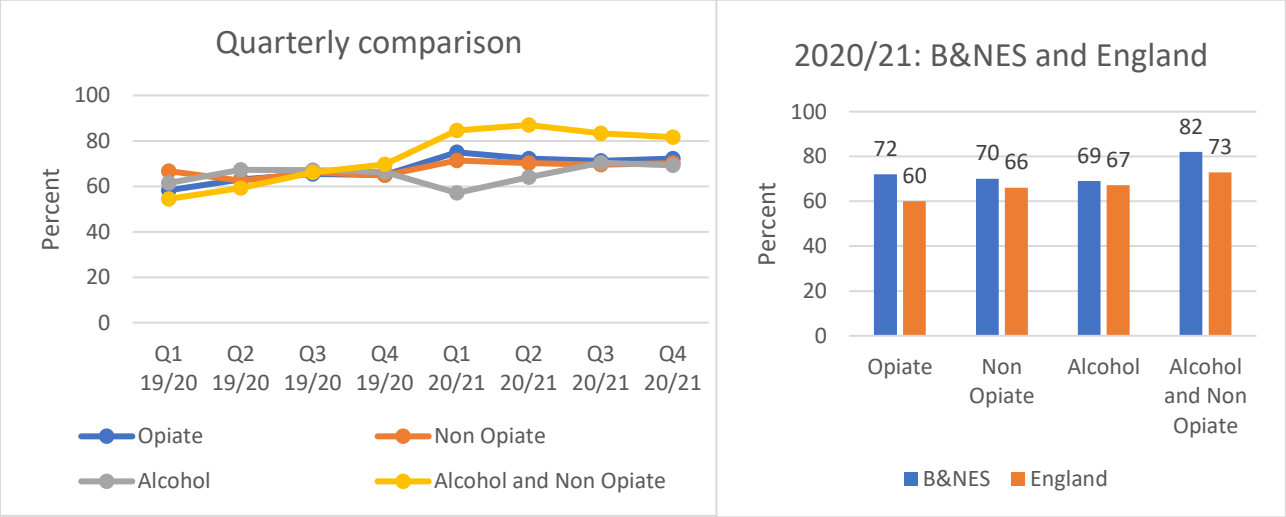
Dual diagnosis is a broad category where either substance abuse or mental ill health can develop first. With no one universally agreed definition of 'Dual Diagnosis' it is suggested local definitions include major mental health & mood disorders, personality disorders and substance use[58]. Co-occurring mental health, alcohol and drug problems (COMHAD) is very common with research

suggesting that mental health problems are experienced by the majority of drug (70%) and alcohol (86%) users in community substance misuse treatment[59]. Research shows individuals experiencing 'Dual Diagnosis' can experience higher frequency of psychiatric hospital admissions[60], rates of relapse and homelessness[61]. Death by suicide is also common, with a history of alcohol or drug misuse recorded in over half (54%) of all suicides in people experiencing mental health problems[62].

Note: Local data on individuals with a mental health condition and also receiving support for drug/alcohol use is not available. The following data is for the cohort of individuals who are receiving drug/alcohol treatment and also self-report a mental health condition in B&NES.

In 2020/21, for individuals entering drug or alcohol treatment identified as having a mental health treatment need, B&NES had a higher percentage for each drug group (opiate, non-opiate, alcohol, and alcohol & non-opiate) compared to national figures (see **Figure 19 Individuals entering drug/alcohol treatment identified as having mental health needs**):

Figure 19 Individuals entering drug/alcohol treatment identified as having mental health needs



Drugs

In 2020/21, 72% of all B&NES adults entering drug treatment had a mental health treatment need. This is higher than the national figure (63%). Females have a higher presentation compared to males both locally (82% vs 67%) and nationally (73% vs 58%):

Table 22 Adults who entered drug treatment in 2020-21 and were identified as having mental health treatment need, B&NES and England

Drug group	B&NES (n)	Proportion of new presentations	Male (%)	Female (%)	England (n)	Proportion of new presentations	Male (%)	Female (%)
Alcohol and non-opiates	41	82%	81%	83%	14,836	71%	67%	81%
Non-opiates	60	71%	68%	74%	12,852	64%	59%	75%

Opiates	78	69%	62%	90%	21,307	57%	53%	67%
Total	**179**	**72%**	**67%**	**82%**	**48,995**	**63%**	**58%**	**73%**

Source: B&NES OHID Commissioning Support packs

In 2019/20, B&NES had around 30 admission episodes where there was a primary diagnosis of drug related mental and behavioural disorders. This equates to 15 per 100,000, higher than the South-West rate of 12 per 100,000 and the England rate of 13 per 100,000. Of these 30 admissions, 25 were female and 5 male.

Alcohol

In 2020/21, 69% of all B&NES adults entering alcohol treatment had a mental health treatment need, higher than the national rate of 64%. B&NES have a higher proportion of male new presentations compared to the national rate (67% vs 59%).

Table 23 Adults who entered alcohol only treatment in 2020-21 and were identified as having mental health treatment need, B&NES and England

B&NES (n)	Proportion of new presentations	Male (%)	Female (%)	England (n)	Proportion of new presentations	Male (%)	Female (%)
144	69%	67%	71%	33,618	64%	59%	71%

In 2020/21, there were 109 admission episodes for mental and behavioural disorders due to use of alcohol[63]. This equates to a rate of 62 per 100,000, lower than the South-West rate of 64.5 per 100,000 and the England rate of 69.7 per 100,000. Of these 109 admissions, 67 were male and 42 female. Males consistently have higher rates of admissions both locally and nationally (see link).

The B&NES Adult Substance Misuse Treatment Needs Assessment (2019) can be found here: https://docs.google.com/document/d/1GFVIgJRrgimc5ybgLzZEfxzflqvJyC9vaPP2KtJMp5Y/edit

Key Findings

- In 2020/21, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on GP practice disease registers was 0.83% in B&NES (1,779 patients). This remained lower than the national rate (0.95%).
- The number of people subject to detention under the Mental Health Act as a proportion of those in contact with Mental Health services has consistently been higher for B&NES than England since 2017/18 with around 45 detained in 2019/20 Q2.
- In the period 2018-20, excess under-75 mortality in adults with SMI is significantly higher in B&NES than nationally (714.7% vs 451%). This is the highest rate of all Counties & UAs in England, i.e., in B&NES, adults with SMI have a 715% higher chance of premature mortality than those adults without SMI. B&NES has consistently been higher than the national rate since 2015-17.
    - In B&NES, the premature mortality rate in the SMI population is over 8 times higher (76.3 per 100,00) than the premature mortality rate in the non-SMI population (9.4 per 100,000).

- In B&NES, numbers on the SMI register have increased from 1,471 in Q4 2019/20 to 1,600 in Q2 2020/21. The percentage of patients on the SMI register receiving all 6 physical health checks in the preceding 12 months has increased over the past 2 quarters to 32.4% in B&NES in Q2 2021/22. This is similar to the national rate (30.0%) and higher than the rate for the South-West region (20.7%). All 3 rates are below the 60% national target.
- In 2020/21, 72% of all B&NES adults entering drug treatment had a mental health treatment need. This is higher than the national figure (63%). Females have a higher presentation compared to males both locally (82% vs 67%) and nationally (73% vs 58%).
- In 2020/21, 69% of all B&NES adults entering alcohol treatment had a mental health treatment need, higher than the national rate of 64%. B&NES have a higher proportion of male new presentations compared to the national rate (67% vs 59%).

Self-harm

NICE Quality Standard (QS34)[64] defines the term 'self-harm' as any act of self-poisoning or self-injury carried out by a person, irrespective of their motivation. This commonly involves self-poisoning with medication or self-injury by cutting. Self-harm is not used to refer to harm arising from overeating, body piercing, body tattooing, excessive consumption of alcohol or recreational drugs, starvation arising from anorexia nervosa or accidental harm to oneself. People who self-harm have a substantially greater risk of suicide.

Table 24 Hospital Admission rates in B&NES

	B&NES	England
Emergency hospital admission for intentional self-harm per 100,000 population (2020/21)	231.2	181.2
Hospital admissions for mental health conditions (under 18 years) per 100,000 population (2020/21)	109.1	87.5
Hospital admissions for self-harm (10-24 years) per 100,000 population (2020/21)	544.8	421.9
Hospital admissions for self-harm (10-14 years) per 100,000 population (2020/21)	370.1	213.0
Hospital admissions for self-harm (15-19 years) per 100,000 population (2020/21)	926.5	652.6
Hospital admissions for self-harm (20-24 years) per 100,000 population (2020/21)	356.9	401.8

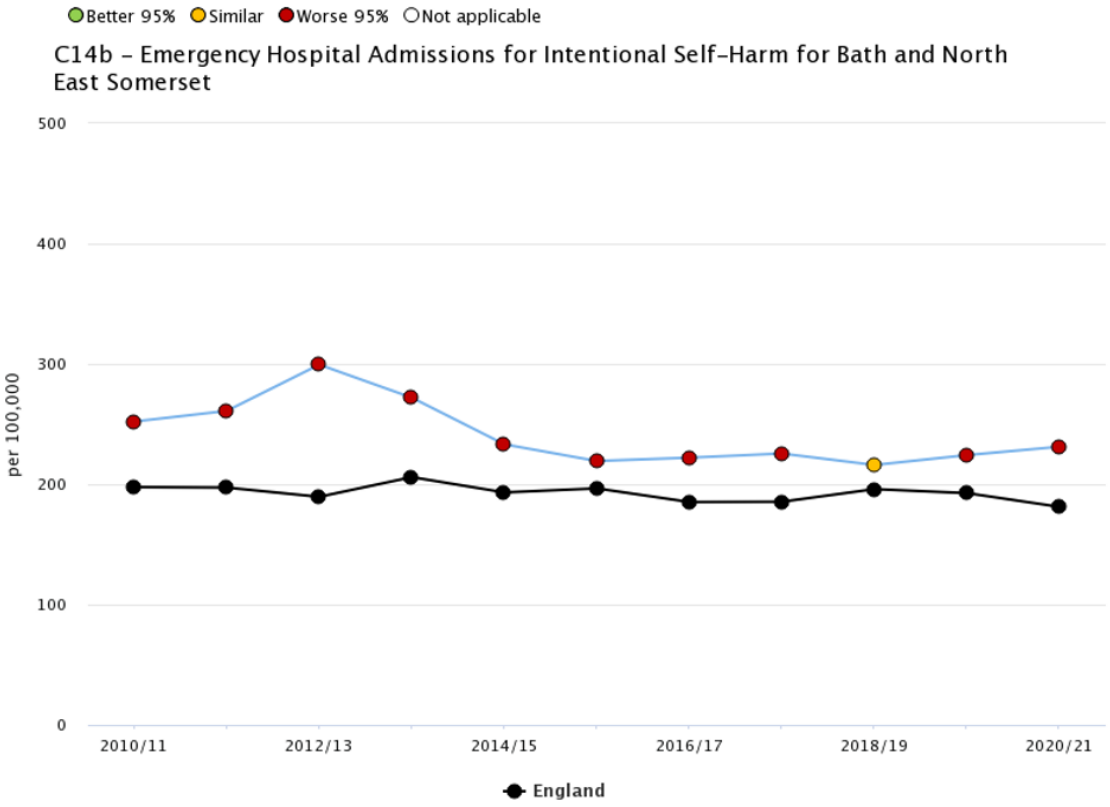
Source: OHID Fingertips Mental Health and Wellbeing Profile[65]

Key (compared to England):	Better 95%	No Difference	Worse 95%	Not compared

Emergency Hospital Admissions for intentional self-harm (all ages)

In 2020/21 the rate of emergency hospital admissions for intentional self-harm (all ages) was significantly higher in B&NES (231.2 per 100,000) compared to the National average (181.2 per 100,000). This rate has been significantly higher in B&NES for the past decade with only 2018/19 showing no significant difference (see ***Figure 20 Emergency Hospital admissions for intentional self-harm***). In 2021, there were around 485 admissions, 350 for Females and 140 for Males.

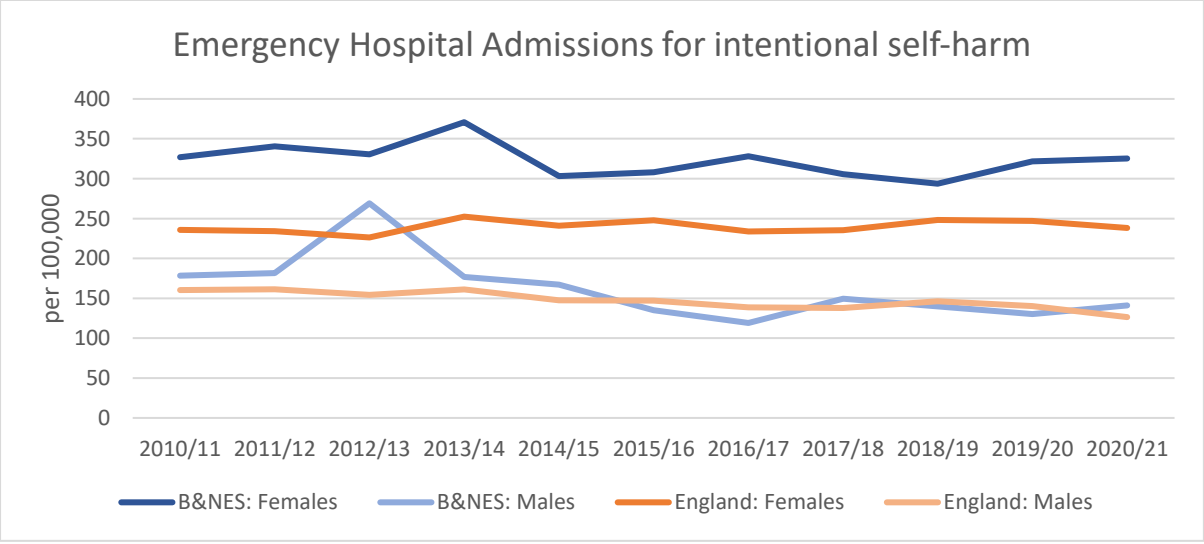
Figure 20 Emergency Hospital admissions for intentional self-harm



Directly standardised rate per 100,000
Source: OHID Fingertips Public Health Outcomes Framework[66]

In 2020/21 the rate of emergency hospital admissions for intentional self-harm for Females was significantly higher in B&NES (325.4 per 100,000) compared to the Female National average (238.3 per 100,000):

Figure 21 Emergency Hospital admissions for intentional self-harm by Gender

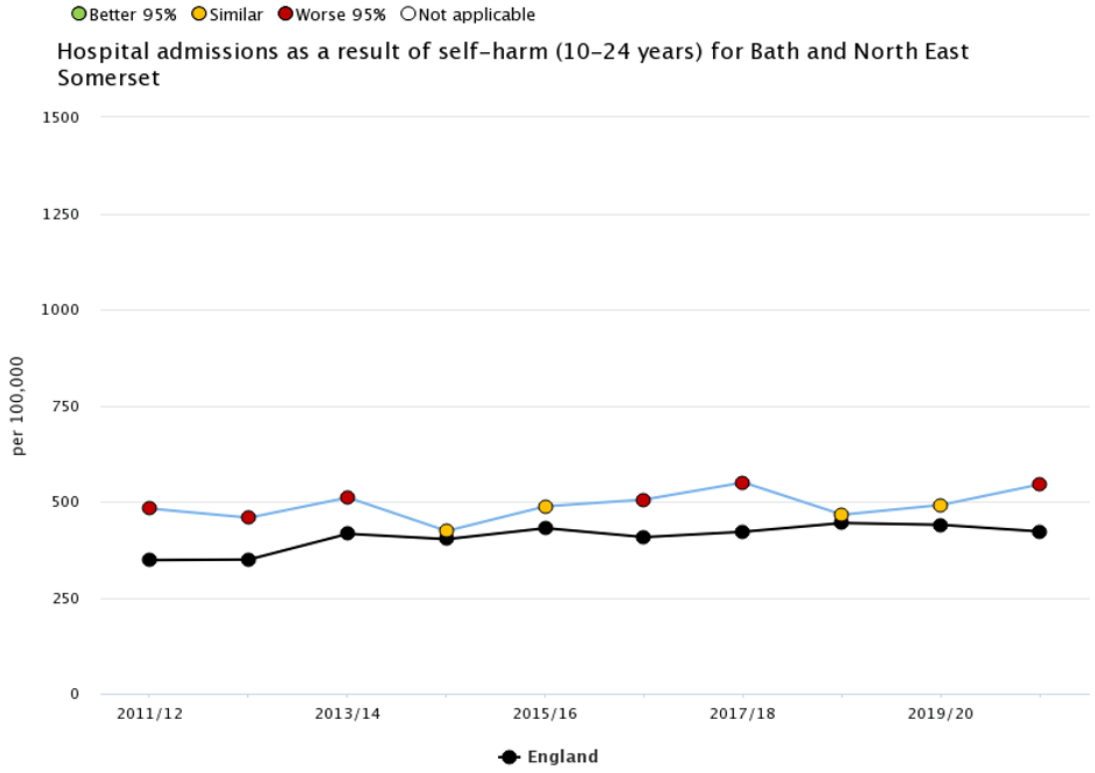


Directly standardised rate per 100,000
Source: OHID Fingertips Public Health Outcomes Framework[67]

Hospital Admissions as a result of self-harm (10-24 years)

The rate of hospital admissions as a result of self-harm in 10–24 year-olds have been consistently higher in B&NES than the National average since 2011/12 with 240 admissions in 2020/21. In 2020/21, the rate was 544.8 per 100,000 in B&NES compared with 421.9 per 100,000 nationally:

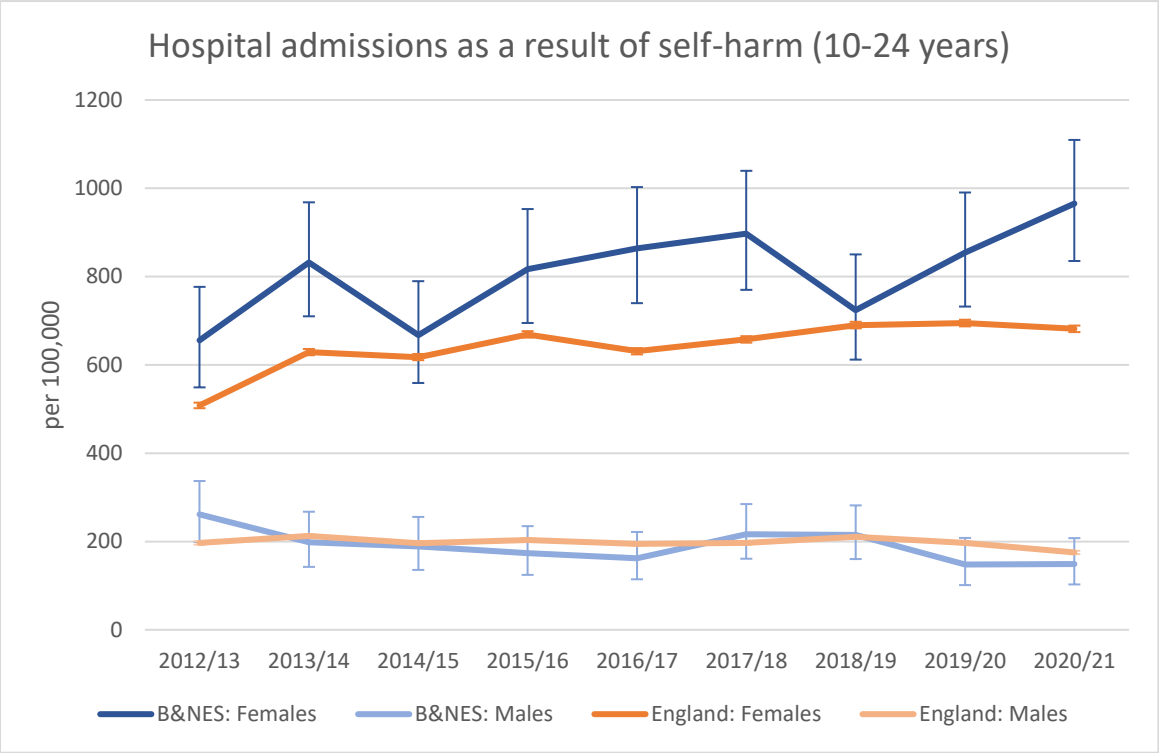
Figure 22 Hospital admissions as a result of self-harm (10-24 years)



Directly Standardised rate per 100,000
Source: OHID Fingertips[68]

The 2020/21 rate for Females in B&NES is significantly higher than the corresponding National rate for Females (965.4 vs 681.7 per 100,000) (see ***Figure 23 Hospital admissions as a result of self-harm (10-24 years) by Gender***). In 2020/21, there were around 205 admissions of Females in B&NES and around 35 admissions of Males.

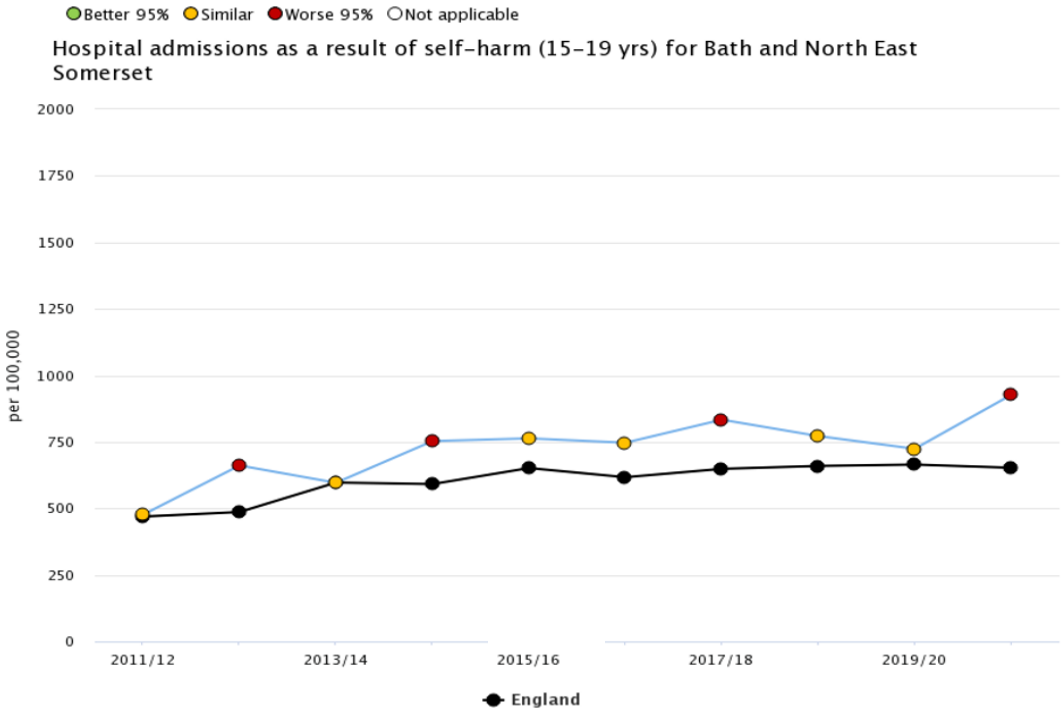
Figure 23 Hospital admissions as a result of self-harm (10-24 years) by Gender



Directly Standardised rate per 100,000
Source: OHID Fingertips CYP Mental Health and Wellbeing[69]

Hospital admissions for self-harm in the 15-19 year age group have risen sharply in 2020/21 with around 125 admissions compared to around 95 admissions in 2019/20:

Figure 24 Hospital admissions as a result of self-harm (15-19 years)



Directly Standardised rate per 100,000
Source: OHID Fingertips[70]

Self-harm data by Ward and risk factors for self-harm

The rate of hospital stays for self-harm is significantly higher in B&NES compared to England. In the period 2015/16 – 2019/20, the standardised admission ratio[k] in B&NES is 115.7 indicating self-harm hospital admissions in B&NES are 15.7% more likely than in the England population as a whole. The rates in a number of local Wards are significantly higher than the national rate, namely Twerton, Radstock, Weston, Westfield, Moorlands, Keynsham North, Combe Down, Paulton and Walcot:

Figure 25 Hospital admissions for self-harm by Ward

Hospital stays for self harm, standardised admission ratio 2015/16 - 19/20 — Indirectly standardised ratio - per 100

Area	Count	Value	95% Lower CI	95% Upper CI
England	-	100.0	99.7	100.3
Bath and North East Somerset	-	115.7	111.0	120.6
Twerton	-	288.9	252.1	329.6
Radstock	-	213.7	177.3	255.4
Weston	-	161.8	128.5	201.1
Westfield	-	157.4	128.4	191.1
Moorlands	-	156.4	121.9	197.6
Keynsham North	-	155.7	124.2	192.7
Combe Down	-	153.0	125.4	184.9
Paulton	-	150.5	119.7	186.8
Publow & Whitchurch	-	141.0	97.1	198.1
Walcot	-	133.4	102.3	171.0
Mendip	-	127.5	87.2	179.9
Lambridge	-	126.5	97.2	161.8
Keynsham South	-	125.0	96.3	159.6
Peasedown	-	124.8	99.4	154.7
Midsomer Norton Redfield	-	121.5	95.7	152.1
Odd Down	-	118.1	92.3	149.0
Kingsmead	-	117.3	97.6	139.8
Lansdown	-	102.2	81.4	126.7
Southdown	-	97.8	76.8	122.8
Westmoreland	-	97.0	79.3	117.4
Bathavon South	-	92.0	71.0	117.2
Clutton & Farmborough	-	86.8	53.0	134.1
Newbridge	-	85.9	64.0	112.9
Chew Valley	-	82.1	59.9	109.8
Midsomer Norton North	-	81.1	56.1	113.3
High Littleton	-	79.2	49.0	121.0
Keynsham East	-	76.9	54.1	105.9
Widcombe & Lyncombe	-	70.8	53.2	92.4
Bathavon North	-	65.6	46.9	89.3
Timsbury	-	64.9	35.5	109.0
Bathwick	-	62.6	51.0	76.0
Oldfield Park	-	60.7	40.6	87.1
Saltford	-	50.8	31.8	76.9

Source: OHID Fingertips Local Health Profiles[71]

Risk factors for self-harm[72] include: age, socio-economic disadvantage, social isolation, stressful life events, bereavement by suicide, mental health problems, chronic physical health problems, alcohol

[k] The standardised admission ratio (SAR) is a measure of how more or less likely a person living in that area is to have a hospital admission for self-harm compared to the standard population, in this case England. The SAR is a ratio of the number of admissions in the area to the number expected if the area had the same age specific admission rates as England. An SAR of 100 indicates that the area has average self-harm admission rate, higher than 100 indicates that the area has higher than average self-harm admission rate, lower than 100 indicates a lower than average self-harm admission rate

and/or drug misuse and involvement with the criminal justice system. Recent research[73] also suggests the following groups are at higher risk of self-harm:

- boys with ASD
- young people with ADHD
- young people who spend time away from school (either through exclusion or absence)
- girls with Free School Meal status
- looked after children

Twerton is the most deprived Ward in B&NES and Radstock and Weston also have pockets of high deprivation, consistent with the research of a link between areas of deprivation and higher risk of self-harm.

For further information on Inequalities & Indices of Multiple Deprivation for B&NES, please see: https://app.powerbi.com/groups/e938cc83-413c-4cc5-93f2-5622964638b1/reports/93c1ffb0-5b4e-4cb7-8892-fb6cbfe3809d/ReportSection

Self-Harm Admissions in the South-West

Self-Harm admissions have been high in the South-West region of England for a number of years. As such, understanding the reasons why the South-West has the highest emergency admission rates for self-harm in England was identified as an analytical priority by PHE's South-West Local Knowledge and Intelligence Service (LKIS) Local Advisory Group and a research project was commissioned. In March 2019 the following main findings were reported[74]:

1. Emergency self-harm admissions are mainly due to poisonings/overdoses
2. The PHOF indicators based on self-harm do not accurately capture variations in prevalence of self-harm
3. Emergency admission rates in London skew the data for the rest of the country
4. Service configuration and provision is not standardised
5. Self-harm prevalence has increased in the South-West, with the increase in admissions mainly driven by young women who overdose on over-the-counter and prescription drugs
6. Self-harm admissions are strongly linked to deprivation, particularly among those aged 15 to 24 years and 35 to 54 years
7. Good quality A&E data and a universal self-harm register which would facilitate a better understanding of self-harm admissions are lacking
8. Admissions to observation or assessment wards are common and are counted as 'standard' admissions
9. There is a complex relationship between self-harm emergency admissions and admissions for other types of harm

These findings led to the conclusion of four main factors leading to higher admissions in the South West:

1. Higher prevalence in the community
2. More demand reaching A&E
3. A higher proportion of A&E attendances being admitted
4. Admissions being inconsistently reported

Key Findings

- The rate of hospital admissions as a result of self-harm in 10–24-year-olds have been consistently higher in B&NES than the National average since 2011/12 with 240 admissions in 2020/21
    - Females consistently have higher rates than Males, both nationally and in B&NES. In 2019/20, the rate for Females was higher in B&NES than the National rate for Females (854.3 vs 694.8 per 100,000)
- Hospital admissions for self-harm in the 15-19 year age group rose sharply in 2020/21 with around 125 admissions compared to around 95 admissions in 2019/20
- The rate of hospital admissions for self-harm (all ages) has been significantly higher in B&NES than the National average since 2011/12 with the only exception being 2018/19, where no significant difference was observed. Admissions have increased in recent years with 485 admissions in 2020/21 compared to 445 in 2018/19
    - Females consistently have higher rates than Males both nationally and in B&NES. In 2019/20, the rate for Females was higher in B&NES than the National rate for Females (321.5 vs 247.2 per 100,000)
- The rate of hospital admissions for self-harm is significantly higher in B&NES compared to England. In the period 2015/16 - 2019/20, the standardised admission ratio in B&NES is 115.7 indicating self-harm hospital admissions in B&NES are 15.7% more likely than in the England population as a whole.
    - The rates in a number of local Wards are significantly higher than the national rate, namely: Twerton, Radstock, Weston, Westfield, Moorlands, Keynsham North, Combe Down, Paulton and Walcot. This is consistent with the research of a link between areas of deprivations and higher risk of self-harm.

What local Organisations think of Mental Health Support[75]

In Sept 2021, Healthwatch B&NES, Swindon & Wiltshire facilitated 3 online workshops, one in each locality, to gather the views of 22 local organisations who provide mental health support in the area. Their main findings were:

- Attendees felt that GPs aren't always best placed to deal with someone's mental health issue, there is a lack of coordination between services and some staff don't have the right skills to support people.
- There was a strong feeling that people are waiting too long for support.
- Education and mental health support in schools was seen as key.
- Individuals and care givers should have more involvement and control over their own care, including being involved in the design of services.
- Suggestions on how this could be achieved included mental health services working together more with other health services, treating a person as a whole, and more support for children and young people in schools and from an early age to identify and address signs.

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