

Bolton

Wider Determinants of Health				Local value	Eng. avg.	Eng. worst	England Range	Eng. best
1	Percentage of 16-18 year olds not in employment, education or training	8.00	5.98	11.40		2.70		
2	Episodes of violent crime, rate per 1,000 population	12.90	14.78	35.06		6.35		
3	Percentage of the relevant population living in the 20% most deprived areas in England 2010	40.13	19.77	82.99		0.27		
4	Working age adults who are unemployed, rate per 1,000 population	80.46	64.24	120.38		32.60		
5	Hospital admissions for alcohol attributable conditions, rate per 1,000 population	20.97	20.17	32.33		9.95		
6	Numbers of people (aged 18-75) in drug treatment, rate per 1,000 population	9.36	5.46	0.88		16.26		

Risk Factors				Local value	Eng. avg.	Eng. worst	England Range	Eng. best
7	Homeless households rate per 1,000 population	2.40	2.03	10.36		0.13		
8	Percentage of the population with a limiting long term illness (based on 2001 census data)	19.61	16.93	24.35		10.25		
9	Percentage of pupils participating in physical activity 5-16 year olds	78.37	86.36	57.94		100.00		
10	Percentage of adults (16+) participating in recommended level of physical activity	10.09	11.45	5.76		16.93		

Levels of Mental Health and Illness				Local value	Eng. avg.	Eng. worst	England Range	Eng. best
11	Percentage with dementia aged 18+	0.48	0.48	0.84		0.17		
12	Percentage with depression aged 18+	10.59	11.19	20.28		4.57		
13	Percentage of patients on learning disabilities register aged 18+	0.40	0.42	0.69		0.19		

Treatment				Local value	Eng. avg.	Eng. worst	England Range	Eng. best
14	Directly standardised rate for emergency hospital admissions for mental health	322.01	216.93	664.19		60.45		
15	Directly standardised rate for emergency hospital admissions for unipolar depressive disorders	44.41	34.22	176.83		2.78		
16	Directly standardised rate for emergency hospital admissions for Alzheimer's and other related dementia	96.61	129.03	309.27		36.02		
17	Directly standardised rate for emergency hospital admissions for schizophrenia, schizotypal and delusional disorders	88.17	44.09	213.75		1.63		
18	Allocated average spend for mental health per head	198.52	182.95	147.09		256.95		
19	Numbers of people using adult & elderly NHS secondary mental health services, rate per 1000 population	3.40	2.55	0.01		9.62		
20	Numbers of people on a Care Programme Approach, rate per 1,000 population	10.83	6.39	0.33		17.09		
21	In year bed days for mental health, rate per 1,000 population	196.28	192.85	488.76		71.98		
22	Number of contacts with Community Psychiatric Nurse (CPN), rate per 1,000 population	198.55	168.53	3.21		584.44		
23	Number of total contacts with mental health services, rate per 1,000 population	477.29	313.23	31.49		822.88		

Outcomes				Local value	Eng. avg.	Eng. worst	England Range	Eng. best
24	Directly standardised rate for emergency hospital admissions for self harm	220.99	211.07	508.85		56.73		
25	Indirectly standardised mortality rate for suicide and undetermined injury	148.49	100.00	173.65		29.46		

Key

- Regional average
- Not significant
- Significance Not Tested

Where perceived polarity:

- Significantly worse
- Significantly better

Where no perceived polarity:

- Significantly lower
- Significantly higher

England worst England average England best England lowest England average England highest

25th percentile 75th percentile 25th percentile 75th percentile

Introduction

Purpose

The Community Mental Health Profiles (CMHP) present a range of mental health information for local authorities in England. The CMHP are designed to give an overview of mental health risks, prevalence and services at a local, regional and national level using an interactive mapping tool. The data should be used to inform commissioners of health and social care services in their decision making, leading to the improvement of mental health, and mental health services.

Context

One in four people in the UK will suffer a mental health problem in the course of a year (1). The cost of mental health problems to the economy in England have recently been estimated at £105 billion, and treatment costs are expected to double in the next 20 years (2). Mental health is high on the government's agenda, with a new strategy, 'No Health without Mental Health', published by the Department of Health in 2011. The strategy takes a cross government approach with a focus on outcomes for people with mental illness. The indicators included in the Community Mental Health Profiles have been specifically selected to reflect the strategy. Further work is planned to develop indicators and feedback from users is welcomed.

Content

The individual local authority profiles comprise 25 mental health indicators covering the following themes:

- * Wider determinants of health
- * Risk factors
- * Levels of mental health and illness
- * Treatment and Outcomes

Analysis

Data in the CMHP have been mapped to upper tier local authorities, the organisations responsible for commissioning social care for their populations. The data are presented with 95% confidence intervals to help determine the reliability of the statistics. Metadata for all indicators can be downloaded for those who require more information or, who wish to reproduce the indicators.

For further information, assistance or queries please contact:
cmhp@nepho.org.uk

1. The Mental Health Foundation,
<http://www.mentalhealth.org.uk/help-information/mental-health-statistics/>
2. Department for Health, 2011, 'No Health without Mental Health: A Cross Government Mental Health Strategy for People of All Ages', HMG/DH, p2,
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123766

This profile covers Bolton



How to find out more information

The web based version of the health profiles shows more information on your area. You can see this at <http://www.nepho.org.uk/cmhp> or scan the QR code below.

- On the spine chart if you click on an indicator name you will get a bar chart showing where your area lies in relation to others. There is an option to print the graph directly or download it as an image file.
- Clicking on the scatter plot allows you to make a scatter graph of any indicator against any other. There is an option to print the graph directly or download it as an image file.
- The map tab allows you to draw maps either by rates for the indicator (shown as quartiles) or of areas that are statistically significantly different from the national figure in one direction or another.
- The information tab allows you to look at the detailed definition showing how each indicator is calculated and where the data come from.
- The download tab allows you to download either the full report for the area you have chosen as a .pdf file, an excel spreadsheet of the data for your area or a guide to the indicators

www.nepho.org.uk/cmhp

Community Mental Health Profiles are produced by the North East Public Health Observatory.

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Wider Determinants of Health

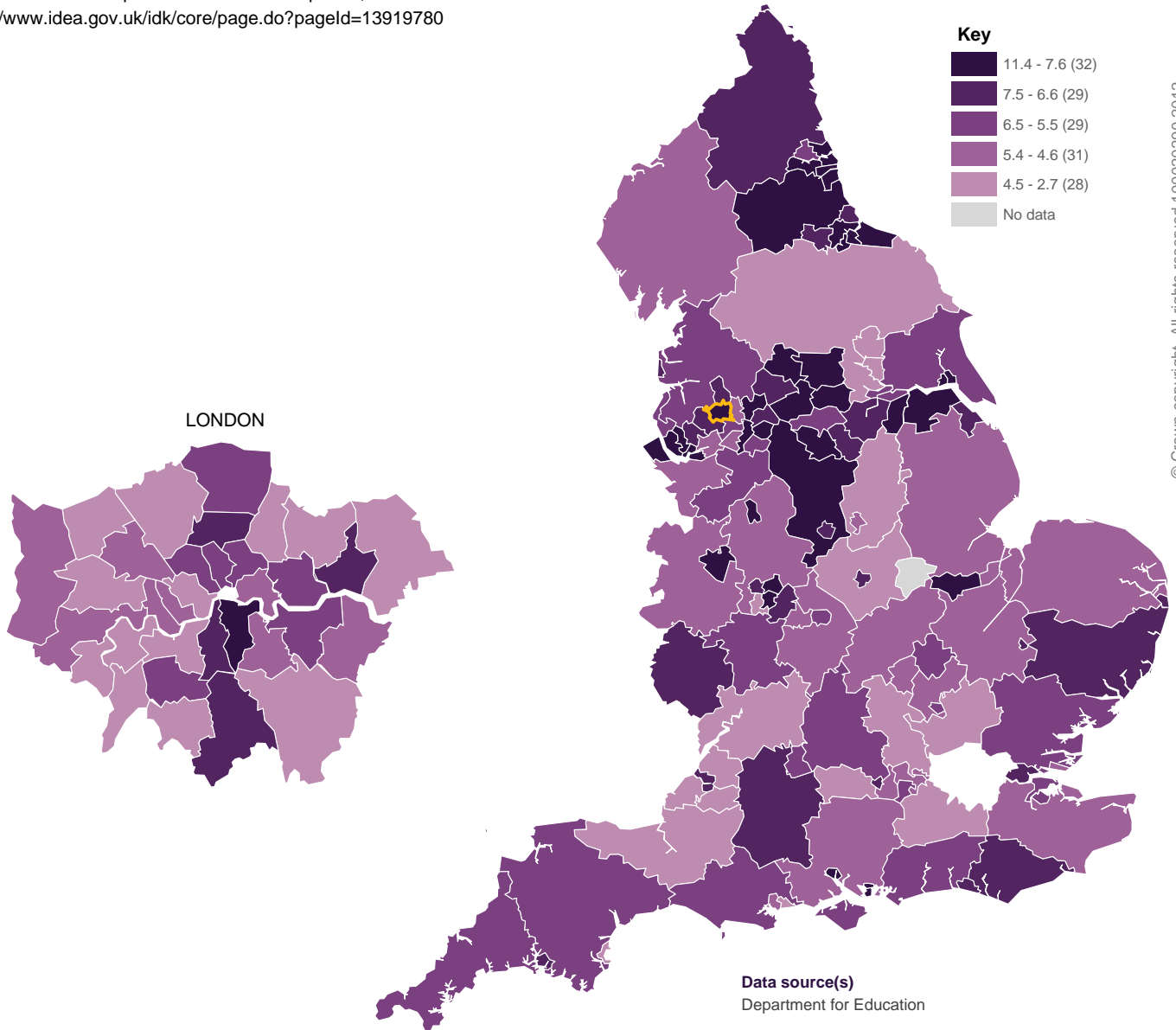
1. Percentage of 16-18 year olds not in employment, education or training

Young people aged 16-18 years old who are not in education, training or employment (NEETS) are more likely to have poor health and die an early death. They are also more likely to have a poor diet, smoke, drink alcohol and suffer from mental health problems.

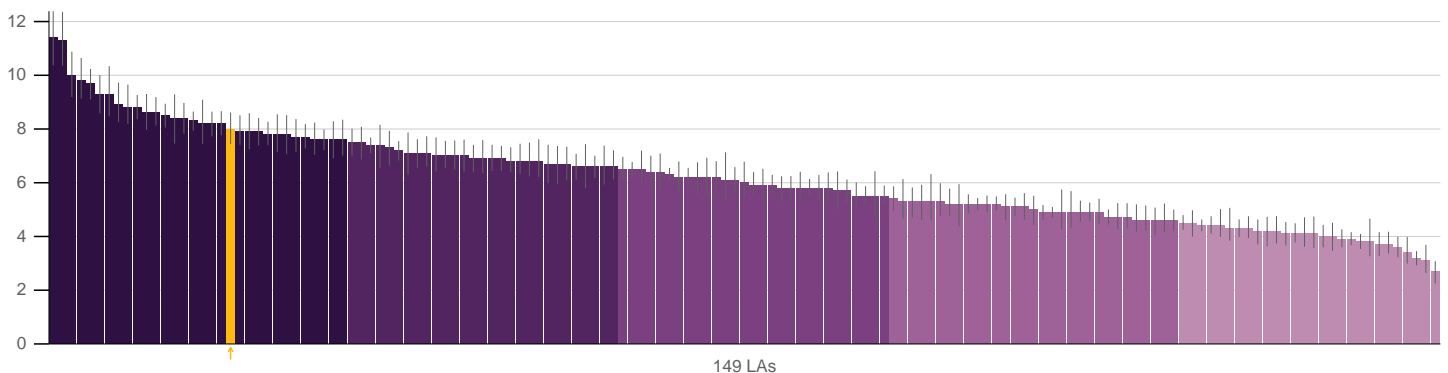
Period	England Average	Region	Bolton
2010	5.98	6.70	8.00

 Significantly worse than England

Local Government Improvement and Development, Oct 2009
<http://www.idea.gov.uk/idk/core/page.do?pagelid=13919780>



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Wider Determinants of Health continued

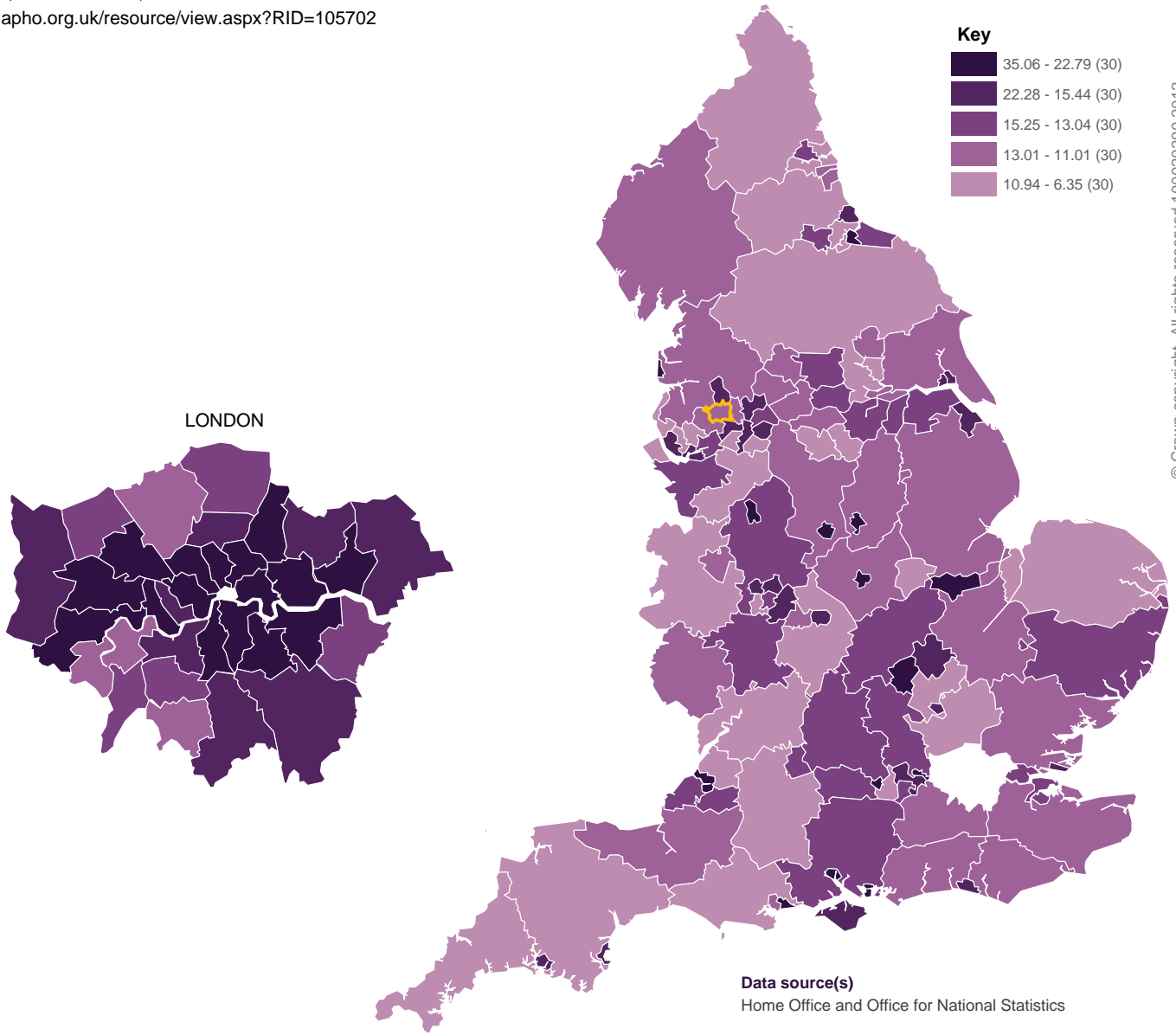
2. Episodes of violent crime, rate per 1,000 population

Crime levels are associated with both illness and poverty, increasing the burden of ill health on those communities least able to cope. Violent crime can result directly in psychological distress and subsequent mental health problems.

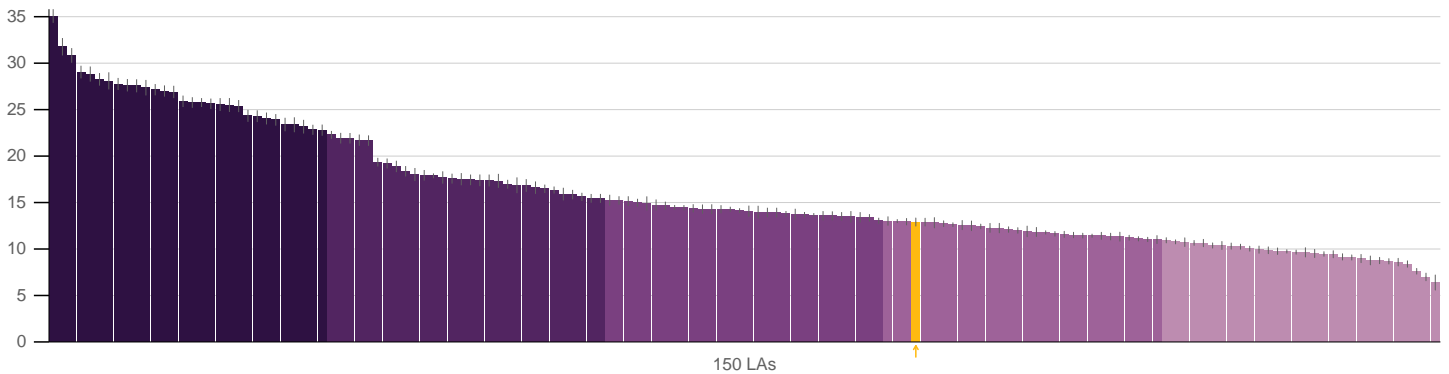
Period	England Average	Region	Bolton
2010/11	14.78	13.98	12.90

 Significantly better than England

APHO, Health Profiles, The Indicator Guide 2011.
www.apho.org.uk/resource/view.aspx?RID=105702



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Wider Determinants of Health continued

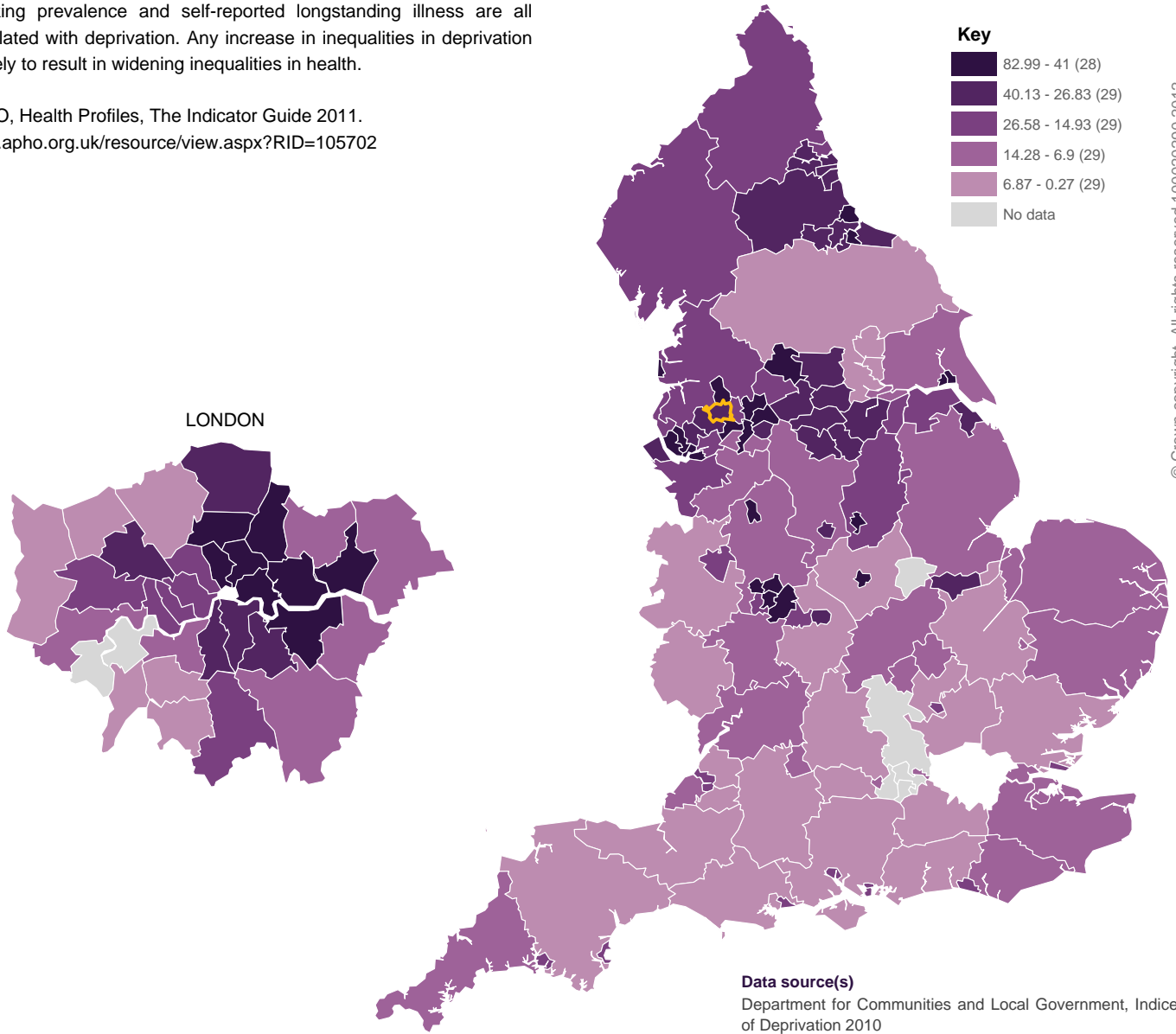
3. Percentage of the relevant population living in the 20% most deprived areas in England 2010

This indicator identifies areas with substantial levels of multiple deprivation, which helps to measure and identify health inequalities across England. Many studies have demonstrated the association between poor health and deprivation. For instance, all cause mortality, smoking prevalence and self-reported longstanding illness are all correlated with deprivation. Any increase in inequalities in deprivation is likely to result in widening inequalities in health.

APHO, Health Profiles, The Indicator Guide 2011.
www.apho.org.uk/resource/view.aspx?RID=105702

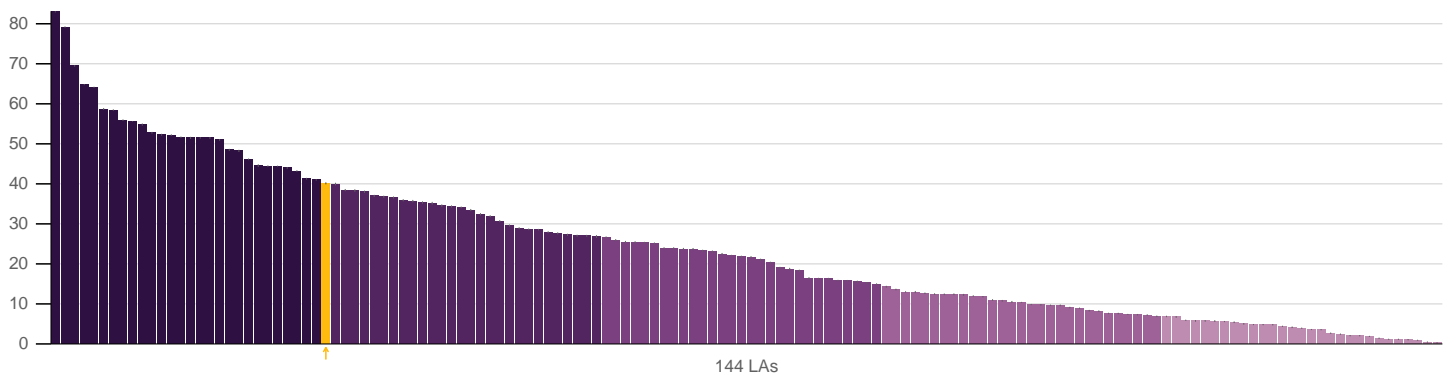
Period	England Average	Region	Bolton
2010	19.77	31.84	40.13

 Significantly worse than England



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Data source(s)
 Department for Communities and Local Government, Indices of Deprivation 2010




Wider Determinants of Health continued

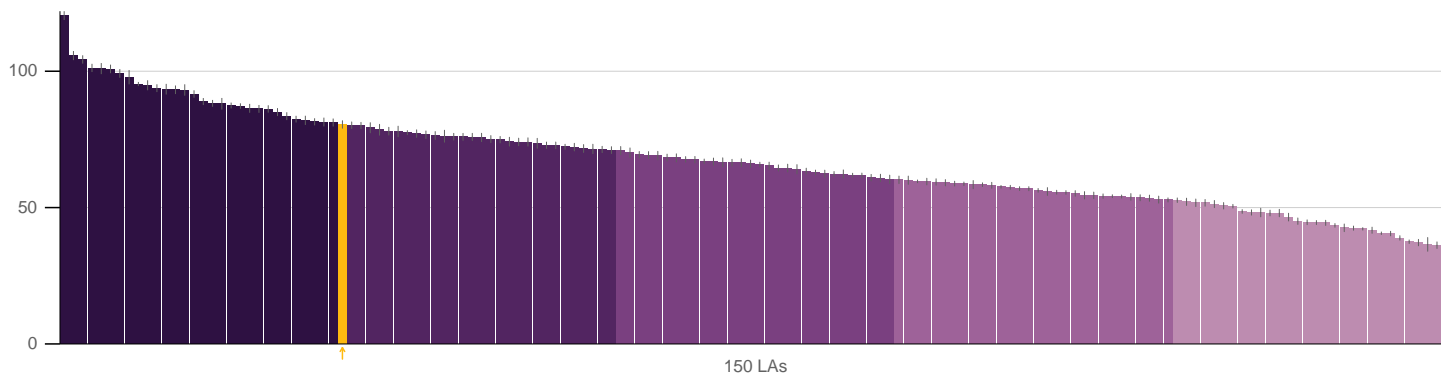
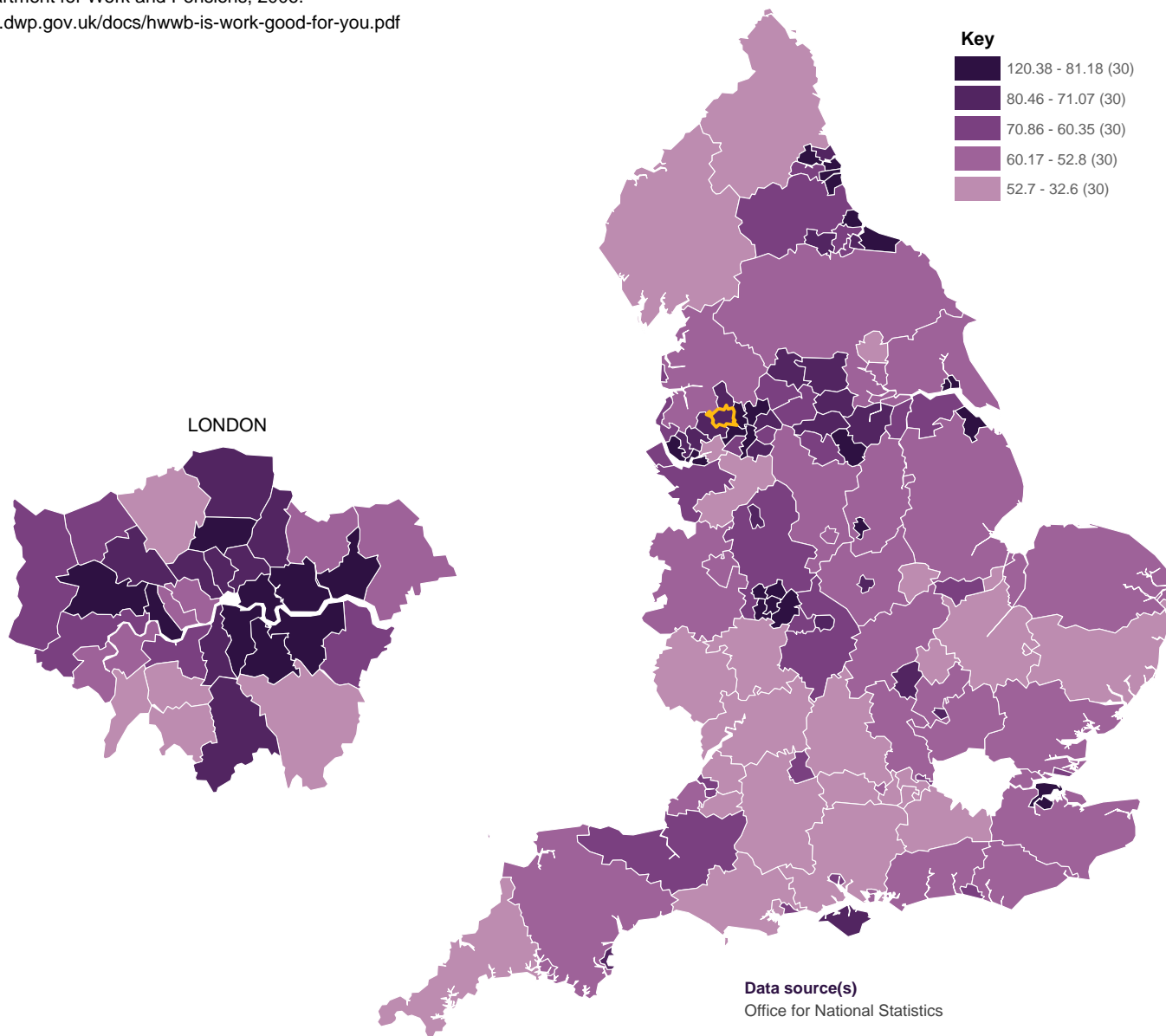
4. Working age adults who are unemployed, rate per 1,000 population

There is strong evidence to suggest that work is generally good for physical and mental health and wellbeing, taking into account the nature and quality of work and its social context. Long term worklessness is associated with poorer physical and mental health.

Department for Work and Pensions, 2006.
www.dwp.gov.uk/docs/hwwb-is-work-good-for-you.pdf

Period	England Average	Region	Bolton
2009/10	64.24	69.02	80.46

 Significantly worse than England



Wider Determinants of Health continued

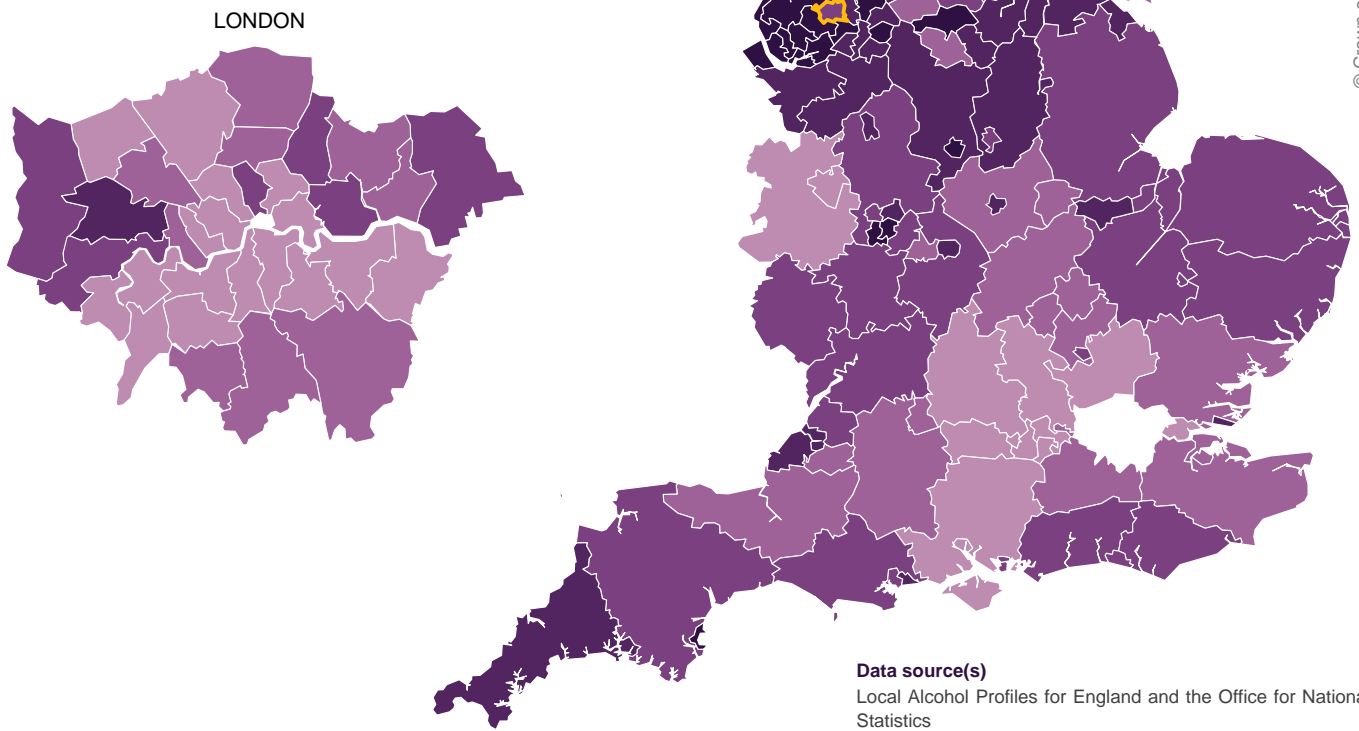
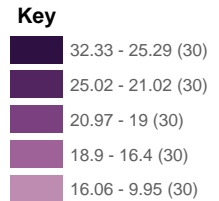
5. Hospital admissions for alcohol attributable conditions, rate per 1,000 population

Alcohol misuse leads to a range of public health problems and the long term effects of excessive alcohol consumption are a major cause of avoidable hospital admissions. Alcohol affects all of society, from the burden on the NHS in terms of hospital admission and treatment in primary care, the economic burden due to loss of employment and reduced capacity to work, through to other negative effects of alcohol on the social and behavioural welfare of communities.

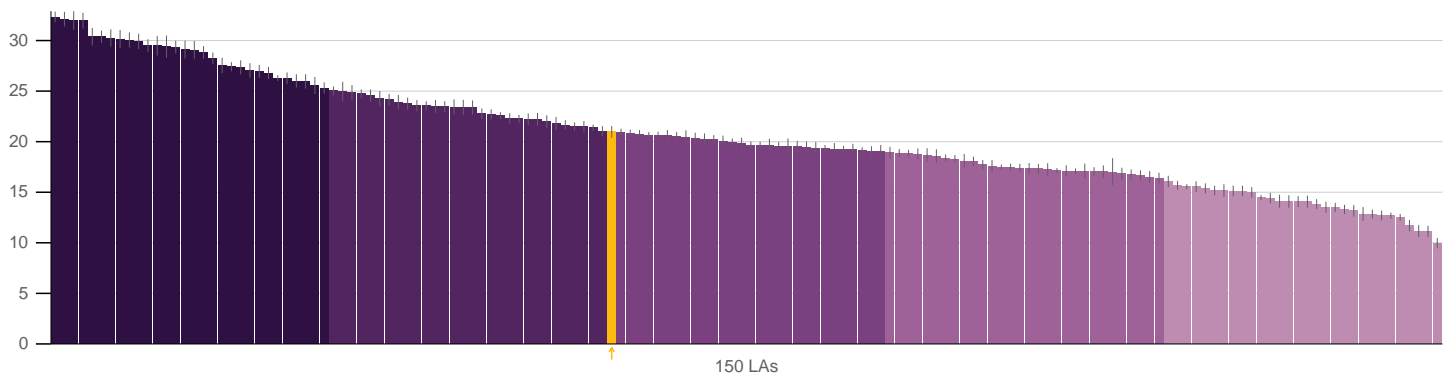
APHO, Health Profiles, The Indicator Guide 2011.
www.apho.org.uk/resource/view.aspx?RID=105702

Period	England Average	Region	Bolton
2009/10	20.17	26.56	20.97

 Significantly worse than England



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Wider Determinants of Health continued

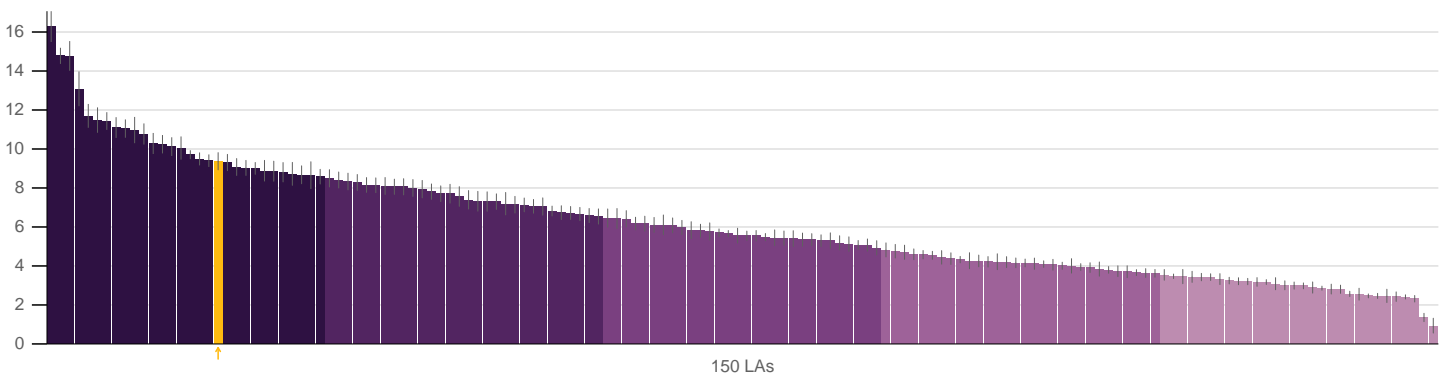
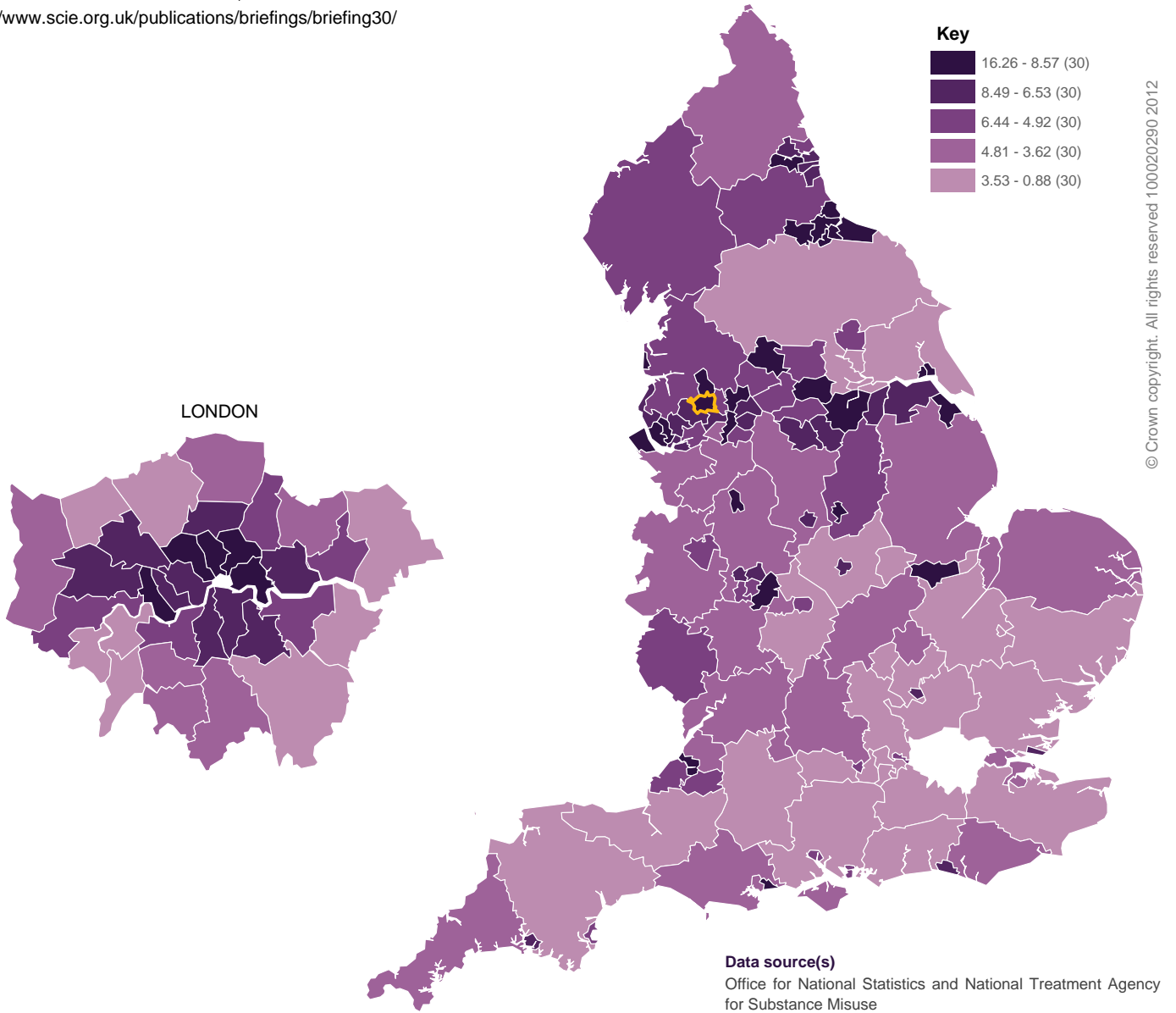
6. Numbers of people (aged 18-75) in drug treatment, rate per 1,000 population

There is an association between mental health problems and drug misuse. Some people misuse substances to help cope with the symptoms of mental illness. Others may experience mental health issues as a result of their substance abuse.

Period	England Average	Region	Bolton
2010/11	5.46	7.58	9.36

 Significantly higher than England

Social Care Institute for Excellence, Jan 2009.
<http://www.scie.org.uk/publications/briefings/briefing30/>




Risk Factors

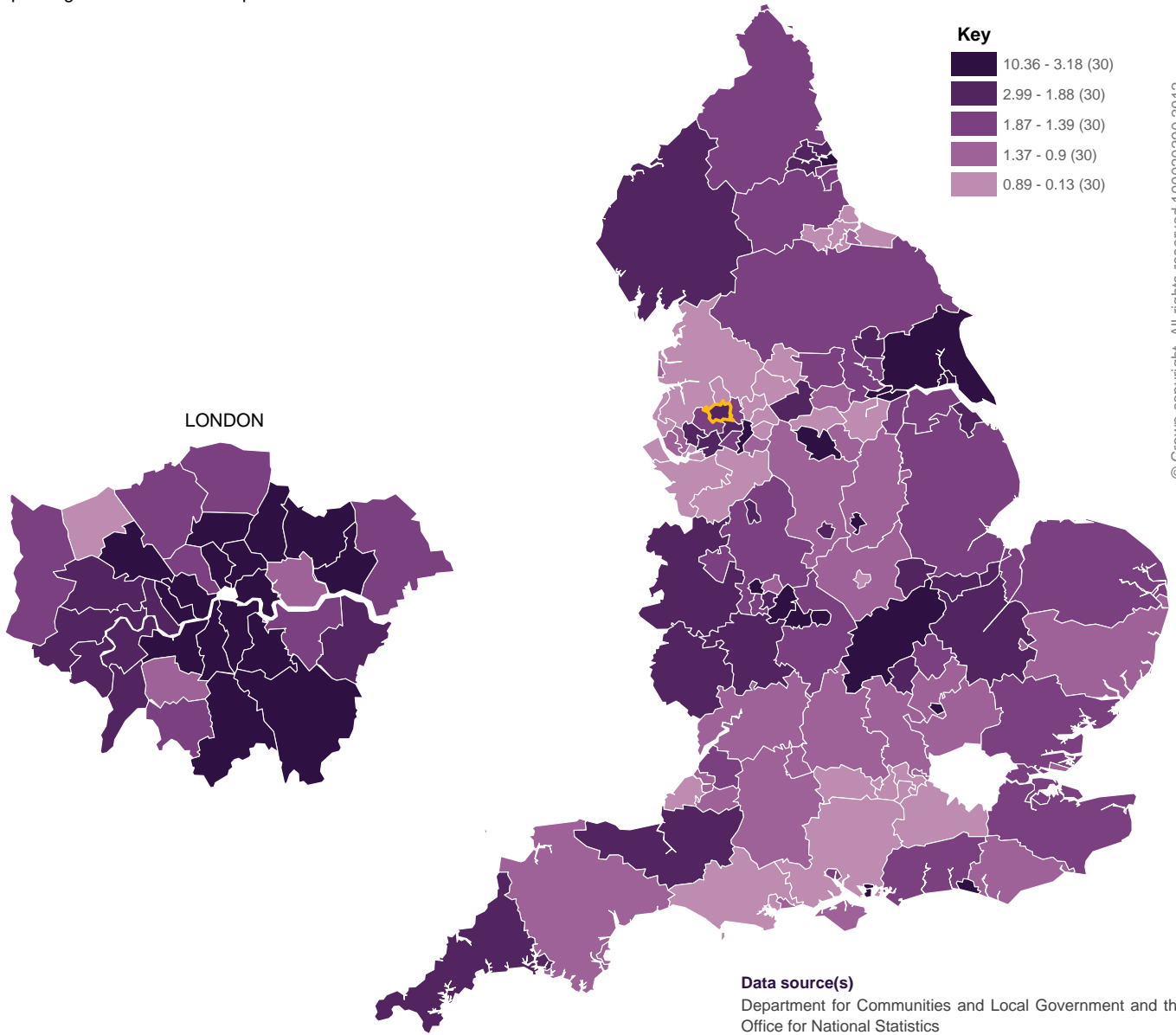
7. Homeless households rate per 1,000 population

This indicator highlights a group that are amongst the most vulnerable in society. Homelessness is associated with severe poverty and is a social determinant of health.

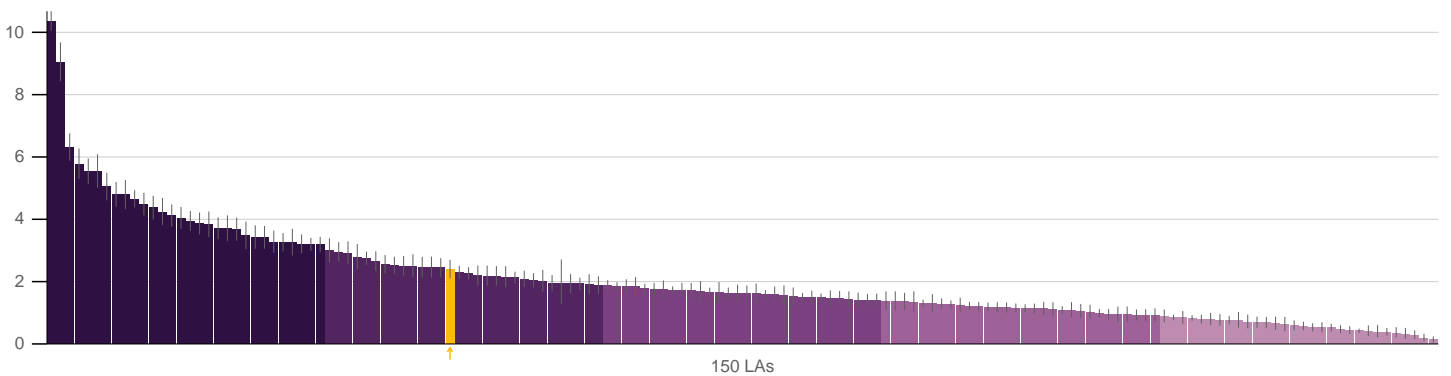
Period	England Average	Region	Bolton
2010/11	2.03	1.32	2.40

 Significantly worse than England

APHO, Health Profiles, Indicator Guide, 2011.
www.apho.org.uk/resource/view.aspx?RID=105702



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Risk Factors continued

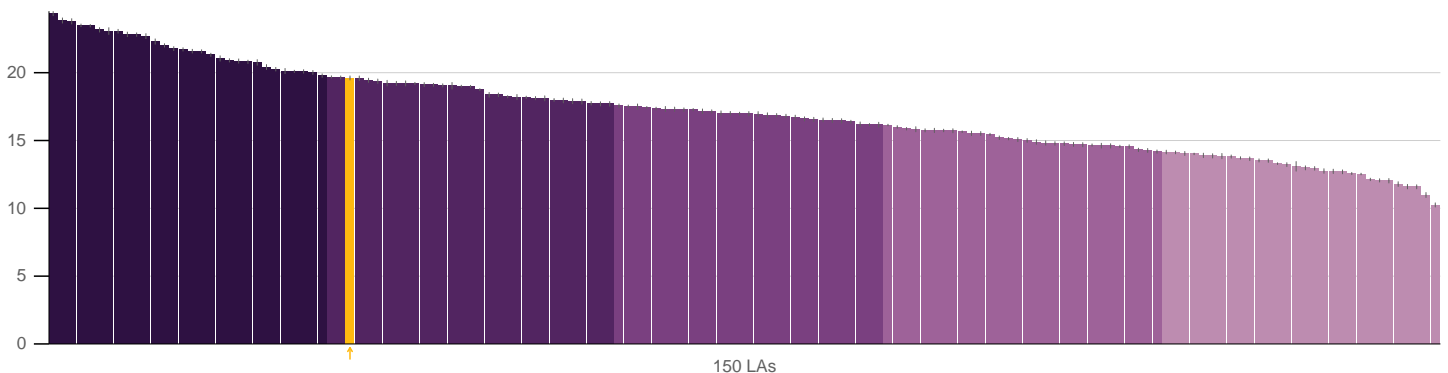
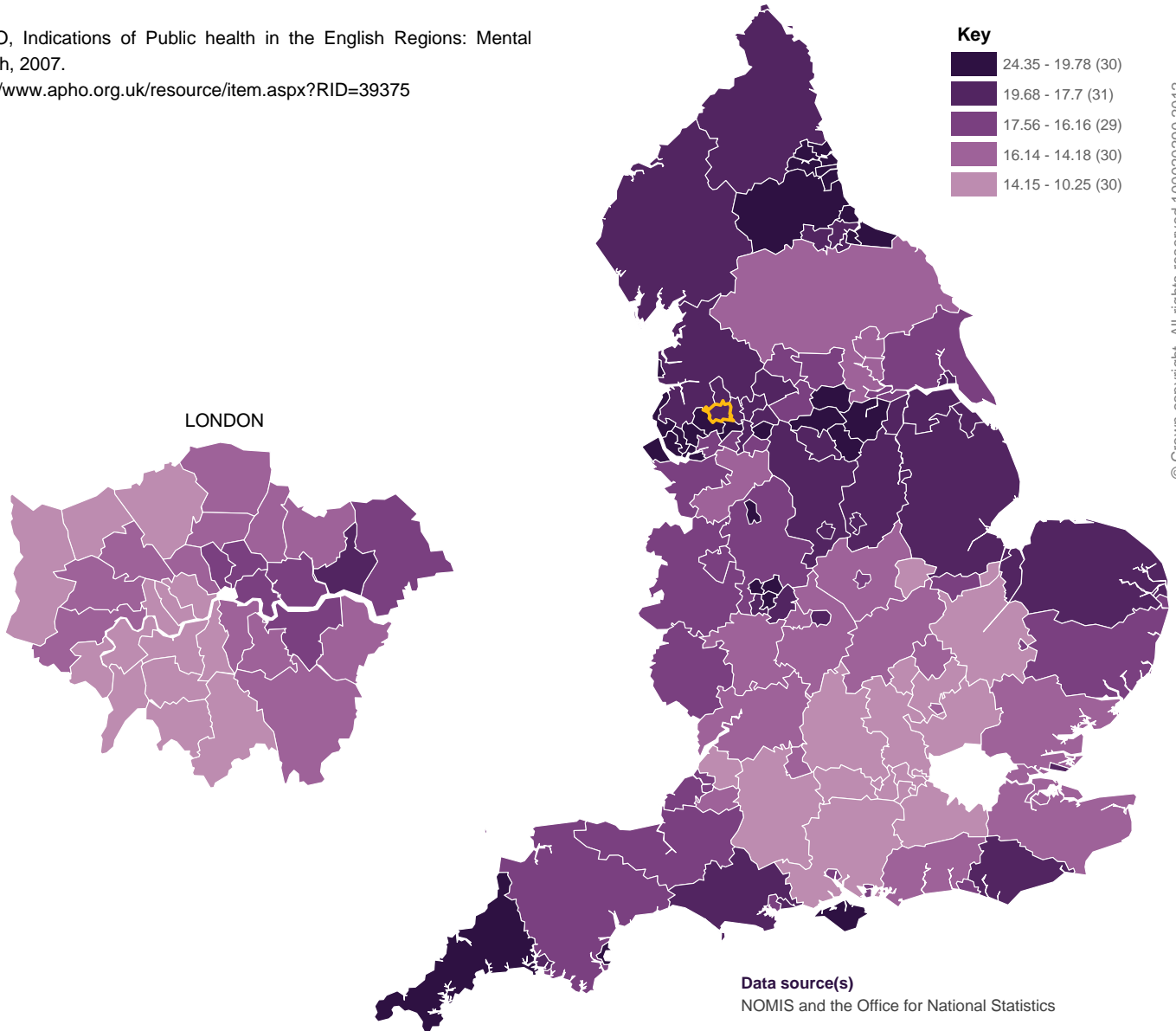
8. Percentage of the population with a limiting long term illness (based on 2001 census data)

Poor quality of life through physical illness is known to be closely related to mental health problems. People with mental health problems are up to twice as likely to experience a long term illness or disability.

APHO, Indications of Public health in the English Regions: Mental Health, 2007.
<http://www.apho.org.uk/resource/item.aspx?RID=39375>

Period	England Average	Region	Bolton
2001	16.93	19.65	19.61

 Significantly worse than England



Risk Factors continued

9. Percentage of pupils participating in physical activity 5-16 year olds

The aim of the national Physical Education, School Sport and Club Links (PESSCL) strategy is to increase pupils' participation in high quality activity and sport. The target is for 85% of 5-16 year olds to take part in a minimum of two hours of high quality sporting activities each week.

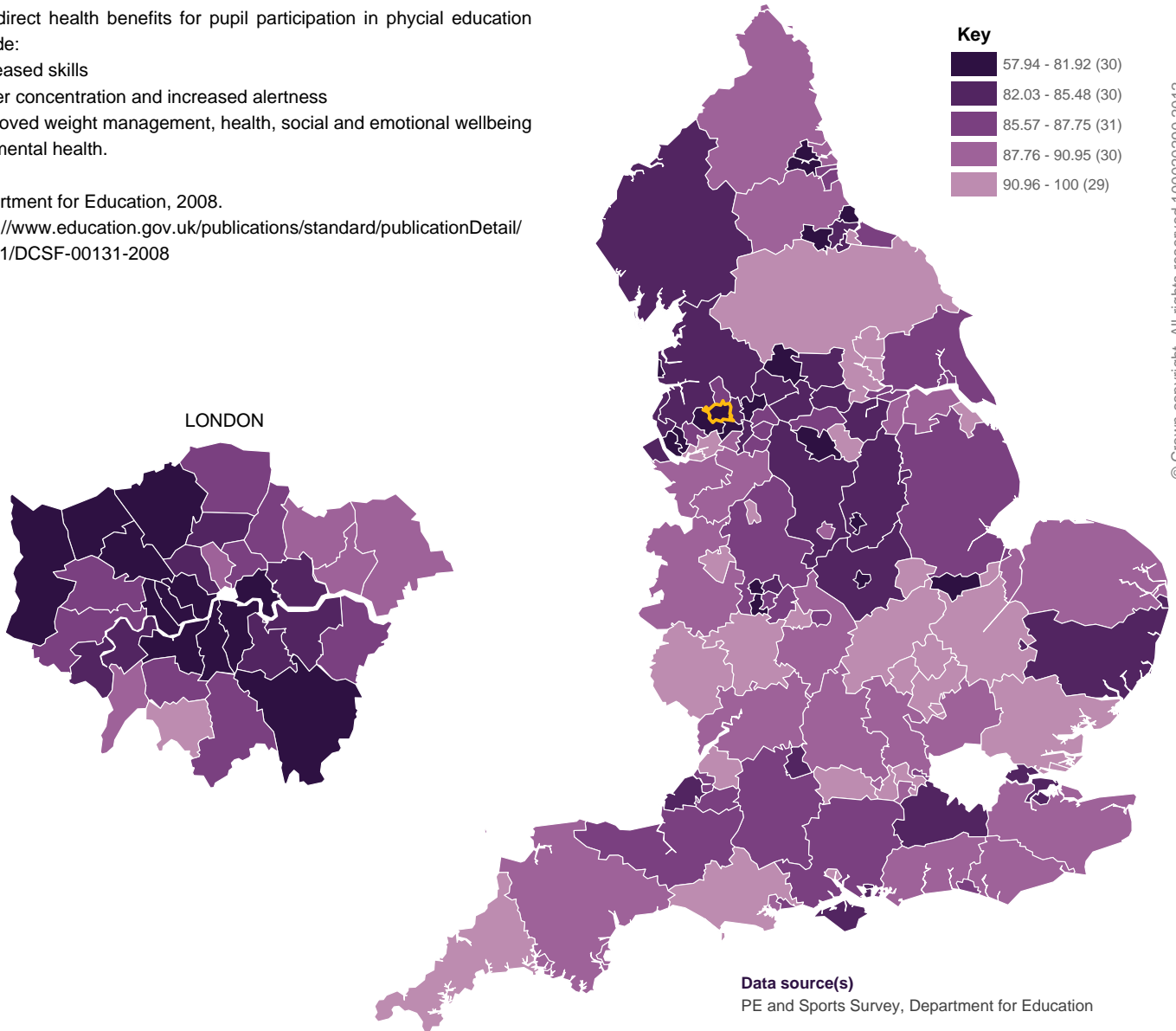
The direct health benefits for pupil participation in physical education include:

- *increased skills
- *better concentration and increased alertness
- *improved weight management, health, social and emotional wellbeing and mental health.

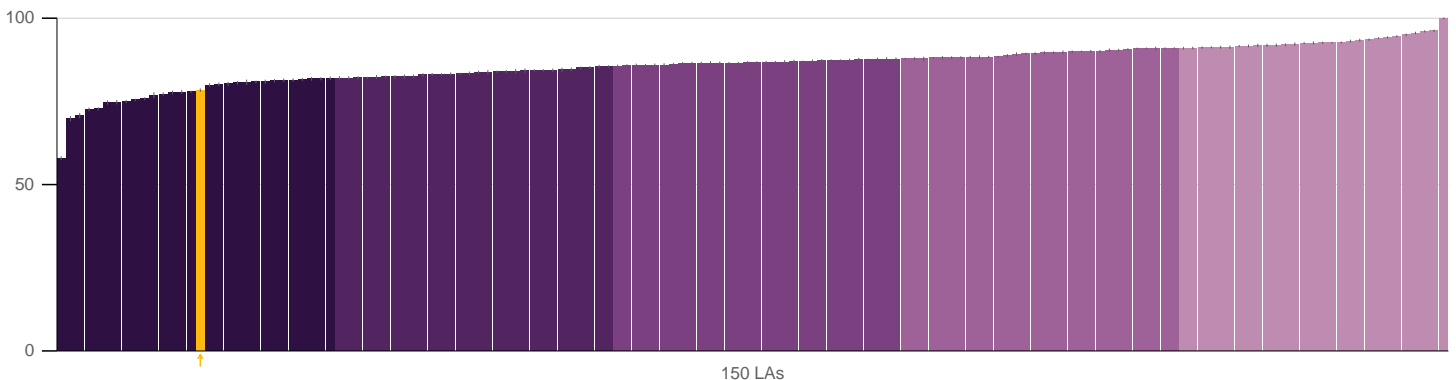
Department for Education, 2008.
<https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00131-2008>

Period	England Average	Region	Bolton
2009/10	86.36	83.72	78.37

● Significantly worse than England



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Risk Factors continued

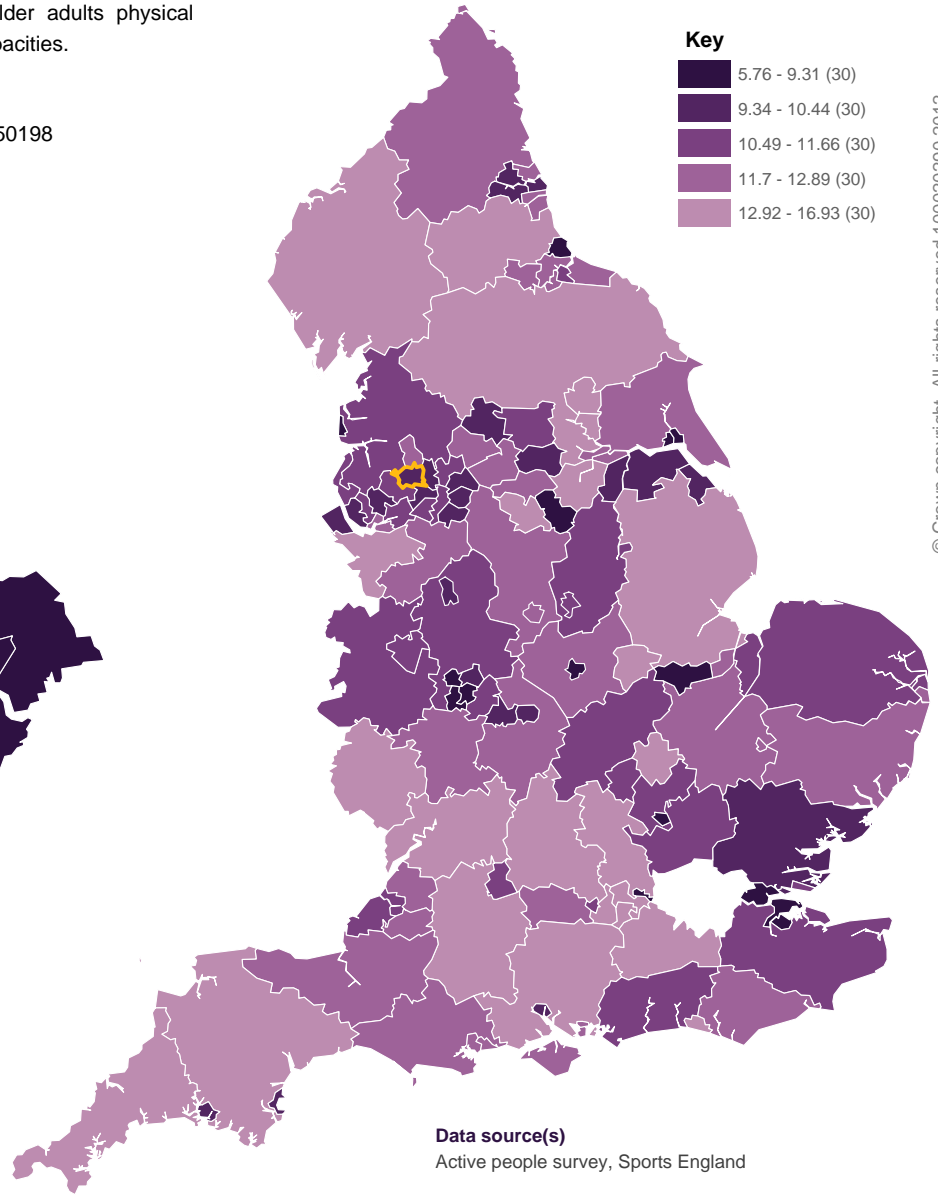
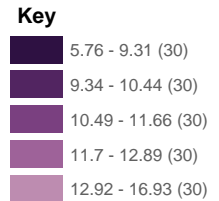
10. Percentage of adults (16+) participating in recommended level of physical activity

People who have a physically active lifestyle are at approximately half the risk of developing coronary heart disease compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities.

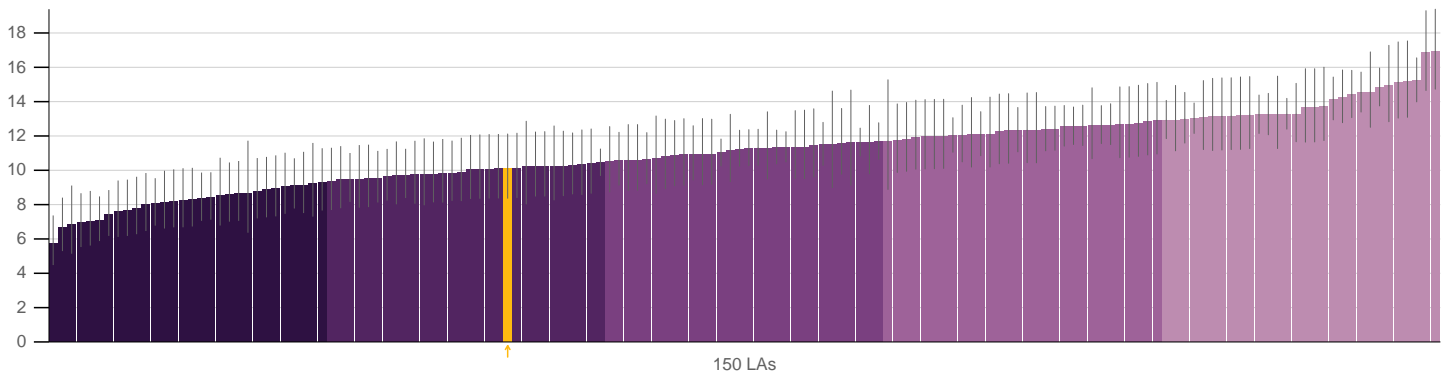
APHO, Health Profiles, Indicator Guide, 2009.
<http://www.apho.org.uk/resource/item.aspx?RID=50198>

Period	England Average	Region	Bolton
2008-2010	11.45	11.25	10.09

 Not significantly different to England



Data source(s)
 Active people survey, Sports England



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Levels of Mental Health and Illness

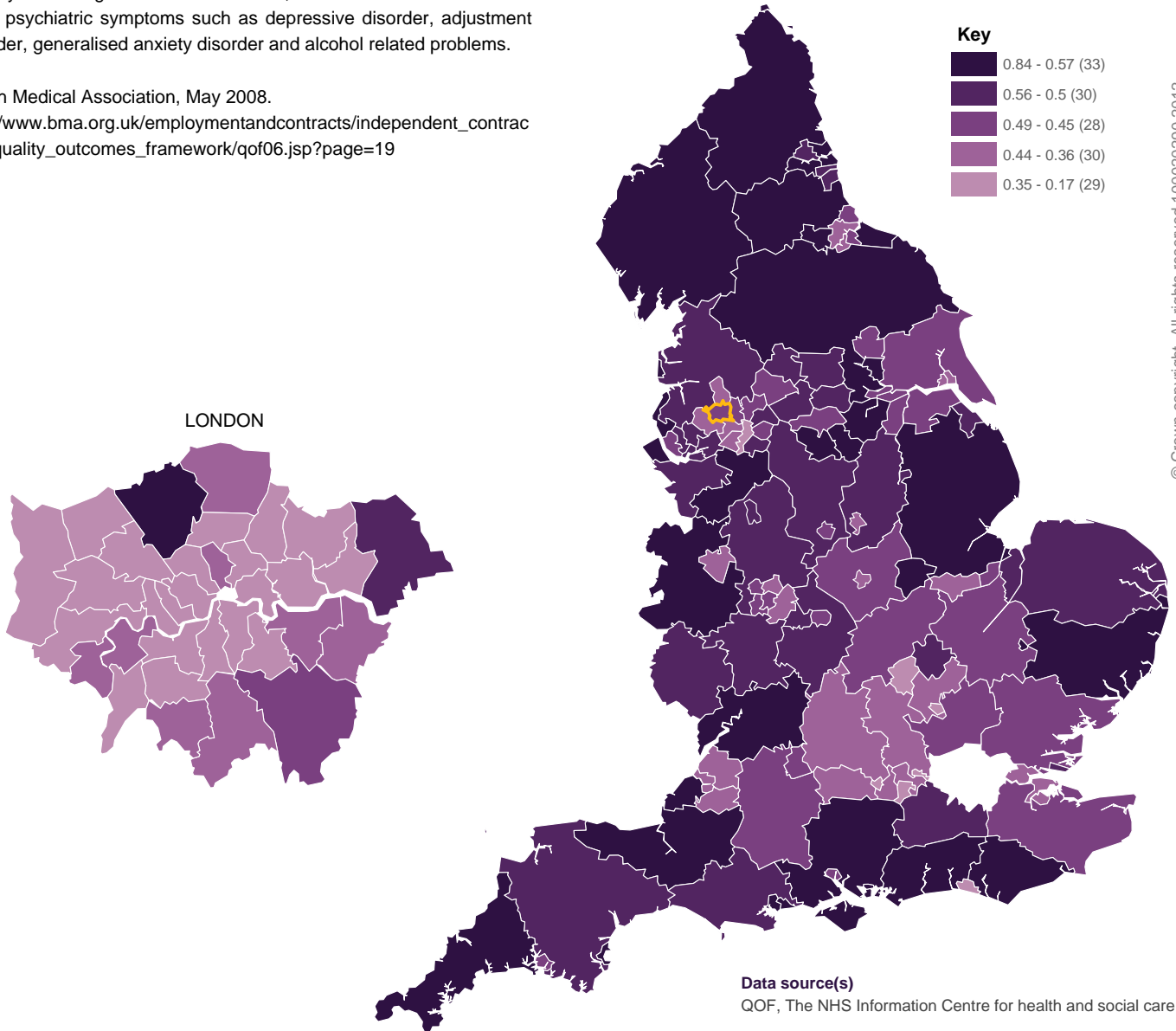
11. Percentage with dementia aged 18+

This indicator estimates the prevalence of dementia from General Practice records. Dementia is a syndrome characterised by catastrophic, progressive global deterioration in intellectual function and is a main cause of late-life disability. The prevalence of dementia increases with age and is estimated to be approximately 20 per cent at 80 years of age. In a third of cases, dementia is associated with other psychiatric symptoms such as depressive disorder, adjustment disorder, generalised anxiety disorder and alcohol related problems.

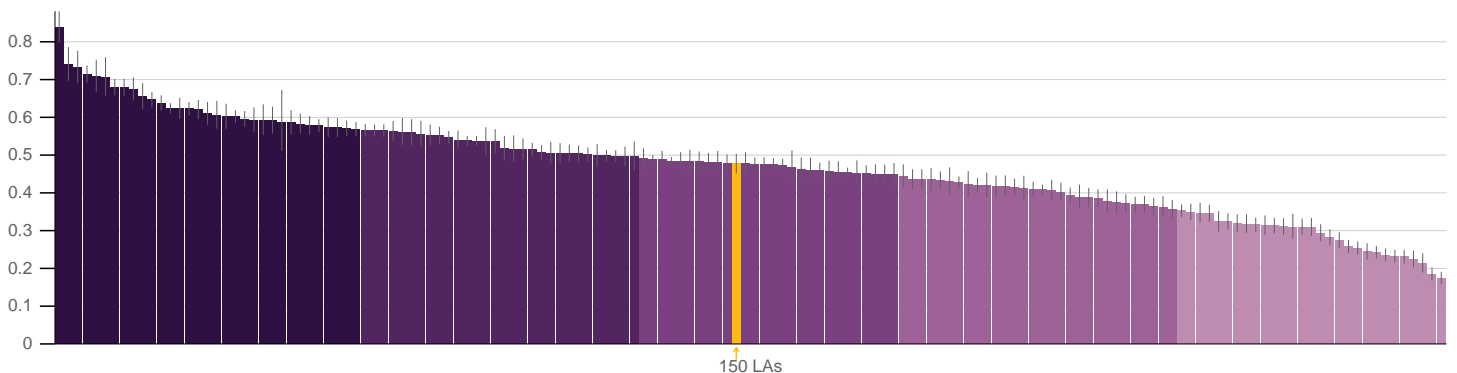
British Medical Association, May 2008.
http://www.bma.org.uk/employmentandcontracts/independent_contractors/quality_outcomes_framework/qof06.jsp?page=19

Period	England Average	Region	Bolton
2009/10	0.48	0.52	0.48

 Not significantly different to England



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Levels of Mental Health and Illness continued

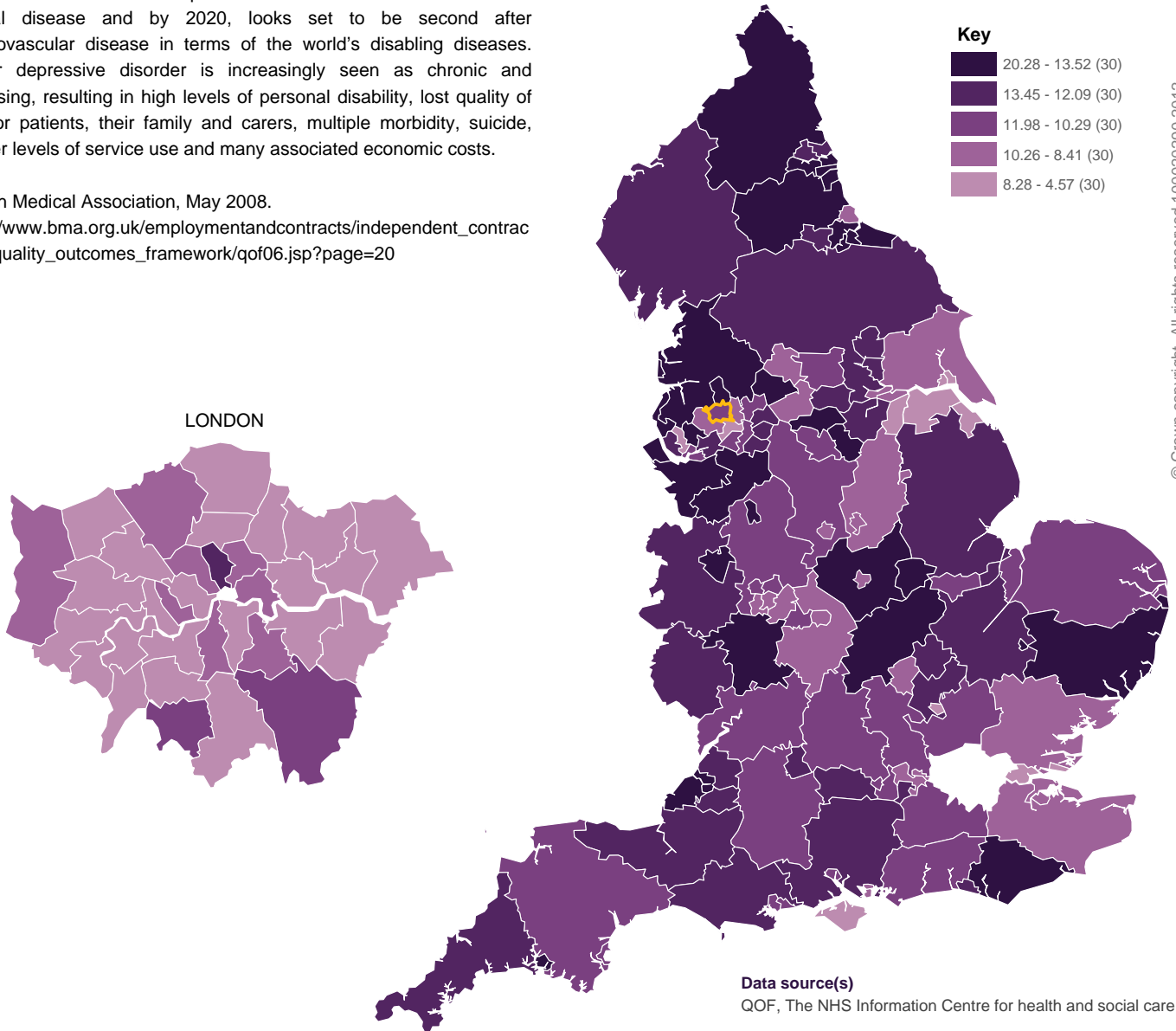
12. Percentage with depression aged 18+

This indicator estimates the prevalence of depression from General Practice records. Depression is common and disabling. The estimated prevalence of major depression among 16-65 year olds in the UK is 21/1000 (males 17, females 25). Mixed anxiety and depression is prevalent in a further 10 per cent of adult patients attending general practices. It contributes 12 per cent of the total burden of non-fatal global disease and by 2020, looks set to be second after cardiovascular disease in terms of the world's disabling diseases. Major depressive disorder is increasingly seen as chronic and relapsing, resulting in high levels of personal disability, lost quality of life for patients, their family and carers, multiple morbidity, suicide, higher levels of service use and many associated economic costs.

British Medical Association, May 2008.
http://www.bma.org.uk/employmentandcontracts/independent_contractors/quality_outcomes_framework/qof06.jsp?page=20

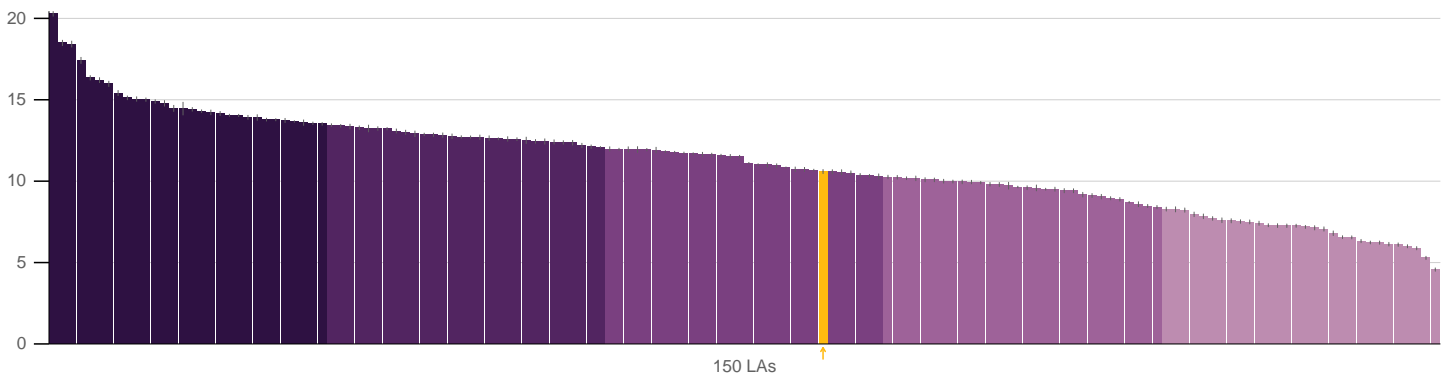
Period	England Average	Region	Bolton
2009/10	11.19	12.82	10.59

 Significantly better than England



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Data source(s)
 QOF, The NHS Information Centre for health and social care



Levels of Mental Health and Illness continued

13. Percentage of patients on learning disabilities register aged 18+

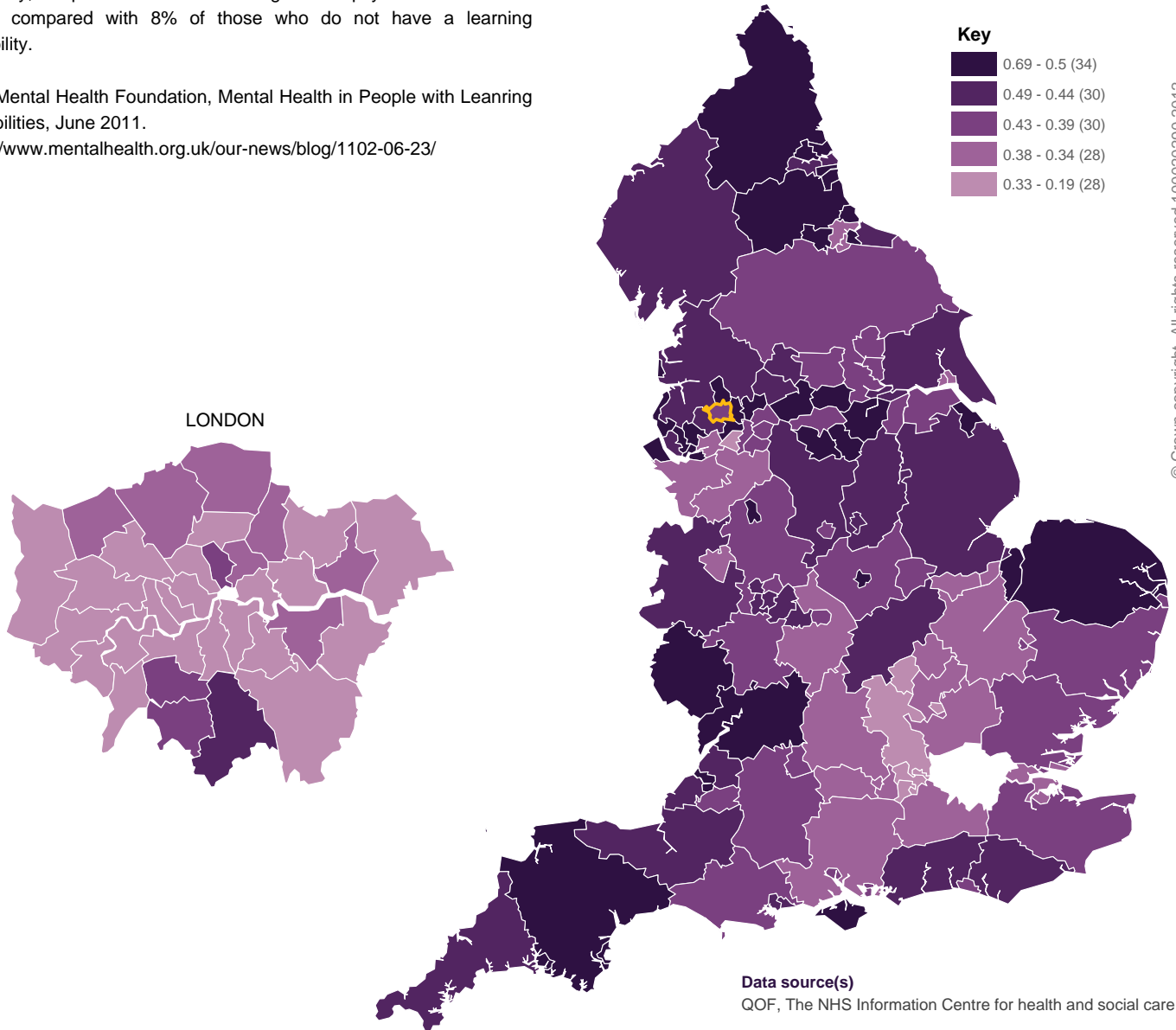
There are approximately 1 million people with learning disabilities in England and estimates of the prevalence of mental health problems in this population vary from 25-40%. Prevalence of anxiety and depression in people with learning disabilities is the same as the general population, yet for children and young people with a learning disability, the prevalence rate of a diagnosable psychiatric disorder is 36%, compared with 8% of those who do not have a learning disability.

The Mental Health Foundation, Mental Health in People with Learning Disabilities, June 2011.

<http://www.mentalhealth.org.uk/our-news/blog/1102-06-23/>

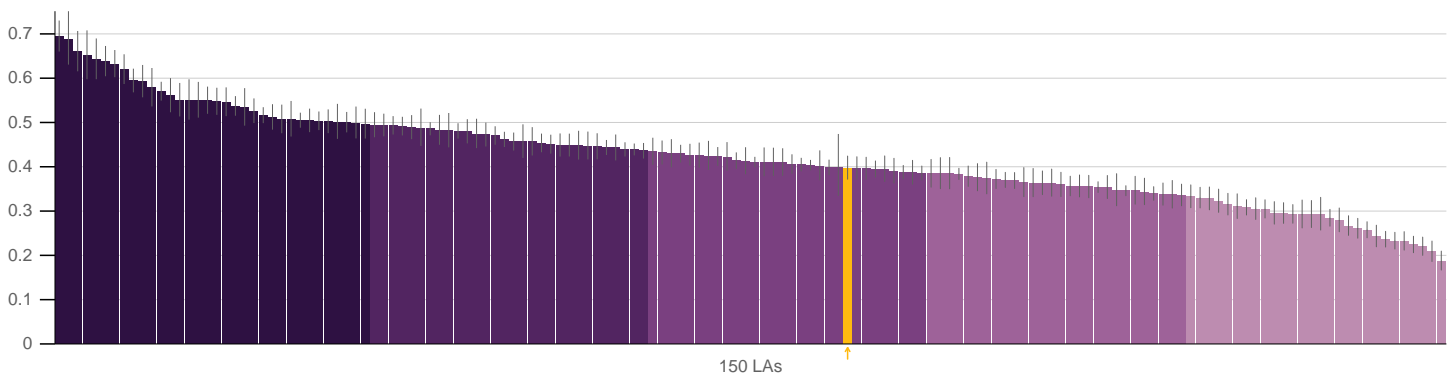
Period	England Average	Region	Bolton
2009/10	0.42	0.45	0.40

 Not significantly different to England



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Data source(s)
QOF, The NHS Information Centre for health and social care




Treatment

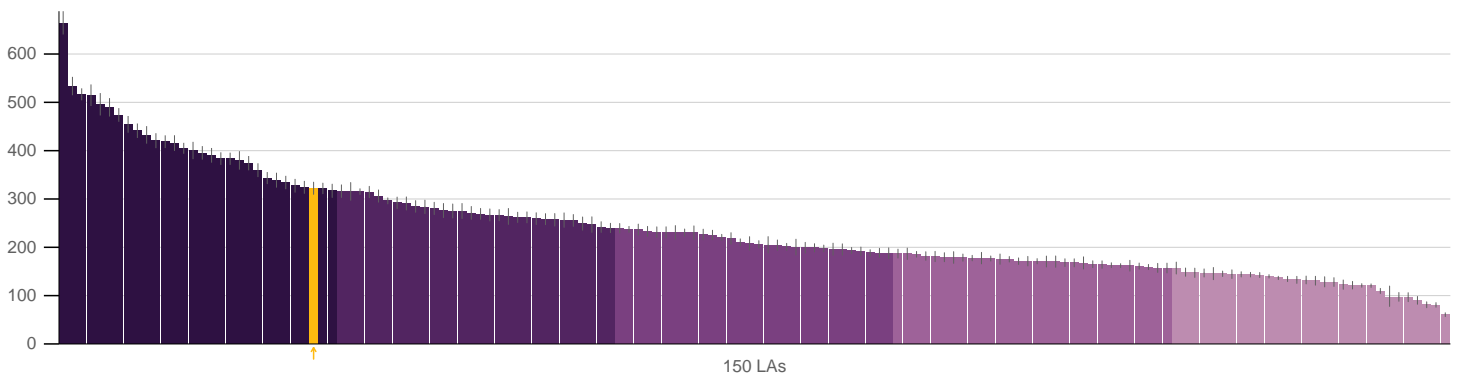
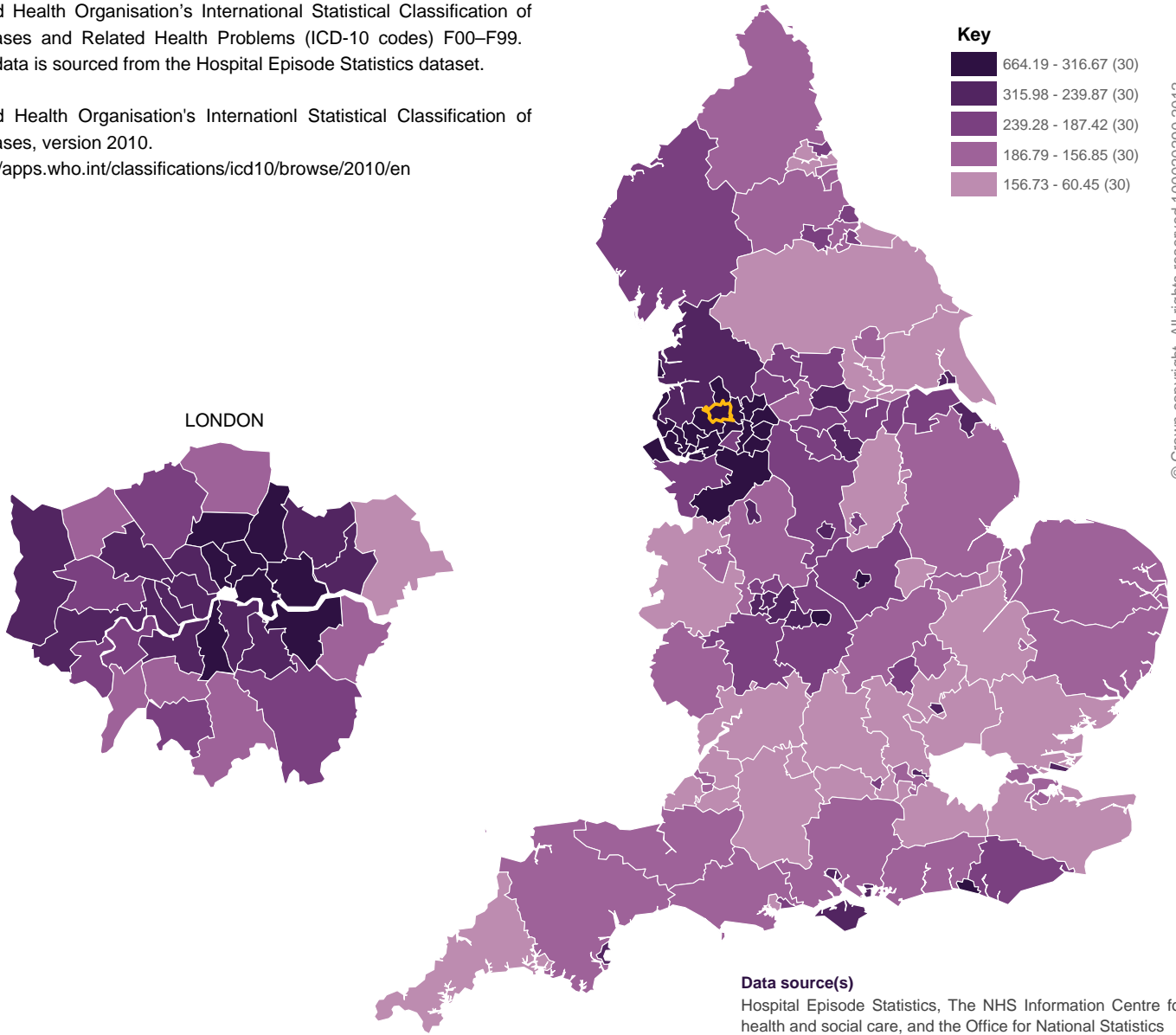
14. Directly standardised rate for emergency hospital admissions for mental health

Emergency admissions to hospital for a mental health condition should be avoided wherever possible through the use of assertive community based services and crisis teams. This indicator shows the number of emergency admission for mental health, as defined by the World Health Organisation's International Statistical Classification of Diseases and Related Health Problems (ICD-10 codes) F00-F99. The data is sourced from the Hospital Episode Statistics dataset.

World Health Organisation's International Statistical Classification of Diseases, version 2010.
<http://apps.who.int/classifications/icd10/browse/2010/en>

Period	England Average	Region	Bolton
2008/09 to 2010/11	216.93	364.73	322.01

 Significantly worse than England




Treatment continued

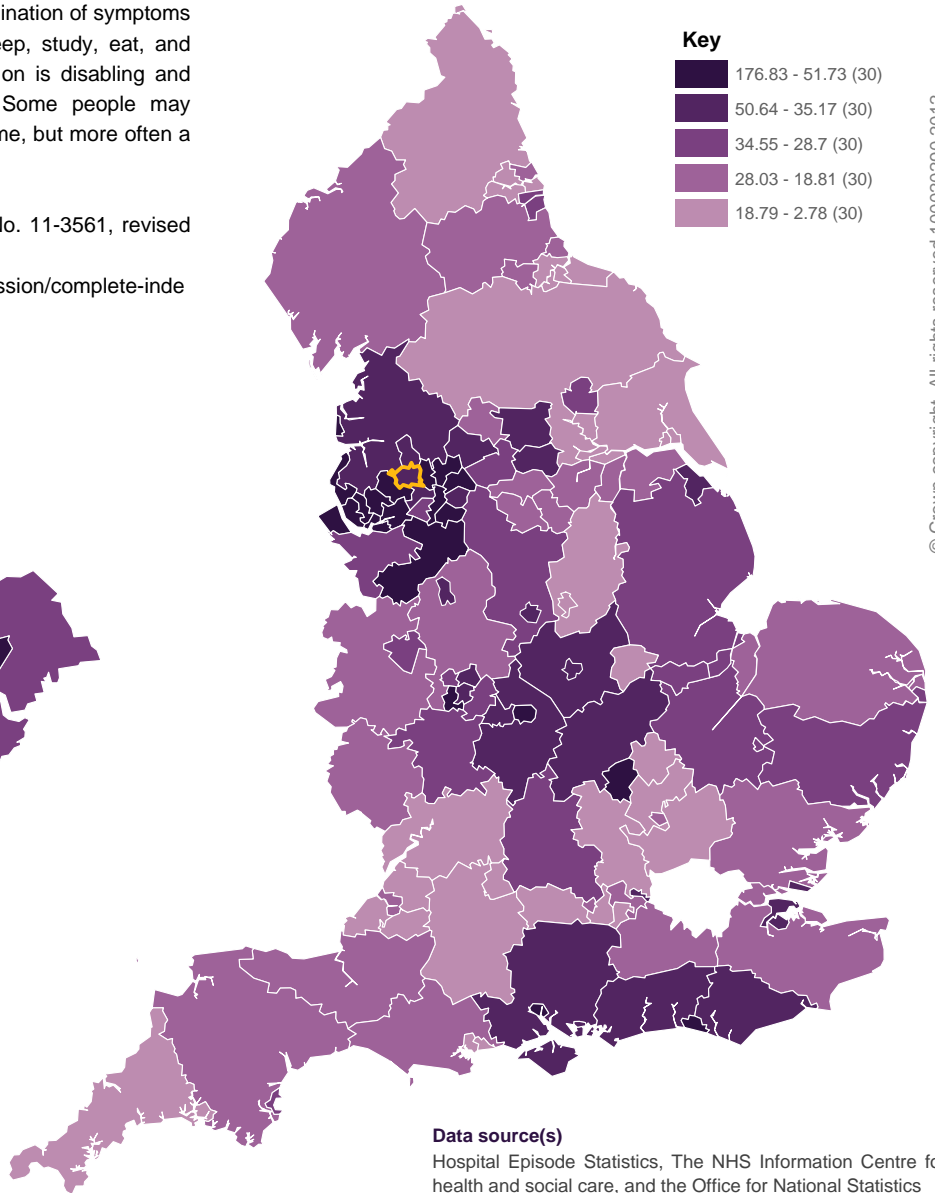
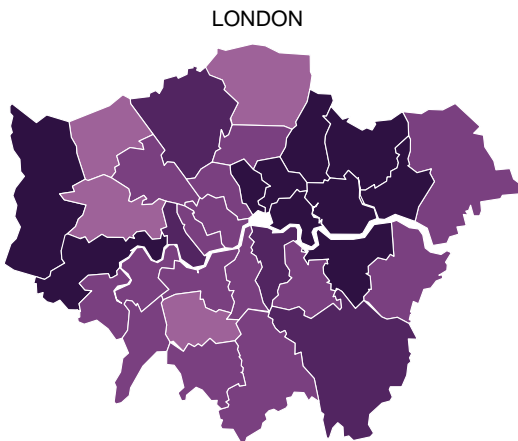
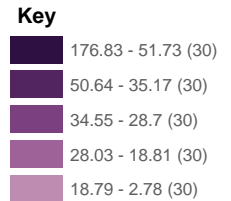
15. Directly standardised rate for emergency hospital admissions for unipolar depressive disorders

This indicator measures the emergency admission rates to hospital as a result of unipolar depression. The data is sourced from the Hospital Episode Statistics dataset. Unipolar depression is a major depressive episode that occurs without the manic phase characteristic of bipolar depression. Major depression may include a combination of symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy once-pleasurable activities. Major depression is disabling and prevents a person from functioning normally. Some people may experience only a single episode within their lifetime, but more often a person may have multiple episodes.

National Institute for Mental Health, Publication No. 11-3561, revised version 2011.
<http://www.nimh.nih.gov/health/publications/depression/complete-index.shtml>

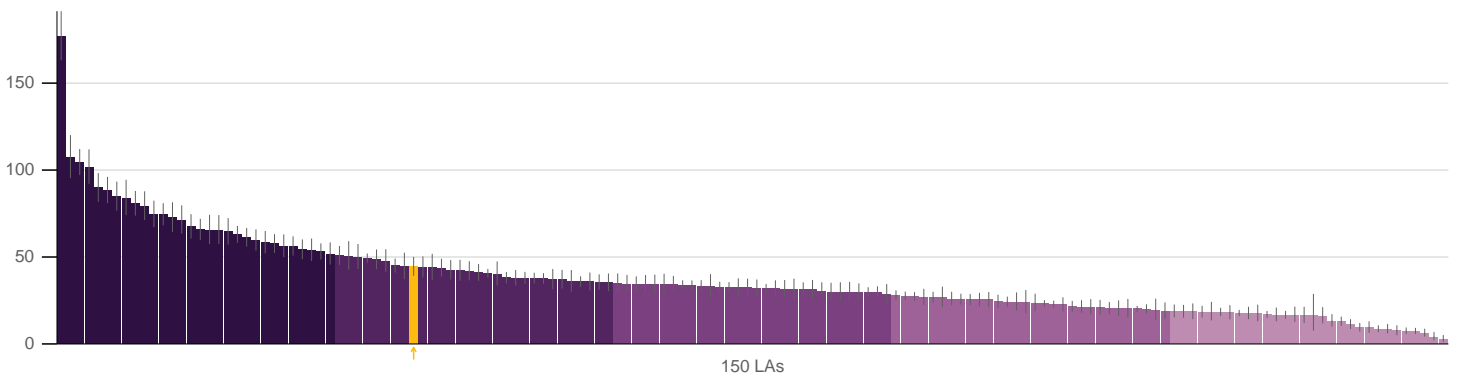
Period	England Average	Region	Bolton
2008/09 to 2010/11	34.22	58.58	44.41

 Significantly worse than England



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Data source(s)
 Hospital Episode Statistics, The NHS Information Centre for health and social care, and the Office for National Statistics



Treatment continued

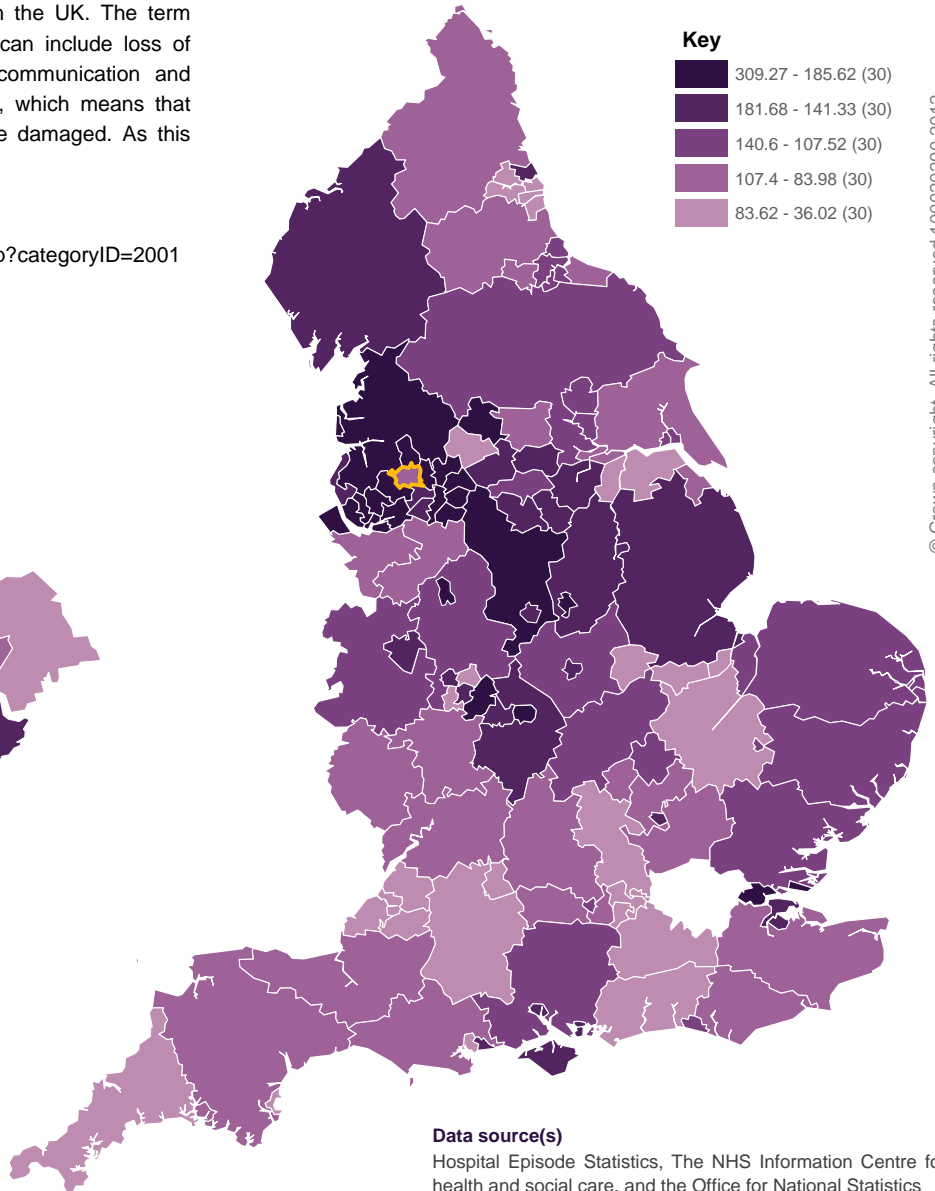
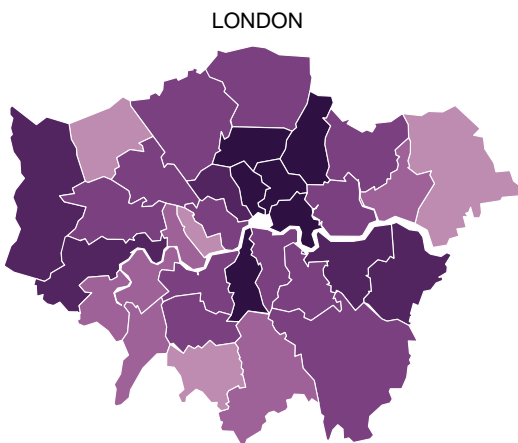
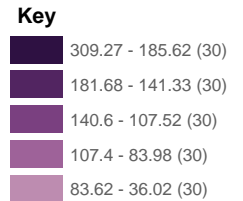
16. Directly standardised rate for emergency hospital admissions for Alzheimer's and other related dementia

This indicator measures the emergency admission rates to hospital as a result of Alzheimer's and other related dementia. The data is sourced from the Hospital Episode Statistics dataset. According to the Alzheimer's Society, Alzheimer's disease is the most common cause of dementia, affecting around 465,000 people in the UK. The term 'dementia' describes a set of symptoms which can include loss of memory, mood changes, and problems with communication and reasoning. Alzheimer's is a progressive disease, which means that gradually, over time, more parts of the brain are damaged. As this happens, the symptoms become more severe.

Alzheimer's Society, 2012
<http://alzheimers.org.uk/site/scripts/documents.php?categoryID=2001>
 20

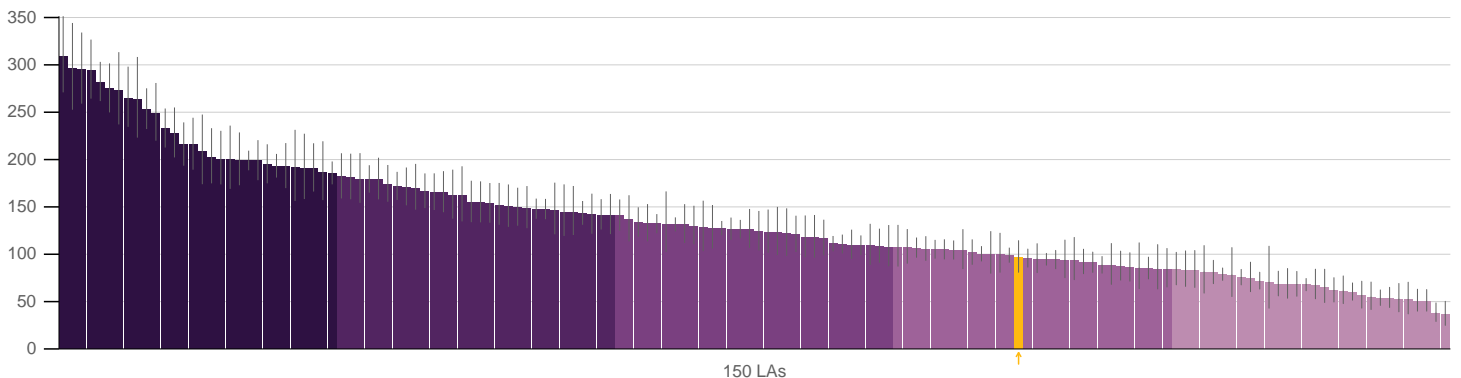
Period	England Average	Region	Bolton
2008/09 to 2010/11	129.03	192.92	96.61

 Significantly better than England



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Data source(s)
 Hospital Episode Statistics, The NHS Information Centre for health and social care, and the Office for National Statistics




Treatment continued

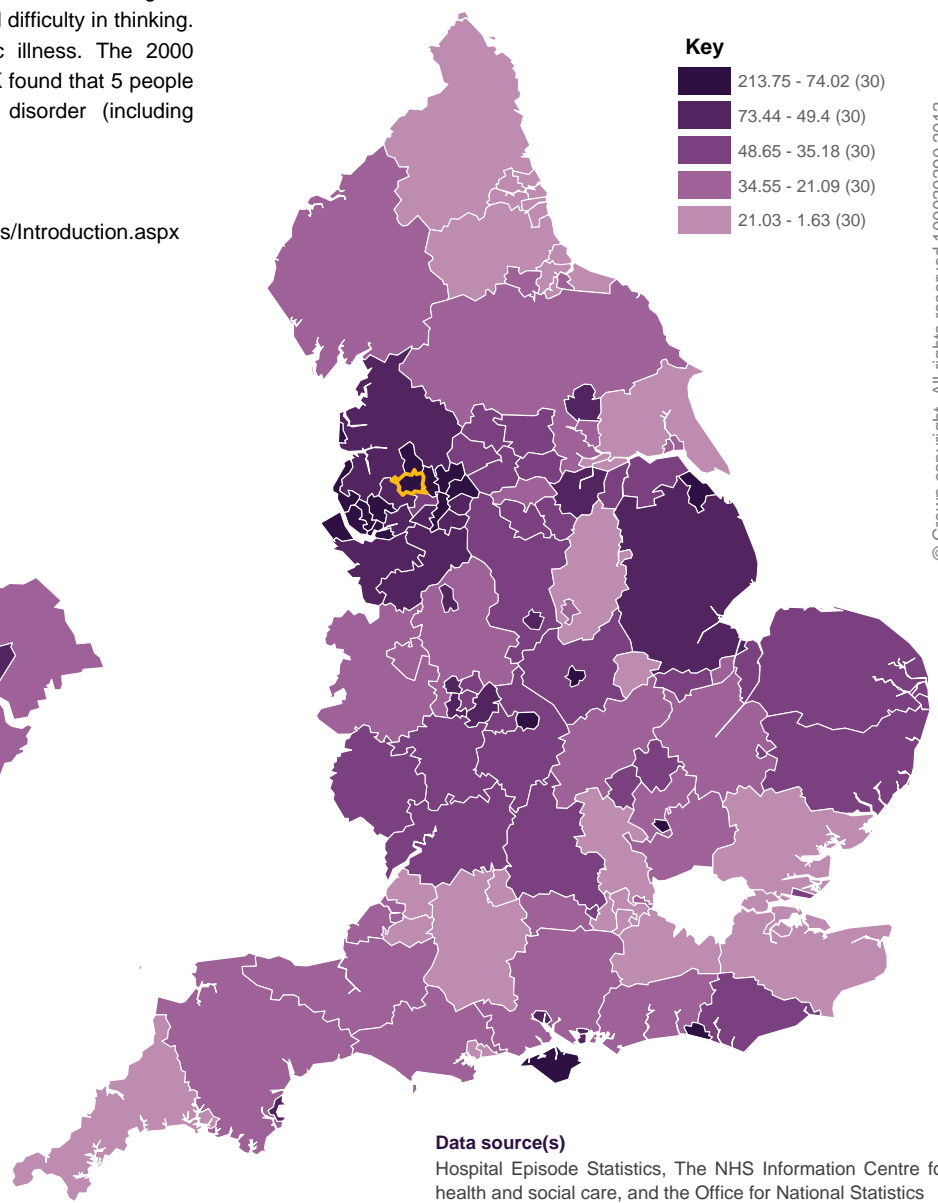
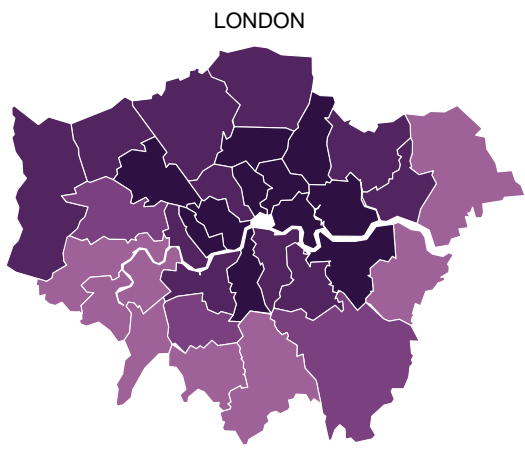
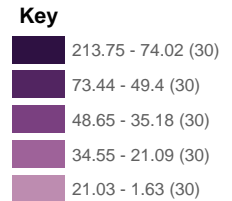
17. Directly standardised rate for emergency hospital admissions for schizophrenia, schizotypal and delusional disorders

This indicator measures the emergency admission rates to hospital as a result of schizophrenia and delusions. The data is sourced from the Hospital Episode Statistics dataset. Schizophrenia is one of the most common serious mental health conditions. The illness has a range of symptoms including hallucinations, delusions, and difficulty in thinking. Doctors describe schizophrenia as a psychotic illness. The 2000 National Survey of Psychiatric Morbidity in the UK found that 5 people in every 1000 had experienced a psychotic disorder (including schizophrenia and manic depression).

NHS Choices, Nov 2012
<http://www.nhs.uk/Conditions/Schizophrenia/Pages/Introduction.aspx>

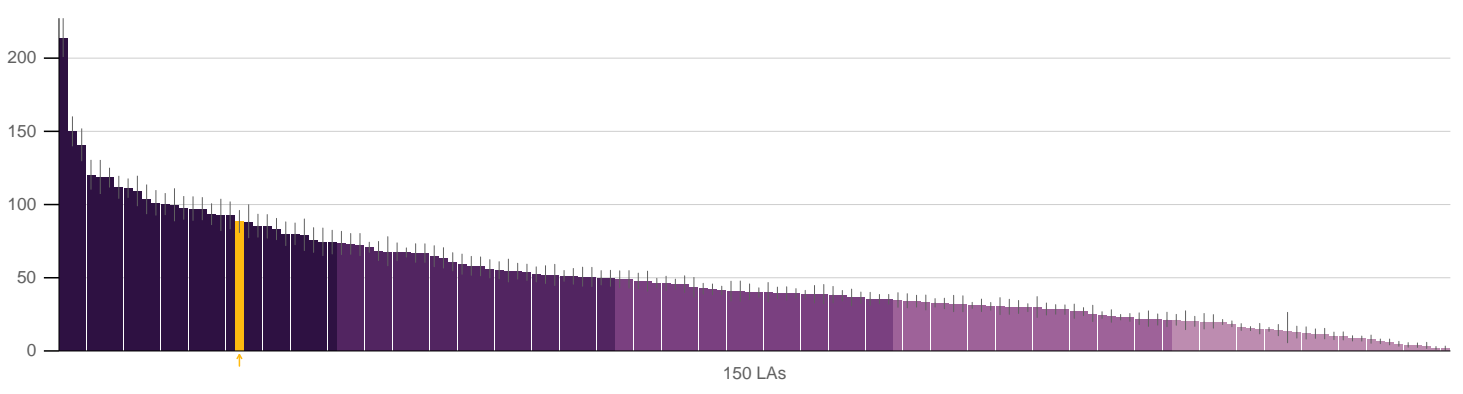
Period	England Average	Region	Bolton
2008/09 to 2010/11	44.09	76.38	88.17

 Significantly worse than England



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Data source(s)
 Hospital Episode Statistics, The NHS Information Centre for health and social care, and the Office for National Statistics




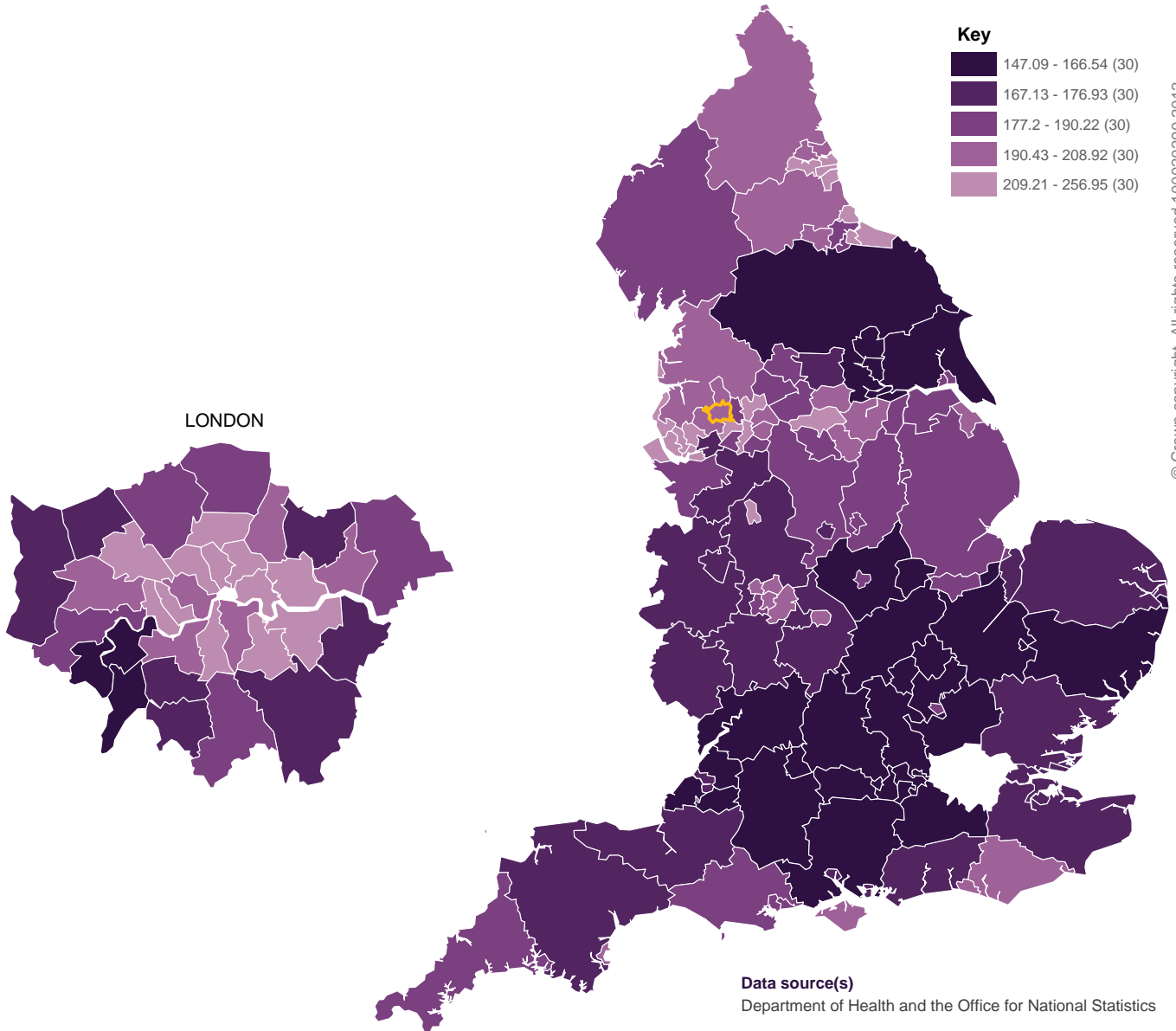
Treatment continued

18. Allocated average spend for mental health per head

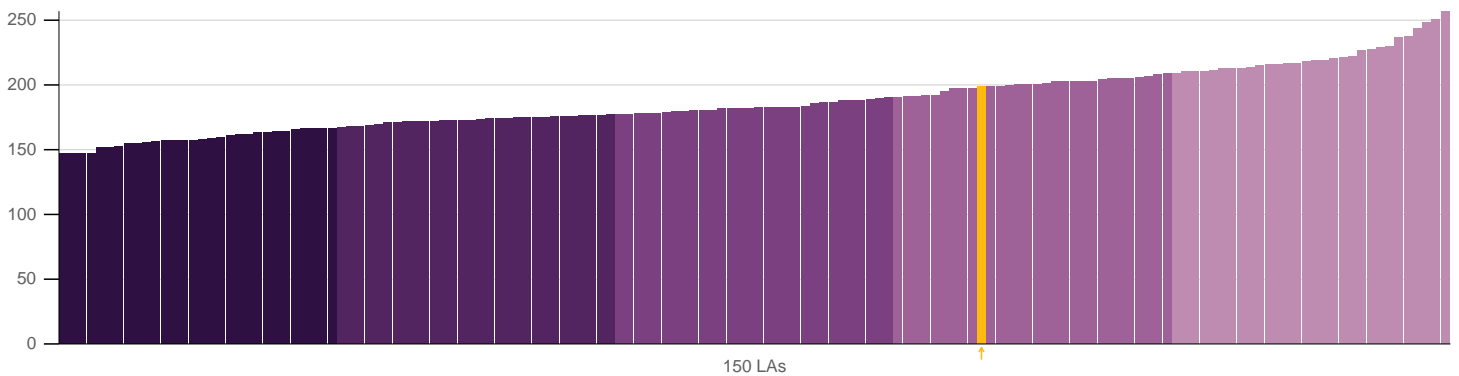
This indicator gives the total estimated spend per head of the population on Mental Health Services, based on NHS funding. The data is sourced from the Department of Health Exposition Book, which provides information on allocation funding to the NHS.

Period	England Average	Region	Bolton
2011/12	182.95	201.55	198.52

 Not significantly different to England



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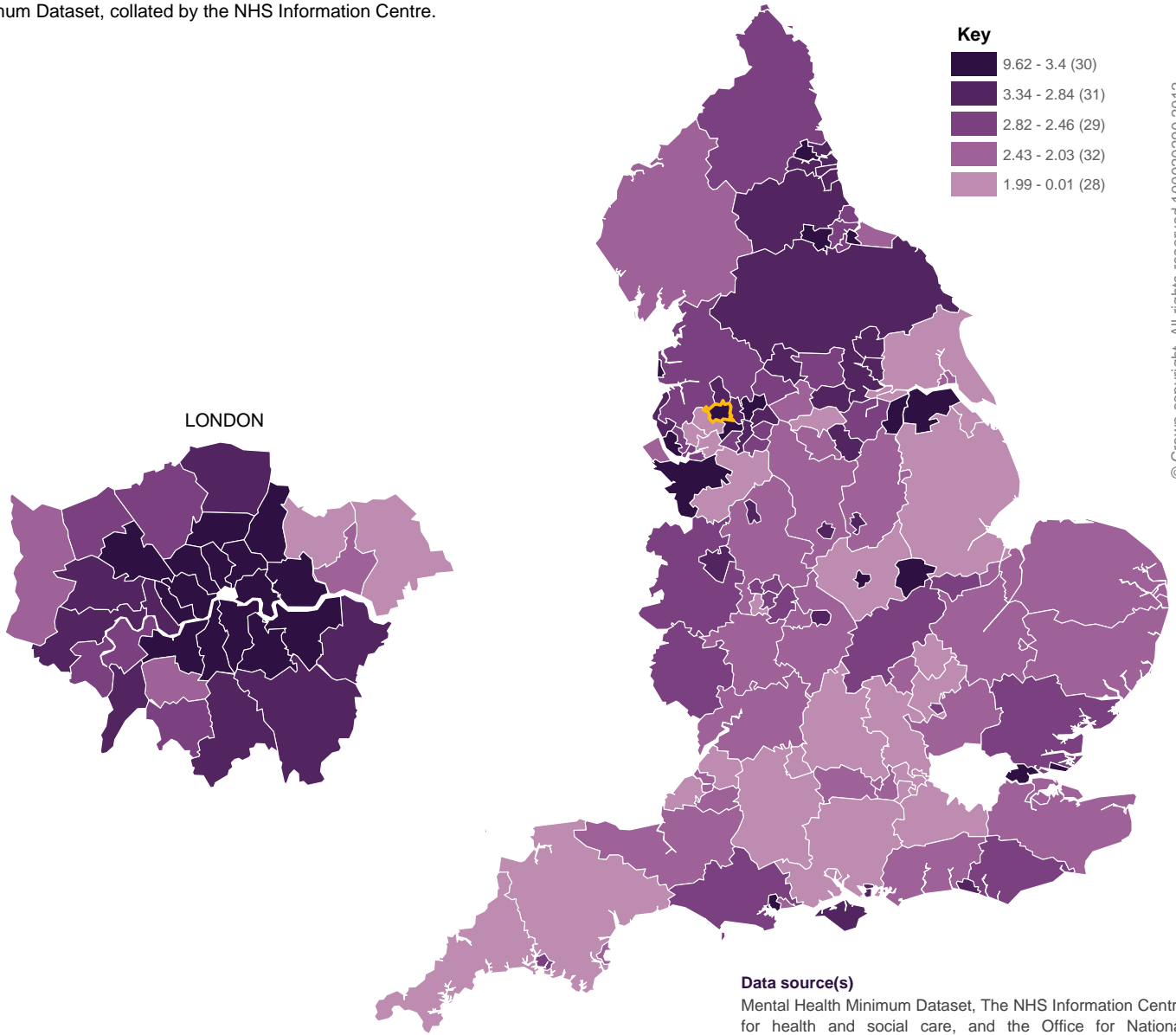
Treatment continued

19. Numbers of people using adult & elderly NHS secondary mental health services, rate per 1000 population

Commissioners of services need to be aware of the number of people using mental health services in order to plan for future provision. This indicator measures those individuals using adult and elderly NHS secondary mental health services as recorded in the Mental Health Minimum Dataset, collated by the NHS Information Centre.

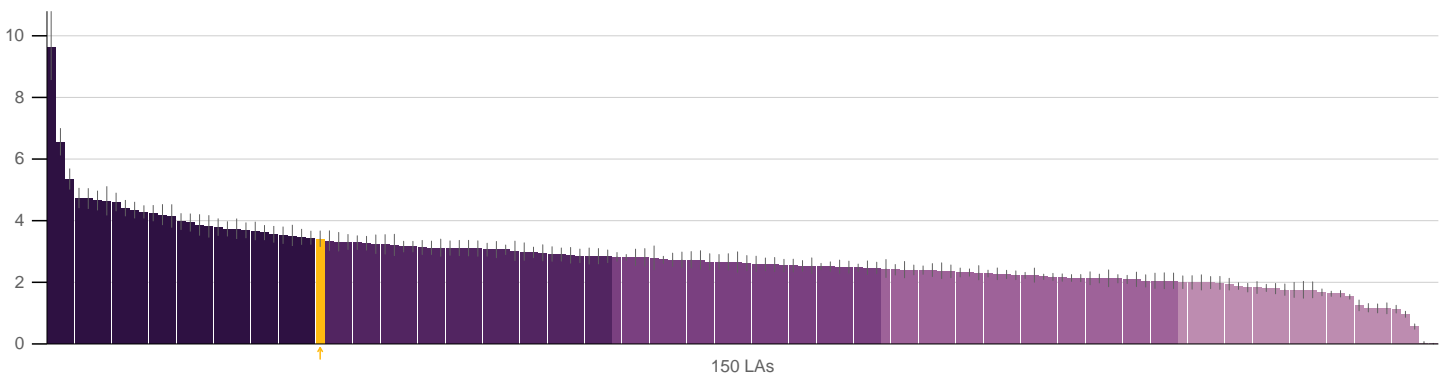
Period	England Average	Region	Bolton
2010/11	2.55	2.67	3.40

 Significantly higher than England



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Data source(s)
Mental Health Minimum Dataset, The NHS Information Centre for health and social care, and the Office for National Statistics




Treatment continued

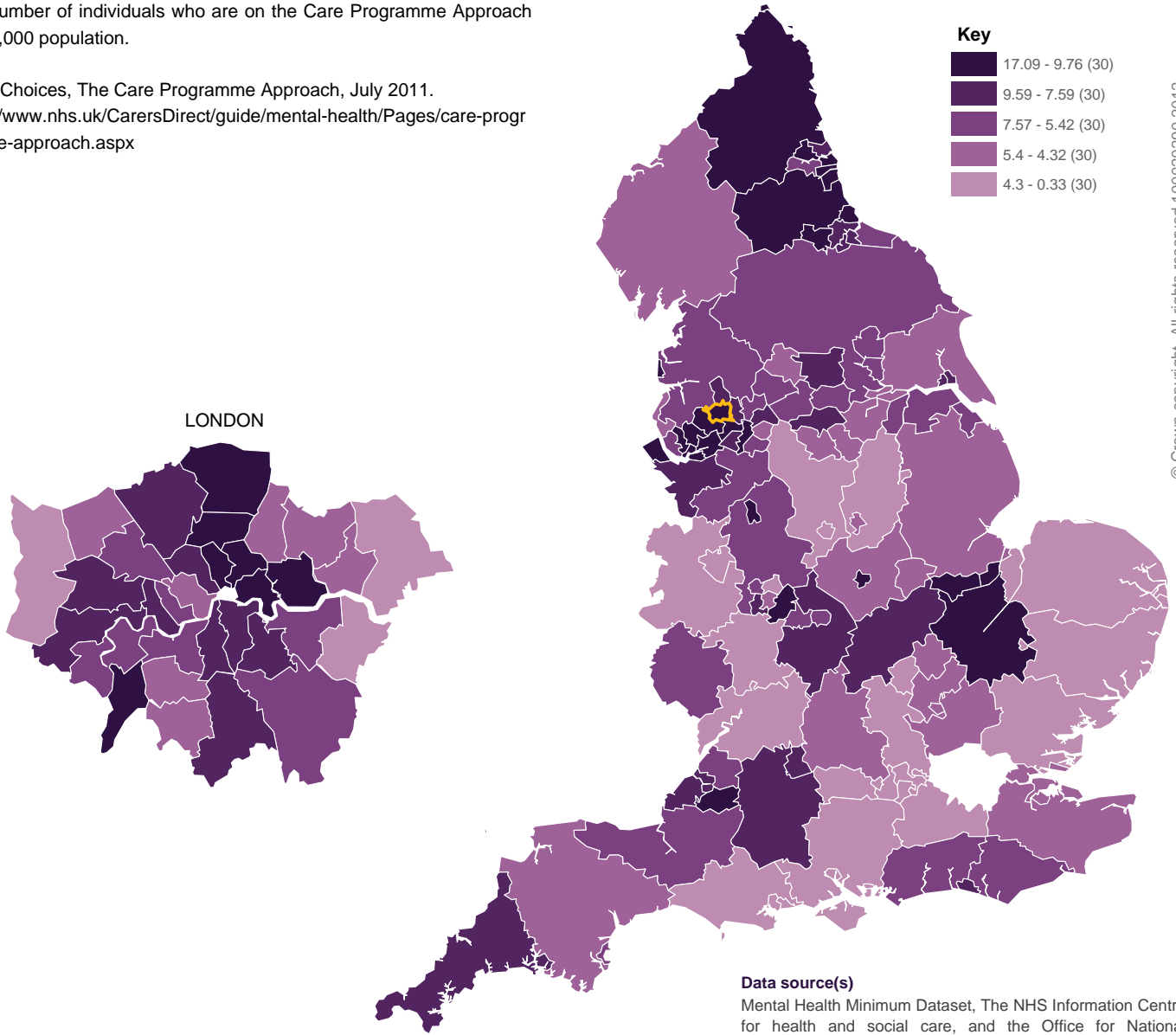
20. Numbers of people on a Care Programme Approach, rate per 1,000 population

The Care Programme Approach is a way of co-ordinating community mental health services for people with severe and enduring mental health problems. It involves carrying out a comprehensive assessment and producing a care plan for each patient. This indicator measures the number of individuals who are on the Care Programme Approach per 1,000 population.

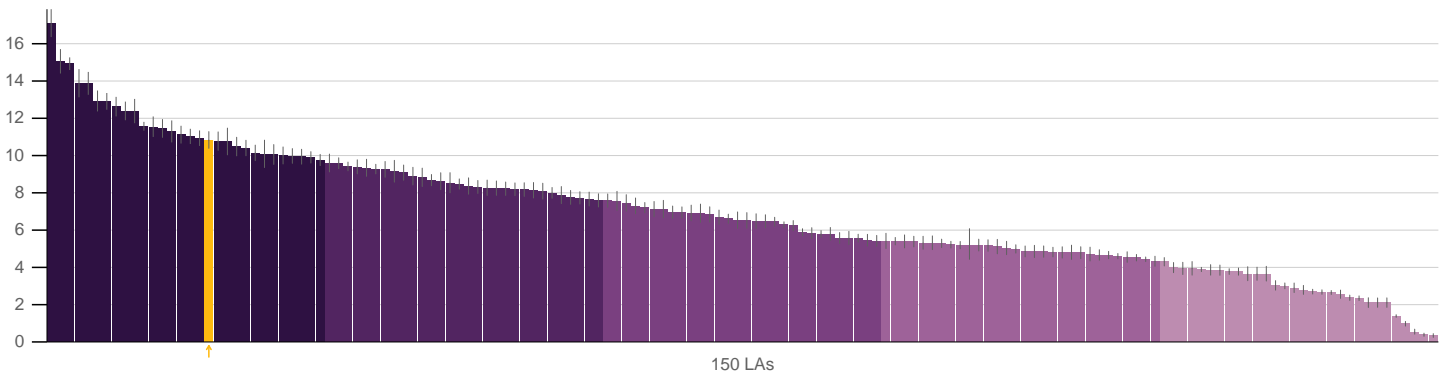
NHS Choices, The Care Programme Approach, July 2011.
<http://www.nhs.uk/CarersDirect/guide/mental-health/Pages/care-programme-approach.aspx>

Period	England Average	Region	Bolton
2010/11	6.39	8.49	10.83

 Significantly higher than England



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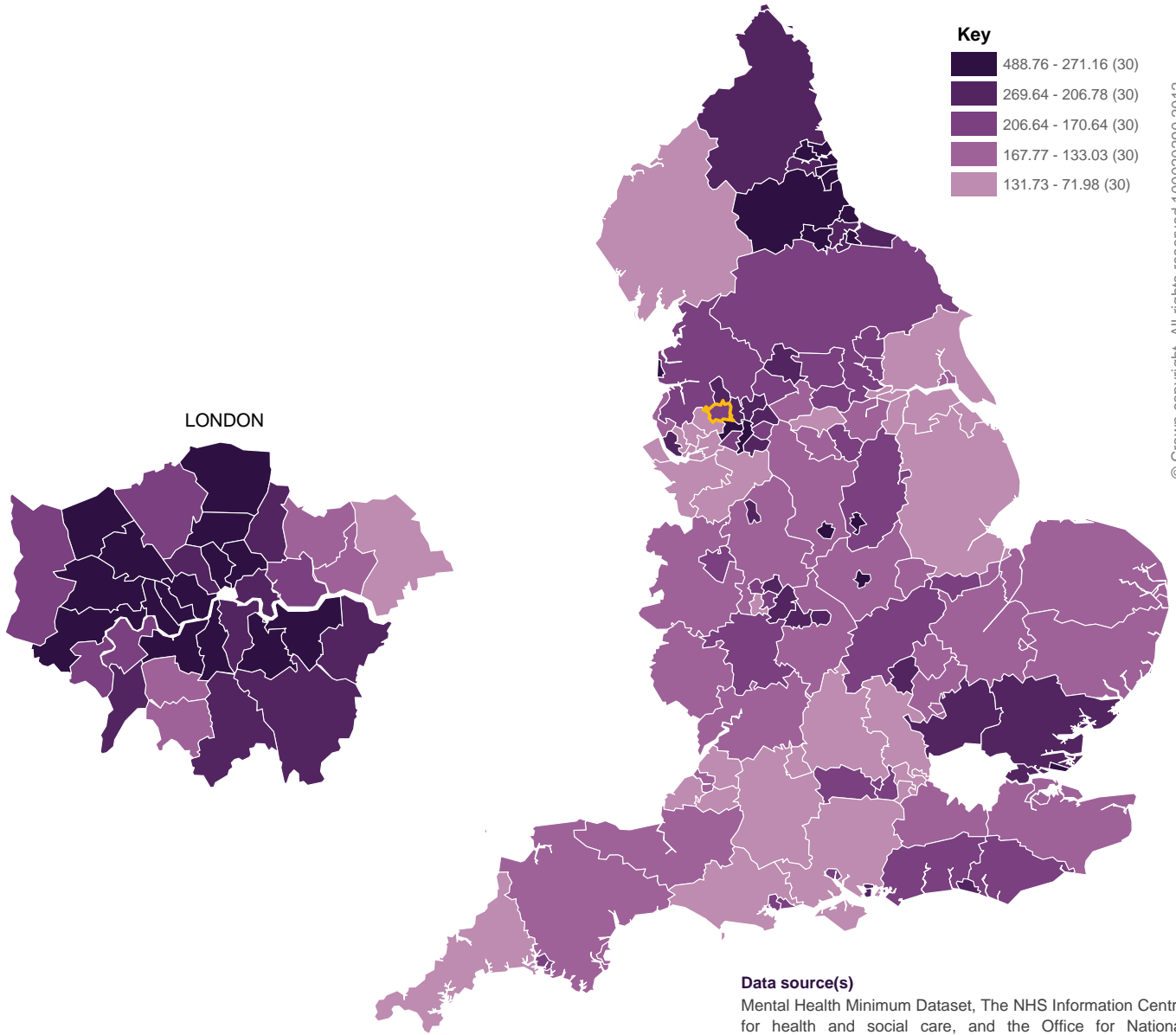
Treatment continued

21. In year bed days for mental health, rate per 1,000 population

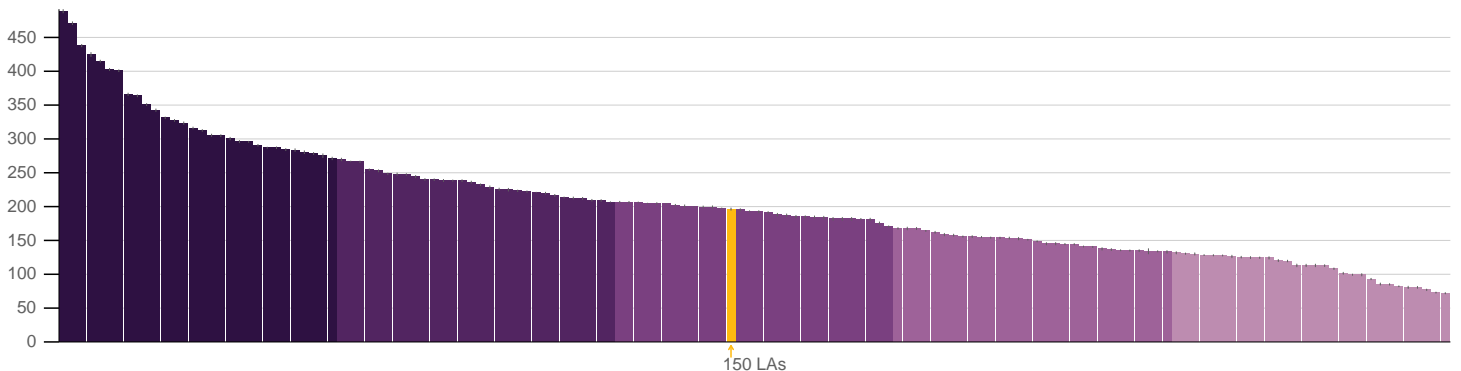
Knowing the number of bed days used by patient each year helps commissioners with the planning of mental health services. This indicator measures the number of bed days used in secondary mental health care hospitals as recorded by the Mental Health Minimum Dataset.

Period	England Average	Region	Bolton
2010/11	192.85	177.64	196.28

 Significantly worse than England



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Bolton

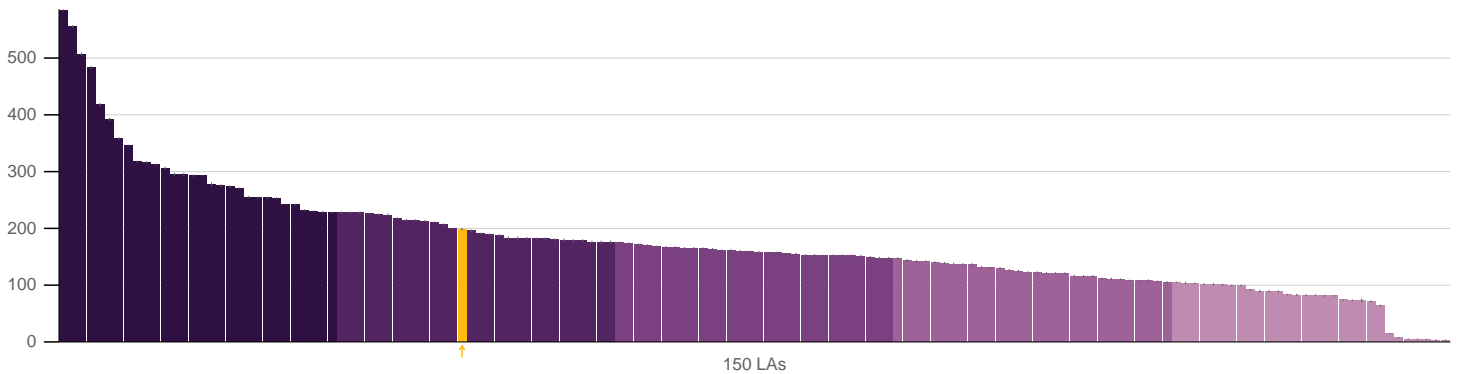
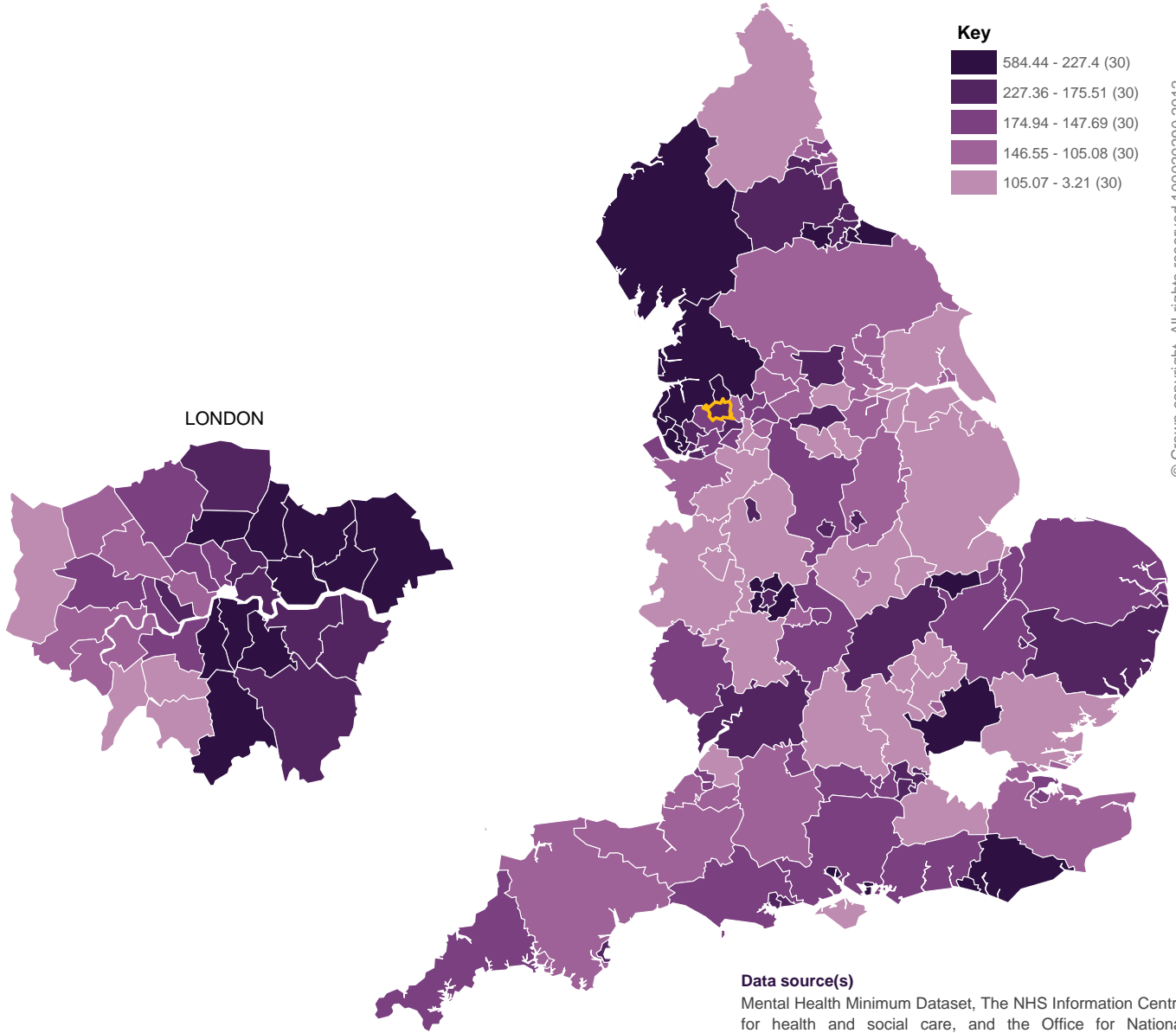
Treatment continued

22. Number of contacts with Community Psychiatric Nurse (CPN), rate per 1,000 population

This indicator records the number of contacts that Outpatient and Community Psychiatric Nurse have with patients each year, per 1,000 population. The data is sourced from the Mental Health Minimum Dataset.

Period	England Average	Region	Bolton
2010/11	168.53	250.72	198.55

 Significantly higher than England




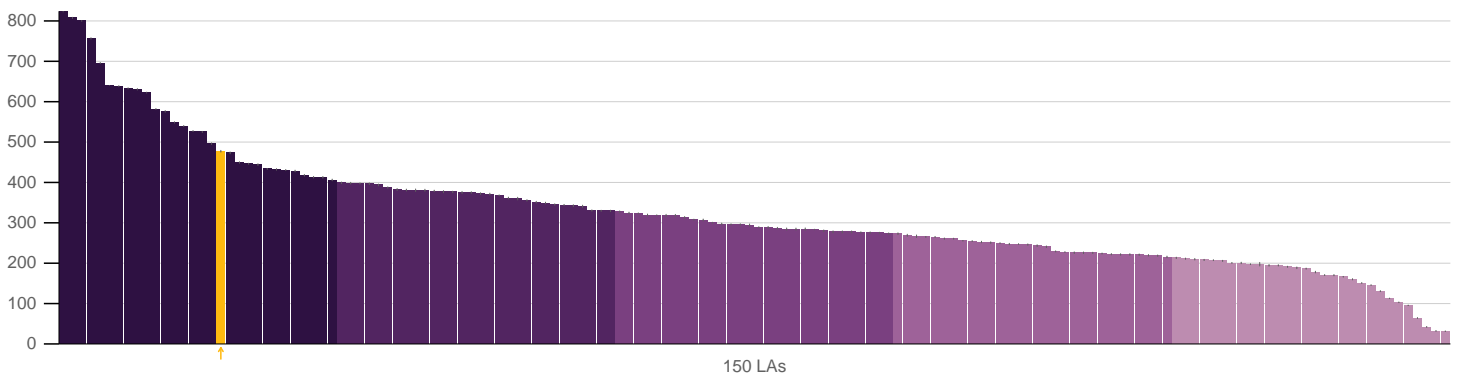
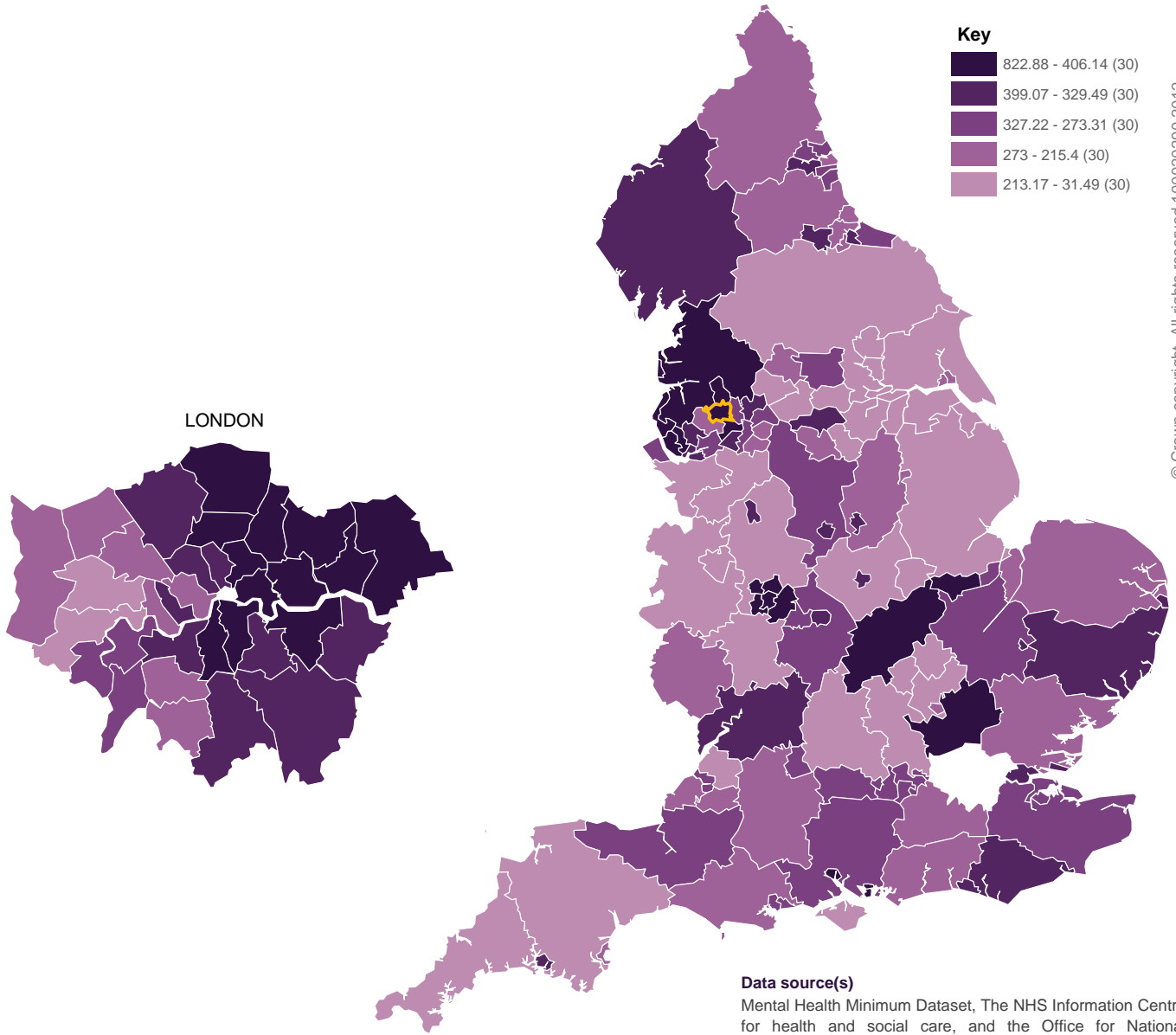
Treatment continued

23. Number of total contacts with mental health services, rate per 1,000 population

This indicator measures all contacts with mental health staff, including Consultant Psychiatrists, Community Psychiatric Nurses, Clinical Psychologists, Occupational Therapists, Physiotherapists, Consultant Psychotherapists & Social Workers.

Period	England Average	Region	Bolton
2010/11	313.23	439.92	477.29

 Significantly higher than England




Outcomes

24. Directly standardised rate for emergency hospital admissions for self harm

Self-harm is an expression of personal distress. It can result from a wide range of psychiatric, psychological, social and physical problems and self-harm can be a risk for subsequent suicide.

Period	England Average	Region	Bolton
2010/11	211.07	276.37	220.99

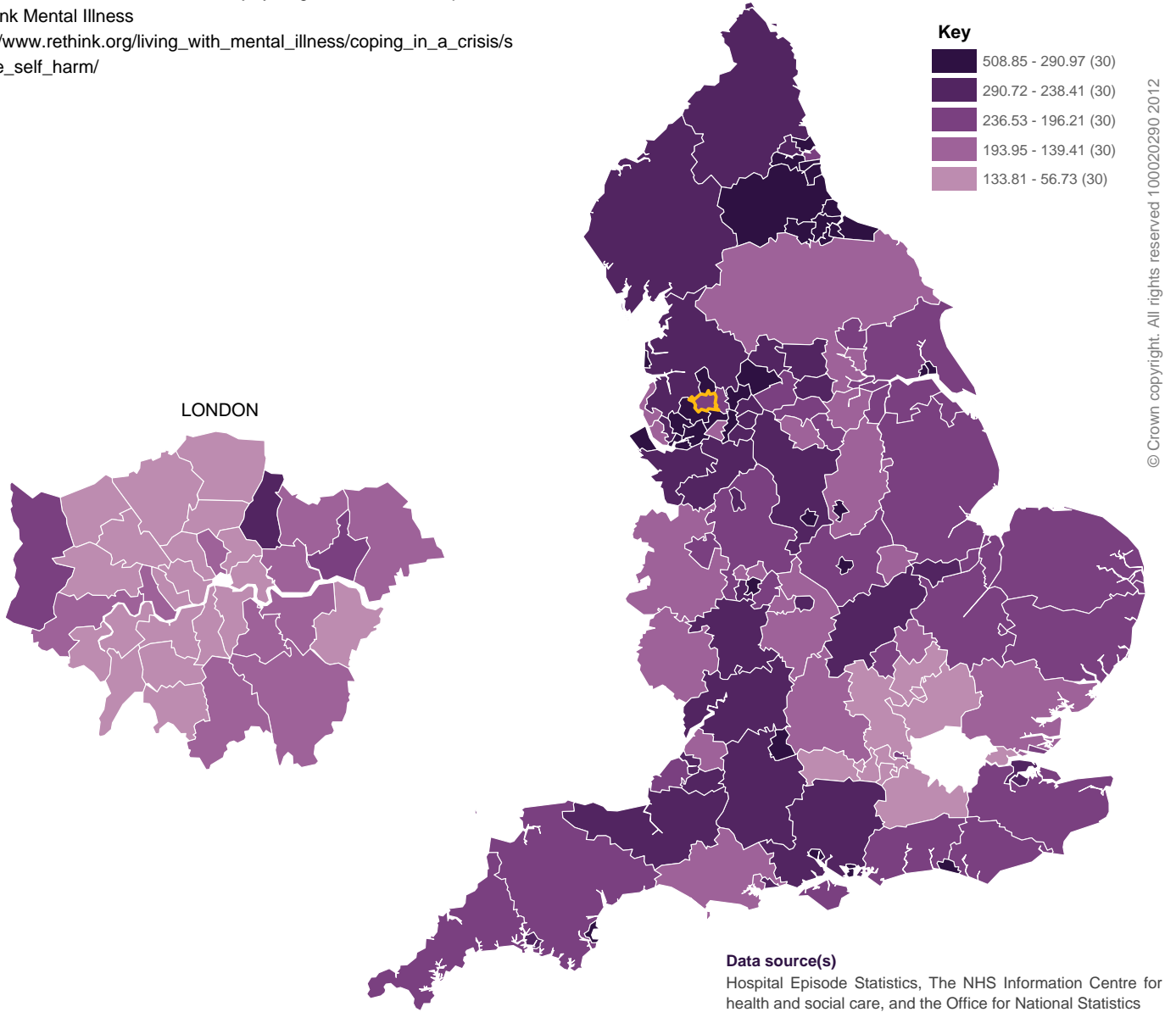
 Not significantly different to England

NHS Choices, Self Harm, Nov 2011.

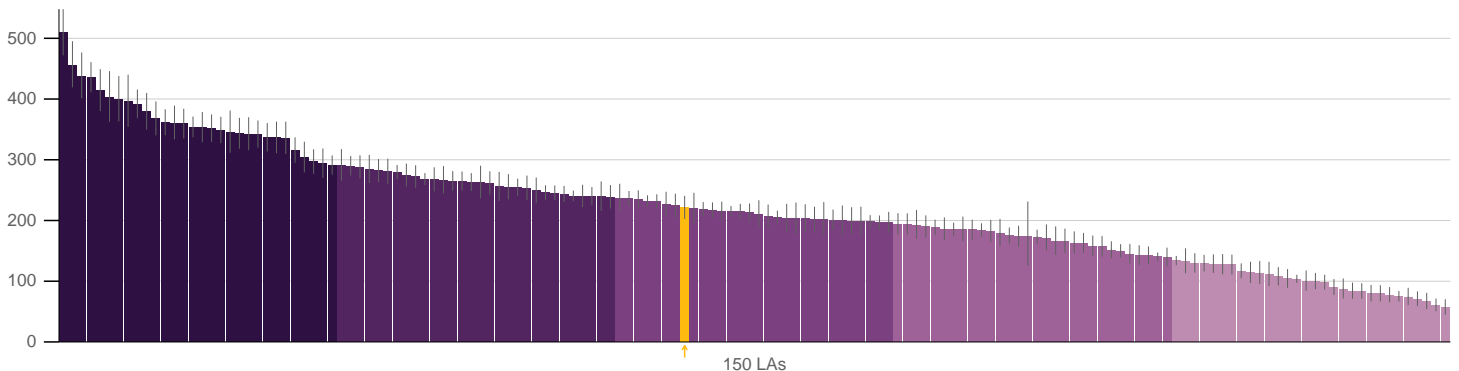
<http://www.nhs.uk/conditions/Self-injury/Pages/Introduction.aspx>

Rethink Mental Illness

http://www.rethink.org/living_with_mental_illness/coping_in_a_crisis/suicide_self_harm/



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Outcomes continued

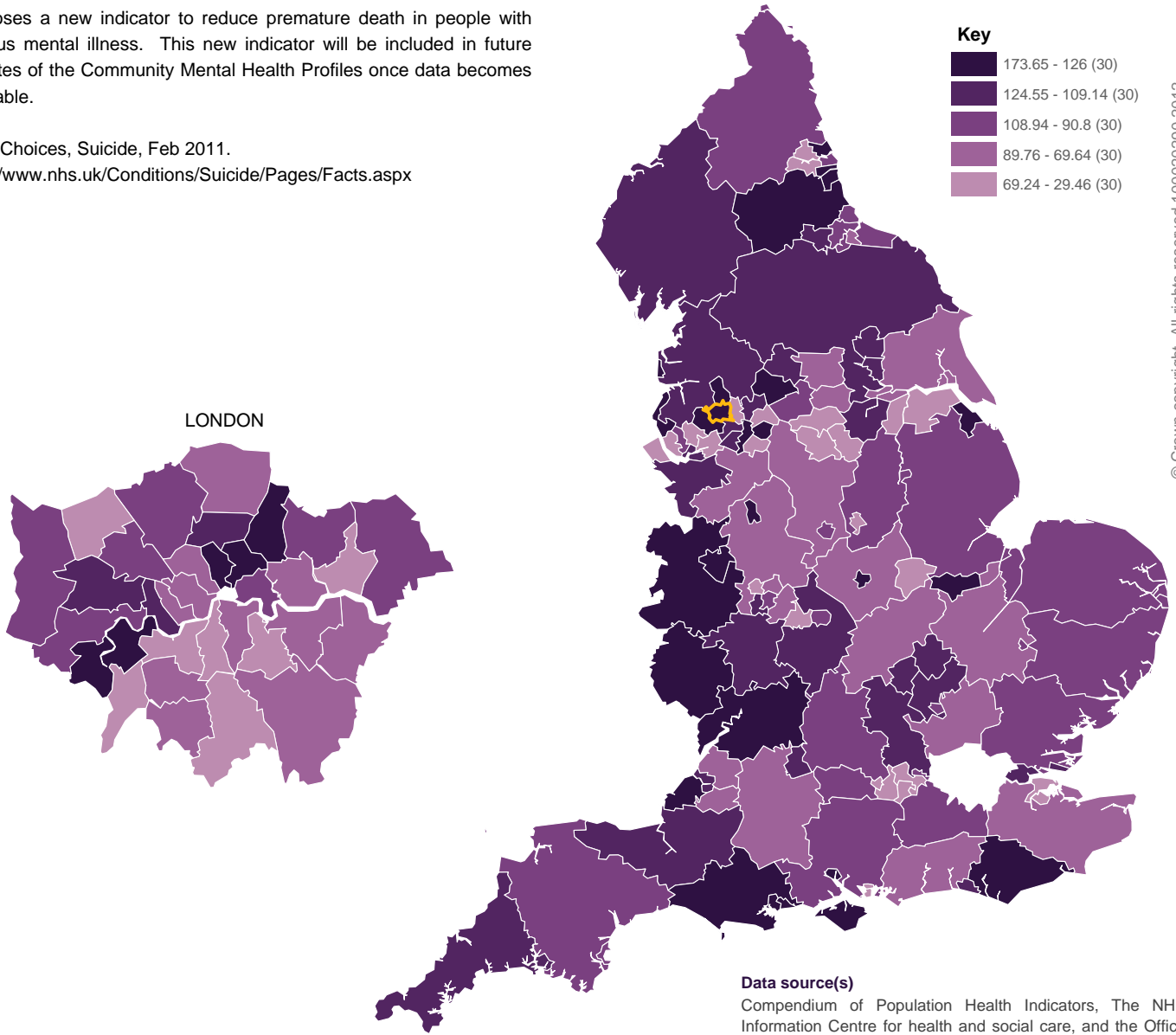
25. Indirectly standardised mortality rate for suicide and undetermined injury

It is estimated that around 1 million people will die by suicide worldwide each year. A person may be more likely to become suicidal if they have a mental health condition. Reduction of suicide rates was a target indicator in the Saving Lives: Our Healthier Nation strategy. The Public Health Outcomes Framework 2013-2016 retains an indicator on suicide while the NHS Outcomes Framework 2012/13 proposes a new indicator to reduce premature death in people with serious mental illness. This new indicator will be included in future updates of the Community Mental Health Profiles once data becomes available.

NHS Choices, Suicide, Feb 2011.
<http://www.nhs.uk/Conditions/Suicide/Pages/Facts.aspx>

Period	England Average	Region	Bolton
2010/11	100.00	110.78	148.49

 Not significantly different to England



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Data source(s)
 Compendium of Population Health Indicators, The NHS Information Centre for health and social care, and the Office for National Statistics

