HALTON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

MENTAL HEALTH PROFILE 2021

Introduction

This document aims to summarise the latest information on mental health in Halton. Mental health conditions and mental ill health can impact people at any point during their life, and can also be cumulative over time. There are numerous individually and societally modifiable factors that can play a role in the development of mental health ill-health or mental health conditions, many which are linked to levels of deprivation and poverty. Throughout the life-course, it is important that mental ill-health and mental health conditions are noted, identified, treated and managed.

Early years experience is crucial to children's physical, cognitive and social development. During this development period it is critical that the child has the best conditions and environment in which to achieve the 'best start in life'. Improving the social context within which children live is essential to improving their development and, short and long-term life chances. Perinatal mental health—the period before, during and in the year after birth—is also crucial to not only the short and long-term mental health of the mother, but also the future, and ongoing health of their child.

Throughout this profile, there are statistics of the prevalence and incidence of mental health conditions at different stages through life and the life-course. There are also a series of treatment methods and support services available to people, both locally and nationally.

Mental Health profile Chapters:

- Halton's Wider Health Roadmap
- Halton's Mental Health Life-course Roadmap
- Environmental and Social Factors
- Measuring Mental Wellbeing
- Children and Young People: Protective Factors
- Children and Young People: Adversity
- Perinatal Mental Health
- Prevalence in Children
- Prevalence in Adults & Older People
- Vulnerable Children & Young People: Special Educational Needs
- Vulnerable Children & Young People
- Children & Young People in contact with mental health services and admitted to hospital due to mental illness
- Health & Wellbeing: Anxiety and Depression
- Severe Mental Illness
- Co-occurring Substance Misuse and Mental Health Issues
- Suicide Prevention
- Older People, Wider Health & Dementia
- Inequalities in Outcomes

Further information and access to specific, topic-based JSNA chapters can be found via this link: **https://www4.halton.gov.uk/Pages/health/JSNA.aspx.**

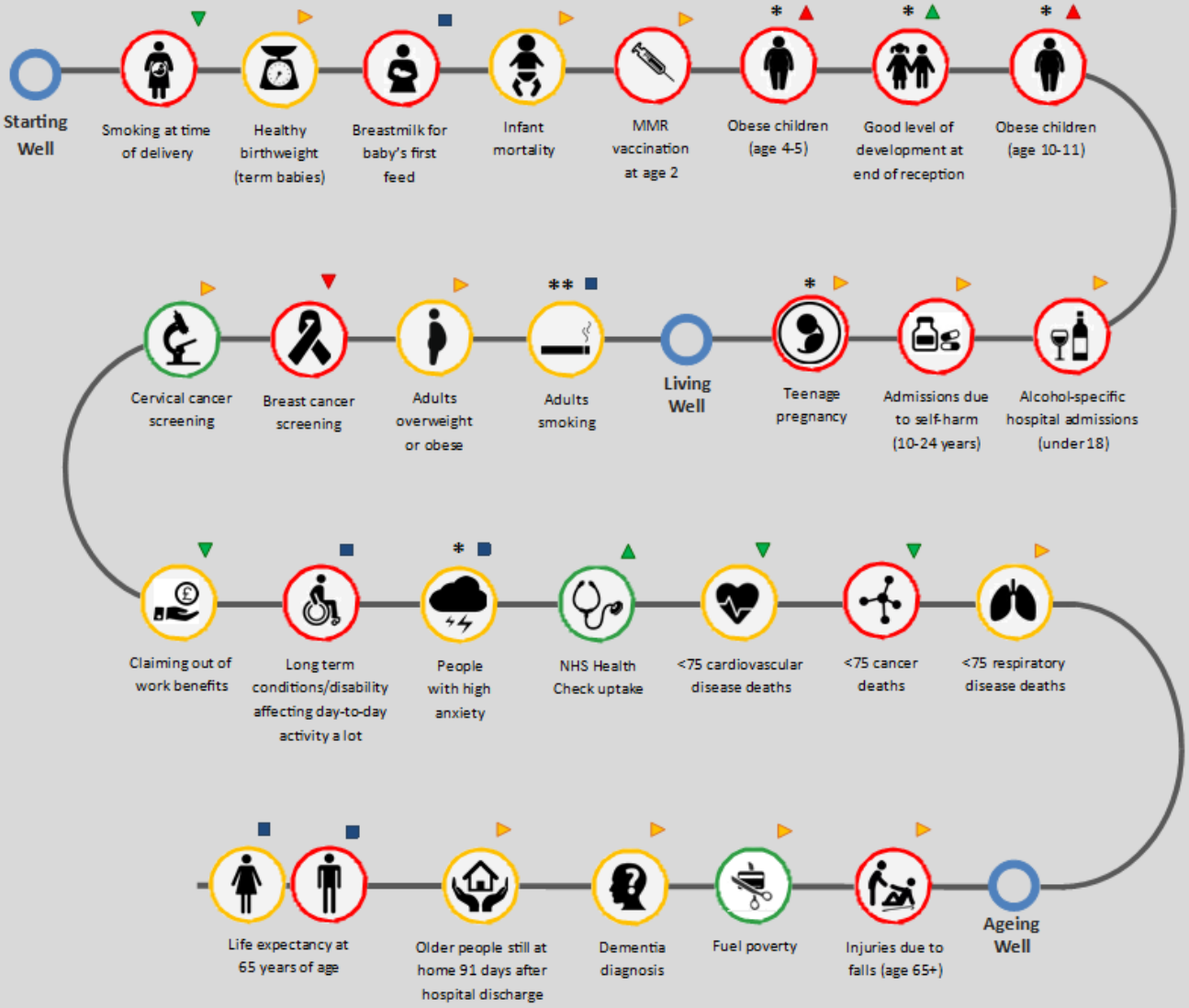
HALTON'S WIDER HEALTH LIFE COURSE STATISTICS

Halton's life course statistics 2022

A comparison to the North West

*COVID-19 has impacted the collection of data for the indicator

**Definition of indicator has changed from 2019 to 2020



HALTON FACTS

Population

About **129,800** people live in Halton.

By 2041, this is projected to change:

age 0-14 ↓ 11%
age 15-64 ↓ 5%
age 65+ ↑ 38%

Deprivation

48.6% of Halton's population live in the top **20%** most deprived areas in England.

Child Poverty

16.6% of children aged 0-15 live in relative low income households

KEY

Direction of travel

- ▲ Improved since last period
- ▶ Similar to last period
- ▼ Worse than last period
- ■ No Comparator

Statistical significance to North West

- Better
- No different
- Worse
- Lower

For more information, please contact Halton Borough Council's Public Health Intelligence Team: health.intelligence@halton.gov.uk

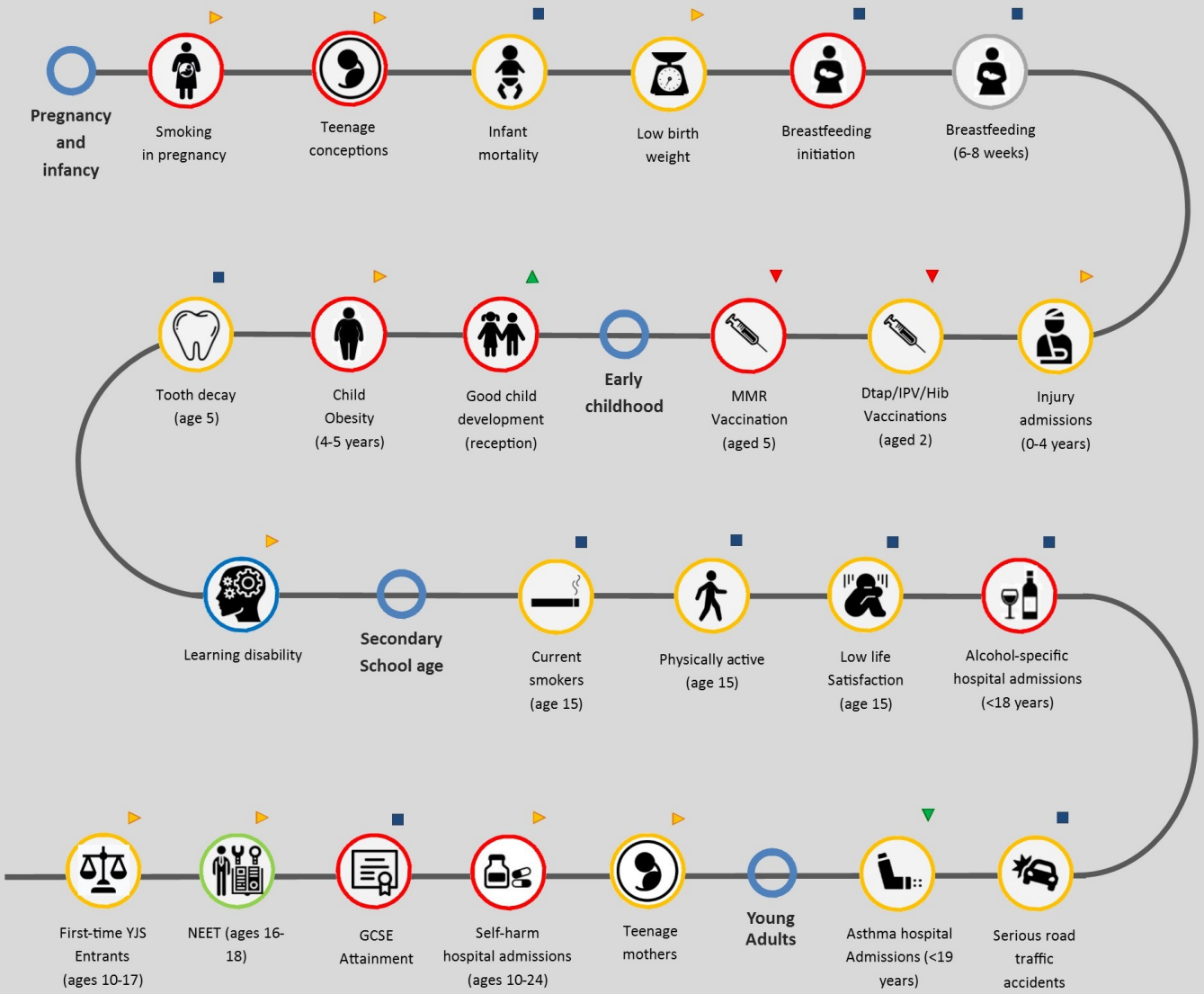
Icons made by Flaticon and available here: www.flaticon.com

Concept developed from Gateshead PHAR 2013/14 and Lancashire PHAR 2015

HALTON'S CHILDREN & YOUNG PEOPLE'S HEALTH PATHWAY

Halton's children and young people's health pathway

A comparison to the North West



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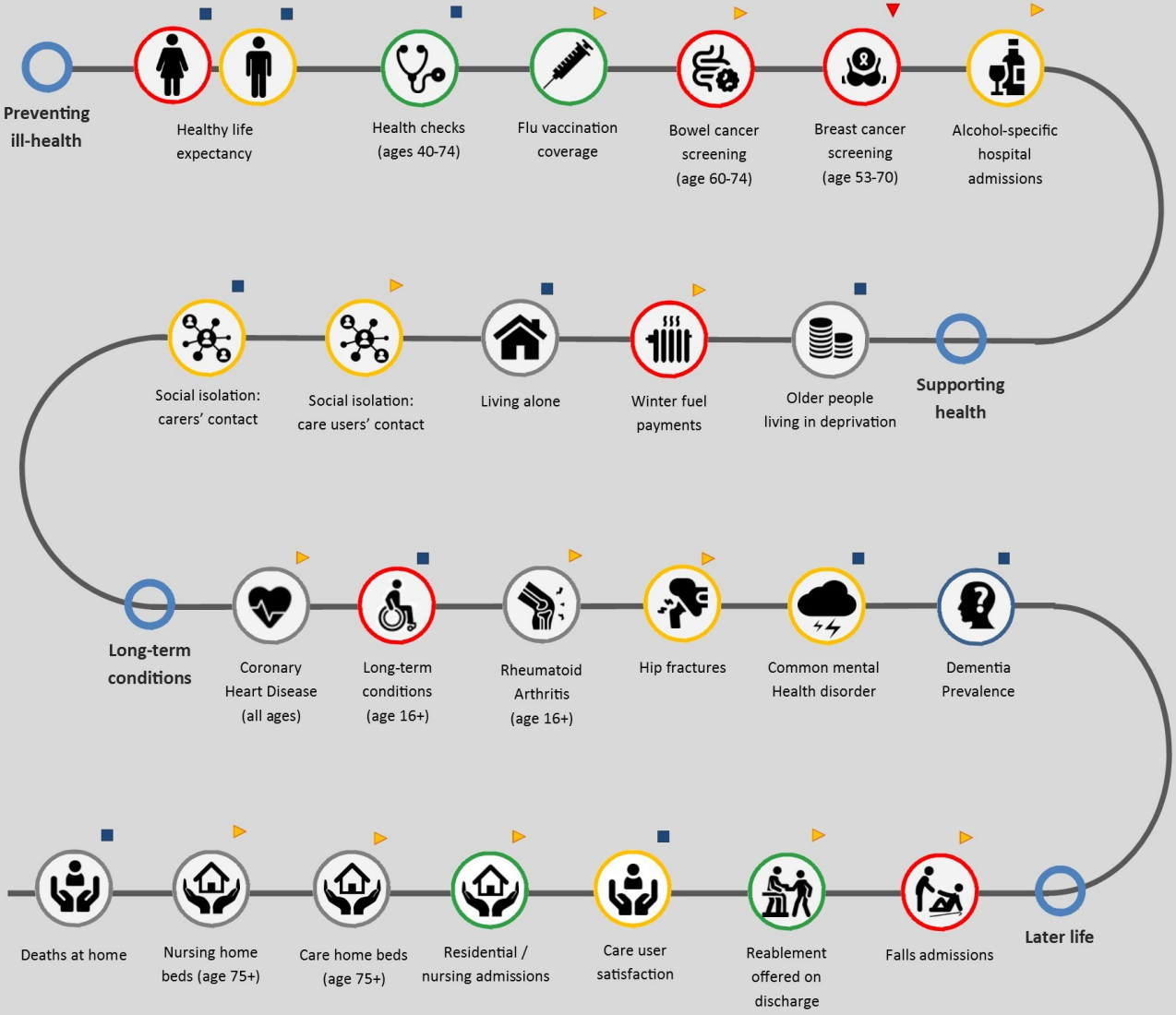
HALTON'S ADULTS'S AND OLDER PEOPLE'S HEALTH PATHWAY

Halton's older people's life-course

A comparison to the North West; indicator based on ages 65+ unless specified



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ENVIRONMENTAL AND SOCIAL FACTORS

Wider Determinants of health

Dahlgren and Whitehead, 2007. European strategies for tackling social inequities in health: Levelling up

A person's social capitol and access to income, housing, green spaces, transport, community support, and equitable health, social care and other services can all impact their mental health. This section considers these determinants which lead inequalities in health within and between populations.

Understanding local extent of such social factors can quantify risk, protection and community resilience, identify vulnerable groups and interventions to reduce vulnerability and develop resilient communities. Greater community resilience has the potential to:

- reduce the prevalence of mental health problems
- increase the prevalence of good mental health
- improve recovery and support for individuals who have become unwell

Indicators: Wider Determinants

No.	Indicator	Halton	North West	England	Halton vs England
1	Noise complaints	4.36	3.75	6.37	
2	Fuel Poverty	10.90	12.10	10.25	
3	Licensed premises	3.77	1.85	1.27	
4	Air pollution	8.67	7.91	9.04	
5	Fast food	68.06	105.61	88.24	
6	Access to Health	21.09	9.52	21.06	
7	Home affordability	4.88	5.72	7.84	
8	Cycling to work	1.26	1.79	2.33	
9	Employment gap	9.90	12.44	10.62	
10	Sickness absence	1.61	1.09	1.09	
11	Employment	71.60	73.20	75.10	
12	Economic inactivity	25.70	23.20	20.90	
13	Job density	0.90	0.86	0.88	
14	Unpaid carers	3.63	2.83	2.37	
15	Unpaid care: children	1.40	1.22	1.11	
16	Unpaid care: young people	6.31	5.44	4.81	
17	Gender pay gap	9.00	13.50	16.60	
18	Average earnings	460.80	445.70	474.40	
19	Low income children	15.70	18.40	15.60	
20	Violent crime	48.45	34.52	29.52	
21	Pupil absence	5.07	4.72	4.73	
22	Older people QoL	0.69	0.72	0.74	

Legend (significance)
Better 95%
Similar
Worse 95%
N/A

Legend (quintile)
Best
2
3
4
Worst
N/A

Experiencing disadvantage can increase the risk of mental health problems. People with mental health problems can be affected by a 'spiral of adversity' where factors such as employment, income and relationships are affected by their condition.

People who live in deprived areas are more likely to need mental healthcare but less likely to receive support or recover following treatment, compounding mental health problems. Deprivation is about more than lack of money, it includes inequities and inequalities in access to basic resources (good housing, transport, green spaces), health and social care services, and variations in levels of social capitol.

MEASURING MENTAL WELLBEING

Measuring National Well-being is about looking at "GDP and beyond" to measure what really matters to people. The UK's Measuring National Well-being programme was launched in 2010 and is based at Office for National Statistics (ONS). The aim is to produce accepted and trusted measures of the well-being of the nation – how the UK as a whole is doing.

The latest in this reporting available at a local authority level is the April 2020 to March 2021 series. Average ratings of well-being have deteriorated across all indicators in the year ending March 2021, continuing a trend that was seen across most indicators in the previous period, but even more sharply, and which notably takes place entirely during the coronavirus (COVID-19) pandemic.

The most recent annual declines in personal well-being in the UK were the greatest we have seen since we started measuring personal well-being. Comparing 2019/2020 with 2020/21 we can see this decline both locally, regionally and nationally. Levels of low personal wellbeing are higher in Halton, with the percentages reporting bery high wellbeing being lower.

		England		North West		Halton	
	Category (score)	2019/20	2020/21	2019/20	2020/21	2019/20	2020/21
Life satisfaction	Low (0-4)	4.68	6.06	5.30	7.00	6.27	9.96
	Medium (5-6)	13.92	17.60	14.43	17.60	14.91	15.44
	High (7-8)	51.71	52.76	50.06	50.95	50.91	49.28
	Very High (9-10)	29.69	23.57	30.21	24.44	27.91	25.32
Happiness	Low (0-4)	8.72	9.21	9.41	10.30	9.29	12.12
	Medium (5-6)	16.56	18.84	16.19	18.51	15.63	15.39
	High (7-8)	40.60	42.44	40.15	41.84	40.08	39.49
	Very High (9-10)	34.12	29.50	34.26	29.35	35.00	33.00
Worthwhile	Low (0-4)	3.81	4.38	4.12	4.98	6.61	8.29
	Medium (5-6)	12.14	13.97	12.55	13.09	11.62	10.66
	High (7-8)	48.52	50.31	47.62	50.48	46.69	44.18
	Very High (9-10)	35.53	31.34	35.71	31.46	35.09	36.86

Source: ONS, Annual Population Survey

CHILDREN & YOUNG PEOPLE: RISK & PROTECTIVE FACTORS

Good mental health during childhood and young adulthood is vital, not only to the current and short-term, but also long-term. Positive child mental health can enable children to develop the resilience needed to handle situations and potential setbacks, during childhood and adulthood, which can result in further poor mental health in childhood and have an enduring impact into adulthood, fostering further poor mental health and, poor physical health and wellbeing. However, the Mental Health Foundation identify that 3 in every 4 children experiencing mental health problems have unmet care need. There are many known protective factors for positive child mental health that revolve around feeling important, safe and loved by those around them:

- ***Good physical health***
- ***Balanced healthy diet***
- ***Regular exercise and social activities***
- ***Free time to play in and outdoors***
- ***Being part of a loving, trusting family that get on well***
- ***Going to a good school that fosters positive wellbeing***

There are also factors that can have negative impacts on children's mental health, with traumatic events and major changes often a trigger for children and young people who may already be more prone to poor metal health. Such events or changes revolve around not feeling as important, moving home or school, or the birth of a sibling. There are also further factors which can make some children and young people more prone to poor mental health, including:

- ***Lack of stable home or household income—living in poverty is a major factor***
- ***Personal long-term physical illness or caring for family with long-term health problems***
- ***Parent(s) with substance or mental health issues***
- ***Death of a family member or friend***
- ***Parental divorce; Bullying or discrimination***
- ***Physical or sexual abuse***

Children and young people (CYP) existing in environments with more protective and positive factors, can enable a better chance of having better mental and physical health in the short and long-term. However, CYP who encounter adversity will likely require support from not only those people they interact with daily (such as family, friends, or school), but also from mental health services which can allow them to not only enjoy their early years and achieve their potential, but develop the skills and resilience necessary to deal with challenges into adulthood. (Mental Health Foundation, 2021) Links to some of these organisations are shown on this page.

CHILDREN & YOUNG PEOPLE: ADVERSITY

Child mental health continues to be of great importance, both national and locally. In England, mental health disorders among children and adolescents have grown, and the impact of COVID-19 has further impacted the health and wellbeing of young people across the country. In England, as of 2020, it is estimated, approximately one in six children aged 5-16 had a probable mental health disorder; an increase from one in nine in 2017. This increase impacted both men and women. However, amongst those aged 17-22, approximately one in four women and one in eight men had a probable mental health disorder. This emphasises the changing impact of mental health conditions by genders over only a relatively short period of time.

Living in poverty is a significant influencer of child and parental mental health, which in turn, impacts the parents interactions with the child. Research in Scotland found the number of children aged 4–14 years in the lowest income households were four times as likely to have poorer mental wellbeing as those in the highest income households (13% compared to 3%).

The prevalence of probable mental health disorders has also been shown to differ based on factors associated with school/college, and home life. Those children and young people living in a house who had fallen behind with payments/bills, were over twice as likely to experience mental health disorder(s). COVID-19, in particular, the first national lockdown in England, differentially impacted those with mental health disorder(s). Over half of 11-16 (54.1%), and 17-22 year olds (59.0%), said their mental health had deteriorated, compared to less than two in five of those without mental health disorder(s). ***Source:*** ***NHS Digital, 2020***

Children and young people (England) with a probable mental health disorder, 2021, by gender and age group

Gender	6-10 years	11-16 years	17-23 years
Boys	17.1%	17.7%	16.9%
Girls	12.0%	19.8%	23.5%

As stated, social and systemic factors can mean some C&YP are at greater risk of poor mental health and the impact of mental health in early life can have an impact beyond childhood and adolescence. Mental health disorders during one's early years can increase the likelihood of poorer, and more severe mental health disorders into adulthood. Adversity in childhood refers to abuse, neglect or family dysfunction. Research identifies that greater exposure to adversity in childhood results in a much increased risk of low levels of mental wellbeing and satisfaction in adulthood. In fact, one-third of adult mental health problems are associated with adverse childhood experiences (ACE), and greater adversity in childhood is associated with significantly increased risk of poor adult mental health. *Source:* ***Young Minds, 2022.***

PERINATAL MENTAL HEALTH

Definition and prevalence

The term perinatal refers to pregnancy and year after giving birth. A mother's mental health before, during and after having a baby can affect future mental, physical, emotional and cognitive outcomes for her child through to adulthood. Perinatal mental health problems affect 10-20% of women during pregnancy and the first year after having a baby[1]. Conditions range from mild depression and anxiety to psychosis and chronic severe mental illness. Mental health problems pre-, during and post-pregnancy should be valued equally and treated promptly, especially with suicide continuing as a leading cause of maternal death in the UK.

Pregnant women who have had a diagnosis of a severe mental health disorder (e.g. bipolar disorder or schizophrenia), postpartum depression or psychosis, or another mental health illness, or who have had treatment form mental health services, should be referred to a perinatal mental health, or mainstream mental health service. At which, clinicians should deliver specialist advice and discuss your care and treatment choices, developing a care plan in conjunction with your midwife

Risk factors

Any woman can develop mental health conditions in the perinatal period; for example postpartum psychosis (after birth) can occur in women with no previous psychiatric history. However there are factors which present a higher risk. Many risk factors are the same as at other stages in life, but there are some that are specific to pregnancy and early motherhood:

- Previous mental health conditions
- Traumatic birth, stillbirth, miscarriage or infant death (this can affect both parents).
- Domestic violence
- Childhood abuse and neglect
- Change in body shape may be a trigger for women with eating disorders.
- Alcohol or drug misuse.
- Inadequate social support, poor relationship with partner or being a single parent.
- Unplanned or unwanted pregnancy
- Being a teenage mother

Identification and access to services

Mental health problems should be picked up through routine maternity and post-natal appointments. Specialist support is needed for women with previous mental health conditions, known substance misuse and those who have experienced stillbirth, miscarriage, traumatic birth or infant death. Due to the national 'Healthy Child Programme', all women are eligible for routine appointments at key points during and post-pregnancy, ensuring continuity of care between clinicians.

Untreated mental health problems can continue to have long term symptoms, which can also affect their babies and family. Severe mental illness can result in a woman being unable to care for herself and her baby and in conditions such as postpartum psychosis, can mean an increased risk of mortality in both mother and baby.

The NHS Mental Health Implementation Plan 2019/20 – 2023/24 (part of the NHS Long Term Plan) pledges that by 2023/24:

- At least 66,000 women with moderate to severe perinatal mental health difficulties will have access to specialist community care from pre-conception to 24 months after birth with increased availability of evidence-based psychological therapies.
- Maternity Outreach Clinics will be available across the country, combining maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience.

Women living in Halton who are experiencing (or are at risk of developing) moderate to severe mental health issues can access the Cheshire and Mersey Specialist Perinatal Service (provided by Mersey Care NHS Foundation Trust). This is for women who are looking conceive, are pregnant or have a baby up to 24 months old. They can be referred by their GP, midwife or other health professional.

PREVALENCE IN CHILDREN

Mental Health conditions among children

There are limitations with national prevalence of mental health condition among CYP and, due to a lack of available data around local child mental health and wellbeing prevalence and diagnoses, the figures which are available and presented here are in relation to England as a whole. This therefore provides a snapshot of the national need among CYP and the levels of referrals to and, service use among CYP due to mental health conditions.

The data illustrates that increasing numbers of school pupils need social, emotional and mental health support, both of primary and secondary school age. There are also increasing number of referrals to mental health services among those aged under 18 and, steady rates of CYP being admitted to hospital due to self-harm.

Indicator	Period	England count	England value	Recent trend	Change from previous time period
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	7,609,582	16.9%	–	–
New referrals to secondary mental health services, per 100,000 (<18 yrs)	2018/19	680,288	5,994 per 100,000	–	↑
Attended contacts with community and outpatient mental health services, per 100,000	2018/19	2,685,702	23,989 per 100,000	–	↑
Percentage of looked after children whose emotional wellbeing is a cause for concern	2019/20	12,806	37.4%	→	↓
Hospital admissions as a result of self-harm (10-24 years) New data	2020/21	41,606	421.9 per 100,000	→	↓
Hospital admissions as a result of self-harm (10-14 yrs) New data	2020/21	7,319	213.0 per 100,000	→	→
Hospital admissions as a result of self-harm (15-19 yrs) New data	2020/21	20,335	652.6 per 100,000	↑	→
Hospital admissions as a result of self-harm (20-24 yrs) New data	2020/21	13,952	401.8 per 100,000	→	↓
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Primary school age) New data	2021	113,193	2.43%	↑	→
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Secondary school age) New data	2021	101,217	2.90%	↑	↑
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (School age) New data	2021	231,463	2.79%	↑	↑
Mental health service users on Care Programme Approach: % of mental health service users (end of quarter snapshot)	2019/20 Q2	157,363	15.0%	↓	↓

Source: *PHE Fingertips Health Profiles, 2021*

PREVALENCE IN ADULTS & OLDER PEOPLE

Common mental health conditions

In a single year, a diagnosable mental health condition will be experienced by 1 in 4 people. Such prevalence of mental health conditions has led to it being the single greatest cause of disability in the UK. Research and knowledge around common and more severe mental health conditions continues to expand, with publicity around mental health continuing to grow. However, with increasing prevalence of mental health conditions, and its impact on people's lives and the workforce through absence, requires greater progress in prevention and treatment of mental health conditions. This has been focused on by the NHS, with stated commitments to improving and expanding adult and older people's mental health services—as defined in the NHS Improvements' Five Year Forward View for Mental Health (2019/20-2023/24).

Severe mental health disorders

Severe mental illness refers to conditions which can often be debilitating and impact functioning in every day life. Conditions which fall under the umbrella term of severe mental illness include Schizophrenia and bipolar disorder, and are more likely than the general population to be in poor physical health. This emphasises the extensive need of people living with severe mental illness and the people supporting them, as they will likely require care support, as well as treatment and support for physical and mental health conditions. As with common mental health conditions, the NHS Five Year Forward View for Mental Health (2019/20-2023/24) sets out plans for additional funding for services, and support for people living with severe mental illness. The aims include: understanding how the barriers between primary and secondary care can be removed, to make accessing post-diagnostic support can become easier; additional funding for regional STPs to provide for their communities; and enhancing or introducing integrated primary and community care to provide a service befitting of the community they serve.

Common Mental Health Disorders: Adults & Older People

	Halton	England
Common Mental Health Disorders *prevalence; age 16+*	19.3%	16.9%
Common Mental Health Disorders *prevalence; age 65+*	12.1%	10.2%
Depression *recorded prevalence; age 18+*	16.1%	11.6%

Severe Mental Health Disorders: Adults and Older People

Psychosis *incidence per 100,000; age 16-64*	19.8	24.2
Mental Health *QOF prevalence (Schizophrenia, Bipolar, other psychoses; all ages*	0.9%	0.6%

Data sources:Public Health England Fingertips Profiles 2021

Produced by Public Health Intelligence Team, 2021

VULNERABLE CHILDREN & YOUNG PEOPLE: SPECIAL EDUCATIONAL NEEDS

Disabled children and their families face distinct and often challenging issues that require a range of dedicated and often specialist responses from public services. The needs of disabled children, young people and their families are unique to them, often complex, and will change over time. The challenge is to understand these needs and develop a system around them that is flexible enough to meet the needs of the person and their families. Children with disabilities often suffer from significant inequalities in health, educational outcomes, employment and life chances compared to their peers. Special Education Needs (SEN) is more prevalent in boys than girls. Pupils with SEN are more likely to be eligible for free school meals (this is a proxy for deprivation levels experienced).

Pupil numbers

Halton has slightly higher proportion of SEN than the North West of England levels. The percentage of all pupils with SEN support needs is higher, with the percentage with an Education, Health and Care (EHC) plan being similar than comparators.

	Halton		North West		England	
	Number	%	Number	%	Number	%
SEN support	2,656	13.7%	138,774	12.3%	1,002,442	12.0%
EHC/ Statement of SEN	716	3.7%	42,300	3.7%	303,668	3.6%
Total SEN	3,372	17.4%	181,074	16.0%	1,306,110	15.7%
no SEN	15,960	82.6%	948,251	84.0%	7,035,894	84.3%
Total	19,332		1,129,325		8,342,004	

Source: Department for Education

Primary needs

Broadly there is consistency of primary need across Halton, North West and England for both SEN support and pupils with an EHC/Statement of SEN.

Halton has higher levels of speech, language and communication needs amongst both pupils with SEN support and those SEN pupils with an EHC/Statement than both comparators. It also has a higher proportion of SEN support pupils have moderate learning difficulties.

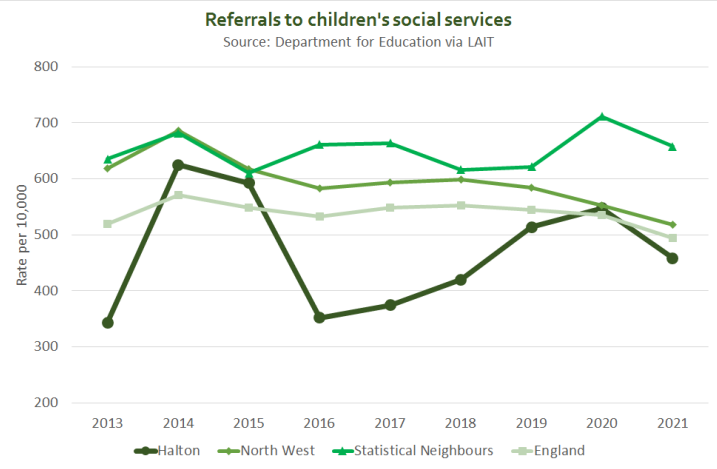
	England		North West		Halton			
	SEN Support	EHC/ Statement	SEN Support	EHC/ Statement	SEN Support Number	SEN Support %	EHC/Statement Number	EHC/Statement %
Autistic Spectrum Disorder	7.0%	30.5%	6.2%	30.5%	61	2.3%	218	30.4%
Hearing Impairment	1.7%	2.0%	1.8%	1.6%	41	1.5%	9	1.3%
Moderate Learning Difficulty	20.3%	10.3%	19.8%	9.8%	637	24.0%	39	5.4%
Multi- Sensory Impairment	0.3%	0.3%	0.3%	0.4%	13	0.5%	3	0.4%
Other Difficulty/Disability	4.4%	2.6%	5.0%	2.4%	130	4.9%	24	3.4%
Physical Disability	2.3%	4.5%	2.4%	4.2%	58	2.2%	35	4.9%
Profound & Multiple Learning Difficulty	0.1%	3.3%	0.1%	3.8%	2	0.1%	27	3.8%
SEN support but no specialist assessment of type of need	4.2%	...	4.4%	...	142	5.3%	...	...
Severe Learning Difficulty	0.3%	10.3%	0.3%	11.1%	4	0.2%	57	8.0%
Social, Emotional and Mental Health	19.5%	14.9%	19.5%	16.6%	560	21.1%	117	16.3%
Specific Learning Difficulty	14.5%	3.8%	14.9%	4.0%	251	9.5%	25	3.5%
Speech, Language and Communications needs	24.5%	16.3%	24.1%	14.4%	716	27.0%	158	22.1%
Visual Impairment	1.0%	1.2%	1.2%	1.2%	41	1.5%	4	0.6%
Total	1002442	303668	138774	42300	2656		716	

Source: Department for Education

VULNERABLE CHILDREN & YOUNG PEOPLE

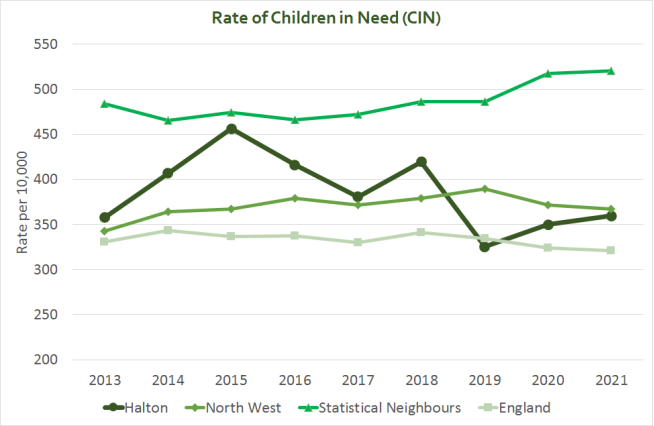
Referrals to Social Services

Between 2016 to 2020 there was a steady rise in the referral rate for children's social services. However this declined in 2021, as it did elsewhere.



Children in Need

Children in Need are a legally defined group of children (under the Children Act 1989), assessed as needing help and protection as a result of risks to their development or health. This group includes children subject to Child in Need Plans, Child Protection plans, Looked After Children, young carers, and disabled children. Children in need include young people aged 18 or over who continue to receive care, accommodation or support from children's services and unborn children.



Halton's rate is most similar to the North West and some way below its statistical neighbours group.

Children on a Child Protection Plan

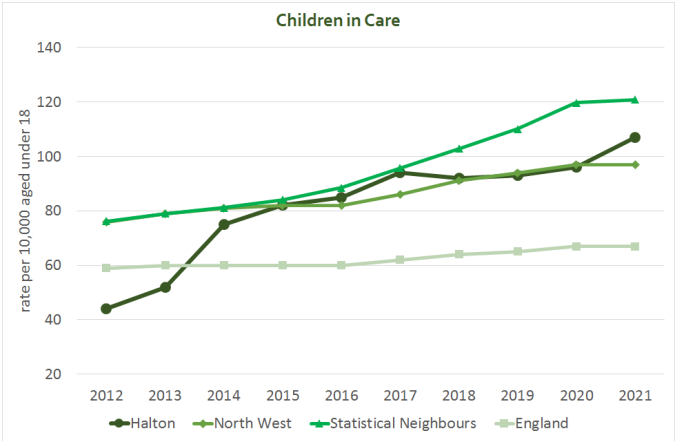
If a child is considered to be suffering, or likely to suffer, significant harm the local authority will make them the subject of a *child protection plan*. This will says what decisions were made in the child protection conference to keep the child safe.

	2019	2020	2021
Halton	44.40	53.20	47.50
North West	56.50	50.40	47.00
Statistical Neighbours	62.49	73.67	77.88
England	43.70	42.80	41.40

Children in Care (CiC)

A child who has been in the care of their local authority for more than 24 hours is known as a looked after child. Looked after children are also often referred to as children in care.

In Halton there has been a rise in CiC recently, from **262** in 2018 to **308** in 2021. This trend has been seen elsewhere also.



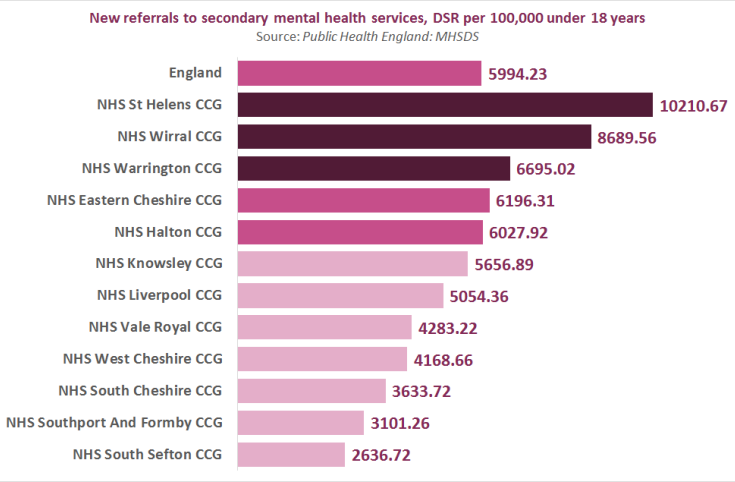
CYP IN CONTACT WITH MENTAL HEALTH SERVICES AND ADMITTED TO HOSPITAL DUE TO MENTAL ILLNESS

One in ten children aged 5-16 years has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14. Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders – with ten per cent of 15-16 year olds having self-harmed. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations.

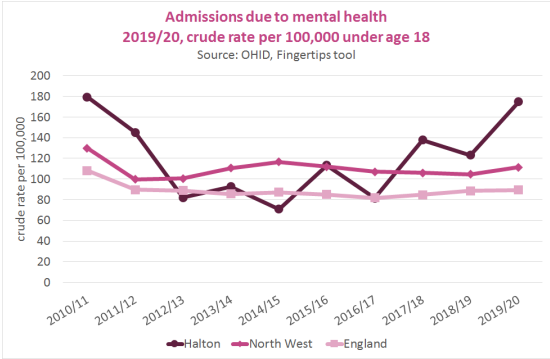
Referrals to secondary mental health services for under 18s

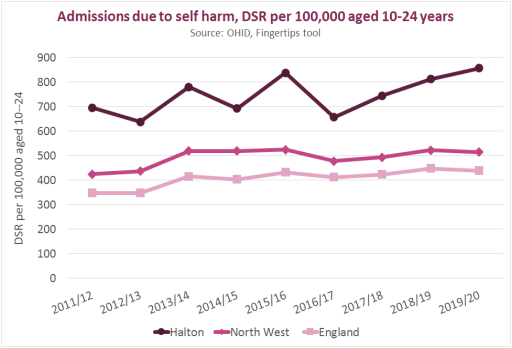
The rate of new referrals provides an important measure of demand and how this reflects the mental health needs of the local population; whether current demand can be met by service provision.

It is a measure of the number of referrals made to mental health services which will reflect factors such as the capacity of primary care services to manage need and the expectation that secondary services are able to accept referrals.

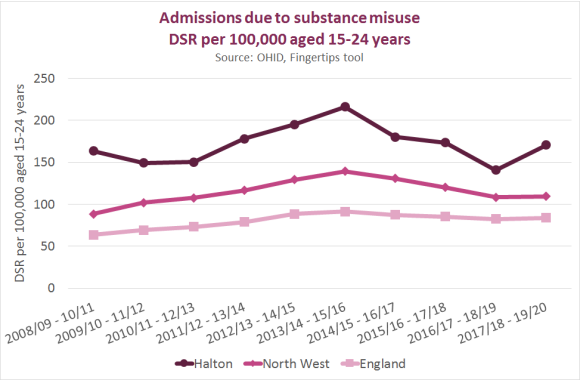


Hospital admissions due to mental health amongst young people





Considering three indicators for which data is available by a specific CYP cohort, we can see that Halton's rates are much higher than both the North West and England averages. For substance misuse and self-harm the difference is statistically higher. For mental health generally it hasn't been but for 2019/20 it was



HEALTH & WELLBEING: ANXIETY AND DEPRESSION

In the coming decades the proportion of the population who will be of working age is projected to reduce. With more people retired and out of work, there will be a greater emphasis on social and financial support for those older people who have left employment, therefore it is incredibly important that people who *are* of working age are physically healthy and mentally well.

'Lifestyle' factors are incredibly important in helping to promote and maintain good health and curbing or increasing the prevalence of these lifestyle factors can go a long way to reducing the risk of premature mortality from all causes - and specifically from cancer, respiratory conditions, cardiovascular disease and liver disease. Smoking, low levels of physical activity, being overweight, drinking alcohol to excess and substance misuse are all factors that can influence health, but can be altered given the correct help and support to do so.

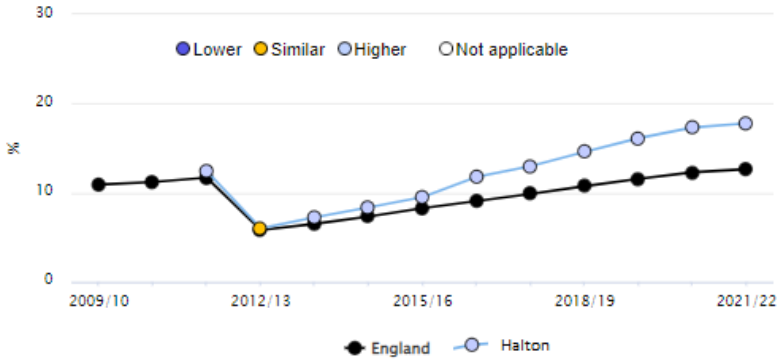
In turn, these lifestyle factors are influenced by the environment in which we live and work, often referred to the 'wider determinants of health'.
These include secure employment, having enough money to eat well, good standards of housing and education, good transport links and access to green space.

For published data on general health indicators and wider determinants of health see the Public Health Outcomes Framework.

Levels of depression are monitored through the GP Quality Outcomes Framework (QOF) at both CCG and GP practice level.

Levels are higher in Halton than regionally or nationally. For 2021/22, the latest data available, all CCGs within Cheshire & Merseyside recorded levels statistically higher than England .

The gap between Halton and England has been widening.



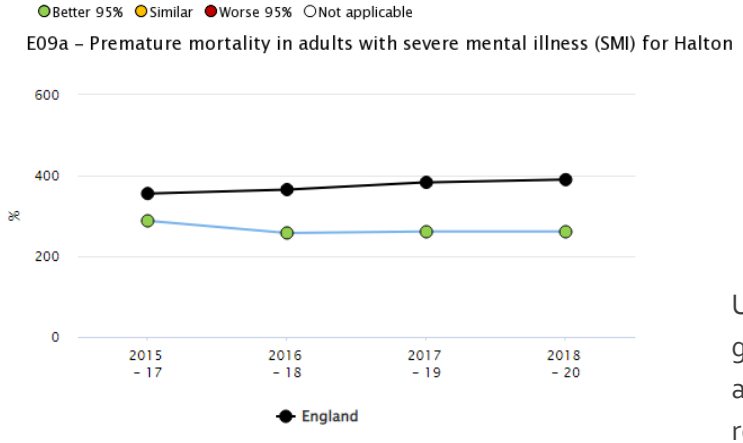
Depression: QOF prevalence (18+ yrs) 2021/22 — Proportion - %

Area	Recent Trend	Count	Value	99.8% Lower CI	99.8% Upper CI
England	↑	-	12.7	12.6	12.7
19/20 CCG list	=	-	16.0*	15.9	16.1
NHS Wirral CCG	↑	-	20.4*	20.2	20.7
NHS Knowsley CCG	↑	-	19.1*	18.7	19.4
NHS Halton CCG	↑	-	17.8*	17.4	18.1
NHS St Helens CCG	↑	-	17.6*	17.3	17.9
NHS South Sefton CCG	↑	-	15.9*	15.6	16.2
NHS Vale Royal CCG	↑	-	15.5*	15.1	15.8
NHS South Cheshire CCG	↑	-	15.3*	15.1	15.6
NHS Liverpool CCG	↑	-	15.3*	15.1	15.4
NHS Warrington CCG	↑	-	14.0*	13.7	14.3
NHS Southport And Formby CCG	↑	-	13.7*	13.4	14.0
NHS West Cheshire CCG	↑	-	13.7*	13.4	13.9
NHS Eastern Cheshire CCG	↑	-	13.5*	13.2	13.7

SEVERE MENTAL ILLNESS

The level of severe mental illness (SMI) (psychoses) in Halton is statistically similar to England and one of the lower levels across Cheshire & Merseyside.

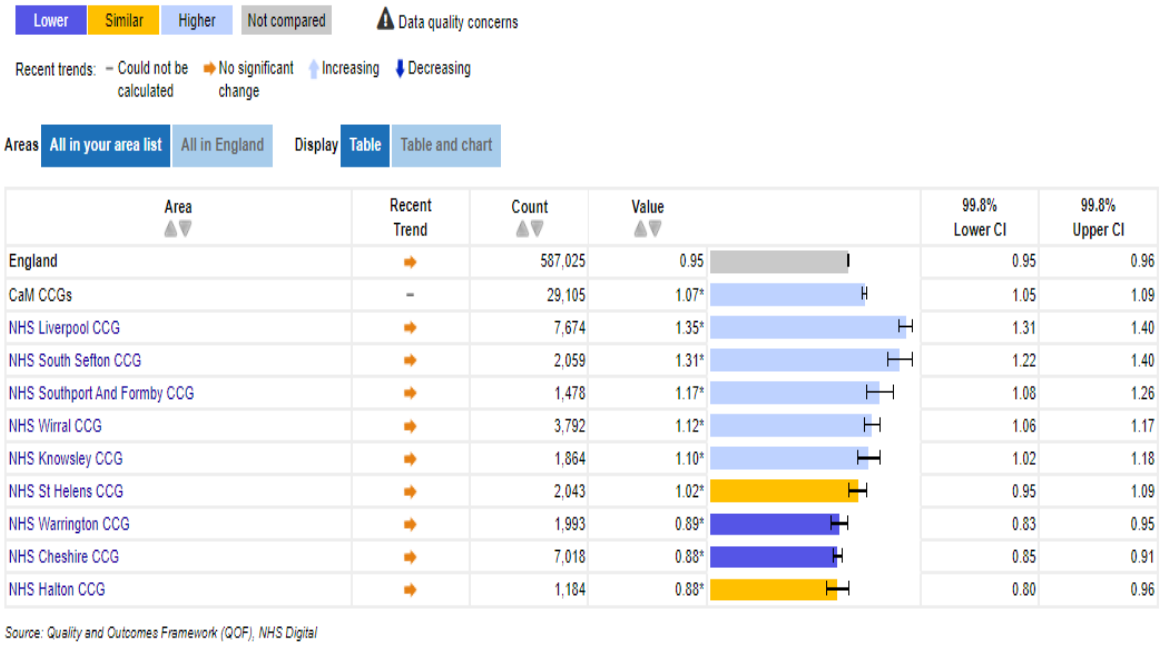
People with SMI have higher death rates than the general population, as seen by both premature mortality rates and also all age excess mortality analysis. It is the same top three causes of death that account for this—circulatory, cancers and respiratory disease—but at higher levels than the general population. This makes the annual physical health checks all the more important as is being able to manage the long-term conditions diagnosed amongst people with SMI.



Recent trend: Could not be calculated

Period		Halton Count	Halton Value	Halton 95% Lower CI	Halton 95% Upper CI	North West	England
2015 - 17	●	-	287.7%	241.1%	340.7%	330.4%	355.4%
2016 - 18	●	-	257.7%	214.9%	306.3%	350.3%	365.2%
2017 - 19	●	-	261.6%	218.6%	310.5%	358.1%	383.1%
2018 - 20	●	-	261.1%	219.0%	308.7%	364.6%	389.9%

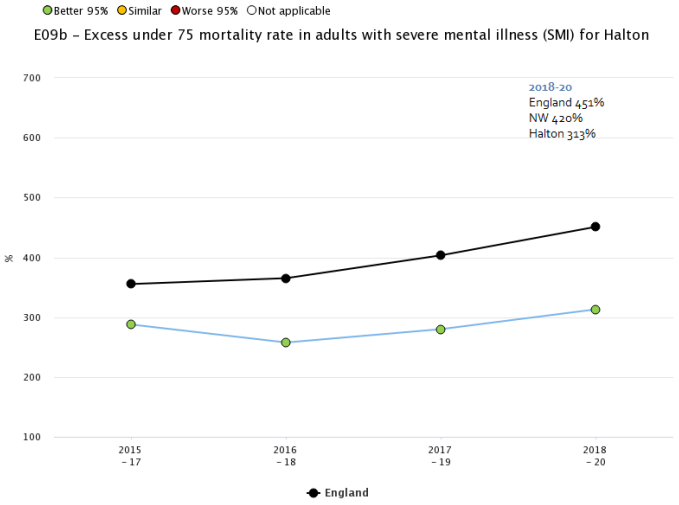
Source: NHS Digital Mental Health Services Data Set and its predecessors Office for National Statistics: Civil Registration of Deaths (via NHS Digital asset) Office for National Statistics mid-year population estimates



Area	Recent Trend	Count	Value	99.8% Lower CI	99.8% Upper CI
England	→	587,025	0.95	0.95	0.96
CaM CCGs	–	29,105	1.07*	1.05	1.09
NHS Liverpool CCG	→	7,674	1.35*	1.31	1.40
NHS South Sefton CCG	→	2,059	1.31*	1.22	1.40
NHS Southport And Formby CCG	→	1,478	1.17*	1.08	1.26
NHS Wirral CCG	→	3,792	1.12*	1.06	1.17
NHS Knowsley CCG	→	1,864	1.10*	1.02	1.18
NHS St Helens CCG	→	2,043	1.02*	0.95	1.09
NHS Warrington CCG	→	1,993	0.89*	0.83	0.95
NHS Cheshire CCG	→	7,018	0.88*	0.85	0.91
NHS Halton CCG	→	1,184	0.88*	0.80	0.96

Source: Quality and Outcomes Framework (QOF), NHS Digital

Unlike premature mortality where both the general population and those with SMI are analysed independently, excess mortality relates the two. Halton's rate of excess mortality for SMI is lower than England. This will reflect its high overall mortality. Rates for those with SMI are still over 3 times that of the general population



CO-OCCURING SUBSTANCE MISUSE AND MENTAL HEALTH ISSUES

Addiction, treatment and support

Addiction to substances, including alcohol and drugs are mental health conditions. A lot of people who have mental health disorders will develop substance use disorders (SUD) and vice versa. National Institute of Health research shows SUDs are more prevalent among those with common, and or, severe mental health disorders than in the general population. This interaction between common or severe mental health issues and substance use disorders, is not unique to adults, it has also been noted among young people. Further to this, there has been a noted risk of greater drug misuse in adulthood for children with Attention Deficit Hyperactivity Disorder (ADHD) if they are not treated effectively during childhood (NIH National Institute on Drug Abuse, 2020).

The prevalence of both mental health issues and substance use disorders are impacted by socio-economic factors and wider determinants. In areas of greater deprivation, among homeless people and those living in poverty, such disorders are more common (Mental Health Foundation, 2021).

Treatment for people with substance use issues is essential to their overall health and wellbeing. However, with the potential for mental health conditions to occur concurrently, it is essential further mental, and physical health conditions are treated.

Indicator	Halton		North West	England
	Number	Value		
All deaths from drug misuse[1]	18	4.8	7.1	5.0
Female deaths from drug misuse[1]	5	-	10.1	2.8
Male deaths from drug misuse[1]	13	7.1	4.2	7.3
Hospital admissions due to substance misuse (15-24 year olds)[2]	75	177.9	106.0	81.2
Successful completion of drug treatment—opiate users[3]	29	7.5%	4.7%	4.7%
Successful completion of drug treatment—non-opiate users[3]	60	37.0%	36.5%	33.0%

Source: Public Health England Fingertips Health Profiles

[1]Directly Standardised Rates per 100,000 population, during years 2018-20; [2]Directly Standardised Rate per 100,000 population for 2018/19-2021/21; Proportion of those entering treatment to not present within 6 months for year 2020

In the 2000s there were increases in the numbers of people both locally and nationally, who died as a result of substance misuse. Although these numbers have started to allay slightly, it does emphasise the need for treatment services for people addicted to substances, particularly those at a stage of crisis. Further to this, rates of hospital admissions due to substance misuse among young adults is significantly higher in Halton than in the North West and England. However, even though the proportion of both opiate and non-opiate users who successfully complete treatment services is greater in Halton than regionally and nationally, fewer than 1 in 10 opiate users, and 2 in 5 non-opiate users do so in Halton.

SUICIDE PREVENTION

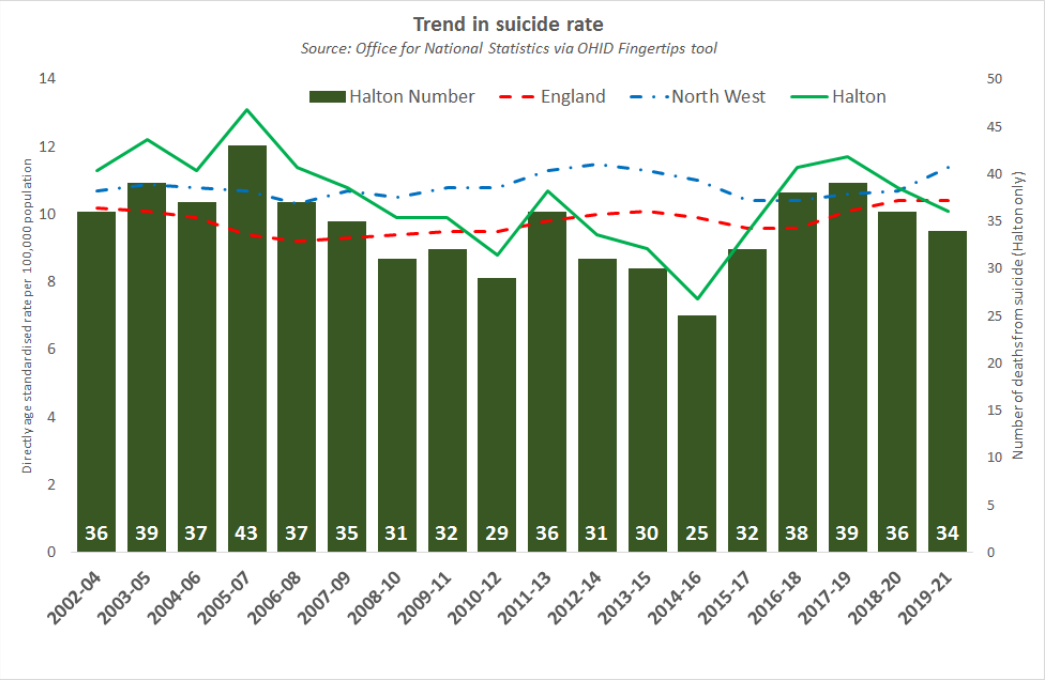
Preventing suicide and support

In 2012, the UK coalition government published 'Preventing Suicide in England: A cross-government outcomes strategy to save lives', their suicide prevention strategy for England. The policies and recommendations delivered in this report had the explicit aims of reducing suicide in England and better supporting the bereaved of people who die from suicide. Additionally, the NHS Five-Year Forward View, published in 2016, put forward a 10-year plan, with a reduction of 10% in annual suicide rates in England.

With rates of suicide similar in England compared to the years in which these reports and encompassed aims were published, further commitments, both in terms of action on suicide prevention, and funding to do so, were made. In 2019, there were Cross-Government commitments made to reducing suicide across the country, with specified and measurable targets to do so. Additionally, from 2023/24, the Government has committed to providing an extra £57 million of funding to enable more effective and impactful suicide prevention work, specifying the two overarching areas set out in the 2012 suicide prevention strategy as key focusses—reducing suicide and improved bereavement support.

Locally, in recent years, Halton has signed up to the Zero Suicide Alliance, committing to the aims of sharing best-practice and knowledge across the borough to not only improve the mental wellbeing of the population, but to best support those people who may be at greatest risk of dying by suicide.

A new Cheshire & Merseyside Suicide Prevention Strategy was launched November 2022.



Reaching a low point in 2014-16, Halton suicide rate rose for a few years. However, since 2017-19 they have seen reductions whereas the England rate rose very slightly and the North West rate slightly more during this latter period.

The latest data takes in the pandemic period which did not seem to negatively impact Halton data. 2022 has seen significant cost of living increases, set to continue, which may impact suicide rates. The local Real Time Surveillance system enables us to receive early alerts to potential suicides and investigate causes

OLDER PEOPLE, WIDER HEALTH AND DEMENTIA

Older people's health: Wider Health

Nationally, regionally, and locally in Halton, life expectancy at birth, and at 65 has been improving. However, healthy life expectancy at 65 in Halton has not increased in recent times, and life expectancy at birth, at 65, and healthy life expectancy at 65 are lower in Halton than England.

With people living longer, but living a greater proportion of life with disabilities, or ill-health, means a greater reliance on health and social care services, given the range of potential comorbidities in older age. Such comorbidities include heart, respiratory, digestive and neuro-cognitive conditions. Included in this are multiple neuro-cognitive and mental health conditions, such as dementia — an umbrella term, including Alzheimer's disease, vascular dementia, and other rarer types of dementia.

It is incredibly important to provide not just health and social care services, but practical local services (e.g. transport) to better allow mobility and access and to promote greater social inclusion, particularly for those who find it more difficult to make the most of the provision of such services.

For further information please see Halton's Older People's JSNA Chapter
For further data see PHE Fingertips Older People Health & Wellbeing profile

Older people's health: Dementia and Neurology

Dementia is a condition which—depending on subtype—can involve presentation and degradation in physical and mental health. The number of people living with dementia is projected to increase exponentially over the coming years and decades. The greatest increase is expected to be among people with severe dementia, who have the most need for day-to-day care and activities, and have fewer treatment options available to maintain cognition and improve survival times and health outcomes. With the expanding population living with dementia, there will be a reflected cost to health and social care services, and out-of-pocket costs to informal carers, for providing care and support (Wittenberg et al., 2019).

People living with dementia are more likely to have comorbidities—both physical and mental health conditions — and the increasing need for care and support as dementia progresses, means a greater reliance on formal care and healthcare services. It is essential for informal, family carers to be supported to maintain care at home if possible, and to maintain cognition and wider health among people living with dementia, for long-term health, and health and social outcomes in dementia.

For further dementia specification information please see Halton's Local Dementia Profile
For further needs assessment details: Older People's Health and Wellbeing JSNA: Chapter 7

INEQUALITIES IN OUTCOMES

"Health inequalities are avoidable, unfair and systematic differences in health between different groups of people."

The King's Fund (2020)

Health inequalities across populations can exist due to a variety of "social, geographical, biological or other factors"[1]. The social, economic and environmental factors are often referred to as the **wider determinants of heath**, which are explored on the next page.

Health inequalities are generally measured by looking at **deprivation** levels, resulting in different **life expectancies**, as a measure of general health in a population.

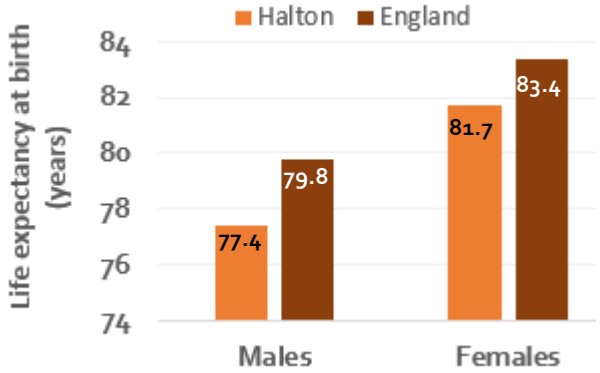
Halton is a deprived borough, relative to England as a whole (27th most deprived of 326) and over one quarter of its population live in areas classified in the 10% most deprived in England.

Residents of more deprived areas are more likely to be in worse health , spend more of their lives in poor health, require greater access to healthcare and other services; however they often do not have their greater needs met[2,3].

1. National Institute for Health and Clinical Excellence (2012) Health inequalities and population health
2. PHE: https://www.gov.uk/government/publications/health-profile-for-england/chapter-5-inequality-in-health
3. Cookson et al. (2016) Socio-Economic Inequalities in Health Care in England

Life expectancy at birth 2017-19

Halton compared to England, males and females



There are also varying levels of deprivation and life expectancy within Halton, meaning that there are internal inequalities. For males there is a **8.3** year gap between life expectancy at birth for those in the most deprived 10% of Halton, compared to the least deprived 10%; the gap is **7.7** years for females.

The sub-region of Cheshire and Merseyside is on track to tackle health inequalities head-on by becoming a **Marmot Community**. Sir Michael Marmot is working with colleagues across the area to address these significant challenges.

A JSNA chapter on inequalities in life expectancy will be published in summer 2021 (see our webpage www.halton.gov.uk/jsna).

IMPACT OF COVID-19 ON MENTAL HEALTH & WELLBEING

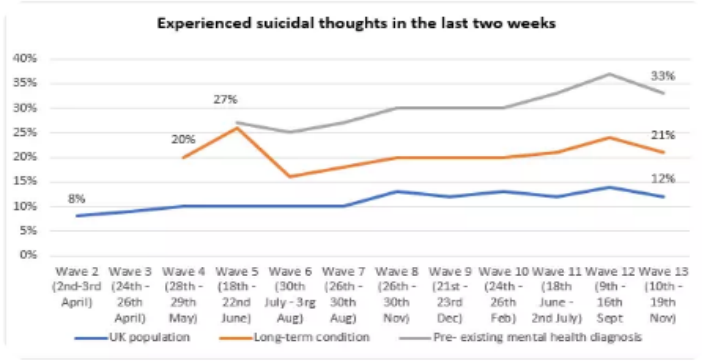
COVID-19 has undoubtedly had a huge impact on people's lives and health. Some will have been short-lived during different phases of the pandemic and restriction measures. Others likely to have lasting effects. We may not know the full extent for many years.

A recent report looking at the impacts on women during pregnancy and after they have given birth found that they faced extra pressures on their mental health, including anxiety about giving birth during lockdown or about becoming unwell; also present were fears about losing their job and increasing levels of domestic violence[1]. There may have also been issues relating to access to services during the pandemic.

A UK-wide, repeated cross-sectional study of how the pandemic is affecting people's mental health[2] has found that since the first lockdown in March 2020, UK adults, in general, have slowly become less able to cope with the stress of the pandemic.

- The proportion of people reporting they were coping well fell slowly and steadily, from 73% in April 2020 to 60% in September 2021
- those with a pre-existing mental health condition were less likely than UK adults, in general, to be coping well (58%)
- The % of adults with a long-term physical health condition reporting they were coping well increased between September and November 2021 (50% to 60%). However, 22% are still reporting that they are not coping well with the stress of the pandemic
- Anxiety and worry due to the pandemic continue to decline significantly amongst the general population but still record higher levels amongst vulnerable groups
- Some people are still concerned about restrictions being lifted with 42% of the population anxious with levels being higher amongst those with long-term conditions and pre-existing mental health conditions (55%)
- There are mixed feelings about returning to pre-pandemic lifestyles

The Mental Health Foundation study[2] has also shown that suicidal thoughts have become more prevalent across the year and that they are increasingly common amongst our most vulnerable groups, despite the easing of restrictions. The increase was most marked amongst those with pre-existing mental health conditions



Analysis of data from the UK Household Longitudinal Study (UKHLS)[3] has tracked changes in levels of psychological distress during the pandemic. It suggests the proportion of adults aged 18 and over reporting a clinically significant level of psychological distress increased from 20.8% in 2019 to 29.5% in April 2020, fell back to 21.3% by September 2020, with an increase to 27.1% in January 2021, followed by a further decrease to 24.5% in late March 2021.

These findings have been broadly corroborated by other studies also looking at anxiety, depressive symptoms, loneliness, sleep and stress.. However, the periods of 'recovery' in summer 2020 and autumn 2021 were either not

1. Centre for Mental Health (2021) Maternal mental health during a pandemic: A rapid evidence review of Covid-19's impact
2. *https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic-study*
3. *https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/2-important-findings-so-far*

IMPACT OF COVID-19 ON MENTAL HEALTH & WELLBEING: Children and vulnerable groups

Another large study[1] of adults aged 18 and over found that 26.1% of respondents reported self-harm thoughts and 7.9% self-harm behaviours at least once between March 2020 and May 2021. This study does not have a pre-pandemic comparison. The largest adversity contributing to increases in both self-harm thoughts and behaviours was having experienced physical or psychological abuse between April and August 2021. Having had COVID-19 and financial worries were also associated with increased likelihood of both outcomes.

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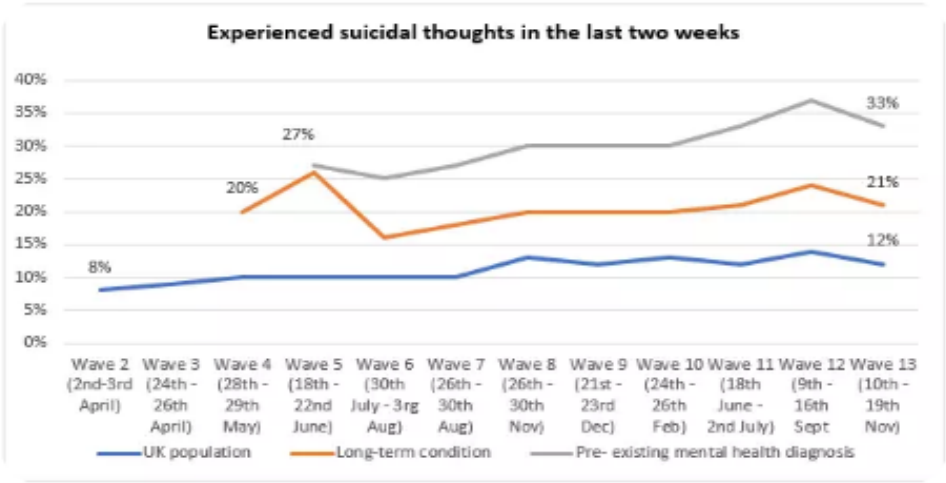

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Impacts on children and young people[1]

Evidence suggests that most children have broadly coped well with the pandemic. In their Big Ask survey in April and May 2021 - a survey of over a half a million children and young people aged between 6 and 17 years - found that 80% of children and young people were happy or okay with their mental wellbeing. However, over the pandemic, girls and young women, older young people (16 to 24 year olds), disadvantaged children and young people, and those with SEN were more likely to report difficulties with mental health and wellbeing

The Department for Education's (DfE's) *State of the Nation* annual report found that evidence indicated lower wellbeing in December 2020 and February 2021, when schools were closed to most pupils, compared to previous months in the academic year. Reductions in average levels of wellbeing occurred most clearly in February 2021

Data from February and March 2021 shows that rates of probable mental disorder in children and young people have increased between 2017 and 2021 (rates identified in 2020 were similar to 2021). Additionally, the proportion of children and young people with possible eating problems also increased.

1. *https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/2-important-findings-so-far*
2. *https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic-study*
3. Centre for Mental Health (2021) Maternal mental health during a pandemic: A rapid evidence review of Covid-19's impact