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Introduction

One in four people in the UK will experience a mental health problem in the course of a year and it disproportionately affects people from lower socio-economic groups, ethnic minority groups, those with physical illness or disability and Lesbian, Gay, Bisexual and Transgender (LGBT) populations.

The cost of mental health problems to the economy in England has recently been estimated at £105 billion per year and treatment costs are expected to double in the next 20 years.¹

Common mental health problems include depression and anxiety disorders, obsessive compulsive disorder (OCD) and post-traumatic stress disorder (PTSD). Other common mental health problems include phobias. These mental health problems are called 'common' because they are estimated to affect up to 15% of the population at any one time². Some people have more than one mental health problems. Common mental health problems can vary in severity but all can be a cause of long term disability.

The focus of this profile is serious or severe mental health illness. Serious or severe mental illness includes diagnoses which typically involve psychosis (losing touch with reality or experiencing delusions) or requiring high levels of care, which may require hospital treatment. The two most common severe mental illnesses are schizophrenia and bipolar disorder (or manic depression). Other illnesses include major depression or major anxiety disorder.

National research estimates that 0.5% of the adult population have a psychotic disorder such as schizophrenia or affective psychosis whilst 2% have bipolar disorder.³

Definition

Severe mental illness is described as 'People diagnosed with schizophrenia, bipolar disorder or other psychoses or on lithium therapy'⁴.

Issues

People with severe mental health conditions face a number of health inequalities, some of which are outlined below;

- On average, a person with schizophrenia is at risk of dying on average twenty years prematurely^{5,6}.
- Studies which examine prevalence of smoking within individual mental disorders have found a prevalence of 40% to 50% in people with depressive and anxiety disorders and 70% in people with schizophrenia⁷. As shown below, the prevalence in Merton has been reported

 $^{^{\}scriptsize 1}$ North East Public Health Observatory.

² https://www.nice.org.uk/guidance/cg123/chapter/Introduction

³ Fundamental Facts about Mental Health, (2016), Mental Health Foundation available at https://www.mental.health.org.uk/sites/default/files/fundamental-facts-about-mental-health-

 $[\]frac{https://www.mentalhealth.org.uk/sites/default/files/fundamental-facts-about-mental-health-2016.pdf}{The higher bipolar \% includes those who do not have psychotic symptoms.}$

⁴ Severe Mental Illness Profile, Public Health England Fingertips. https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness/data#page/0/gid/1938132719/pat/46/par/E39000018/ati/152/are/E38000105

⁵ Brown S, Kim M, Mitchell C and Inskip H., 2010. Twenty-five year mortality of a community cohort with schizophrenia. British Journal of Psychiatry 196 pp 116–121.

⁶ Parks J, Svendsen D, Singer P et al., 2006. Morbidity and Mortality in People with Serious Mental Illness. 13th technical report. Alexandria, Virginia: National Association of State Mental Health Program Directors.

⁷ Olivier D, Lubman DI, Fraser R. Tobacco smoking within psychiatric inpatient settings: biopsychosocial perspective. Aust & NZ J Psych 2007; 41: 572-580

- as 33%, which is still an inequality compared to the overall population prevalence of 15.5%. South West London and St Georges Mental Health NHS Trust are recording smoking status of patients on admission. For 2018/19 this was recorded for 91% of patients and for guarter 2 99% against a target of 90% of patients⁸.
- People with Severe Mental Illnesses have twice the risk of diabetes compared with the general population⁹, 2-3 times the risk of hypertension and 3 times the risk of dying from coronary heart disease¹⁰.
- People gain an average of 13lbs in the first two months of taking antipsychotic medication and this continues over the first year. Despite this, in some areas 70% of people in this group are not having their weight monitored¹¹. The figure for Merton CCG is 58%.

Policy Context

No Health without Mental Health

In response to the number of issues facing people with mental health issues the Government outlined their policy approach in 'No health without mental health' (2011). This included outcomes that:

- More people will have good mental health
- Recovery; more people will recover from mental health conditions
- Good physical health for people with mental health conditions; addressing health inequalities
- Positive experience of care and support for people with mental health conditions
- Fewer people will experience avoidable harm; reducing self-harm and avoidable harm.
- Reduce stigma and discrimination around mental health issues

NHS Five Year Forward View (2014) and Five Year Forward Plan for Mental Health Report (2016)

In 2014 NHS England published the NHS Five Year Forward View which outlined a new vision for the NHS based around seven new models of care. With regard to mental health the document outlined its aims for greater parity between physical and mental health services.

In 2016 the 'Five Year Forward View for Mental Health', a report from the independent Mental Health Taskforce to the NHS in England was published. This highlights that adults with severe mental health problems often face long waits for key interventions recommended by NICE whilst some lack access altogether. The report also found that one quarter of people using secondary mental health services do not know who is responsible for co-ordinating their care and one fifth of people with severe or complex needs had not had a formal meeting in the last 12 months reviewing their care

The review recommends work to address inequalities, provide greater services to younger people, a step change in access to services and a commitment to reduce suicides by 10%.

⁸ Merton CCG data 2018/19.

⁹ Royal College of Psychiatrists, 2013 'Whole person care: from rhetoric to reality. Achieving parity between mental and physical health', Occasional paper OP88.

¹º Osborn, DPJ., 2007 Physical activity, dietary habits and coronary heart disease risk factor knowledge amongst people with severe mental illness: a cross sectional comparative study in primary care. Social Psychiatry Psychiatric Epidemiology pp 787-93.

¹¹ Rethink, 2013. http://www.rethink.org/get-involved/campaigns/lethal-discrimination

Aims of profile

This profile looks at current levels of severe mental illness by different types. A comparison is made between Merton, London and England and also against statistical and geographical neighbours. Aims are:

- a) To look at trends in the data to look at the pattern of prevalence of severe mental health and related indicators
- b) To identify inequalities across the borough
- c) To consider what is happening locally to support patients with severe mental illness

Methodology

Data on percentages, rates and ratios for Merton, London and England analysed to see how Merton compares against regional and national values. Comparisons of local data to national research /data sets has also been used to highlight health inequality issues. Merton is also compared to statistical boroughs (boroughs with a similar population in terms of size and epidemiology – gender and age structure for example) and geographical neighbours (neighbours bordering Merton).

Comparator boroughs (statistical and geographical) are below:

Statistical neighbours	Geographical neighbours (as defined by the Office for National Statistics)
Barnet	Croydon
Ealing	Kingston
Enfield	Richmond
Redbridge	Sutton
	Wandsworth

Summary of key facts

The following data is from PHE fingertips available at https://fingertips.phe.org.uk/profile-group/mental-health

1. Severe Mental Health Indicators

GP Recorded Severe mental illness prevalence 2016/17 (QOF data)

- Merton 0.9% (N=1,980), lower than London 1.1%, equal to England 0.9%
- Trend shows an increase in prevalence from 2012/13 (0.8%) to 2016/17 (0.9%)
- Statistical neighbour comparison Redbridge (0.85%) lower than Merton, all others higher
- Geographical neighbour comparison Merton is higher than Kingston (0.8%) and Richmond (0.8%) Merton, all others are higher than Merton
- Ranked 10th lowest out of all London boroughs (low = best)

Increase in prevalence from 2012/13





Ratio of QOF prevalence and estimated prevalence of SMI 2015/16

Merton ratio of 2.04 (N=not available), London - no data, England 2.27

- **Trend** is increasing from 1.86 (2012/13) to 2.04 (2015/16)
- Statistical neighbour comparison Merton is lower than all
- Geographical neighbour comparison Merton is higher than Kingston (1.74), Richmond (1.85), Sutton (1.86) and Wandsworth (1.85)
- Ranked 15th lowest out of all London boroughs (low = best)

Contact with Specialist Mental Health Services aged 18+ 2017/18 Q4

- Merton 1,803 per 100,000 (crude rate) (N=2,855), lower than London 1,990 and England 2,329 per 100,000
- Trend shows a gradual increase from 2013/14
- Statistical neighbour comparison Merton is lower than Ealing (2,552), all others are lower than Merton
- **Geographical neighbour comparison** Merton is lower than Croydon (1,852), Sutton (2,044) and Wandsworth (2,000), all others are lower than Merton
- Ranked 13th lowest out of all 33 London boroughs (high = best)



Merton = 2nd highest borough



Adults in employment - % aged 18-69 on Care Programme Approach¹¹ 2017/18 (Q3)

- Merton 14.5% (N=85), higher than London (7.3%) and England (8.3%)
- Trend fluctuates but generally shows an increase in prevalence from 2013/14 (Q1) (9.1%) to 2017/18 Q3 (14.5%)
- Statistical neighbour comparison –Merton is higher than all
- **Geographical neighbour comparison** Merton is lower than Richmond (15.4%) but higher than others
- Ranked 2nd highest out of all London boroughs (high = best)

Stable and appropriate accommodation - % aged 18-69 on Care Programme Approach 2017/18 (Q3)

Top 5 London boroughs



- Merton 90.6% (N=530), higher than London (66.9%) and England (60.7%)
- Trend shows a general increase in prevalence from 2013/14 (Q1) (78.9%) to 2017/18 (Q3) (90.6%)
- Statistical neighbour comparison Merton is higher than all. The next highest value is Ealing (77.3%)
- Geographical neighbour comparison Merton is higher than all. The next highest value is Sutton (86.5%)
- Ranked 1st (highest) out of all London boroughs (high = best)



Mental health admissions to hospital - 2017/18 (Q3)

- Merton 88.4 per 100,000 (N=35), lower than London (105.8) and similar to England (87.5)
- Trend shows a decrease in rates from 2017/18 (Q1) (Please note only 3 data points available for trend)
- Statistical neighbour comparison Merton is slightly higher than Barnet (87.9), all others are higher than Merton
- Geographical neighbour comparison Merton is higher than Croydon (83.4), Kingston (87.0), Richmond (79.5), Wandsworth (70.8) and Sutton (51.5)
- Ranked 12th lowest out of all 33 London boroughs (low = best)

England 87.5

London 105.8

Merton 88.4





People (18+) subject to the Mental Health Act 2017/18 (Q3)

- Merton 44.2 per 100,000 (N=70), lower than London (60) but higher than England (42.9)
- Trend has stayed fairly level from 2013/14 (Q3)
- **Statistical neighbour comparison** Merton is higher than Redbridge (38.0), all others are higher
- **Geographical neighbour comparison** Merton is higher than Croydon (41.7), Richmond (33.1) and Sutton (32.2), others are higher
- Ranked 11th lowest out of all London boroughs (low = best)

People with SMI who have a Comprehensive Care Plan (2016/17)

- Merton 79.5% (N=1,465), lower than London (83.0%) but slightly higher than England (79.0%)
- Trend is decreasing from 2014/15
- Statistical neighbour comparison Merton is lower than all (Barnet 83.2%, Ealing 82.5%, Enfield 85.2% and Redbridge 87.2%)
- **Geographical neighbour comparison** Merton has lower values than all (Croydon 81.4%, Kingston 83.3%), Richmond 86.5%, Sutton 84.5% and Wandsworth 82.6%)
- Ranked 5th lowest out of all London boroughs (high = best)



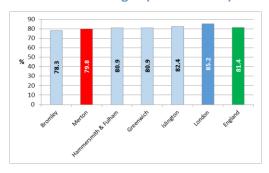
¹² Care Programme approach (CPA) refers to the package of care available to secondary mental health service users who are assessed as eligible Patients who have been in hospital under the Mental Health Act 1983 are a group that may well qualify for CPA, which can include support around housing, employment and physical health.

2. Physical Health

Record of alcohol consumption for patients on the MH register in the preceding 12 months (2016/17)



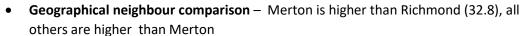
Five best boroughs (Merton = 2nd)



- Merton 79.8% (N=1,470), lower than London (85.2%) and England (81.4%)
- Trend has decreased from 2015/16 (data not shown – see Fingertips)
- Statistical neighbour comparison Merton is lower than all
- Geographical neighbour comparison Merton is lower than all
- Ranked 2nd lowest out of all London boroughs (low = best)

Smoking prevalence in adults with serious mental illness (2014/15)

- Merton 33.6 % (N=480), lower than London (38.9) and England (40.5)
- Trend not available
- **Statistical neighbour comparison** Merton is higher than Barnet (30.8) and Redbridge (30.4), all others are higher than Merton



Ranked 7th lowest out of all London boroughs (low = best)



Female patients (25-64) with SMI who had cervical screening test (% tested in preceding 5 years)

- Merton 67.5% (N=412), lower than London (68.9%) and England (70%)
- Trend shows a gradual decrease overall from 2012/13 (71.7%) to 2016/17 (67.5%)
- Statistical neighbour comparison Merton is lower than Enfield (68.6%),
 all others are lower than Merton
- **Geographical neighbour comparison** Merton is slightly higher than Wandsworth (67.3%) but Croydon (70.3%), Kingston (70.2%), Richmond (70.4%) and Sutton (72.8%) are all higher
- Ranked 9th lowest out of all London boroughs (high = best)

Patients with SMI with blood pressure check recorded within preceding 12 months

- Merton 83.0%, lower than London (84.0%) and higher than England (82.2%)
- Trend shows a gradual decrease from 2012/13 (86%) to 2016/17 (83%)
- Statistical neighbour comparison Merton is lower than all (Barnet 83.9%, Ealing 84.6%, Enfield 85.6% and Redbridge 85.9%)
- **Geographical neighbour comparison** Merton is lower than Croydon (83.6%), Kingston (85.2%), Richmond (84.2%) and Sutton (85.2%) and equal to Wandsworth 83.0%)
- Ranked 9th lowest out of all London boroughs (high = best)





England 370.0

London 327.2

Merton 357.7

Excess under 75 mortality rate in adults with serious mental illness (2014/15)

- Merton 357.7 (indirectly standardised ratio %) (N=not available), higher than London (327.2) and lower than England (370.0)
- Trend is rising steadily
- Statistical neighbour comparison Merton is higher than Barnet (267.8), Ealing (326.9), Enfield (254.8) and Redbridge (319.5)
- **Geographical neighbour comparison** –Merton is higher than Richmond (197.2) and Wandsworth (321.7). The others are higher than Merton.
- Ranked 11th highest out of all London boroughs (low = best)

Liver disease and mental health

- Compared to the general population, people under 75 years of age in contact with mental health services in England have death rates that are 5 times higher for liver disease¹³
- There are 84 more deaths per 100,000 population in adults with SMI for liver disease
- Liver disease is not part of QOF recording and therefore limited data is available on a local authority level

3. Other related MH indicators

Learning disability prevalence 2016/17 (QOF data)

- Merton 0.3% (N=715), slightly lower than London (0.4%) and England (0.5%)
- Trend is level although the count dropped then rose slightly since 2014/15
- **Statistical neighbour comparison** Merton is the same as Ealing (0.3%), all others are higher than Merton



- **Geographical neighbour comparison** Merton is higher than Richmond (0.2%), equal to Kingston (0.3%) and the rest are higher than Merton
- Ranked 12th lowest out of all London boroughs (low = best)

Estimated percentage of Merton patients reporting a long term mental health problem (2016/17)

- Merton 3.8% (N=108), lower than London (4.8%) and England (5.7%)
- **Trend** remains fairly level
- Statistical neighbour comparison Merton is higher than Ealing (3.3%) and Redbridge (2.9%). The others are higher than Merton
- Geographical neighbour comparison Merton is lower than all
- Ranked 6th lowest out of all London boroughs (low = best)



¹³ https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework/current/domain-1-preventing-people-from-dying-prematurely-nof/1-5-i-excess-under-75-mortality-rate-in-adults-with-serious-mental-illness-formerly-indicator-1-5">https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework/current/domain-1-preventing-people-from-dying-prematurely-nof/1-5-i-excess-under-75-mortality-rate-in-adults-with-serious-mental-illness-formerly-indicator-1-5">https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework/current/domain-1-preventing-people-from-dying-prematurely-nof/1-5-i-excess-under-75-mortality-rate-in-adults-with-serious-mental-illness-formerly-indicator-1-5">https://digital-nhs.uk/data-and-information/publicator-1-5

What works?

NICE clinical guideline (CG178 1.1.3) recommends patients with psychosis or schizophrenia and taking anti-psychotic medication are offered healthy eating and physical activity programmes by their Mental Health service provider.

Offer people with psychosis and schizophrenia support to stop smoking even if they have been unsuccessful in previous attempts (CG 178 1.1.3.3)

NICE clinical guideline (CG178 1.5.3) recommends that when a patient with psychosis or schizophrenia is referred back to their GP they should monitor their physical health at least annually.

GP's should also identify patients with psychosis or schizophrenia with high blood pressure, abnormal lipids, obesity (or at risk of obesity) and diabetes (or are at risk of diabetes) at the earliest opportunity (CG 178 1.5.3).

Cognitive Behaviour Therapy (CBT) should also be offered to patients in remission (CG178 1.5.4) whilst family intervention therapy can support families and carers.

In recovery offer supported employment opportunities to people who would like to return to work. Consider pre-vocational training for those not able to work or who are unsuccessful in applying for work (CG 178 1.5.8).

Interventions

- Merton Council commission a 'One You Merton' healthy living service. This provides an
 enhanced support offer to residents with mental health conditions to support them to quit
 smoking.
- Working in partnership with healthcare commissioners across south west London, and with South West London and St George's Mental Health NHS Trust (SWSLStG), Merton Clinical Commissioning Group (CCG) has introduced a number of urgent care services to support people experiencing mental health crises, and to reduce the likelihood of their being admitted to hospital for psychiatric treatment. The new services include Merton Street Triage, which is a service delivered through a partnership between the local mental health Trust, and local police. It supports people identified by the police as experiencing a mental health crisis. The police are supported by a community psychiatric nurse when they attend the client. Secondly, the psychiatric decision unit, named The Lotus Suite, was piloted for a year from November 2017, and is now an established part of the services provided by SWLStG. The Lotus Suite provides a safe alternative to Accident and Emergency Departments (A&E) where people experiencing a severe mental health crises can receive a prolonged assessment of their mental health, and receive support with their recovery from crisis, over and up to 72 hours, away from busy A&E settings. SWLStG is piloting one of two mental health crisis cafés in Merton over the course of a year- The Sunshine café in Merton provides a setting where clients can receive support with a mental health crisis, in a community 'coffee shop' setting. The CCG has also made other investments, for example in local A&E departments, to improve urgent mental health services for the people of Merton.
- Merton CCG will introduce a new primary mental health care service. Due to open in April 2019, the Merton Primary Mental Health Care service will incorporate three tiers:- mental

wellbeing, designed to offer support to people with a wide range of mental health problems, that require a relatively low level of support, psychological therapy, aimed at people with common mental health problems, through Improving Access to Psychological Therapies (IAPT) services, which will offer clinically effective talking therapies, with a focus on people with long term physical health conditions (LTCs); and a primary care recovery service, which will support people with severe mental illness, providing holistic support with mental and physical health problems.

- Merton CCG will work with GPs in 2018/2019 to improve the number of people on the severe mental illness (SMI) register that receive a comprehensive physical health check from their GP.
- Merton CCG is working in partnership with the Council to deliver outcomes based on the recent Autism Strategy (2018-2023) and Suicide Prevention Framework (2018-2023) in addition to LB Merton's, substance misuse, Joint Strategic Framework.

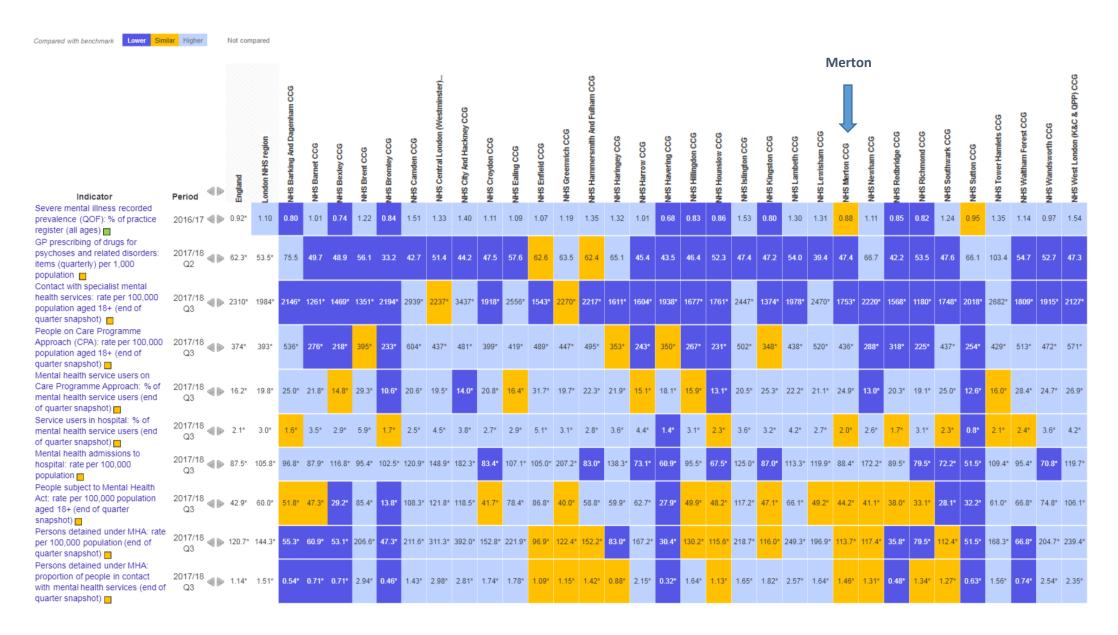
What else are we doing?

- Merton Council and Merton Clinical Commissioning Group provide supported housing for
 people with mental health conditions. These provide for a range of support needs from
 more intensive to lower level support options. The aim of supported housing is to support
 people to live as independently as possible and for those in recovery, to develop the
 everyday life skills to live independently. Supported housing may be time limited with plans
 to move to more independent housing options over time.
- Merton Council commissions a peer support service for secondary mental health service
 users. This provides a peer support model with people with lived experience of mental
 health issues working with clients to provide peer support over a range of activities. This
 includes social activities to address isolation, healthy lifestyles and physical activity,
 education and training as well as advocacy.

Other indicators related to SMI profile – Psychosis Pathway Merton Compared with benchmark Lower Similar Higher NHS Wandsworth CCG NHS Barking And Dag MHS Central London NHS Croydon CCG MHS Islington CCG NHS Enfleld CCG JHS Green Indicator CPA adults in employment: % of 13.3* 3.8* 4.9* 6.2* 10.7* 12.6* 14.5° 15.4* 12.2* 13.8* people on CPA (aged 18-69) (end of quarter snapshot) GP prescribing of drugs for psychoses and related disorders: 2017/18 62.3* 53.5* 75.5 49.7 48.9 56.1 33.2 42.7 51.4 44.2 62.6 63.5 62.4 65.1 46.4 52.3 47.4 47.2 54.0 39.4 47.4 66.7 42.2 53.5 47.6 66.1 103.4 54.7 52.7 47.3 items (quarterly) per 1,000 population | People on Care Programme 350* 267* 231* 502* 604* 437* 481* 399* 419* 489* 447* 495* 353* **243*** 348* 438* 520* 436* **288*** 318* 225* 437* 254* 429* 513* 472* 571* population aged 18+ (end of quarter snapshot) People subject to Mental Health Act: rate per 100,000 population 42.9* 60.0* 51.8* 47.3* 29.2* 85.4* 28.1* 32.2* 61.0* 66.8* 74.8* 106.1* 13.8* 108.3* 121.8* 118.5* 58.8* 59.9* 62.7* aged 18+ (end of guarter snapshot) Mental health admissions to 87.5* 105.8* 96.8* 87.9* 116.8* 95.4* 102.5* 120.9* 148.9* 182.3* 83.4* 107.1* 105.0* 207.2* hospital: rate per 100,000 60.9* 95.5* population -Merton Other indicators related to SMI profile – Finance Not compared



Other indicators related to SMI profile – Services



Other indicators related to SMI profile – Quality and Outcomes

Compared with benchmark Lower Sim	ilar Higher	Not con	Not compared													Merton																			
			NHS region	ing And Dagenham CCG	et ccG	ey CCG	# CCG	nley CCG	den CCG	ral London (Westminster)	And Hackney CCG	don CCG	900 8	900 pi	nwich CCG	mersmith And Fulham CCG	igey CCG	ow CCG	ring CCG	gdon CCG	Islow CCG	Jton CCG	ston CCG	beth CCG	sham CCG	on ccG	ham CCG	nidge CCG	mond CCG	hwark CCG	on ccG	er Hamlets CCG	ham Forest CCG	dsworth CCG	i London (K&C & QPP) CCG
	Period 41	gland	N uopu	1S Bark	NHS Barr	VHS Bexley	4S Brer	4S Bron	4S Cam	VHS Central	1S City	4S Croy	4S Ealing	VHS Enfield	4S Gree	4S Ham	4S Hari	SHarr	NHS Have	NHS Hilling	4S Hour	NHS Islin	45 King	NHS Lam	4S Lewi	4S Mert	NHS New	MS Redb	NHS Rich	NHS Sout	NHS Sutton	NHS Tower	IS Walt	4S Wan	IS Wes
Indicator People with SMI who have	renou	ш	200	Ż		82.4	Ż	₹ 77.2	≢ 85.9	Ż	±	≢ 81.4	82.5		Ż	支 75.9	≥	83.9			≥	Ż 81.8	ż		≢ 81.6	Ż	81.8	≢ 87.2	86.5	≥ 85.0		ż 82.7	86.4	≥	Ż
comprehensive care plan: % of people with SMI	2016/17 📲 🎚	79.0	65.0	67.1	03.2	02.4	65.5	11.2	65.9	79.3	04.0	01.4	02.5	00.2	79.1	75.9	04.0	03.9	02.1	04.0	80.1	01.0	03.3	04.0	01.0	79.5	01.0	07.2	60.5	65.0	04.5	02.7	00.4	02.0	01.4
Patients on lithium therapy with record of serum creatinine and TSH: % with record in the preceding 9 months	2016/17 🗐 🛭	94.5	92.9	89.7	92.3	93.3	94.7	91.5	95.2	90.6	96.7	94.3	96.7	95.7	86.6	91.3	92.7	94.9	86.7	96.0	94.9	94.0	93.6	93.6	93.4	91.9	94.7	88.1	98.0	95.1	95.2	92.5	90.8	94.4	85.7
Patients on lithium therapy with levels in therapeutic range: % within preceding 4 months	2016/17 📲 🎚	▶ 83.0	78.3	64.9	77.7	82.6	80.1	73.8	80.3	77.5	81.3	83.4	87.9	75.5	70.8	75.4	74.4	89.9	70.6	79.4	77.9	78.0	85.0	75.4	74.2	83.1	80.5	74.1	86.6	77.4	86.8	74.9	74.6	82.4	73.5
Exception rate for severe mental illness (SMI) QOF indicators: % of patients excluded from mental booking and indicators.	2016/17 🗐 🛭	11.3	-	6.2	8.4	9.3	8.4	8.8	5.4	10.0	7.5	8.6	10.7	6.2	6.1	11.9	7.9	9.0	10.3	9.4	7.8	10.2	10.1	6.6	8.3	8.3	6.9	5.9	7.9	7.6	7.9	6.6	7.2	8.1	9.0
health quality indicators Patients with SMI with alcohol consumption check: % with record in preceding 12 months	2016/17 📲 🎚	▶ 81.4	85.2	92.3	86.5	85.6	86.3	78.3	86.4	83.9	87.4	83.7	84.7	87.0	80.9	80.9	85.2	85.9	83.6	86.0	87.5	82.4	85.8	86.0	85.1	79.8	88.0	88.2	85.0	84.7	85.8	86.1	89.5	83.6	84.5
Patients with SMI with blood pressure check: % with record in preceding 12 months	2016/17 🐗 [82.2	84.0	86.1	83.9	85.7	85.3	82.3	85.3	81.9	87.2	83.6	84.6	85.6	80.4	79.7	83.4	82.6	80.2	84.0	85.1	81.9	85.2	84.1	83.8	83.0	86.6	85.9	84.2	84.2	85.2	84.6	86.1	83.0	82.2
Female patients with SMI who had cervical screening test: % tested in preceding 5 years	2016/17 📲 🛭	70.0	68.9	68.3	66.0	72.9	66.0	71.2	66.6	65.5	71.3	70.3	65.9	68.6	70.1	68.3	70.3	62.5	68.0	68.2	70.1	69.7	70.2	71.6	71.0	67.5	68.9	65.6	70.4	71.7	72.8	69.1	69.2	67.3	68.1
Smokers on GP registers (certain conditions) offered cessation support and treatment: % within preceding 12 months	2016/17 🜗 🎚	95.2	96.5	97.4	96.4	96.6	96.2	96.5	97.8	95.2	98.7	96.6	96.9	96.6	93.8	95.8	96.7	96.4	95.2	96.6	97.2	96.7	97.7	96.8	96.3	95.3	96.3	96.7	97.1	96.7	94.9	94.6	96.3	97.3	96.7
CPA review: % of people on CPA for more than 12 months who have had a review (end of quarter snapshot)	2017/18 ■ I	▶ 79.6*	95.3*	95.2*	97.8*	100*	96.3*	98.7*	94.4*	94.2*	97.0*	83.4*	95.4*	97.5*	98.5*	94.4*	94.9*	93.0*	97.1*	96.9*	98.4*	95.9*	96.2*	87.2*	94.8*	97.9*	98.7*	96.3*	97.2*	91.2*	96.0*	97.7*	95.5*	96.9*	97.1*
CPA adults in employment: % of people on CPA (aged 18-69) (end of quarter snapshot)	2017/18 ■ [▶ 8.3*	7.3*	4.8*	8.1*	13.3*	7.7*	10.0*	5.9*	6.7*	3.8*	4.1*	9.9*	4.9*	6.2*	9.8*	6.2*	8.3*	8.5*	10.7*	12.6*	5.5*	10.8*	5.1*	6.1*	14.5*	6.9*	2.3*	15.4*	5.4*	12.2*	4.4*	4.7*	13.8*	7.3*
Stable and appropriate accommodation: % of people on CPA (aged 18-69) (end of quarter snapshot)	2017/18 ⊲ [▶ 60.7*	66.9*	74.0*	68.4*	71.7*	84.7*	72.2*	72.4°	82.4*	44.3*	40.7*	77.3*	68.4*	63.6*	83.3*	63.8*	79.8*	82.9*	84.8*	85.1*	70.9*	73.0*	41.0°	52.5*	90.6*	53.4*	56.2*	81.5*	29.0*	86.5*	36.6*	72.4*	80.9* 8	86.9*
Gate kept admissions: % (quarterly) admissions to acute wards that were gate kept by the CRHT teams	2017/18 4	98.6	99.2*	100	100	100	100	100	99.3	98.7	100	99.4	100	98.3	100	100	99.3	100	97.8	100	98.3	99.1	98.3	98.6	98.9	100	100	97.4	95.5	98.2	93.9	100	94.0	99.1	100
Follow up after discharge: % (quarterly) of patients on CPA Delayed discharges: days of	2017/18 ≪		97.4*	100	100	100	97.8	95.7	93.8	96.3	96.6	95.5	98.0	100	100	95.9	99.3	97.4	93.3	100	95.8	94.6	97.4	96.3	99.0	98.8	97.6	90.9	95.2	95.4	98.5	96.5	97.4	95.9	98.8
delayed discharges in the quarter: rate per 1,000 bed days	2017/18 ■ I					31.1*				43.5*	*				20.5*		119.4*		*			25.2*						*	51.2*		*	7.5*	*		55.2*
assessment: % of people on CPA with HoNOS recorded (end of quarter snapshot)	2017/18 ■ [68.1*	83.5*	94.2*	49.1*	76.8*	92.0*	59.3*	93.3*	88.4*	89.1*	80.0*	79.0*	72.3*	46.3*	86.7*	61.4*	87.1*	95.7*	87.8*	85.4*	93.8*	96.9*	77.6*	75.3*	95.7*	95.2*	96.5*	94.1*	78.4*	94.9*	92.2*	95.3*	92.5*	89.5*
Recording of employment status: % of people in contact with mental health and learning disability services with employment status recorded (end of quarter snapshot)	2017/18 Q3 ◀ [▶ 30.3*	35.7*	24.6*	18.7*	24.5*	88.4*	22.5*	36.9*	84.7*	17.6*	25.4*	39.8*	34.8*	19.9*	38.5*	32.6*	92.9*	21.6*	88.3*	28.6*	34.4*	41.0*	22.7*	25.2*	40.0*	20.9*	16.2*	34.7*	18.9*	29.2*	26.1*	21.5*	49.2* {	86.2*
Diagnosis coding: % of people in contact with mental health services with a diagnosis or provisional diagnosis recorded (end of quarter snapshot)	2017/18 Q3 ◀ [≥ 23.0*	35.8*	8.9*	9.2*	38.4*	81.3*	35.5*	45.0*	78.8*	29.7*	34.3*	9.1*	4.2*	32.0*	12.2*	5.3*	85.9*	9.1*	85.5*	6.1*	39.4*	51.2*	41.9*	41.1*	60.2*	34.7*	8.9*	34.9*	46.6*	60.1*	38.8*	7.8*	48.3* {	81.4*
Recording of accommodation status: Percentage of people in contact with mental health services with accommodation status recorded (end of quarter snapshot)	2017/18 Q3 ◀ [▶ 33.9*	38.6*	33.5*	21.1*	23.7*	91.7*	26.2*	45.3*	87.7*	18.1*	24.6*	39.8*	37.2*	20.1*	38.7*	36.7*	94.8*	32.7*	91.2*	29.0*	45.2*	49.0*	22.6*	25.0*	42.2*	21.4*	22.4*	44.3*	18.4*	34.2*	26.2*	27.1*	50.1* 9	90.3*
Service users with crisis plans: % of people in contact with mental health services (end of quarter snapshot)	2017/18 4	▶ 12.3*	8.9*	18.4*	3.3*	17.5*	5.9*	11.6*	7.9*	3.8*	5.6*	13.6*	8.4*	5.8*	13.6*	11.8*	4.9*	2.5*	15.8*	3.8*	7.2*	8.7*	3.4*	11.4*	16.0*	2.2*	5.8*	16.8*	3.1*	10.5*	2.3*	6.3*	18.5*	3.9*	5.0*

More information

NHS Choices - Mental Health: https://www.nhs.uk/conditions/stress-anxiety-depression/

MIND: https://www.mind.org.uk/

Mental Health Foundation: https://www.mentalhealth.org.uk/

Mental Health UK https://www.mentalhealth-uk.org/

Rethink Mental Illness https://www.rethink.org/about-us

Glossary

Bipolar disorder: A condition affecting moods, which can swing from one extreme to the other. People with bipolar disorder have periods or episodes of depression (feeling very low and lethargic) and mania (feeling very high and overactive).

(Source: NHS Choices)

Excess under 75 mortality rate in adults with serious mental illness: The ratio of the number of deaths for people aged 18 to 74 in contact with Secondary Mental Health Services to the number that would be expected based on the age and sex specific death rates of the general population. (Source: Public Health England).

Lithium therapy: Lithium is one of 5 drugs that can be used to stabilise moods in people who suffer from mental illness. Lithium is an element that occurs naturally in the environment rather than a manufactured drug. A mood stabiliser is a psychiatric drug that is licensed as part of long-term treatment for mental health disorders such as bipolar, mania and hypomania and severe depression. (Source: MIND)

Psychosis: A mental health problem that causes people to perceive or interpret things differently from those around them. This might involve hallucinations or delusions. A combination of hallucinations and delusional thinking can cause severe distress and a change in behaviour. (Source: NHS Choices)

Schizophrenia: A severe long-term mental health condition causing a range of different psychological symptoms, including hallucinations, delusions, muddled thoughts and changes in behaviour (Source: NHS Choices).