



# Stockport JSNA

joint strategic needs assessment

## **2022 JSNA**

### **Mental Health and Wellbeing**

December 2022

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# Mental Health & Wellbeing

## Key summary

**1 in 4 adults in the UK will suffer from a mental ill health at some point in their lives – in Stockport this equates to 73,500 people of all ages.** Over 60% of the prevalent population remain unidentified or not seeking treatment and any analysis of this group is difficult as by their very definition they are unknown to services.

### Wellbeing

- There are approximately **55,000 over 16's in Stockport with high levels of anxiety**, and these levels have increased since the COVID-19 pandemic.
- Fewer people report low levels of happiness, life satisfaction and feeling worthwhile, all less than 10% of the adult population.
- An estimated 8,100 people aged 5-15 report low wellbeing
- Consultation shows that people in Stockport improve and protect their mental wellbeing through the five ways to wellbeing.

### Common Mental Health Disorders / Depression and Anxiety

- National evidence suggest that one adult in six (17.0%) have a CMD (Common Mental Disorder): one in five (20.7%) women and one in eight (13,2%) men; in Stockport this would equate to 40,300 people 25,200 females and 15,100 males.
- In 2022 it was estimated that 1 in 5 (19.7 %) of 5 – 19 years olds have at least 1 mental health disorder equating to an estimated 10,300 in Stockport.
- There are around 39,800 people registered with a Stockport GP with a diagnosis of depression on their medical record and around 38,700 with a record of anxiety. Diagnosis rates are increasing.
- Women outnumber men by a rate of at least 1.7 to 1. Both men and women aged between 30 and 59 are the most to be recorded with depression and those aged 20 to 59 are the most likely in terms of raw numbers to be recorded with anxiety.
- There is a clear deprivation profile with the rate increasing as deprivation increases. Depression rates for both men and women in the least deprived areas are around half that in the most deprived rate.
- The COVID-19 pandemic and cost of living crises have led to increases in self-reported symptoms of depression, especially for younger women, those with disability, those who are financial vulnerable and those living in deprived areas.

# Mental Health & Wellbeing

## Key summary

### Serious Mental Illness (SMI)

- **There are 3,040 people registered with a Stockport GP with a diagnosis of a severe mental health disorder.** This includes people with schizophrenia, bipolar affective disorder, other psychoses and other patients on lithium therapy.
- These numbers reflect national survey prevalence, although there is some evidence that there may be under diagnosis of bipolar disorder.
- Severe mental health problems show a clear deprivation profile. Those in the **most deprived areas are over three times as likely to be experiencing a severe mental health problem compared to those in the least deprived areas.**
- Analysis of comorbidities shows that people with severe mental health problems are **more than twice as likely to be diagnosed with diabetes** than the population average, which can be linked to antipsychotic medication which can cause weight gain, **obesity** rates are also twice as high as average. People with severe mental health problems are **three times more likely to have other mental health issues** such as depression and anxiety, and are **more than twice as likely as the population average to smoke.**
- By Sept 2022 54% of people on the SMI register had had a full physical health check in the last 12 months, above the national average of 45% but still below the target 60%.

### Improving Access to Psychological Therapy (IAPT)

- In Stockport there are around **1,000 referrals to IAPT per month.** Around 500 people a month join the programme and around 200 people a month complete treatment.
- COVID-19 lockdowns had an immediate impact on levels of referral and the numbers entering treatment. While the levels of referral have increased and are now similar to pre-pandemic volumes, the numbers entering treatment are still 20-25% lower than they were in the 10 months running up to February 2020.
- Around 50% of people move to recovery by the time they complete treatment.

# Mental Health & Wellbeing

## Key summary

### Acute Care

- **Stockport averages around 80 presentations at A&E (accident & emergency) a month for mental health reasons.** Numbers fell during the first lockdown or COVID-19, but have recovered since. Females are slightly more likely than males to present, around 11% of presentations are for children aged 0 to 15 years, 17.3% for young people aged 16 to 24 years and 22.5% for those aged 65+.
- **Stockport averages around 60 inpatient admissions per month for a primary diagnosis of mental health reasons.** Numbers fell during the first lockdown for COVID-19, but have recovered since. There are similar numbers of admissions for both males and females, with a slightly different age profile. Females more likely to admit aged 10-29 years and especially so after 80+ years and males more likely to admit 40-59 years.
- A third of all admissions are due to the impact of alcohol, with 22% due to anxiety, 13% delirium and 8% dementia. There are strong deprivation profiles for admissions relating to alcohol and other substance misuse.
- **Stockport averages around 650 contacts a month for the Open Door service, 380 a month for access & crises services, 340 a month for home treatment team and around 40 contact a month for Stockport Team for Early Management.** Activity for all services is quite volatile varying between around 200 and 600 for Access & Crises Service and Home Treatment Teams and around 400 and 700 for the Open Door Service.
- **There are 580 hospital admissions a year for deliberate self-harm** predominantly from those aged 12-34, females account for 70% of all admissions. The inequality profile shows that 30% of admissions are from the most deprived decile.

### Mortality

- **On average people under the age of 75 with a Serious Mental Illness have a mortality rate that is 4.3 times higher than that of the rest of the population.**
- **On average between 20 and 30 suicides and deaths of undetermined intent occur for Stockport residents each year with those aged 30-59 the key risk group.**
- Men are twice as likely to die from a suicide or undetermined intent than females.
- There is a clear deprivation profile - rates in the most deprived areas are more than twice as high as those in least deprived areas.

# Mental Health & Wellbeing – Introduction

While one in four of us will experience mental illness at some time in our lives, mental health is more than the absence of illness.

The term mental health is used to describe a spectrum from mental health problems, conditions, illnesses and disorders through to mental wellbeing or positive mental health.

The concept of wellbeing includes both feeling good and functioning well:

- Feelings of happiness, contentment, enjoyment, curiosity and engagement
- Experiencing positive relationships, having some control over one's life and having a sense of purpose.

Experiences of mental health and wellbeing are influenced by the conditions people are born into, grow up in, live and work in.

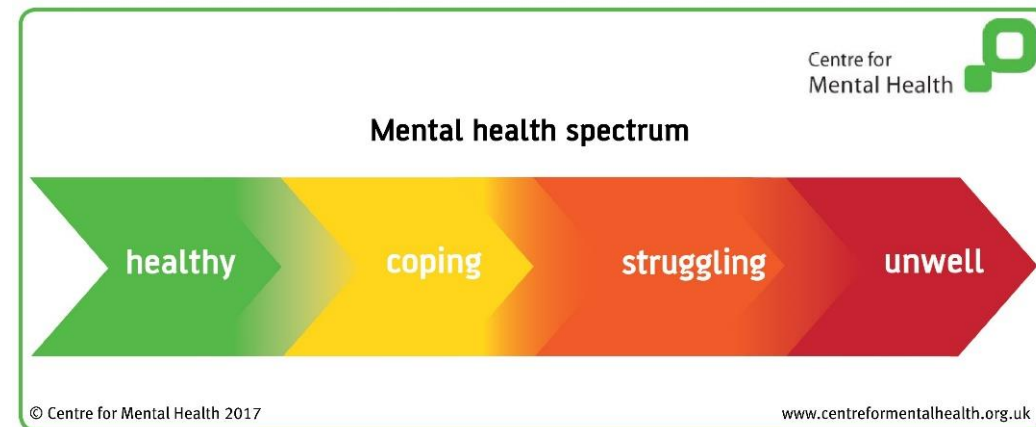
Mental Health conditions and illness can be transient or can last a lifetime. There are many different conditions including depression, anxiety, bipolar disorder, schizophrenia and psychosis. People living with mental health problems are more likely to

- experience physical health problems
- adopt unhealthy coping behaviours (eating, drinking, smoking)
- have a disrupted education
- be unemployed
- take time off work
- fall into poverty
- enter the criminal justice system.

Mental illness impacts not just on the individual but also on family, friends, colleagues and the wider health and social care services.

Therefore it is vital that the level of need in Stockport and current service provision is understood, to help steer what might be done to further support the residents of Stockport.

This JSNA aims to collate a range of intelligence about the levels of wellbeing and mental illness in Stockport, and the impact this has on people's lives.



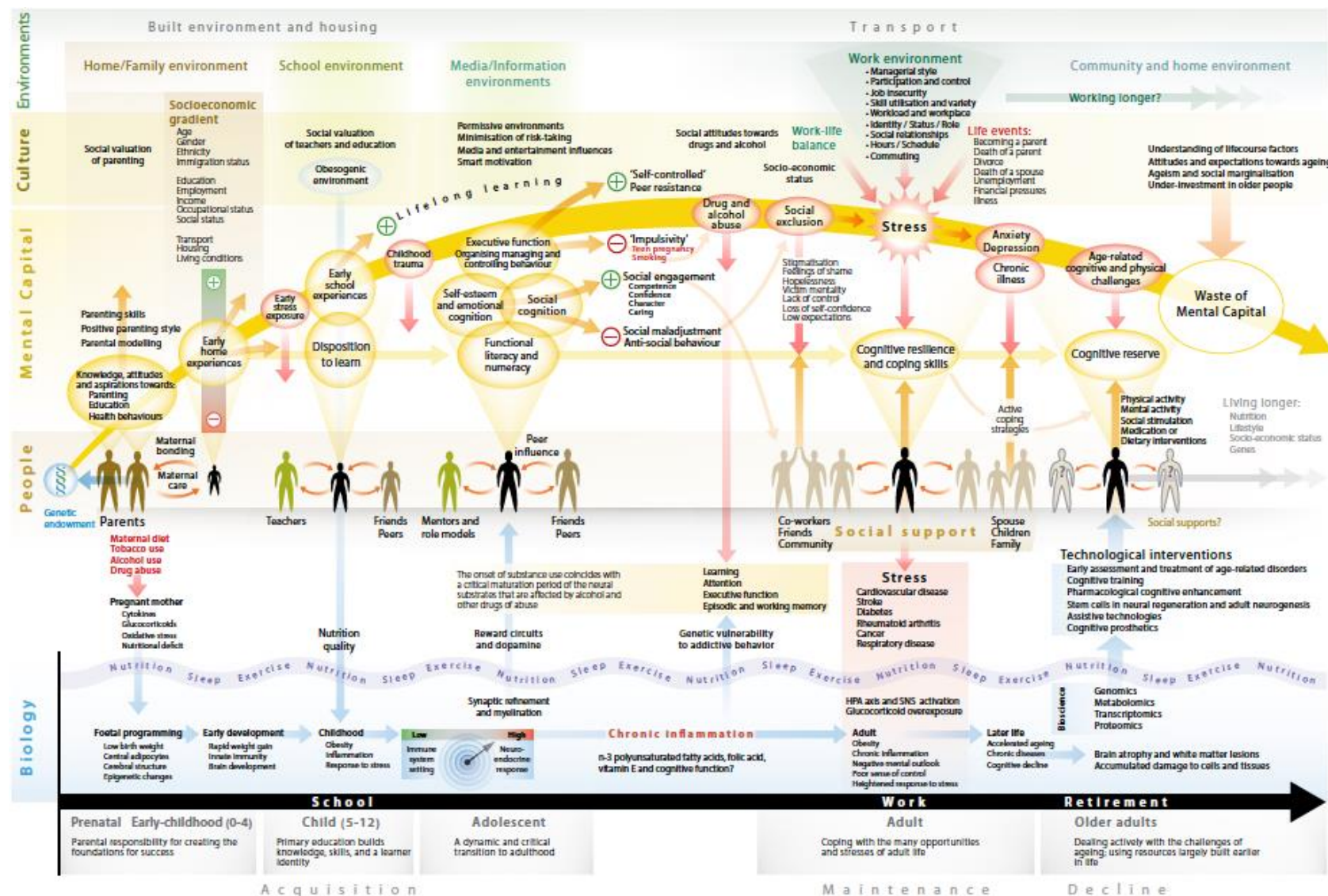


# Mental Health & Wellbeing – Protective factors

The diagram illustrates wide range of factors that influence our mental health over the course of our lives. This includes:

- Family and friends
- School and education
- Work
- Environment
- Lifestyle behaviours
- Media

This JSNA is one of series of reports describing the health and wellbeing of Stockport's population, and some of these reports describe these factors in more detail (see [www.stockportJSNA.org.uk](http://www.stockportJSNA.org.uk)) and the inequality in experience of these across Stockport. Most of these factors are strongly correlated with deprivation (see page 10).



# Mental Health & Wellbeing – risk factors

Some groups face a high risk of mental health issues than others. Although a causal relationship is by no means certain, and the direction of the causation is also uncertain, a strong association between poor mental health and the following groups has been established. The list of vulnerable groups mentioned below is not intended to be an exhaustive list, but rather an indication of the wider issues faced by those with mental health issues.



**Carers** providing 50 hours or more of care a week have significantly lower mental wellbeing than the Stockport resident average.



Residents who describe their **health as not good** have significantly lower mental wellbeing than the Stockport resident average.



**Young women aged 16-24**, 26% report having a common mental health problem in any given week



Stockport residents **aged 85 and over** have significantly lower mental wellbeing than the Stockport average.



A modelled estimate suggests that 340-680 women in Stockport will be affected with a mental health problem **during pregnancy** or in first year after birth.



Those who are **LGBTQI+** are between 2–3 times more likely than heterosexual people to report having a mental health problem in England



**Black, Asian and minority ethnic groups** combined have significantly lower mental wellbeing than the Stockport resident average. 23% of Black or Black British people will experience a common mental health problem in any given week. This compares to 17% of White British people



People in contact with the **criminal justice system** are more likely to experience common mental health problems



Below average mental wellbeing is more common in **asylum seekers and refugees** than the Stockport average.



Below average mental wellbeing is more common in **homeless people** than the Stockport average.



A modelled estimate suggests that over 2,000 **unemployed** residents have low mental wellbeing. 47% of these may be attributable to unemployment.



# Mental Health & Wellbeing – Deprivation

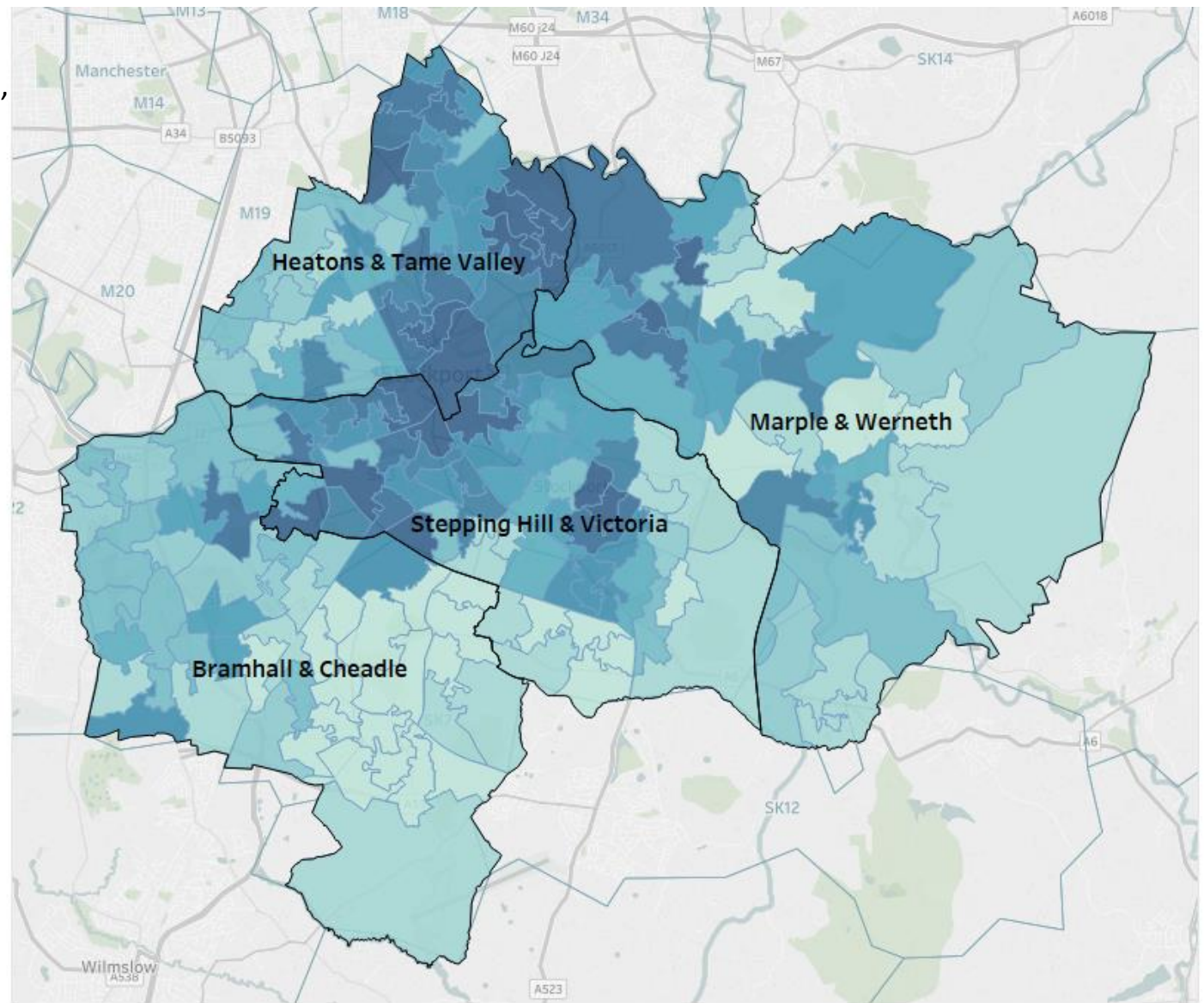
The Index of Multiple Deprivation combines data about levels of income, employment, education attainment, health outcomes, crime, housing and environment. This information is used to rank small areas in England on a combined measure of deprivation.

When considering areas in the most deprived quintile (20%) nationally, **17% of the Stockport's areas are ranked in the most deprived national quintile. Areas of deprivation cluster to the centre and north of the borough.**

**Four small areas\* rank within the most deprived 1% nationally, two in Brinnington and two in Lancashire Hill.**

26% of residents live in the least deprived quintile, within 51 small areas. The English average for a borough Stockport's size would be 38. These less deprived areas are predominately found towards the south and east of the borough.

These trends are important as patterns of mental wellbeing and health are often closely associated with deprivation and demographics.



Index of Multiple Deprivation 2019 national rank deciles (1 is the most deprived)



\* Lower-level Super Output Areas – small areas with a population of around 1,500 people.  
English indices of deprivation 2019 (Ministry of Housing Communities & Local Government, 2019)

The following statements are summaries from the JSNA reports for demographics and socio-economic factors, and again these trends may impact future needs for mental wellbeing and health in Stockport.

**The population of Stockport is growing and is expected to continue to do so:**

- There are currently more births than deaths
- The population is living longer, although the rate of improvement in life expectancy has slowed meaning the projections for the growing older population are now lower
- There are significant planned housing and economic developments

**The population is likely to be needier:**

- Birth rates have grown most rapidly in deprived areas, where there are potentially more children at risk. This is especially true of a cohort born 2009-2014, where almost half of all births were in the two most deprived quintiles. This cohort is currently between primary education and secondary education.
- Ageing population, with increasing and complex needs
- More people are living in one person or lone parent households

The population of Stockport continues to become more ethnically diverse, especially in younger populations to the west of the borough.

**Stockport has pockets of very concentrated deprivation contrasted with large areas where deprivation is relatively low.**

Brinnington and Lancashire Hill (Central) are the most deprived areas in the borough. They are also amongst some of the most deprived areas in England. More areas in Stockport rank in the 1% most deprived nationally than average. Levels of child poverty are especially high in these areas.

An estimated 34,560 in Stockport are affected by income deprivation:

- 9,400 older people live in relative poverty
- 8,050 children live in low-income households.
- 4,800 people in Stockport are claiming out-of-work benefits.
- 19,500 working age people in Stockport are claiming disability related benefits.

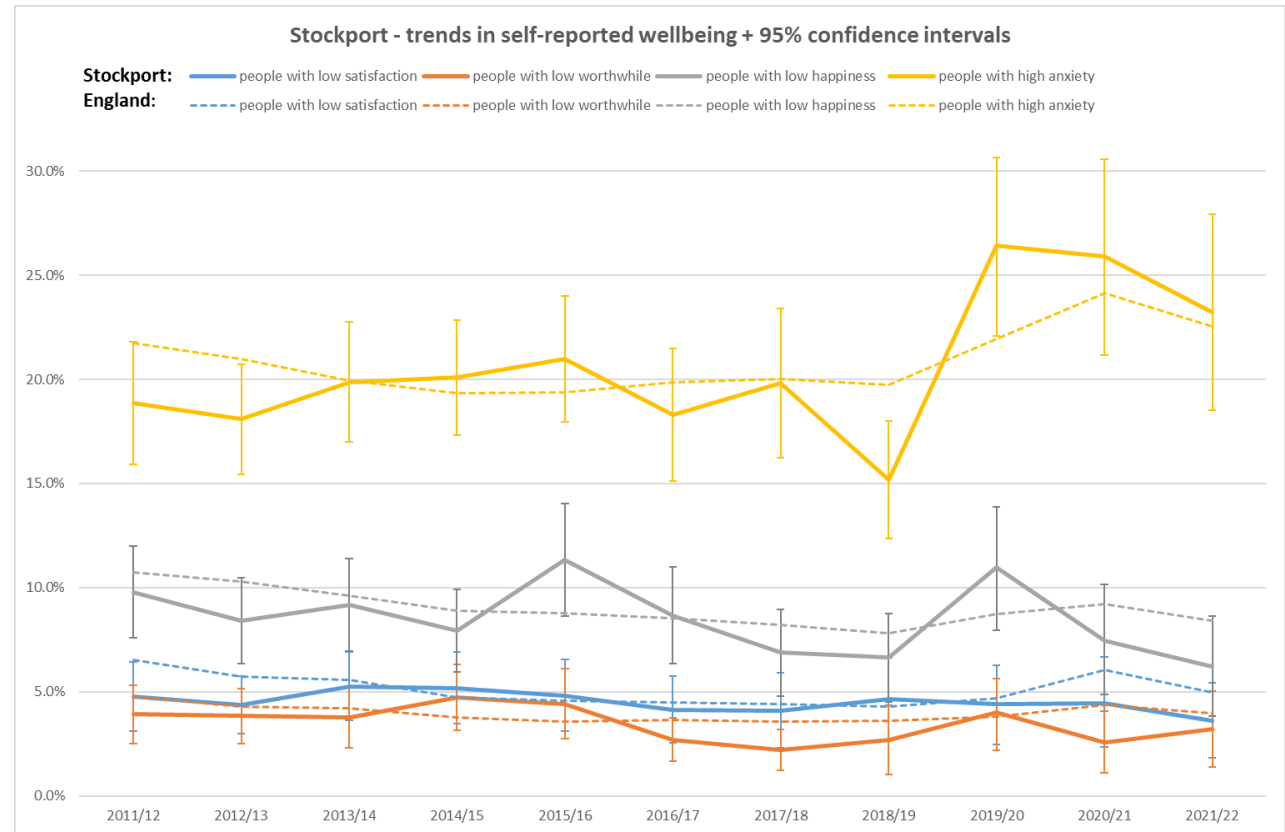
# Mental Wellbeing – Annual Population Survey – Public Health Outcomes Framework

Good wellbeing describes a **person who is feeling good and doing well** – the aim is to maximise the number of people in Stockport who have average or above wellbeing and minimise the number with below average wellbeing. The Annual Population Survey uses four independent questions to assess the mental wellbeing of those aged 16+.

There are a number of ways to look at this data, one, used by OHID (Office for Health Disparities) as part of the Public Health Outcome Frameworks, looks at the proportion of people reporting the worst levels of mental health.

From 2011/12, these wellbeing measures had generally shown a reasonably stable trend, given the confidence intervals, partly due to the small survey samples. In most years, Stockport residents reported similar or slightly better levels than the population of England as a whole on these measures.

From 2019/20 to 2021/22 the anxiety measure in particular showed the negative impact of the COVID-19 pandemic. The increase in high anxiety in 2019/20 was especially large in Stockport and with a score of 26.4%, there were more people with high anxiety than the England average. In 2020/21 and 2021/22 whilst the levels of reported anxiety remained high in Stockport, the level across England rose so that they are now similar. Levels may now be dropping.



The Annual Population Survey has found that 1% of people score poorly for all 4 wellbeing questions. These people with the poorest mental wellbeing are more likely to:

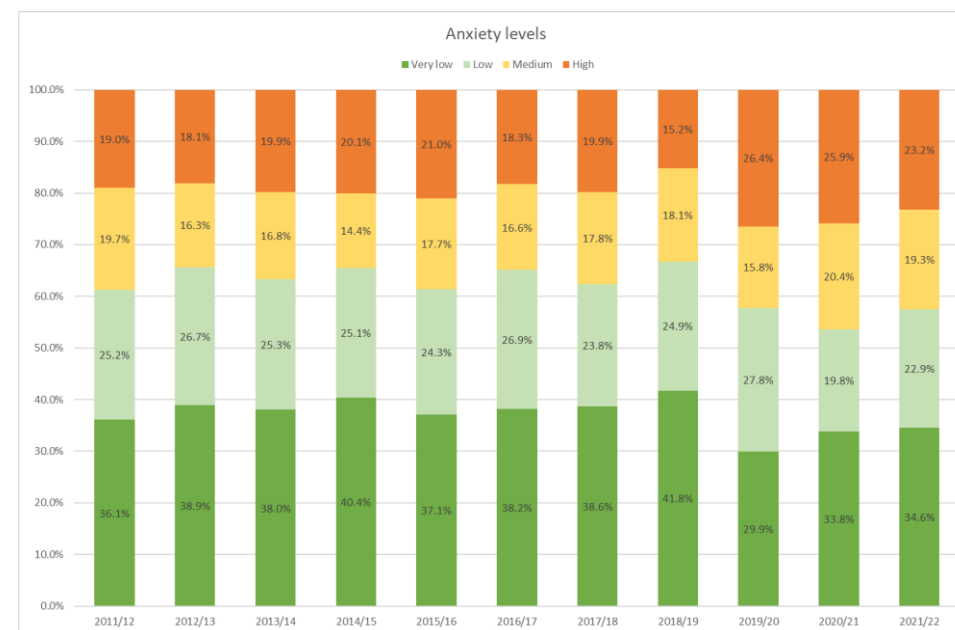
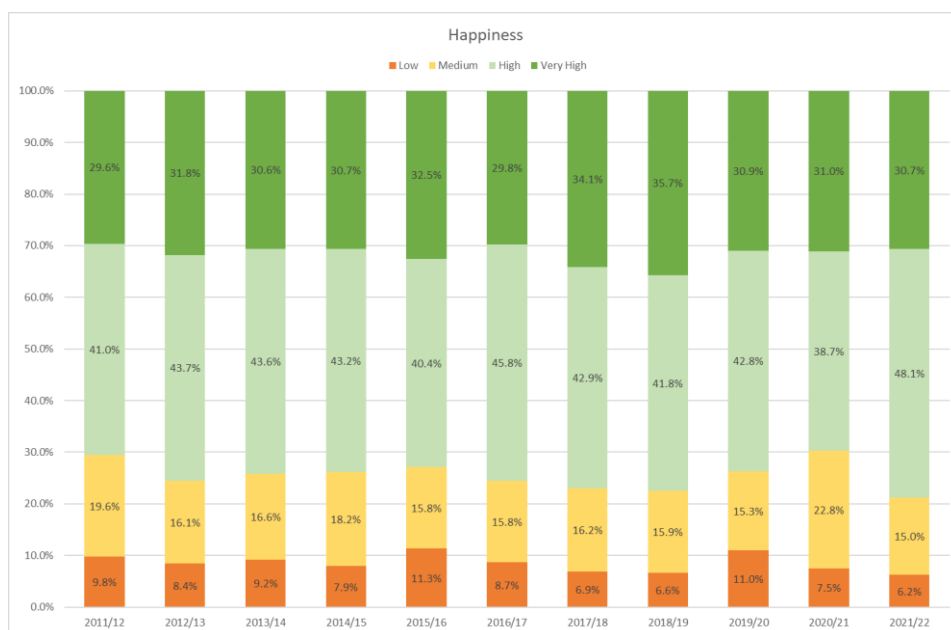
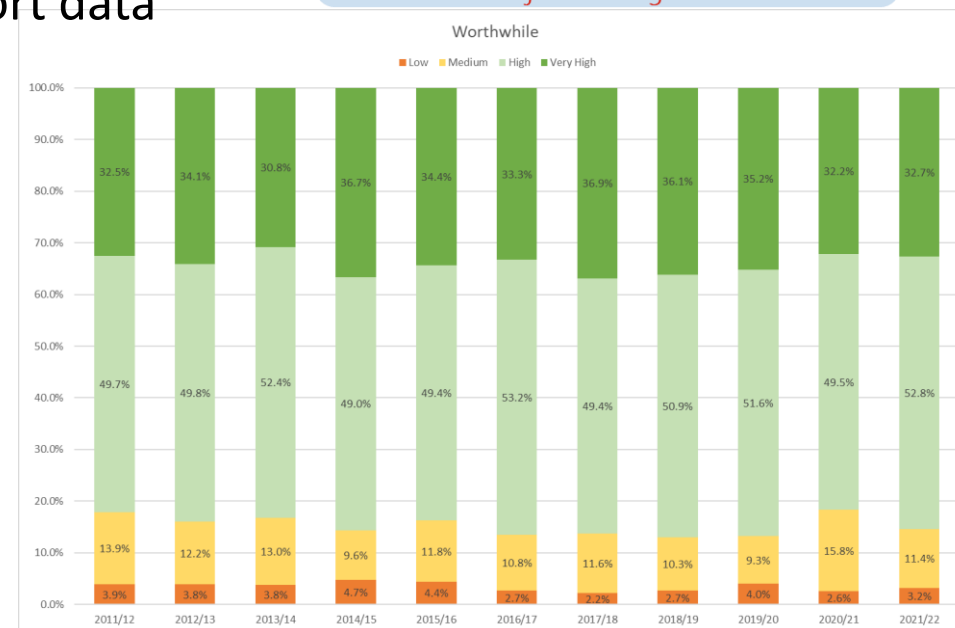
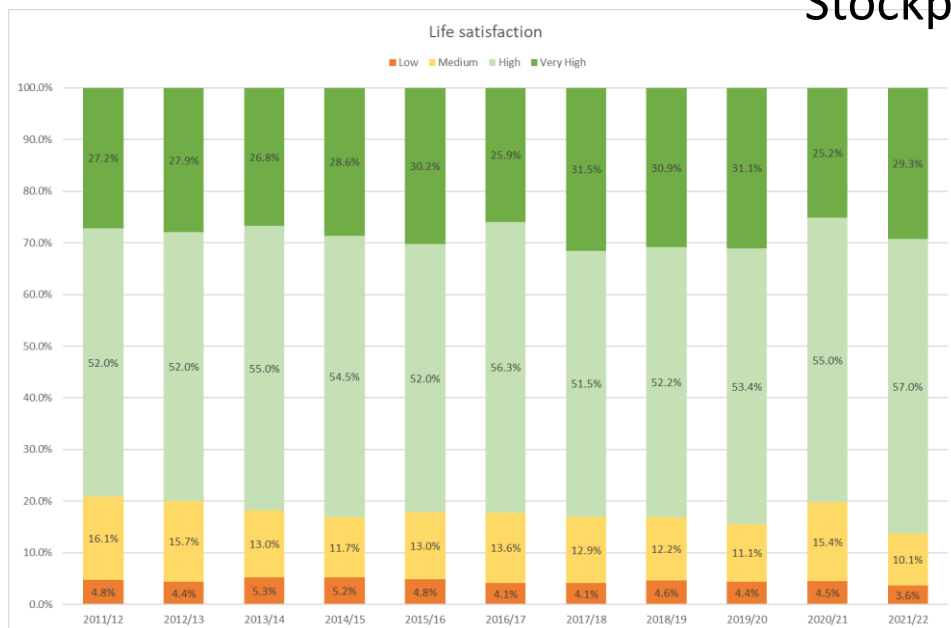
- Not have good physical health
- Be unemployed, or economically inactive because of long term illness or disability
- Be aged 30 to 59
- Be single, divorced or separated, or widowed

# Mental Wellbeing – Annual Population Survey – detailed

## Stockport data

Another way of looking at this data is the spread of people for each measure stratified into four groups, looking beyond the lowest measure presented in the Public Health Outcomes Framework and also showing those with the highest positive wellbeing.

Interestingly anxiety, while having the highest proportion reporting high levels also has the highest proportion reporting very low levels (34.6%).



## 2021/22 Self-reported wellbeing aged 16+

	Low	Medium	High	Very High
Life Satisfaction	8,570	23,890	134,980	69,390
Worthwhile	7,580	26,970	124,920	77,340
Happiness	14,710	35,570	113,910	72,610

	High	Medium	Low	Very low
Anxiety	55,010	45,660	54,280	81,870

Applying the proportions for the most recent year to the 2020 Office for National Statistics population for Stockport aged 16+ we can estimate that around:

- 55,000 people aged 16+ in Stockport reporting high levels of anxiety
- 14,700 people aged 16+ in Stockport reporting low levels of happiness
- 8,600 people aged 16+ in Stockport reporting low levels of life satisfaction
- 7,600 people aged 16+ in Stockport reporting low levels of feeling worthwhile



# Mental Wellbeing – The Big Mental Health Conversation

## – Background

- The GMCA (Greater Manchester Combined Authority) commissioned a survey called the Greater Manchester Big Wellbeing Conversation which aimed to hear from people and communities across Greater Manchester about what's important for their mental wellbeing.
- The research consisted of a survey to all boroughs in Greater Manchester between August- November 2020. 4,016 people responded GM wide, with 9 focus groups including both disabled and ethnically diverse groups.
- 467 people who lived in Stockport responded.
- The profile of the respondents showed that
  - the majority were aged 35-54
  - 89% white
  - 84% women
  - 78% heterosexual
  - 57% not physically disabled
  - 93% not pregnant/ 2.9% baby in last year
  - 47% no religion
  - 49% own home 21% private renting 16% social housing
- These characteristics need to be born in mind when assessing the results, especially as males are such a low proportion of the sample and therefore it is not representative.

### How important is wellbeing?



83% of respondents thought wellbeing was important



# Mental Wellbeing - The Big Mental Health Conversation

## – Results

### What are the main factors that influence your wellbeing?



People thought that the main factors that influence mental wellbeing are:

- Family / friends
- Safety
- Income
- Employment

### Do you know what to do to improve wellbeing?



64% know what to do to improve their own wellbeing

### Do you feel connected to your community?



57% of people did not feel connected to their community



### What do you do to stay well?

**Most voted:** Exercise, spend time with family & friends and hobbies.



### What gets in the way of wellbeing?

**Most voted:** Work / life balance, mental health conditions and relationships / family / caring responsibilities



### What would help improve people's wellbeing?

**Most voted:** Therapy / support groups, more services (healthcare) and better work-life balance / less stress



### If the local area was a place of positive wellbeing, what would it look like?

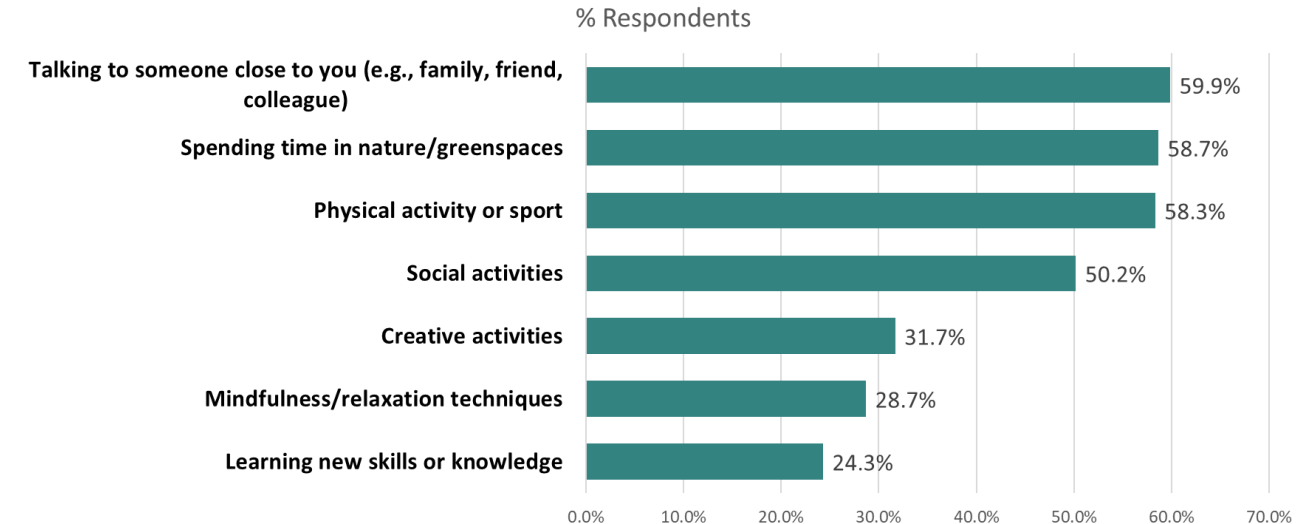
**Most voted:** Plenty of green space, no pollution, less traffic with good community facilities and events

# Mental Wellbeing –Stockport Mental Wellbeing Strategy survey

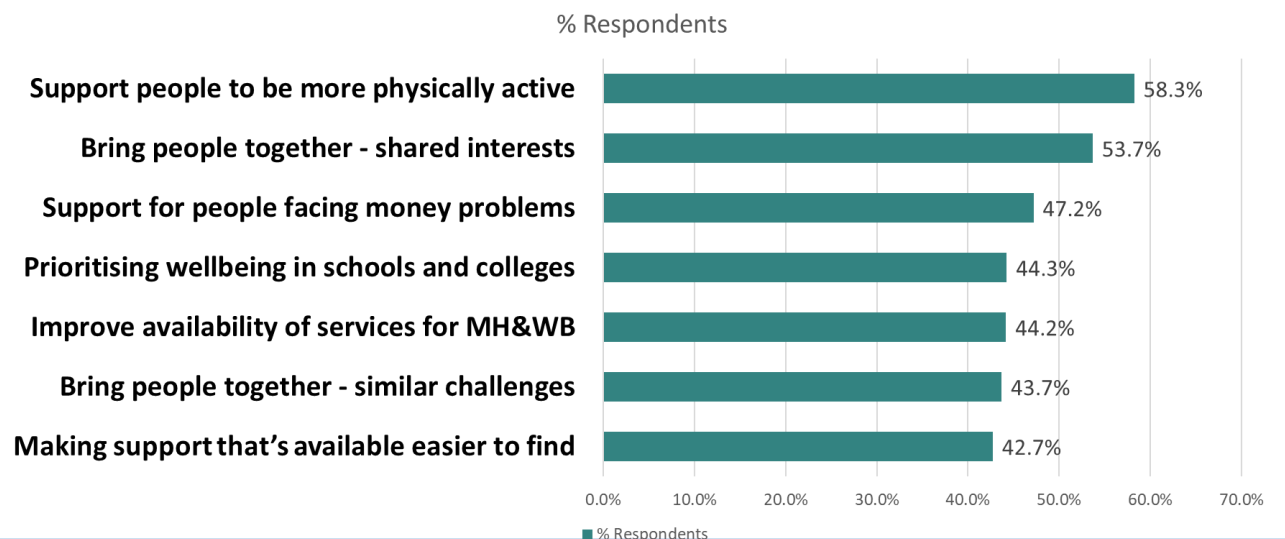
1,231 Stockport people have responded to a local convenience sample survey in 2022 about the development of our mental wellbeing strategy. Findings reflect those of other surveys showing the importance of friends and family, physical activity and greenspace to mental wellbeing.

There are also clear messages about the most important ways we can support the people of Stockport to improve their wellbeing, including physical activity, bringing people together socially and support for those in financial need.

## What do you find most helpful for your own mental wellbeing? (choose up to 5): Top 7 responses



## Which of the following do you think are the most important ways in which we could help people in Stockport to improve their mental health and wellbeing? (choose up to 6): Top 7 responses



# Mental Wellbeing – #BeeWell School Survey – background

The 2021/22 #BeeWell survey examined young people's wellbeing across Greater Manchester. In Stockport, the sample is gathered from year 8 and 10 pupils across various schools; 12 of Stockport's 14 secondary schools participated. One of the two non-participating schools covers some of Stockport's more deprived areas, and it's important to note this when considering the findings from Stockport below.

## Demographics

- Males made up 51% of the responses across all years. This is representative for all the localities in Stockport except for Marple which had a higher number of girls (61%) respond to the survey.
- Across all years the localities with the highest number of children on free school meals was Tame Valley (28.8%). While Bramhall and Cheadle Hulme (6%) represented the lowest.
- Marple (24.4%) followed by Heaton (18%) had the highest number of children with special educational needs (SEN).

## Living well

- Across Greater Manchester, 34.5% of young people are meeting the recommended exercise guidance of at least 1 hour a day. In Stockport this rises to 37.5% - the highest score in GM.
- Across Greater Manchester, 59.1% of young people report eating healthy foods 5-6 times a week. In four of Stockport's neighbourhoods this figure is higher - more than 2 in 3 young people.
- Across GM, 40% of young people said they don't normally get enough sleep to feel awake and concentrate on their schoolwork during the day; the Stockport average rises to 44% in this group.

## Local Environment

- 3 in 4 young people agree or strongly agree that their area is safe to live in; this drops to 69% of young people eligible for free school meals.
- 62% young people agree or strongly agree that they could approach a neighbour for help or a favor
- 3 in 4 young people agree or strongly agree that there are good places to spend time locally.



# Mental Wellbeing – #BeeWell School Survey – Wellbeing Results

**On average 18% of young people in Stockport reported having low mental wellbeing and 20% reported having low life satisfaction**

There are some groups that experience lower wellbeing and life satisfaction than others :



Young people in the most deprived decile have worse life satisfaction (26.06% >1SD [standard deviation]) compared to young people in the least deprived decile (13.99% >1SD). The picture is similar when we look at low wellbeing between the most deprived (25% >1SD) compared to the least deprived decile (13% >1SD).



More girls (23.47% >1SD) report worse life satisfaction compared with boys (12.55% >SD), similarly more than twice as many girls (21.6% >1SD) report lower levels of wellbeing than boys (10.2% >1SD).



More young people on free school meals (25.3% >SD) have lower life satisfaction compared to those that do not access free school meals (18.9% >1SD). Similarly, wellbeing was lower for more young people on free school meals compared to those that did not access them.



More young people who had SEND (Special Educational Needs & Disability) (23.4% >1SD) reported lower wellbeing compared to their peers (16.7% >1SD)



The starkest differences are for young people that identify as LGBTQ, (39.7% >1SD) many of whom report lower life satisfaction compared to their heterosexual peers (14.7% >1SD). Psychological wellbeing is also lower for more young people that identify as LGBTQ (34.5% >1SD) compared to those that do not (13% >1SD).

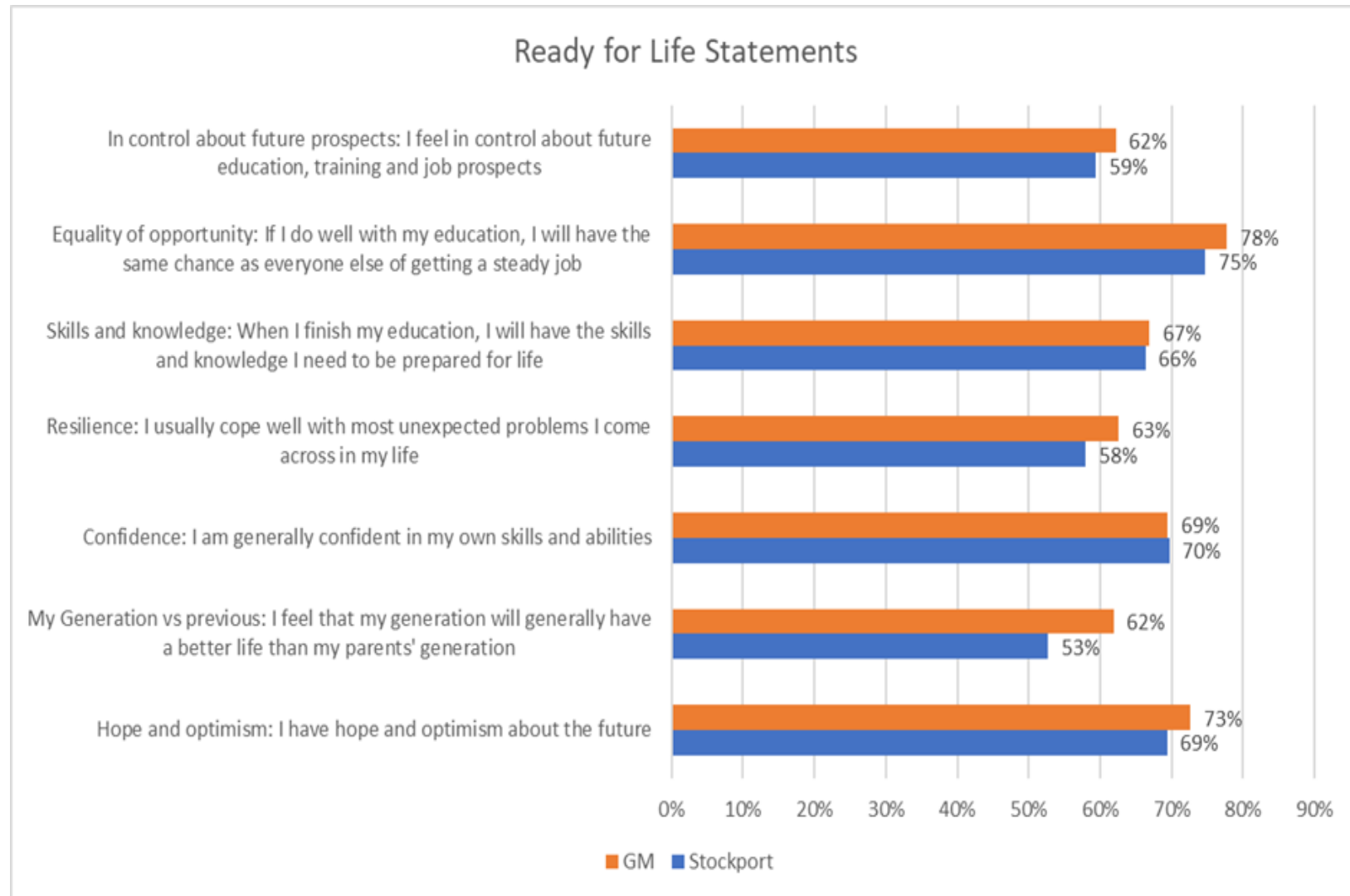
# Mental Wellbeing – #BeeWell School Survey —

## Readiness for life

Stockport pupils gave fewer positive responses than the Greater Manchester (GM) average in every “ready for life” measure except for being confident in their own skills and abilities.

There were some stark gender differences with girls scoring lower on some statements compared with boys. For example *‘I am generally confident in my skills and abilities’*, for which girls scored 67% compared to 83% of boys. Girls also rated themselves 52% and coping with unexpected problems, lower than boys at 73%.

Looking to the future, Stockport pupils' primary worries are about getting good grades (71%) and being able to find a job (63%).



# Mental Wellbeing – Impact of the COVID-19 pandemic - national

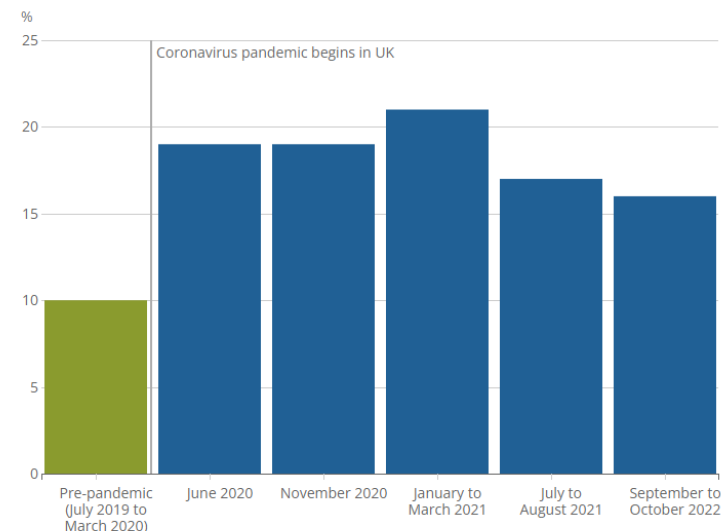
## The pandemic has led to an increase in symptoms of depression:

- Around 1 in 6 (16%) adults experienced moderate to severe depressive symptoms in Sept-Oct 2022, this is a decrease since the peak during January-March 2021 (21%) but is still significantly higher than levels observed before the coronavirus (COVID-19) pandemic (10%).
- This suggests levels of depression may be decreasing from the peak, but are still above pre pandemic levels.
- **We do not know how long it will take for symptom level to reduce back to pre-pandemic levels, and the cost of living crises is likely to prolong the recovery.**

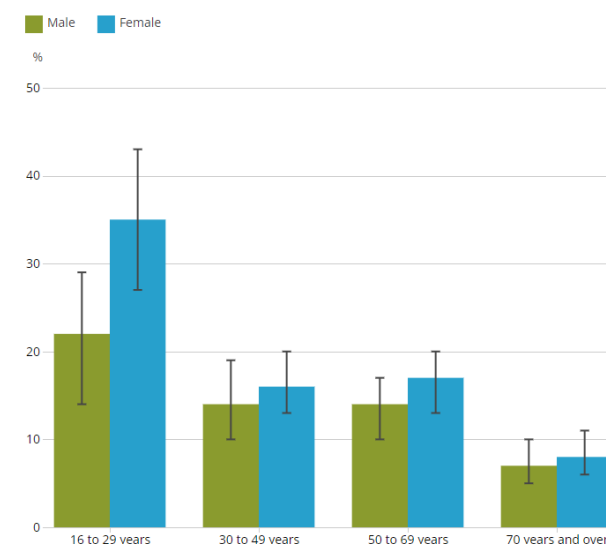
Evidence shows that those already vulnerable are more likely to be affected by worsening wellbeing:

- **Younger adults and women were more likely to experience some form of depression:**
  - With over 4 in 10 (43%) of women aged 16 to 29 years experiencing depressive symptoms, compared with 26% of men of the same age in early 2021
  - and around 1 in 3 (35%) of women aged 16 to 29 years experiencing depressive symptoms, compared with 23% of men of the same age in autumn 2022
- **Disabled adults were more likely to experience some form of depression:**
  - Adults with disabilities (39% early 2021 / 35% autumn 2022 ) had higher rates than those without disabilities (13% early 2021 / 7% autumn 2022)
- **People who were financially vulnerable were more likely to experience some form of depression and the pandemic had a greater impact on levels of symptoms :**
  - In early 2021: Around 1 in 3 (35%) adults who reported being unable to afford an unexpected expense of £850 experienced depressive symptoms in early 2021, compared with 1 in 5 (21%) adults before the pandemic; for adults who were able to afford this expense, rates increased from 5% to 13%.
  - By autumn 2022: Around 1 in 4 (24%) of those who reported difficulty paying their energy bills experienced moderate to severe depressive symptoms, nearly three times higher than those who found it easy to pay their energy bills (9%)
- **People living in deprived areas are more likely to experience some form of depression:**
  - In early 2021: Almost 3 in 10 (28%) adults living in the most deprived areas of England experienced depressive symptoms; this compared with just under 2 in 10 (17%) adults in the least deprived areas of England.
  - By autumn 2022: around 1 in 4 (25%) adults living in the most deprived areas of England experienced some form of depression; this compared with around 1 in 8 (12%) adults in the least deprived areas of England.

Percentage of adults with moderate to severe depressive symptoms, Great Britain, July 2019 to October 2022



Percentage of adults with moderate to severe depressive symptoms, Great Britain, 29 September to 23 October 2022



Source: Office for National Statistics (ONS) – Opinions and Lifestyle Survey (OPN)



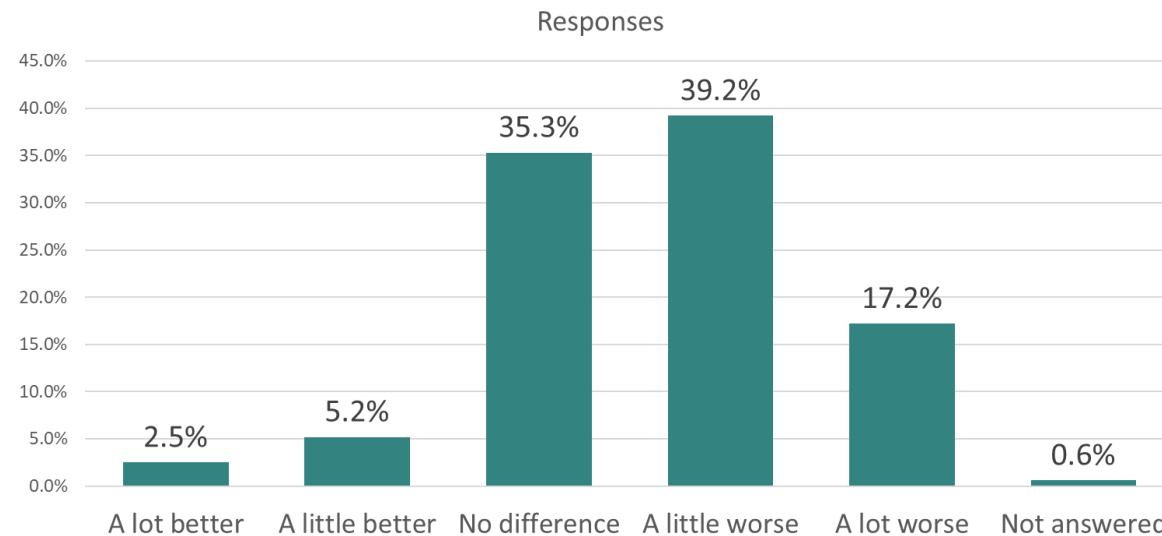
# Mental Wellbeing – Impact of the COVID-19 pandemic - Stockport

1,231 Stockport people were asked in 2022 what the impact of the COVID-19 pandemic has been on their mental wellbeing, and while for over 40% the pandemic led to improvements or no change, for the majority (56%) it has led to a deterioration; for 17% this was a significant deterioration.

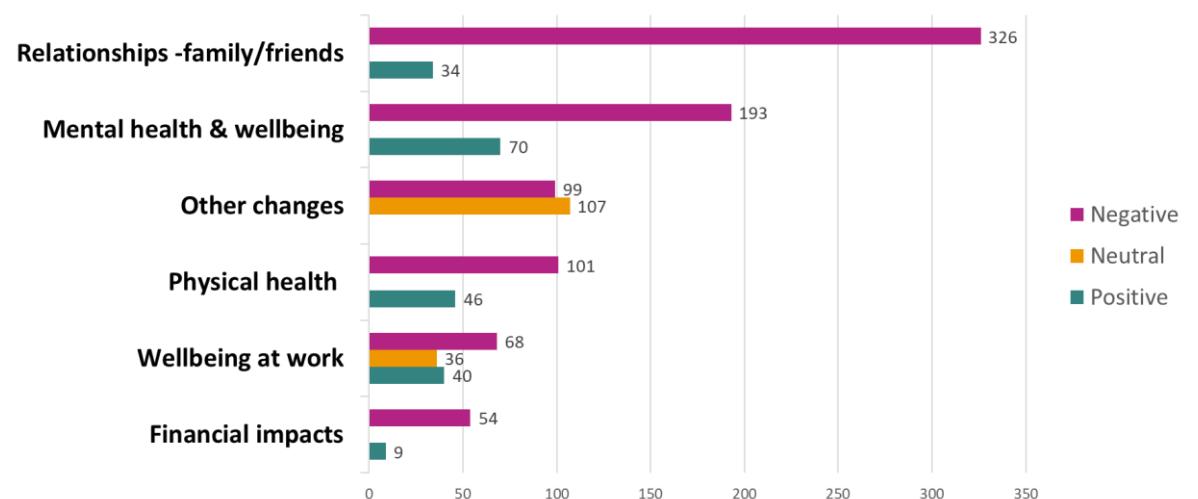
People were also given the opportunity to describe how the pandemic has impacted their lives, the most common response was a negative impact on relationships.

The impact of the COVID-19 pandemic on children and young people's mental health and wellbeing is large, 13.5% of 11-16 year olds and 23.9% of 17-23 year olds felt their lives had been made 'much worse' by coronavirus restrictions. In contrast, 4.4% of 11-16 year olds and 2.3% of 17-23 year olds felt these had made their lives 'much better'. Children and young people with a probable mental disorder were about twice as likely to report that restrictions made their lives much worse, compared with those unlikely to have a mental disorder.

## Has your mental wellbeing been affected by the coronavirus pandemic?



## How has the pandemic changed other aspects of your daily life? (Free text question: 952 responses)



# Mental Wellbeing – Promoting Five Ways to Wellbeing, self-help, and signposting for support

The **Five Ways** to Wellbeing are a set of evidence-based public mental health messages aimed at improving the mental health and wellbeing of the whole population. These are being promoted widely across the borough, and the consultations summarised on the previous page show that local people find that these do help their mental wellbeing.

In addition, mental wellbeing self-help and signposting information resources are promoted widely, so everyone has a chance of finding support if they or others need it.

The Connect 5 training programme supports both staff and public in developing their own resilience and confidence to support others who need it.



<p><b>If you prefer to access support online:</b></p> <p><b>16+</b> <b>SilverCloud</b> Online therapy for residents aged 18 and over with programmes that can help ease stress levels, improve sleep or build resilience. <a href="http://gm.silvercloudhealth.com/signup">gm.silvercloudhealth.com/signup</a></p> <p><b>26+</b> <b>Qwell</b> 24/7 anonymous online support for anyone in Stockport aged 26 or over. <a href="http://www.qwell.ie">www.qwell.ie</a></p> <p><b>10-25</b> <b>Kooth</b> Online counselling and emotional wellbeing support for young people aged 10-25. <a href="http://www.kooth.com">www.kooth.com</a></p> <p><b>Living Life to the Full</b> Online courses and resources covering low mood, stress and resilience. <a href="http://www.grahallhub.org/feelings/living-life-to-the-full/">www.grahallhub.org/feelings/living-life-to-the-full/</a></p> <p><b>16+</b> <b>Online or talking therapies (LAP service)</b> Online programmes completed in your own time, face to face, over the telephone or as part of a group/workshop. <a href="http://www.selfhelpservices.org.uk/">www.selfhelpservices.org.uk/</a> service@stockport.org.uk <a href="http://www.penninecare.nhs.uk/services/stockport-healthy-minds">www.penninecare.nhs.uk/services/stockport-healthy-minds</a> call 0161 716 5640</p> <p><b>Every Mind Matters</b> NHS advice and tips on looking after your or someone else's mental health and wellbeing. <a href="http://www.nhs.uk/oneyou/every-mind-matters">www.nhs.uk/oneyou/every-mind-matters</a></p> <p><b>Shining a Light on Suicide</b> Greater Manchester website with resources and support for anyone concerned about suicide. <a href="http://www.shiningalightonsuicide.org.uk">www.shiningalightonsuicide.org.uk</a></p> <p><b>Free Family &amp; Relationship Courses</b> Free online courses (also in different languages) on understanding your pregnancy, baby, children, teenagers, and relationships in general. <a href="http://bit.ly/stockportfamilycourse">bit.ly/stockportfamilycourse</a></p>	<p><b>If you prefer to speak to someone:</b></p> <p><b>Open Door</b> <b>18+</b> Mental health &amp; wellbeing support for Stockport residents. Helpline available 24/7, call 0800 138 7276 Safe Haven drop in, open Monday to Friday 10am to 8pm, Saturday to Sunday 12pm to 8pm 72-74 Priory Street, S61 1BQ Email <a href="mailto:opendoorstockport@makingapace.co.uk">opendoorstockport@makingapace.co.uk</a></p> <p><b>NHS Mental Health Helpline</b> Pennine Care NHS Foundation Trust 24/7 line for all ages. Call 0800 014 9995</p> <p><b>Emotional Wellbeing Hub</b> Guidance for parents/carers of children up to the age of 25. Call 0161 217 6028 8.30am to 5pm Monday to Thursday 8.30am to 4.30pm on Friday</p> <p><b>Domestic Abuse</b> If you are experiencing domestic abuse call: MASH (Multi Agency Safeguarding &amp; Support Hub) 0161 217 6028 8.30am to 5pm Monday to Thursday 24/7 National Domestic Abuse Helpline call 0800 2000 247</p> <p><b>Greater Manchester Bereavement Service</b> Support and information for anyone bereaved. Call 0161 983 0962 Monday to Friday 9am to 5pm, Wednesday 9am to 8pm <a href="http://www.greater-manchester-bereavement-service.org.uk">www.greater-manchester-bereavement-service.org.uk</a></p> <p><b>ChatHealth</b> <b>15-19</b> Text or send an instant message on the website to speak to a professional. Messages between 8.30am and 4.30pm Monday to Friday will receive a response within 24 hours. <a href="http://www.chathealth.nhs.uk">www.chathealth.nhs.uk</a> or text 0748 063 5227</p> <p><b>SHINE</b> <b>15-17</b> Weekly wellbeing groups for young people, focusing on creative activities and developing skills to support emotional wellbeing, resilience and confidence. <a href="http://www.bmccounselling.org.uk/counselling-services/shine">www.bmccounselling.org.uk/counselling-services/shine</a></p>	<p><b>If you want help with practical challenges, such as money, housing, food supply, loneliness or caring responsibilities:</b></p> <p><b>Stockport Citizens Advice</b> Information and advice around finance worries, benefits, employment, your relationships and your rights. Call 0800 278 7803 8.30am to 5.30pm Monday to Friday <a href="http://www.stockport.gov.uk/information-and-advice">www.stockport.gov.uk/information-and-advice</a></p> <p><b>Stockport Support Hub</b> Help with your wellbeing, connecting with your community, support at home, access to transport, finance, or support with caring responsibilities. Call 0161 474 1042 Monday to Friday from 9am to 4.30pm. <a href="http://stockportsupport.com">stockportsupport.com</a></p> <p><b>Financial Support in a crisis</b> Financial support in a crisis <a href="http://www.stockport.gov.uk/financial-support-in-a-crisis">www.stockport.gov.uk/financial-support-in-a-crisis</a></p> <p><b>Viaduct Care Wellbeing and Self-Care Service</b> <b>18+</b> Non-medical support to help you improve your mental and physical health and wellbeing, including support with long term physical health conditions. Also supports with finding community activities and support groups in your local area. <a href="http://www.viaductcare.org.uk/your-services/wellbeing-and-self-care-service">www.viaductcare.org.uk/your-services/wellbeing-and-self-care-service</a></p> <p><b>Digiknow</b> Free guidance and advice for anyone who needs help getting online. Call 0772 421 7888 Monday to Friday 9am to 5pm</p>	<p><b>If you would like help to cut down on or stop using drugs, drinking alcohol, smoking or gambling:</b></p> <p><b>START Team</b> A team that can help you access support around alcohol, drugs or smoking. Call 0161 474 3141 or email <a href="mailto:START@stockport.gov.uk">START@stockport.gov.uk</a> <a href="http://www.healthystockport.co.uk">www.healthystockport.co.uk</a></p> <p><b>MOSAIC</b> <b>0-25</b> Free, confidential support for people 25 and under who need help with drug or alcohol issues themselves, or to cope with parents who misuse substances. Call 0161 218 1100 or email <a href="mailto:mosaic@stockport.gov.uk">mosaic@stockport.gov.uk</a></p> <p><b>Gambling</b> Advice and support for anyone affected by problem gambling. <a href="http://www.gamcare.org.uk">www.gamcare.org.uk</a> or <a href="http://www.begambleaware.org">www.begambleaware.org</a> National Gambling Helpline available 24/7: 0800 802 0133</p> <p><b>Additional Help &amp; Support:</b></p> <p><b>Links to more support in Stockport</b> For more help and advice, please visit <a href="http://www.healthystockport.co.uk">www.healthystockport.co.uk</a></p> <p><b>URGENT HELP if you need help straight away</b></p> <ul style="list-style-type: none"> <li>Samaritans: call 116 123 - available 24/7</li> <li>Helpline UK: if you're under 35, call 0800 068 4141 - 9am to midnight every day of the year (including weekends and bank holidays)</li> <li>Dial 999: in a life-threatening emergency</li> <li>Open Door: mental health &amp; wellbeing support for Stockport residents. Helpline available 24/7 - call 0800 138 7276</li> <li>NHS Mental Health Helpline: call 0800 014 9995 - available 24/7</li> </ul>
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**Worried, stressed or feeling low?**  
There's support in Stockport to help you

**If you want to talk**

**Open Door**  
Health helpline available 24 hours, 7 days a week.  
0800 138 7276

**Drop-in Safe Haven** in Stockport, open Monday-Friday 10am-8pm, Saturday and Sunday 12pm-5pm at 72-74 Priory Street, S61 1BQ

**Domestic Abuse**  
Helpline, available 24 hours, 7 days a week.  
0800 2000 247

**NHS Mental Health Helpline**  
Free for all ages, available 24 hours, 7 days a week.  
0800 014 9995

**Greater Manchester Bereavement Service**  
0800 802 0133 Available weekdays until 5pm.

**Childline**  
1111 Available 24 hours, 7 days a week.

**or urgent help**

**Samaritans**  
Available 24 hours, 7 days a week.  
0800 068 4141

**Hopeline**  
Free service for anyone up to 35, midnight every day of the year.  
999

**Help around drugs, alcohol, smoking or gambling**

**START team**  
0161 474 3141 Free advice and support about making healthy changes. Available weekdays 8.30am to 4.30pm.

**National Gambling Helpline**  
0800 802 0133 Available 24 hours, 7 days a week.

**Go online**  
Please visit <https://www.healthystockport.co.uk>

**Spring 2022**

In Stockport we can estimate that around:

- 55,000 people aged 16+ report high levels of anxiety
- 14,700 people aged 16+ report low levels of happiness
- 8,600 people aged 16+ report low levels of life satisfaction
- 7,600 people aged 16+ report low levels of feeling worthwhile
- 8,100 people aged 5-15 report low wellbeing
- 7,300 people aged 5-15 report low life satisfaction

Local consultations support the evidence that the Five Way to Wellbeing are an effective way to improve mental wellbeing.

The COVID-19 pandemic impacted everyone, but especially the levels of anxiety in adults and the mental wellbeing of children and young people.

The current cost of living pressures have seen our population move very quickly from one crises to the next. The supposition is that these economic worries are more likely to impact adults than children as adults are usually responsible for household finances and will do their best to protect children from the impact.

A Greater Manchester Residents' Survey in September 2022 found that:

- 85% of respondents in Stockport have worried about the rising costs of living in the past two weeks. This is slightly higher than the GM average (81%).
- 84% of respondents in Stockport say that their cost of living has increased over the last month. This is the same as the GM average (84%).
- Over half (56%) of respondents in Stockport say that it is difficult to afford their energy costs. This is the same as the GM average (56%).

# Mental Ill-health – Overall Prevalence (age 16+)

According to the Adult Psychiatric Morbidity Survey (2014) **1 in 6 adults (17.0%) in England have a Common Mental Disorder (CMD) like anxiety and depression in any given week - in Stockport this would be 40,300 people aged 16+.** The vast majority will experience a mild condition, but for a few it will be a significantly debilitating illness.

Many people with mental health and wellbeing conditions will not in contact with specialist services, either because they are untreated or unrecognised, or because their condition is managed by themselves or by their GP without a referral to specialist services or prescribed medication.

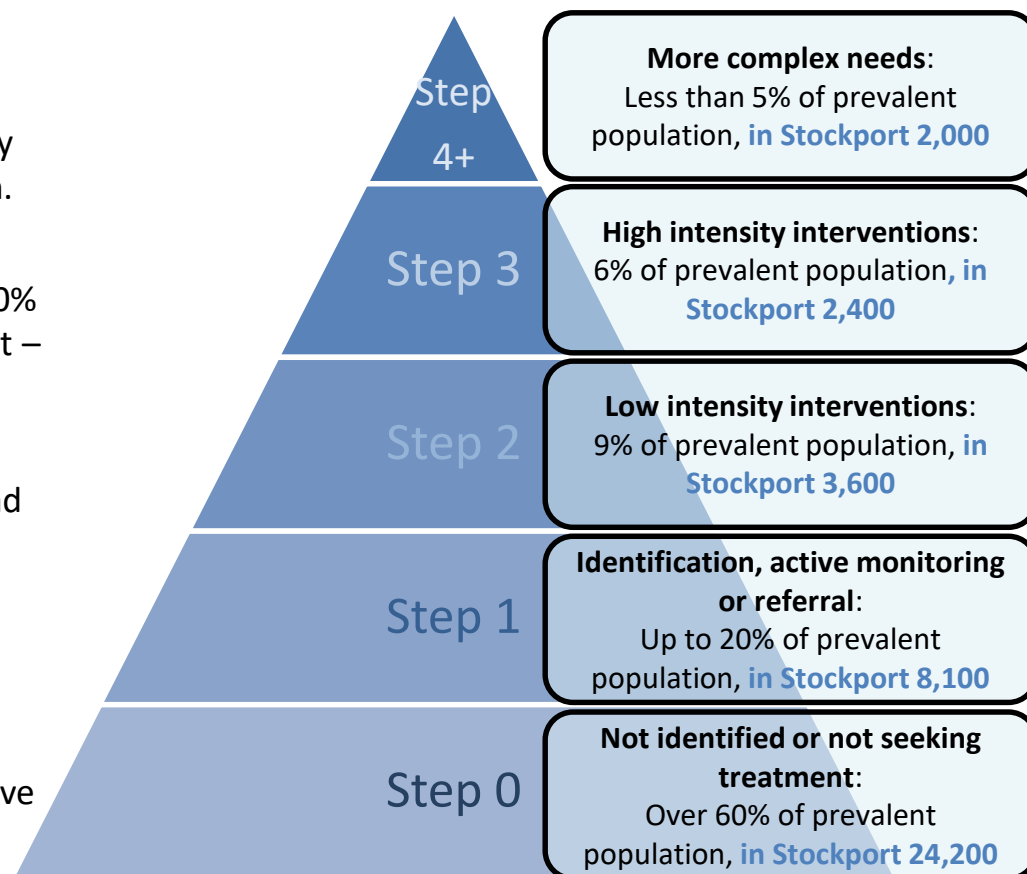
The stepped care model (right), developed by the National Institute for Clinical Excellence in 2011 (and reviewed in 2018), estimates that over 60% of the prevalent population remain unidentified or not seeking treatment – of the 40,300 estimated adults this would mean 24,200 not seeking support, with a combined **16,100 seeking support.**

The model's aim is to provide the patient with a base level of support, and evaluate its effectiveness before considering “stepping up” intervention should the current treatment seem ineffective.

The severity of the condition therefore increases the higher up the pyramid, but the greatest number of people cluster towards the bottom. There is an inverse pattern spend with the highest level of investment at the top, helping those with the most severe conditions in need of intensive support and treatment. Groups with mild to moderate conditions, relatively more people, see the lowest levels of spend.

It's also important to understand that there is a gender difference in mental health and wellbeing prevalence, the Adult Psychiatric Morbidity Survey (2014) showed that females are more likely to have a common mental disorder than males (1 in 5 [20.7%] compared to 1 in 8 [13.2%]) – in Stockport 25,200 females and 15,100 males.

The following pages estimate how many people in Stockport are living with a mental health condition and examine long term trends where available. Certain numbers will be estimates.





The following definitions are used by the Adult Psychiatric Morbidity Survey 2014 to describe the range of mental health conditions:

- **Common mental disorders (CMDs)** comprise different types of depression and anxiety. They cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. Although usually less disabling than major psychiatric disorders, their higher prevalence means the cumulative cost of CMDs to society is great.
- Traumatic events are experiences that either put a person – or someone close to them – at risk of serious harm or death, like a major natural disaster, a serious car accident, being raped, or a loved one dying by murder or suicide. About a third (31.4%) of adults in England report having experienced at least one traumatic event. Individuals who experience such trauma may go on to develop **Post Traumatic Stress Disorder (PTSD)**. PTSD is a severe and disabling condition, characterised by flashbacks, nightmares, avoidance, numbing and hypervigilance. While effective treatments exist, many with the condition delay seeking help or are not identified by health services.
- **Psychotic disorders** produce disturbances in thinking and perception that are severe enough to distort perception of reality. The main types are schizophrenia and affective psychosis.
- **Autism spectrum disorders (ASDs)**, also referred to as autism, are developmental disorders characterised by impaired social interaction and communication, severely restricted interests, and highly repetitive behaviours. Stockport has a specific JSNA analysis for autism.
- **Personality disorders** are longstanding, ingrained distortions of personality that interfere with the ability to make and sustain relationships. There are two main diagnoses:
  - **Antisocial personality disorder (ASPD)** is characterised by a pervasive pattern of disregard for and violation of the rights of others in people aged at least 18, which has persisted since the age of 15
  - **Borderline personality disorder (BPD)** is characterised by high levels of personal and emotional instability associated with significant impairment.
- **Attention-deficit/hyperactivity disorder (ADHD)** is a complex neurodevelopmental disorder which starts in childhood and often persists into adulthood. Adult ADHD is often unrecognised or misdiagnosed by professionals. It is associated with significant impairment and adverse outcomes, including premature mortality.
- **Bipolar disorder**, previously known as manic depression, is a common, lifelong, mental health condition characterised by recurring episodes of depression and mania. It is associated with significant impairment
- **Self-reported suicidal thoughts, suicide attempts and self-harming** (without suicidal intent) are associated with great distress for the people who engage in them, as well as for the people around them. They are strongly associated with mental illness, and help to identify people at increased risk of taking their own life in the future.

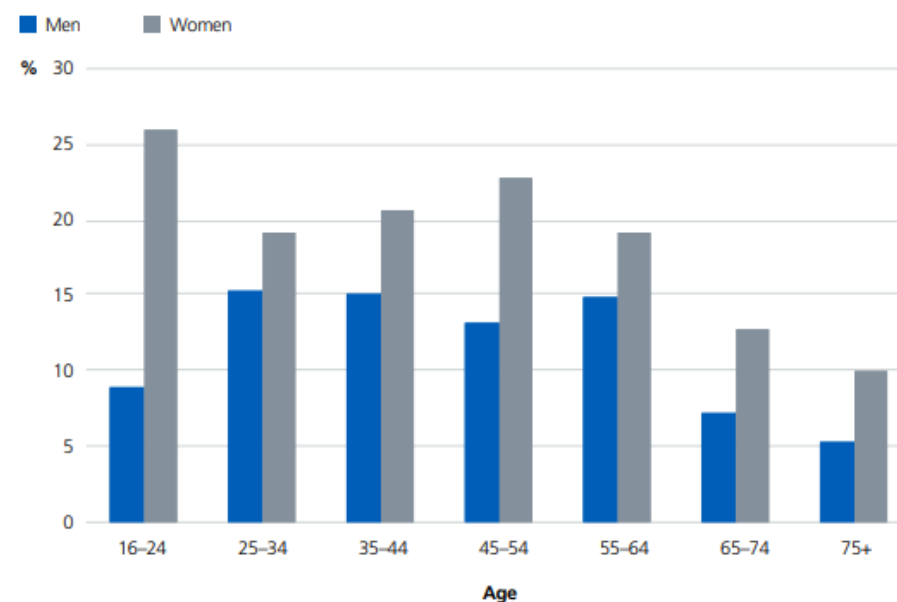
# Mental Ill-health – Modelled Common Mental Disorders aged 16+

The Adult Psychiatric Morbidity Survey 2014 showed that:

- One adult in six (17.0%) had a CMD (Common Mental Disorder): one in five (20.7%) women and one in eight (13.2%) men. **In Stockport this would equate to 40,300 people 25,200 females and 15,100 males.**
- The proportion people with CMD did not change significantly from 2007 to 2014, but the longer term trend is one of a steady increase.
- **Young women are a key high risk group. The gender gap in mental illness had become most pronounced in young people, and there is evidence that this gap has widened in recent years**
- **Since 2007, there had been increases in CMD symptoms in late midlife men and women (aged 55 to 64).** This continued an upward trend in CMD in midlife women since 1993 (the longer term trend in men is less clear). Like young people, those in late life had also seen a steep increase in rates of reported lifetime self-harm. **Men in the 55-64 age-group have the highest rates of registered suicide,** and have been identified as a priority group in England's National Suicide Prevention Strategy.

**CMD symptoms in past week (CIS-R score 12+), by age and sex**

Base: all adults



- CMDs were more prevalent in certain groups of the population. These included:
  - Black women
  - adults under the age of 60 who lived alone
  - women who lived in large households
  - adults not in employment
  - those in receipt of benefits and those who smoked cigarettes.

These associations are in keeping with increased social disadvantage and poverty being associated with higher risk of CMD

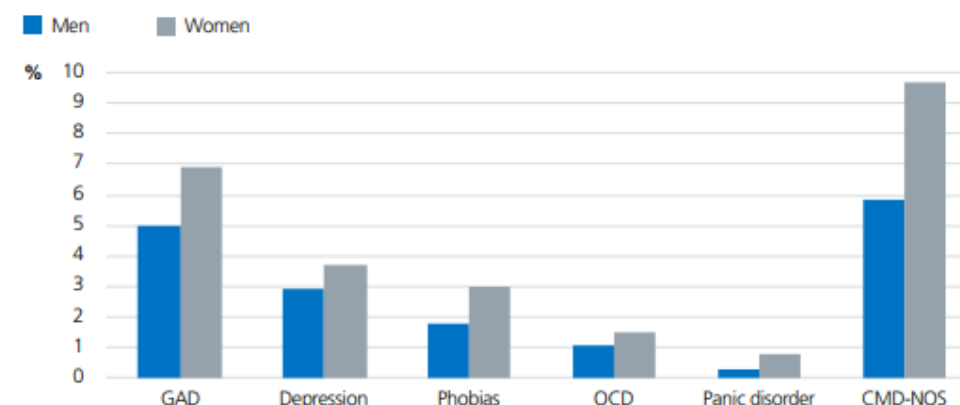


# Mental Ill-health – Modelled Common Mental Disorders aged 16+

- CMD comprise different types of depression and anxiety, they can cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition.
- Symptoms of depressive episodes include low mood and a loss of interest and enjoyment in ordinary things and experiences.
- Anxiety disorders include generalised anxiety disorder (GAD), panic disorder, phobias, and obsessive compulsive disorder (OCD).
- Although usually less disabling than major psychiatric disorders, their higher prevalence means the cost of CMDs to society is great.
- The presence of CMD was assessed through surveys using various accredited tools, and a severity score for each participant was produced.
- The largest category of CMD, as in previous years of the survey, was CMD-NOS (7.8%) (not otherwise specified). GAD (Generalised Anxiety Disorder) remained the next most commonly identified CMD (5.9%), followed by depression (3.3%), phobias (2.4%), OCD (1.3%) (obsessive compulsive disorder) and panic disorder (0.6%).
- All types of CMD were more prevalent in women than in men, with differences by sex reaching statistical significance for GAD, phobias, panic disorder and CMD-NOS.
- With the exception of panic disorder (which had a low prevalence), each type of CMD was more common in people of working age (aged 16 to 64) than in those aged 65 and above.
- Anxiety disorders were more common among young women aged 16 to 24 (GAD 9.0%; phobias 5.4%; OCD 2.4%; and panic disorder 2.2%) than in other age-sex groups. Depression was most common in those aged 35-64 years.

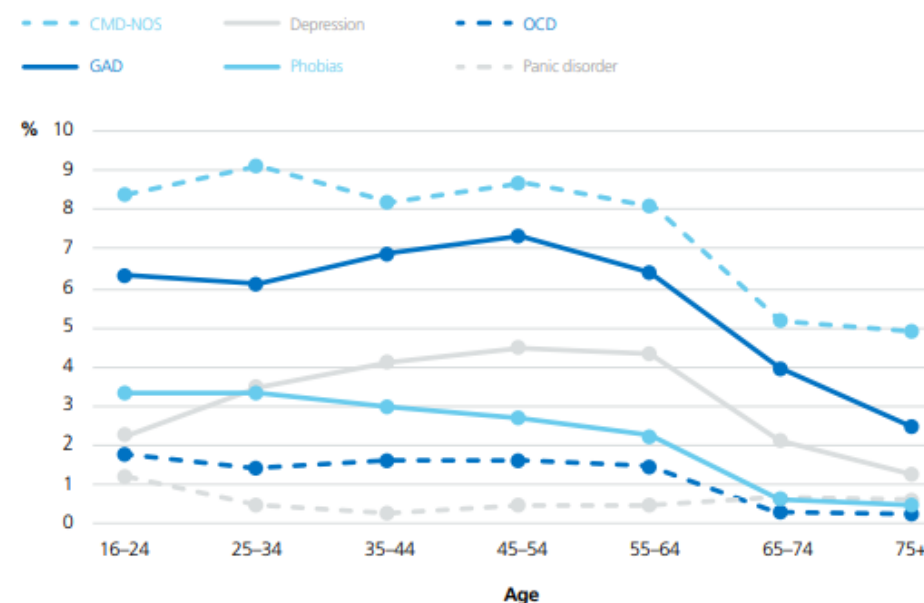
**Figure 2G: Prevalence of common mental disorders (CMDs), by sex**

Base: all adults



**Figure 2H: Prevalence of common mental disorders (CMDs), by age**

Base: all adults



The Adult Psychiatric Morbidity Survey 2014 also modelled other, rarer, disorders :

- **Psychotic disorder (including schizophrenia and other psychotic disorders)** affected about one adult in a hundred (0.7%) – in Stockport this would be around 1,660 people.
- There were no measurable prevalence differences between males and females
  - Prevalence rates are stable
- **Bipolar disorder** traits were found in about one adult in fifty, in Stockport around 4,700, rates were similar in men and women.
- **Autism** also affected about one adult in a hundred (0.8%) – In Stockport this would be around 1,900 people.
  - Estimated rates of autism are higher in males (1.5%) than females (0.2)
- **Anti-social Personality disorder** affects 3.3% of people aged 18–64 - in Stockport this would be around 7,800 people. ASPD is more common in men (4.9%) than women (1.8%).
- **Borderline Personality disorder** affects 2.4% of people aged 18–64 - in Stockport this would be around 5,700 people, there are no measurable differences in prevalence by gender.
- One participant in twenty (4.4%) screened positive for **Post Traumatic Stress Disorder PTSD** – in Stockport this would be 10,400 people
  - Similar rates for men and women. Among women, the likelihood of screening positive for PTSD was particularly high among 16–24 year olds (12.6%) and then declined sharply with age. In men, the rate remained quite stable between the ages of 16 and 64, only declining in much later life.
- Almost one in ten adults (9.7%) screened positive for **Attention-deficit hyperactivity disorder (ADHD)** – in Stockport this would be 23,000 people. Rates are similar for males and females, and are growing, up from 8.2% in 2007.
  - Very few adults screening positive for ADHD believed that they had the disorder (3.7%) or had been diagnosed with ADHD by a professional (2.3%). 0.5% of adults screening positive for ADHD were currently taking medications specifically indicated for ADHD.
- Signs of **drug dependence** were evident in one adult in thirty, with a similar level found for probable **alcohol dependence** (an AUDIT score of 16 or more ) – this suggests around 2,350 people in Stockport. Both types of substance dependence were twice as likely in men as women.

# Mental Ill-health – Modelled Self-harm and suicide behaviour, aged 16+

The Adult Psychiatric Morbidity Survey 2014 found that one in five 16 to 24 year old women reported having self-harmed at some point in her life when asked face-to-face and one in four reported this in the self-completion section of the survey. Self-harm in young women mostly took the form of self-cutting. The majority reported that they did not seek professional help afterwards.

Individuals who start to self-harm when young might adopt the behaviour as a long-term strategy for coping; there is a risk that the behaviour will spread to others; and also that greater engagement with the behaviour may lead in time to a higher suicide rate.

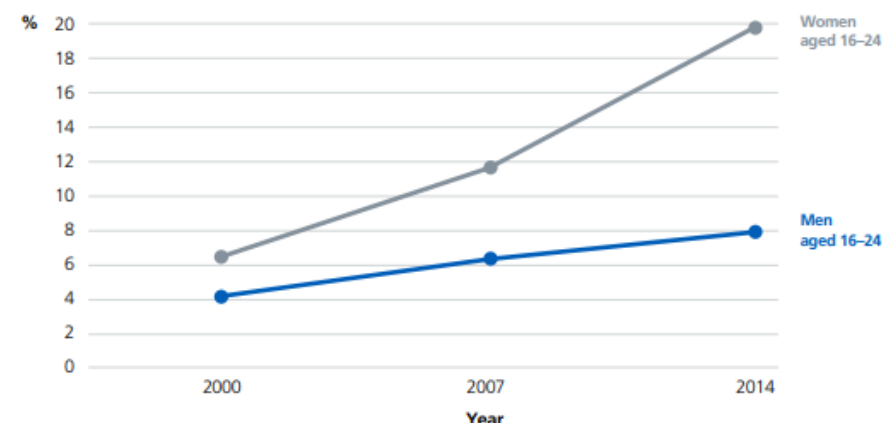
In 2014, 5.4% of 16 to 74 year olds reported suicidal thoughts in the past year, a significant increase on the 3.8% reporting this in 2000. In Stockport this would equate to 12,800 people.

0.7% report having made a suicide attempt in the last year, in Stockport this would be around 1,700 people. Around 50% of those reporting suicide attempts said they have sought help afterwards, with GPs, hospital, psychiatric services and friends and family being the sources of help.

Young women had high rates of screening positive for posttraumatic stress disorder (PTSD) (12.6% compared with 3.6% of men of the same age).

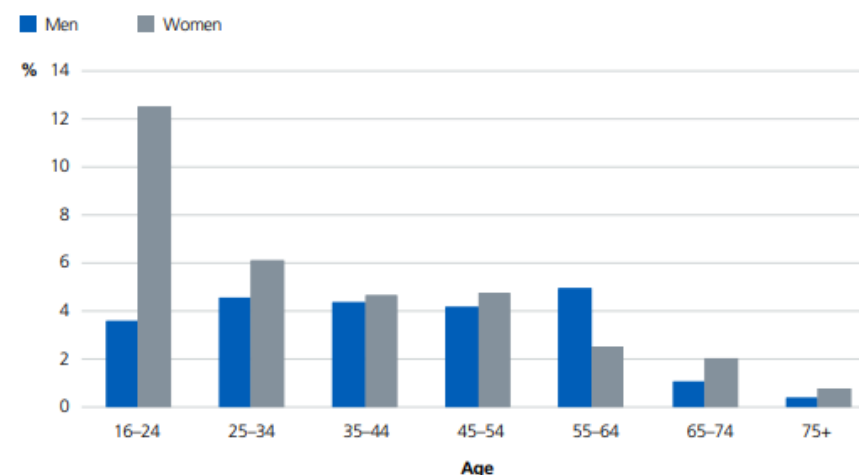
## Self-harm ever (reported face-to-face) in 16–24 year olds, by sex: 2000, 2007 and 2014

Base: adults aged 16–24 and living in England



## Screening positive for posttraumatic stress disorder (PTSD), by age and sex

Base: all adults



# Mental Ill-health – Modelled Common Mental Disorders aged 2 – 19 years

A full Joint Strategic Needs Assessment (JSNA) for children and young people's mental and emotional health in Stockport was refreshed in early 2020. Findings were based on the **Mental Health of Children and Young People in England: 2017 (NHS Digital)** report, and are set out here with updates based on the NHS Digital 2021 and 2022 follow up surveys.

In 2017 it was estimated that 1 in 8 (12.8 %) of 5 – 19 years olds have at least 1 mental health disorder equating to 6,430 children and young people aged 5-19 in Stockport. **By 2021 the rate of probable mental disorders have increased to around one in six (17.7%), leading to an estimated 9,100 in Stockport, and rose again to one in five (19.7%) by 2022 an estimated 10,300 in Stockport.**

There are significant gender differences:

- In under 10 year olds mental health disorders are more common in boys (21.9% vs 12.0%)
- In 11 – 16 year olds there is no gender difference
- In 17 – 19 year olds mental health disorders are far more common in girls (23.5% vs 10.7%).

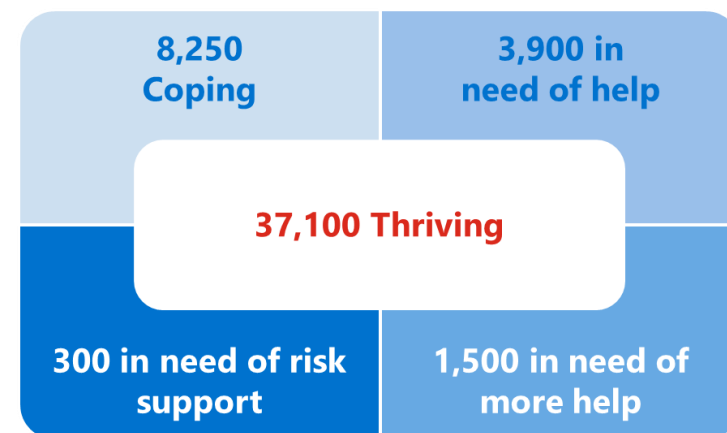
National estimates also show that mental health disorders are comparatively:

- Higher in white British and mixed ethnic groups
- Higher in lower income households
- Higher in children and young people who identify as LGBT
- Higher in children and young people with a SEND (special education need or disability) or a long-term physical health condition
- Higher in children and young people who have had adverse childhood experiences or lived in households with family dysfunction.

The table below shows an estimate of the number of children and young people aged 5–19 in Stockport in 2020 (based on the 2017 NHS Digital report) who are likely to have specific mental health conditions:

Mental health condition	Estimated
Emotional disorders	4,000
Behavioural (or conduct) disorders	2,400
Hyperactivity disorders	850
Tics and other less common disorders	430
Autism Spectrum Conditions	610
Eating Disorder	200

Using a range of data sources, the numbers of children and young people who might need support in the different areas of the iThrive model was also estimated in 2017:



## Mental Ill-health – GP recorded conditions – depression

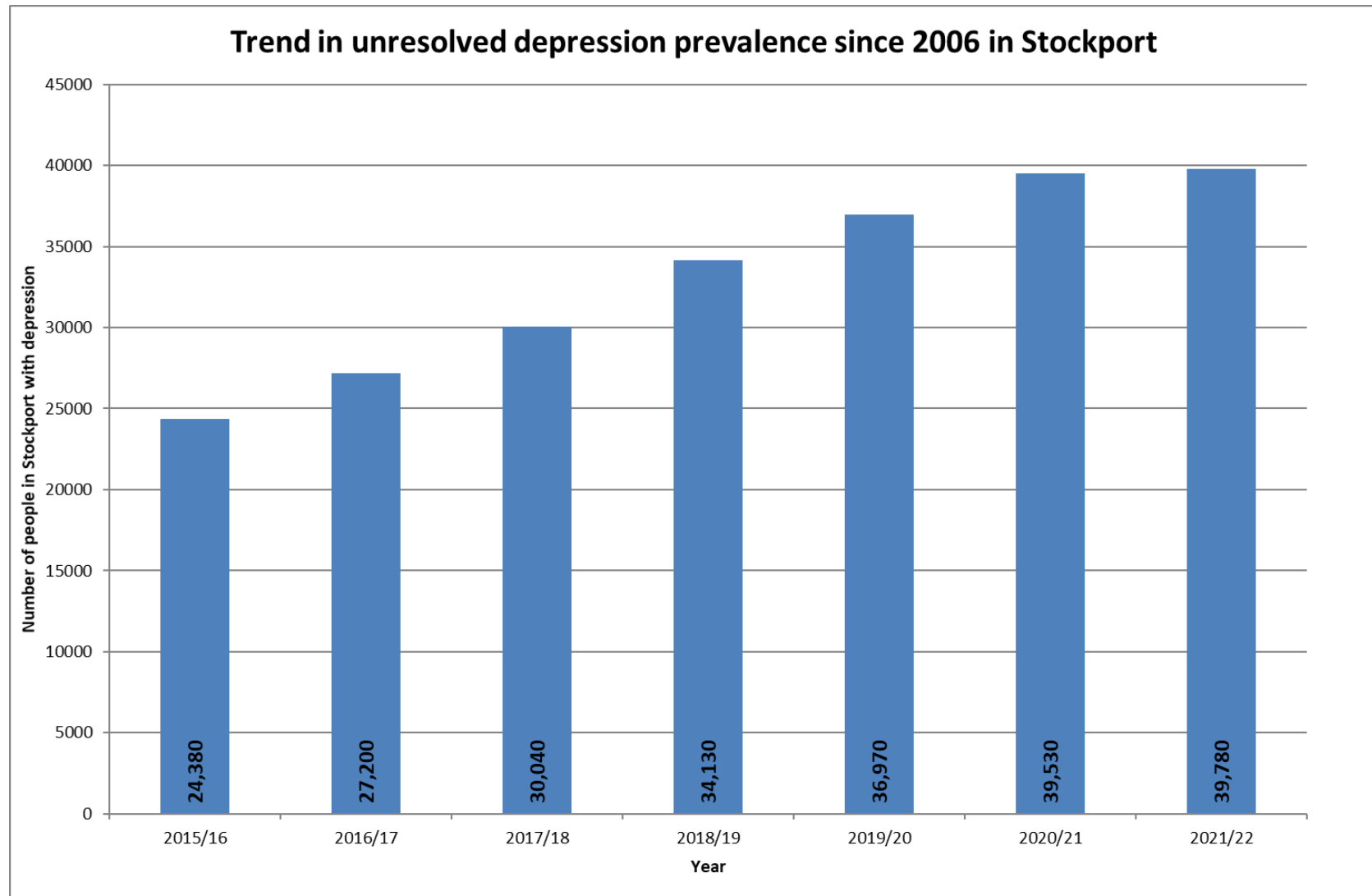
**In 2022 there 39,780 people registered with a GP in Stockport with a record of depression, this is 12.4% of the total registered population.**

The number of people diagnosed by Stockport GPs with depression continues to rise, and the first data for 2021/22 suggests that the GP register for depression now includes 39,780 people.

This is a 63% rise since 2015/16 when the latest definition began, by an average of 2,500 a year.

This data is taken from the GP Quality and Outcomes Frameworks and counts those who have been diagnosed since 2006 and whose depression has not been resolved.

This number is similar to the expected prevalence from the national survey.



# Mental Ill-health – GP recorded conditions – depression

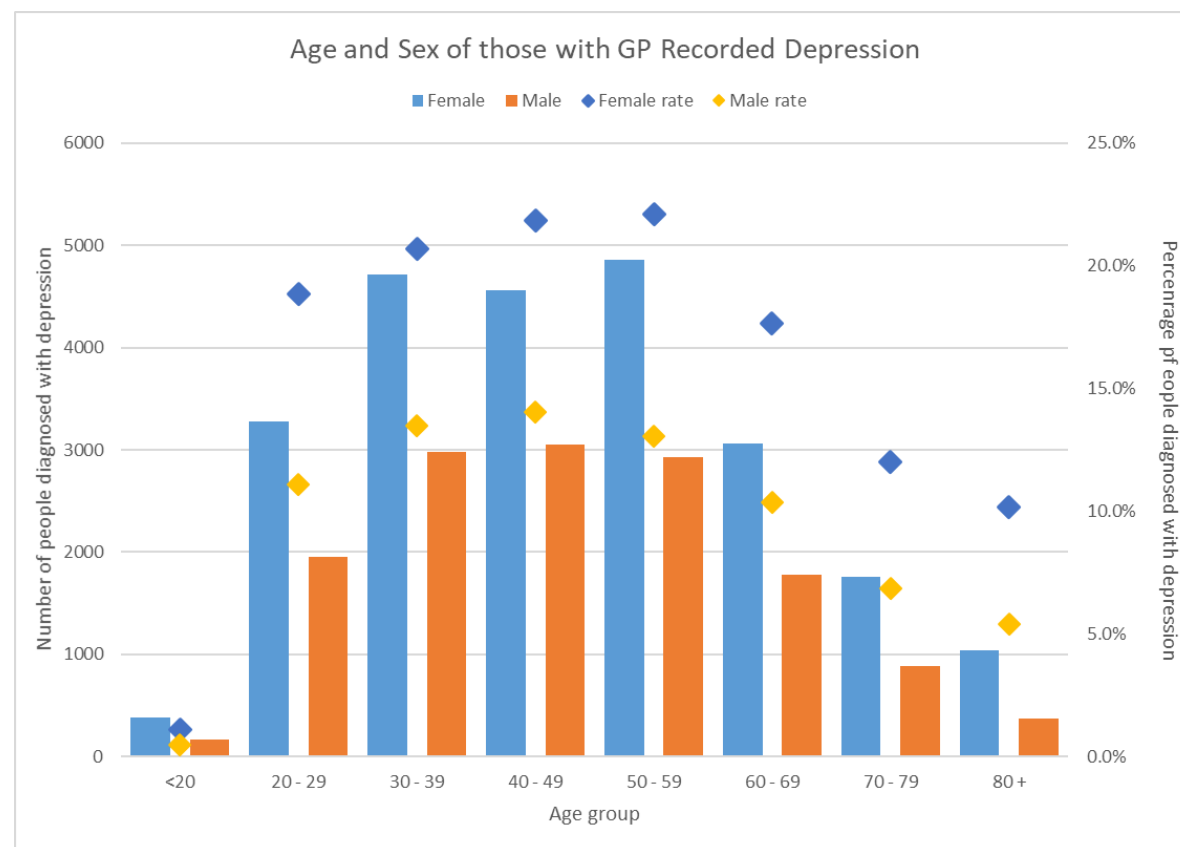
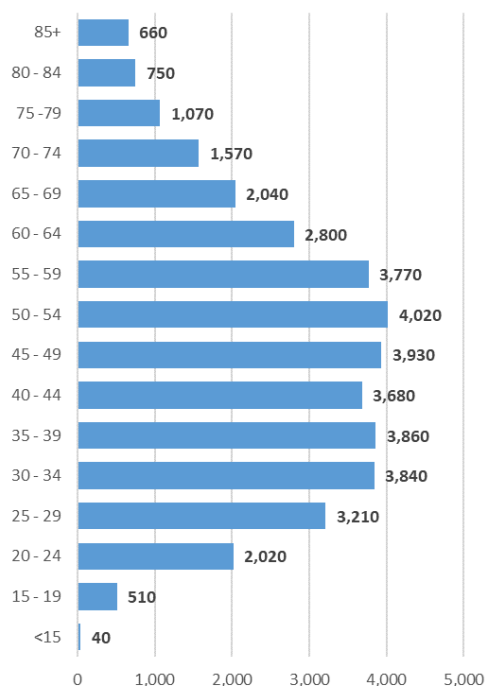
**In 2020 there were 37,770 people registered with a GP in Stockport with a record of depression, this is the most recent detailed data.**

Depression can affect people in different ways, but usually involves feelings of sadness and hopelessness, and loss of interest in activities that a person used to enjoy; these symptoms persist for weeks or months and are bad enough to interfere with daily life. Depression can be resolved, but can also re-occur. This data should represent only those who have been diagnosed since 2006 and whose depression has not been resolved.

Number with Depression			
	All	Female	Male
All	37,770	23,660	14,110
Age 0-19	550	380	170
Age 20-64	31,130	19,210	11,920
Age 65+	6,090	4,070	2,020

Women are more likely to be diagnosed with depression than men. This is thought to be due to both biological and social causes, and possible under-detection of depression in men.

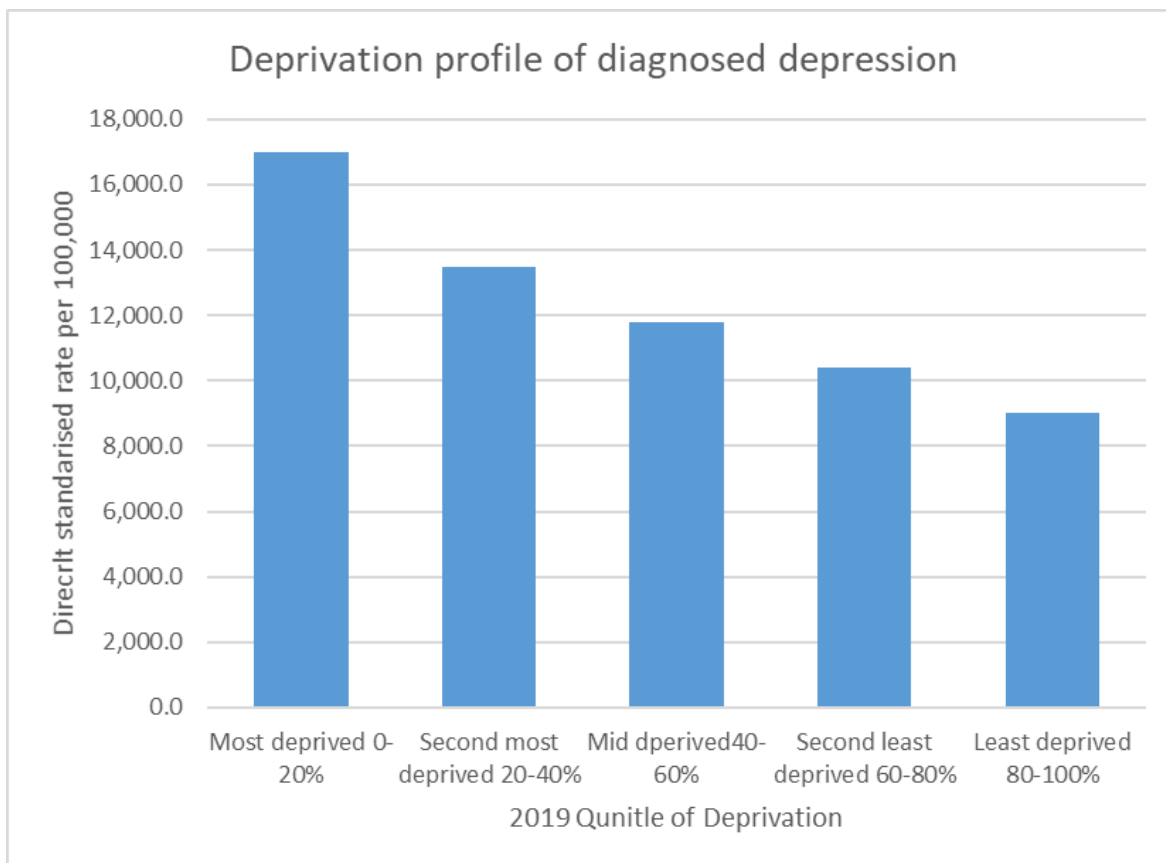
Depression is rare in childhood, then increases by age, peaking between ages 30-59, then decreasing from age 60 years.





# Mental Ill-health – GP recorded conditions – depression

**In 2020 there were 37,770 people registered with a GP in Stockport with a record of depression**



Depression prevalence increases with deprivation. There is a sharp increase in the most deprived areas of Stockport. Rates in these most deprived areas are double those in the least deprived areas.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	9,030	8,050	5,450	6,410	6,770
Crude %	16.6%	13.5%	11.8%	10.3%	8.9%
DSR per 100,000*	17,004.9	13,462.2	11,791.7	10,388.2	9,018.2

\* Takes into account age/sex profile of populations and is best measure for comparison

Those diagnosed with depression are more likely to have certain other lifestyle behaviours and health conditions:

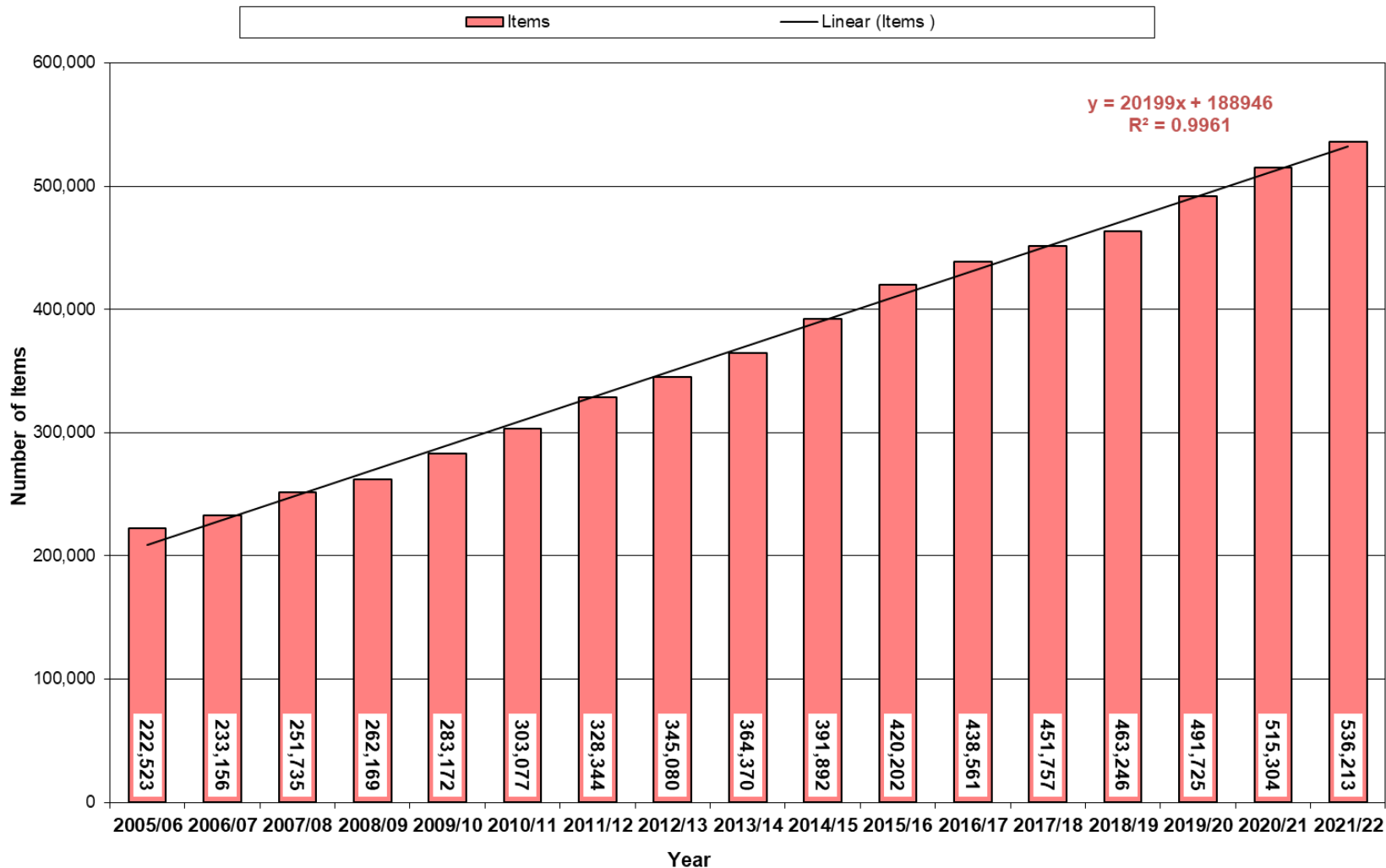
## Co-morbidities

56% Anxiety (12% average)	18% Hypertension (15% average)
29% Current smoker (17% av.)	13% Obesity (7% average)
	11% Asthma (6% average)

Moderate to severe depression is usually treated with a combination of medication and talking treatments. Physical activity, drinking less alcohol, stopping smoking, healthy eating and mindfulness can help depression.

# Mental Ill-health – anti-depressant prescribing

Trend in Prescribing for Anti-depressants in Stockport



In the period between 2005-06 and 2021-22 the number of anti-depressant items prescribed has more than doubled; from 222,523 to 536,213. This is an increase of 141% and represents 2 items for every person aged 15 and over registered with a Stockport GP.

The average cost per item has fallen from £9.14 to £2.70 as some drugs came off patent; a reduction of £6.43 or 70.0%. This has meant that although the number of items prescribed has increased, the actual total cost has decreased by £237,145 or 29%.

## Mental Ill-health – GP recorded conditions – anxiety

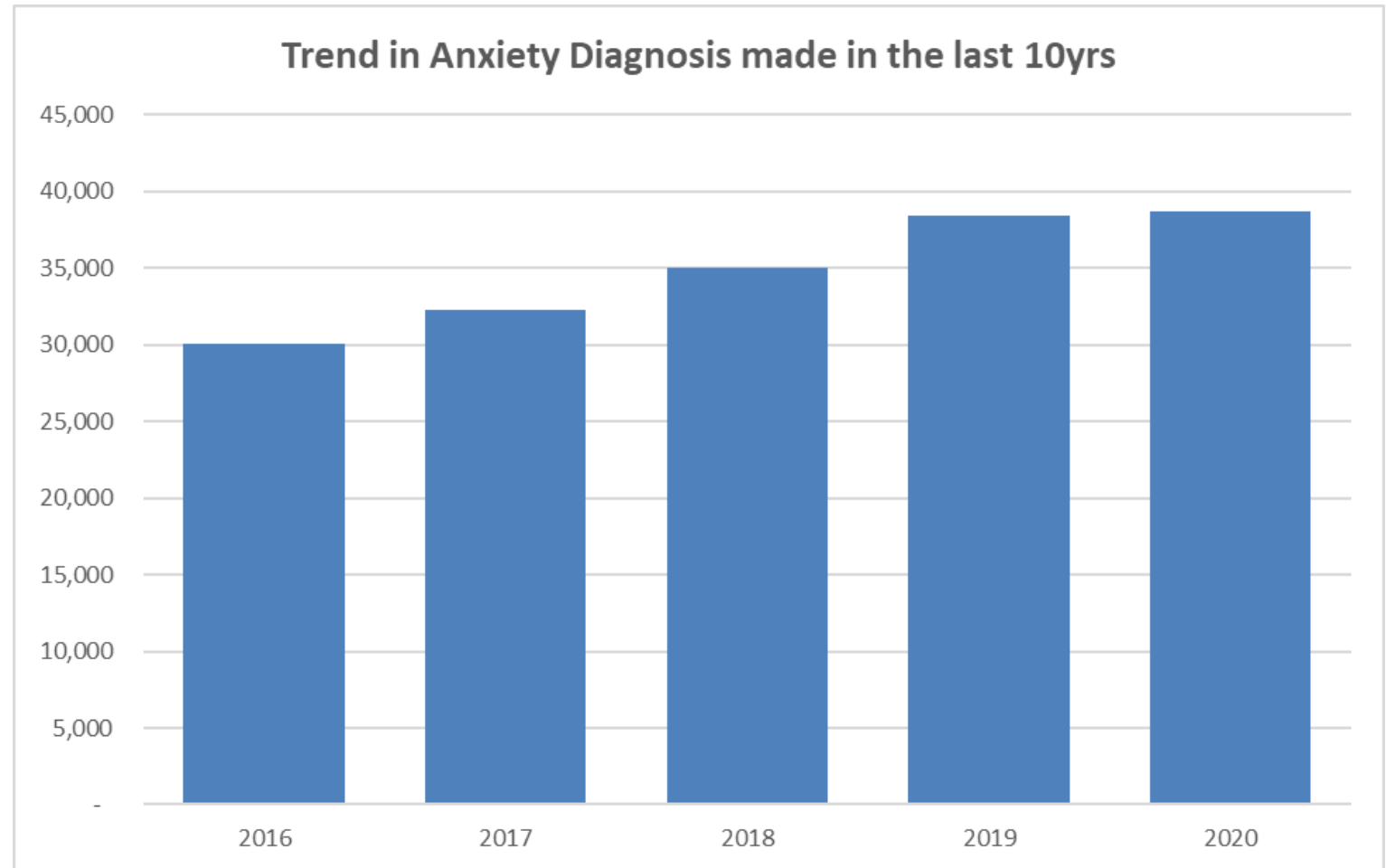
**In 2020 there were 38,680 people registered with a GP in Stockport with a record of anxiety diagnosed in the last 10 years.**

The number of people diagnosed by Stockport GPs with anxiety in the last 10 years continues to rise, the GP recorded numbers are now at 38,680.

This is a 30% rise since 2016, by an average of 2,200 a year.

This data is taken from the GP registers.

This number is similar to the expected prevalence from the national survey.



# Mental Ill-health – GP recorded conditions – anxiety

**In 2020 there were 38,680 people registered with a GP in Stockport with a record of anxiety in the last 10 years, this is the most recent detailed data.**

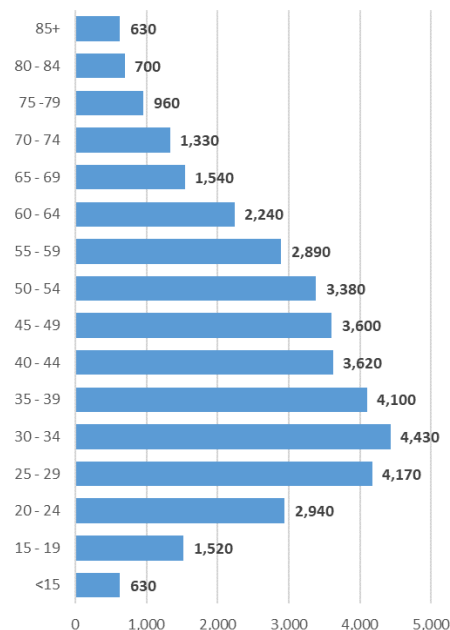
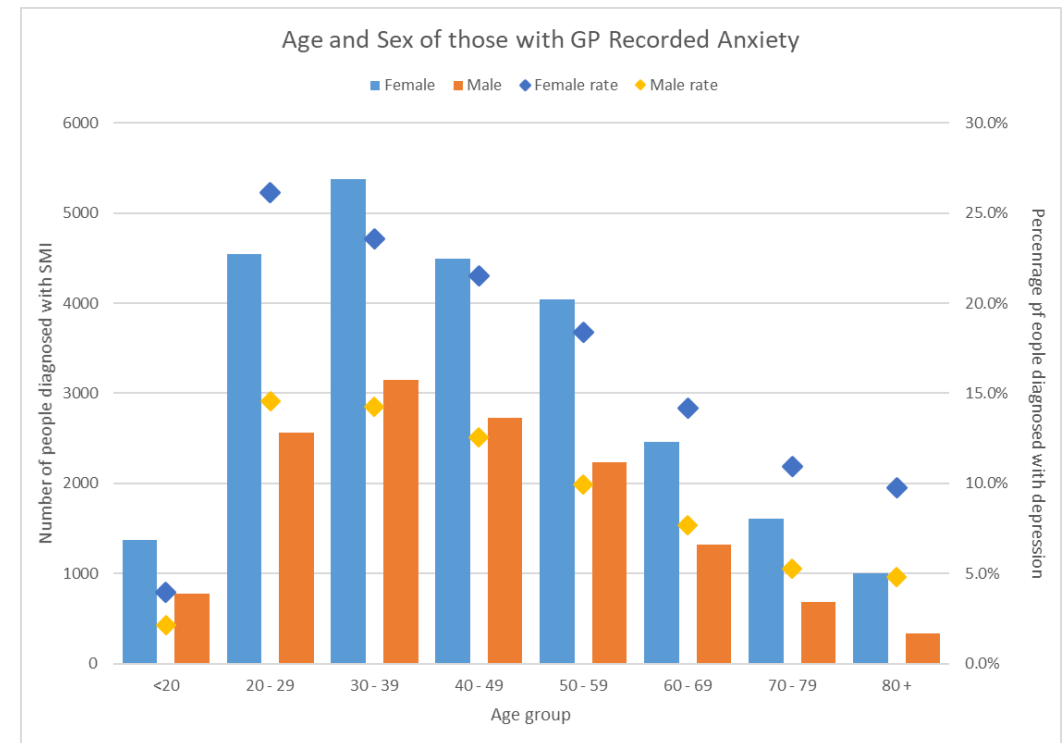
A person with generalised anxiety disorder (GAD) feels anxious on most days about a wide range of situations and issues, and often struggles to remember the last time they felt relaxed. GAD can cause both psychological and physical symptoms which vary person to person.

Number with Anxiety			
	All	Female	Male
All	38,680	24,900	13,780
Age 0-19	2,150	1,370	780
Age 20-64	31,370	19,930	11,440
Age 65+	5,160	3,600	1,560

Recorded prevalence is 80% higher in women than men.

The data shows a sharp raise to the highest levels between the ages of 20 and 59 years. Lower rates in older ages may relate to an older generation not going to GPs for anxiety.

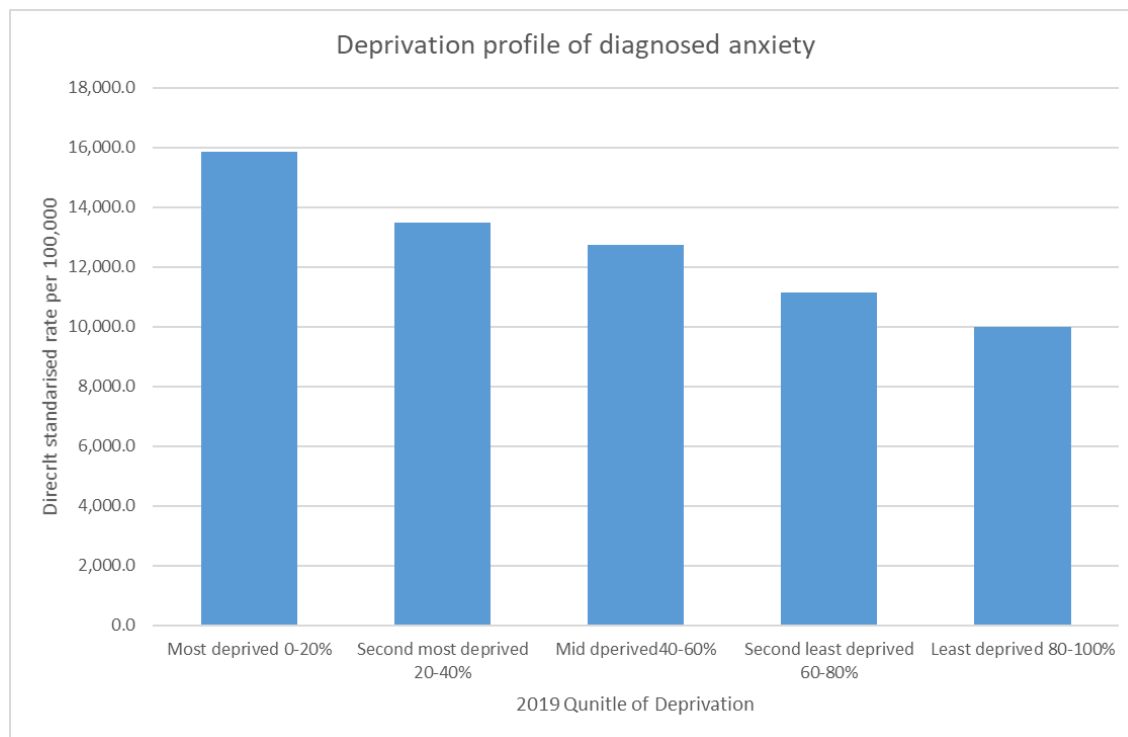
The data also do not indicate anxiety resolved, so older age groups may show as higher than currently afflicted.



# Mental Ill-health – GP recorded conditions – anxiety

**In 2020 there were 38,680 people registered with a GP in Stockport with a record of anxiety in the last 10 years**

Anxiety rates are higher in more deprived areas of Stockport.



	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	8,590	8,140	5,830	6,750	7,250
Crude %	15.8%	13.6%	12.6%	10.8%	9.5%
DSR per 100,000*	15,841.5	13,468.4	12,742.2	11,148.1	10,001.6

\* Takes into account age/sex profile of populations and is best measure for comparison

Those diagnosed with anxiety are more likely to have certain other lifestyle behaviours and health conditions than the general population, though rates are lower than for those with depression:

## Co-morbidities

54% depression (12% average)	15% Hypertension (15% average)
13% Current smoker (17% av.)	11% Obesity (7% average)
	10% Asthma (6% average)

Physical activity, drinking only in moderation, not smoking, avoiding caffeine, relaxation techniques and support groups can help treat anxiety.



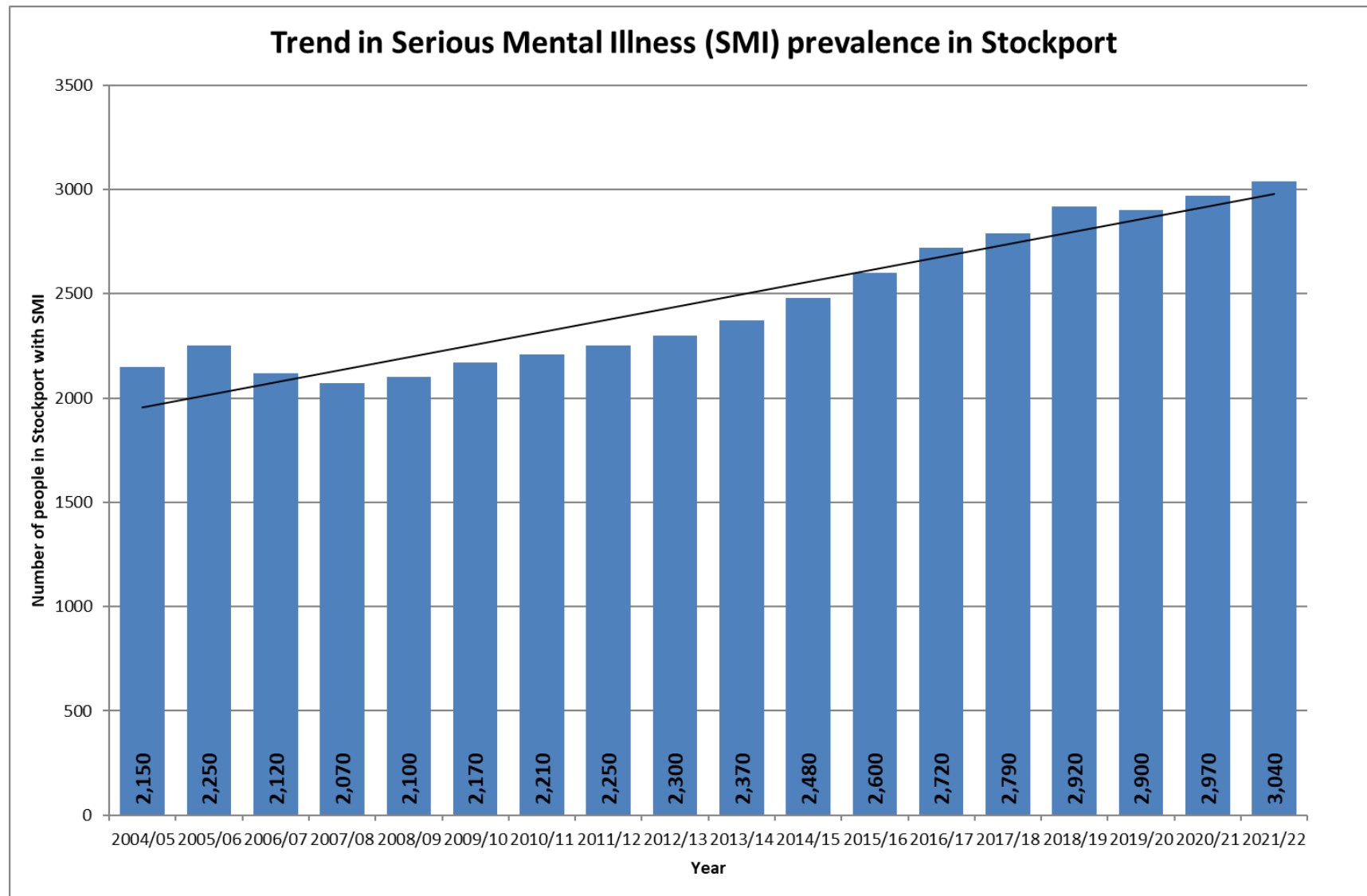
## Mental Ill-health – GP recorded conditions – SMI

**In 2022 there were 3,040 people registered with a GP in Stockport with a record of a serious mental illness, such as bipolar disorder, psychosis and schizophrenia**

The number of people diagnosed by Stockport GPs with serious mental illness continues to rise, and the first data for 2021/22 suggest that the GP register for SMI now includes 3,040 people.

This is a 41% rise since 2004/05 when reporting began, by an average of 70 a month.

Data are taken from the GP Quality and Outcomes Framework.



# Mental Ill-health – GP recorded conditions – SMI

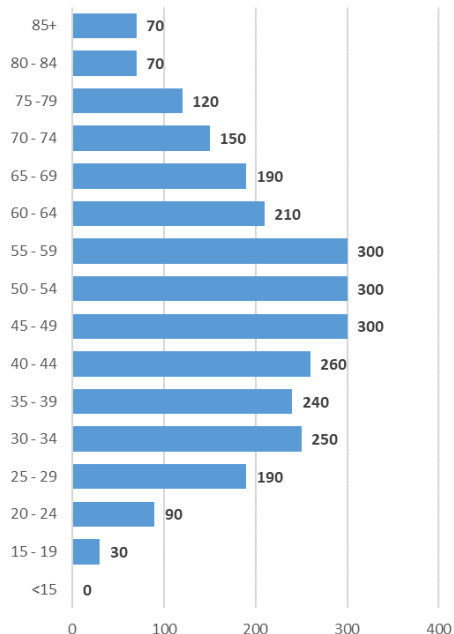
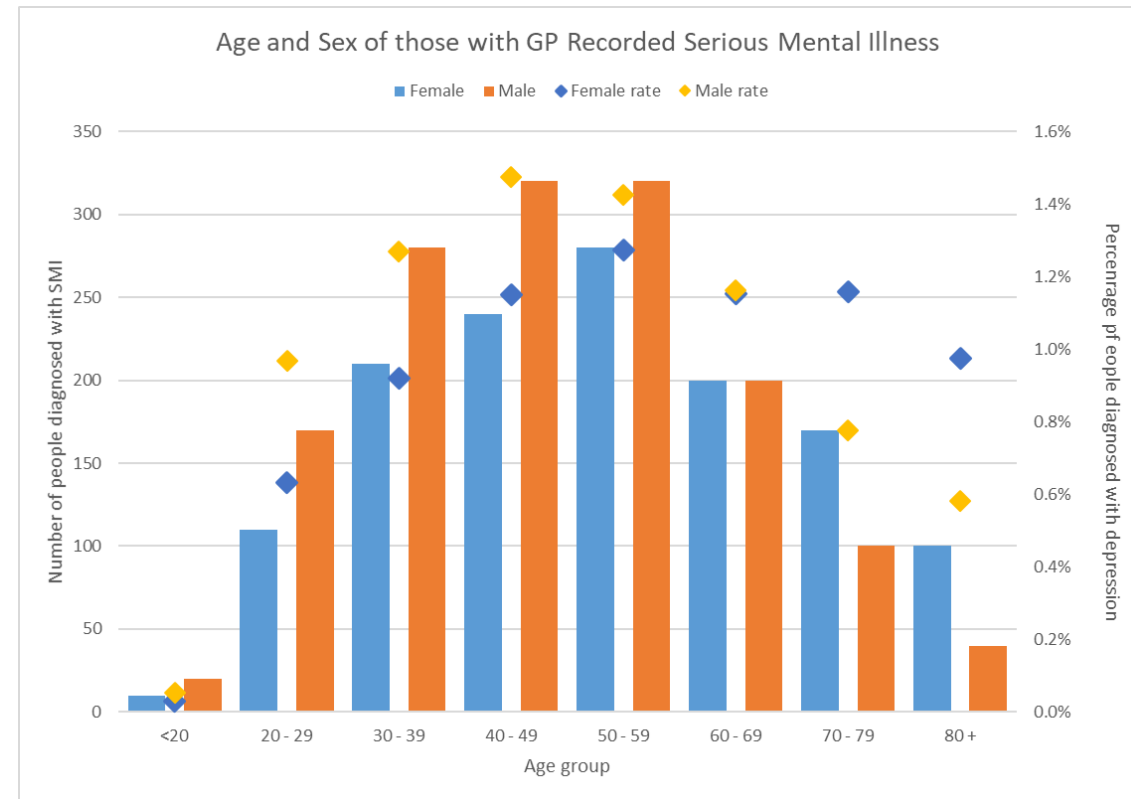
**In 2020 there were 2,770 people registered with a GP in Stockport with a record of serious mental illness, this is the most recent detailed data.**

People with schizophrenia, bipolar affective disorder, other psychoses and other patients on lithium therapy were selected in line with the QoF (Quality Outcomes Framework) indicator definition. These people have complex mental health problems requiring health service treatment, and can be very vulnerable.

Number with serious mental illness			
	All	Female	Male
All	2,770	1,320	1,450
Age 0-19	30	10	20
Age 20-64	2,140	940	1,200
Age 65+	600	370	230

Although there are similar numbers of males and females with SMI analysis shows that prevalence is higher in men up to age 59 years, from age 70 on rates are higher in women.

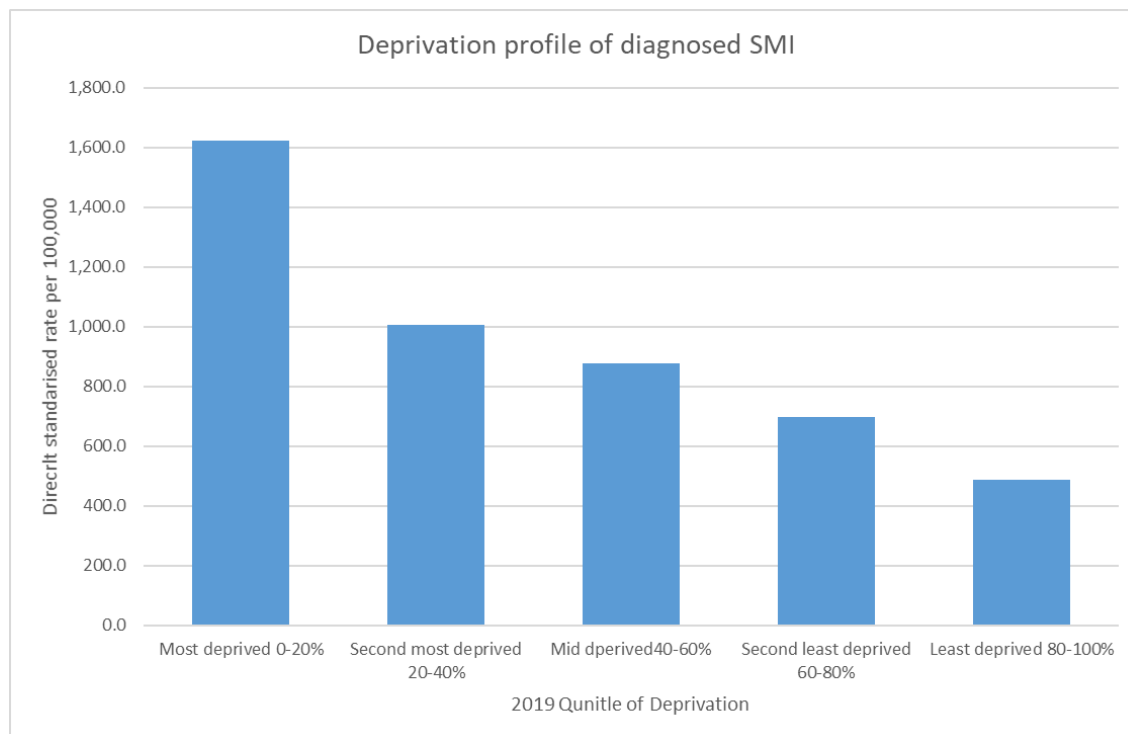
Around 1.0%-1.3% of the female population are diagnosed from age 30 onwards, for men the rate peaks at 1.4% between the ages of 40 to 49.



# Mental Ill-health – GP recorded conditions – SMI

**In 2020 there were 2,770 people registered with a GP in Stockport with a record of serious mental illness**

Both the numbers and rates of these severe mental health problems are highest in Stockport's most deprived areas. There is a sharp increase in the most deprived areas, where rates are more than three times higher than the least deprived areas.



	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	830	590	410	440	380
Crude %	1.5%	1.0%	0.9%	0.7%	0.5%
DSR per 100,000*	1,622.1	1,005.5	876.6	697.7	486.5

\* Takes into account age/sex profile of populations and is best measure for comparison

Those diagnosed with SMI are more likely to experience certain other lifestyle behaviours and health conditions:

## Co-morbidities

42% Current smoker (17% average)	18% Hypertension (15% av)
36% Depression (12% average)	13% Pre-diabetes (6% av)
30% Anxiety (12% average)	13% Diabetes (5% av)
19% Obesity (7% average)	11% Self harm (1% av)

A combination of medication and psychological treatments is the usual way to treat mental health conditions; some people also benefit from group therapy. Bipolar disorder sufferers are recommended to have regular physical activity and have a healthy diet.

## Mental Ill-health – GP recorded conditions – SMI

**In 2020 there were 2,770 people registered with a GP in Stockport with a record of serious mental illness**

Analysis shows that of these 2,770 people:

- 1,650 have a diagnosis of bi-polar disorder
- 1,550 schizophrenia
- 740 have psychosis

490 people have a diagnosis of two of these conditions and 380 people have a diagnosis of all three conditions.

Those with all three conditions are more likely to be aged 40-59 years (around 47%) and more likely to be male (58%).

The numbers for psychosis and schizophrenia are similar to the expected prevalence with a combined total of 1,900 people recorded by GPs.

The numbers for bipolar disorder are lower than the expected prevalence from the national survey – where a modelled 4,700 people (2%) was estimated. This suggest there may be some under diagnosis of bi-polar disorder, but tallies with the national survey findings where 60% reported receiving no treatment.

Bipolar	Psychosis	Schizophrenia
1,650	740	1,550

# Mental Ill-health – stigma

Research suggests that the public is more accepting of a person with depression than someone with schizophrenia. People are less willing to interact with someone with either depression or schizophrenia in more personal settings, such as marrying into the family or providing childcare.

Perceptions of workplace prejudice have improved over time, with more people feeling that someone with mental health problems would stand an equal chance of promotion compared with 15 years ago. However, this view is still only held by a minority, while a far larger proportion say the employee would be much less likely to be promoted. The reverse is true when we ask about an employee with diabetes.

People who have personal experience of mental health problems, or who know someone close to them who has had such problems, express lower levels of prejudice.

Note: Data collection was carried out between July and November 2015 and the overall response rate was 51%. The achieved sample for the face-to-face questions on mental health was 2140; the achieved sample for the self-completion questions was 1812. The data have been weighted to account for non-response bias and calibrated to match the population profile on the basis of age, sex and region. All differences described in the text (between different groups of people) are statistically significant at the 95% level or above, unless otherwise specified.

Chart 1 Willingness to interact with a person with depression/schizophrenia symptoms in everyday settings

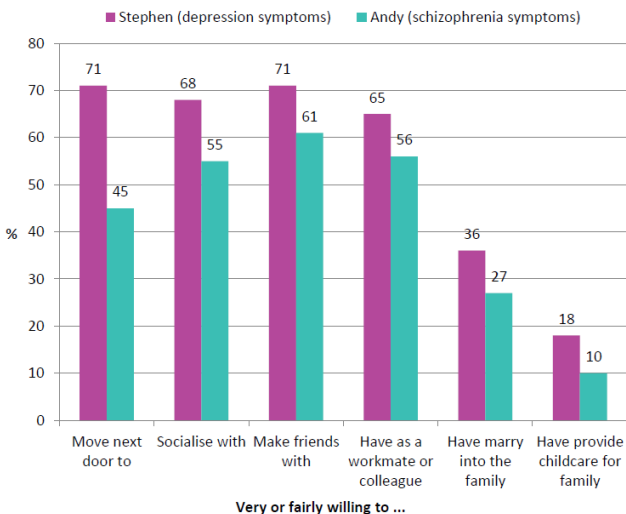
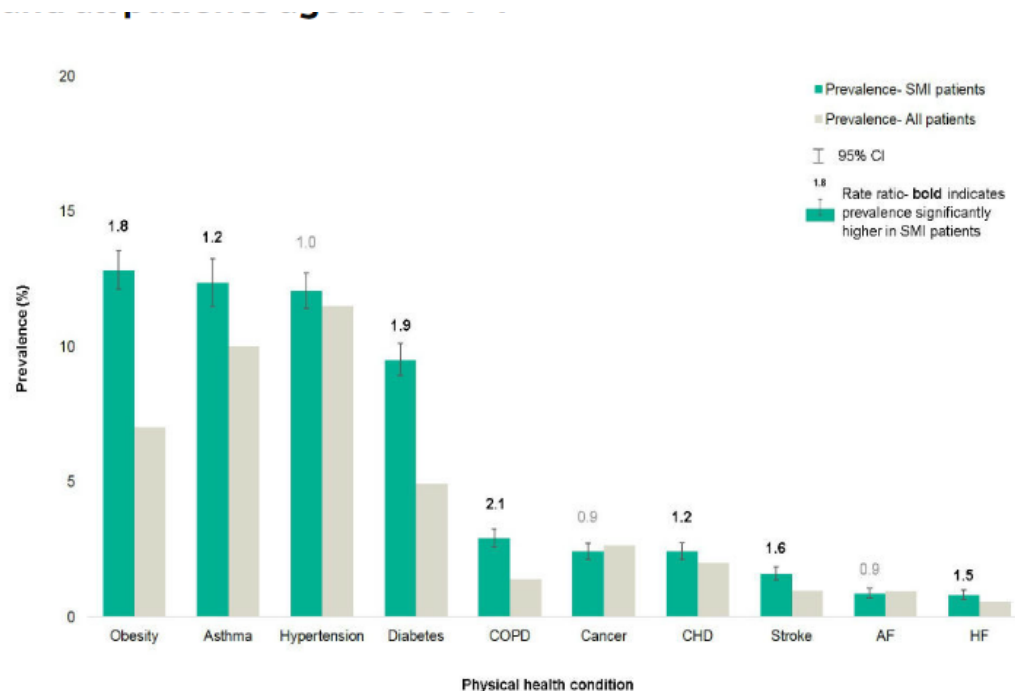


Table 5 Perceptions of workplace prejudice, 2000, 2003, 2006 and 2015

Views on promotion prospects	2000	2003	2006	2015
<b>Depression</b>				
% just as likely as anyone else to be promoted	8	9	13	17
% much less likely	41	46	36	35
<b>Schizophrenia</b>				
% just as likely as anyone else to be promoted	3	4	6	8
% much less likely	68	64	59	56
<b>Diabetes</b>				
% just as likely as anyone else to be promoted	48	51	54	56
% much less likely	7	9	7	7
Weighted base	3426	2284	2151	2149
Unweighted base	3426	2293	2143	2140



## Prevalence (age and sex standardised) of physical health conditions for those with severe mental illness (SMI) and all patients aged 15 to 74



Source: The Health Improvement Network (THIN), Active patients in England; data extracted May 2018

Key: atrial fibrillation (AF), coronary heart disease (CHD), chronic obstructive pulmonary disease (COPD), heart failure (HF)

National analysis of the general practice database by Public Health England shows that patients with SMI have a higher prevalence for 7 out of the 10 physical health conditions examined and that the level of the health inequality between those with SMI and all patients varies and are highest for:

- Chronic Obstructive Pulmonary Disorder (COPD) (2.1 higher for SMI)
- diabetes (1.9 higher for SMI)
- obesity (1.8 higher for SMI)
- stroke (1.6 higher for SMI)
- heart failure (HF) (1.5 higher for SMI)
- asthma (1.2 higher for SMI)
- Coronary Heart Disease (CHD) (1.2 higher for SMI)

Tobacco use is a common risk factor for COPD, stroke, HF and CHD and high smoking rates in the population with SMI may partially explain higher rates of these conditions. At the same time, it is also a risk factor for hypertension and cancer, and the prevalence of these is not notably higher for people with SMI.

The health inequality in the prevalence of physical health conditions between those with SMI and all patients is around double for multi-morbidities, for example:

- the prevalence of 2 or more physical health conditions in SMI patients is 1.8 times higher than in all patients
- the prevalence of 4 or more physical health conditions in SMI patients is 2 times higher than in all patients

## SMI and interventions to improve physical health

There is a large body of research documenting poor physical health among people with SMI. However, the underlying reasons for poorer health are not yet fully understood. Improvements in physical health of people with SMI can be achieved by addressing and reducing the impact of:

- health behaviours, such as smoking, poor diet, lack of exercise, and substance misuse
- multiple risk behaviours rather than one health risk factor at a time
- side effects of antipsychotic medication, including weight gain, glucose intolerance and cardiovascular effects
- difficulties in accessing treatment; for example, lack of intervention following diagnoses of conditions
- disconnected and irregular approach to health and care provisions, and other support
- non-compliance with care process, for example for Type 2 diabetes and mental health care providers should work with people who have SMI
- the effect of SMI on poor self-management of conditions, including seeking and adherence to treatment
- socio-economic determinants and consequences of suffering from a mental health conditions, such as poverty, poor housing, reduced social networks, lack of employment and social stigma

As highlighted by the [NHS England Five Year Forward View](https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing), health services can help improve the physical health of people with SMI by bringing together mental and physical healthcare.



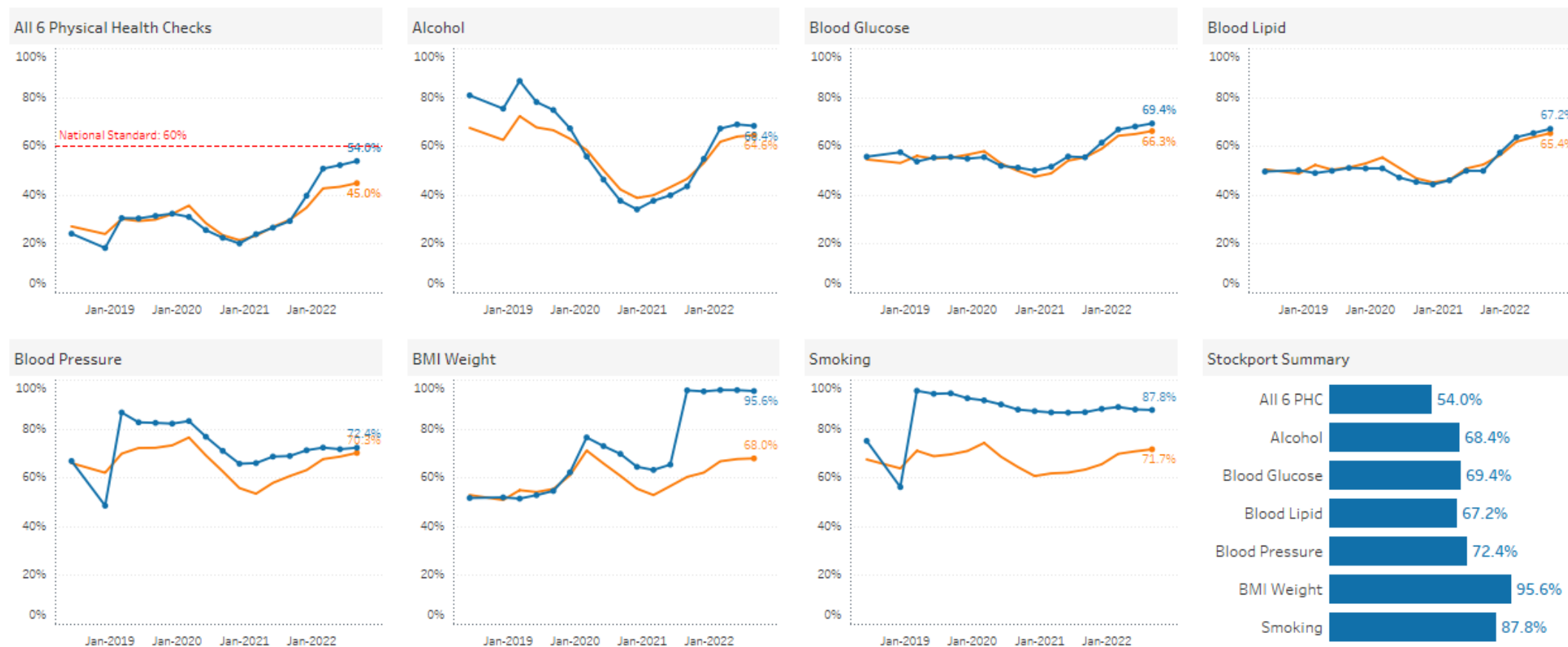
# Mental Ill-health – health checks for those with SMI

People with an SMI should be offered an annual physical health check, this can be offered in primary or secondary care but the results should be recorded within their GP record. The analysis below shows that performance levels in Stockport are improving rapidly and by Sept 2022 54% of people on the SMI register had had a full health check in the last 12 months, above the national average of 45% (below the current 60% target).

People are more likely to have their BMI (96%) and smoking status (88%) recorded, and least likely to have their alcohol consumption (68%) and blood analysis (67-69%). GP level performance in Stockport varies between 15% and 86%, with 10 GP Practices meeting the 60% standard.

NHS Stockport CCG | National Average | Latest Date: September-2022

Use the filter menu in the top right corner to adjust the comparator



Source: NHS England - Physical Health Checks for people with Severe Mental Illness | Author: rcraven@nhs.net

# Mental Ill-health – mortality rates for those with SMI

National analysis shows that across the UK people with a diagnosed Severe Mental Illness (SMI) have higher premature mortality rate (under 75) than those without.

In Stockport trends show that this gap in mortality is currently 435% (2018/20), in other words the under 75 mortality rate for all causes is 4.3 times higher for those with an SMI than the rest of the population. This gap is growing and is up from 348.1% in 2015/17. The gap in Stockport is also larger than the England average (390% in 2018/20)

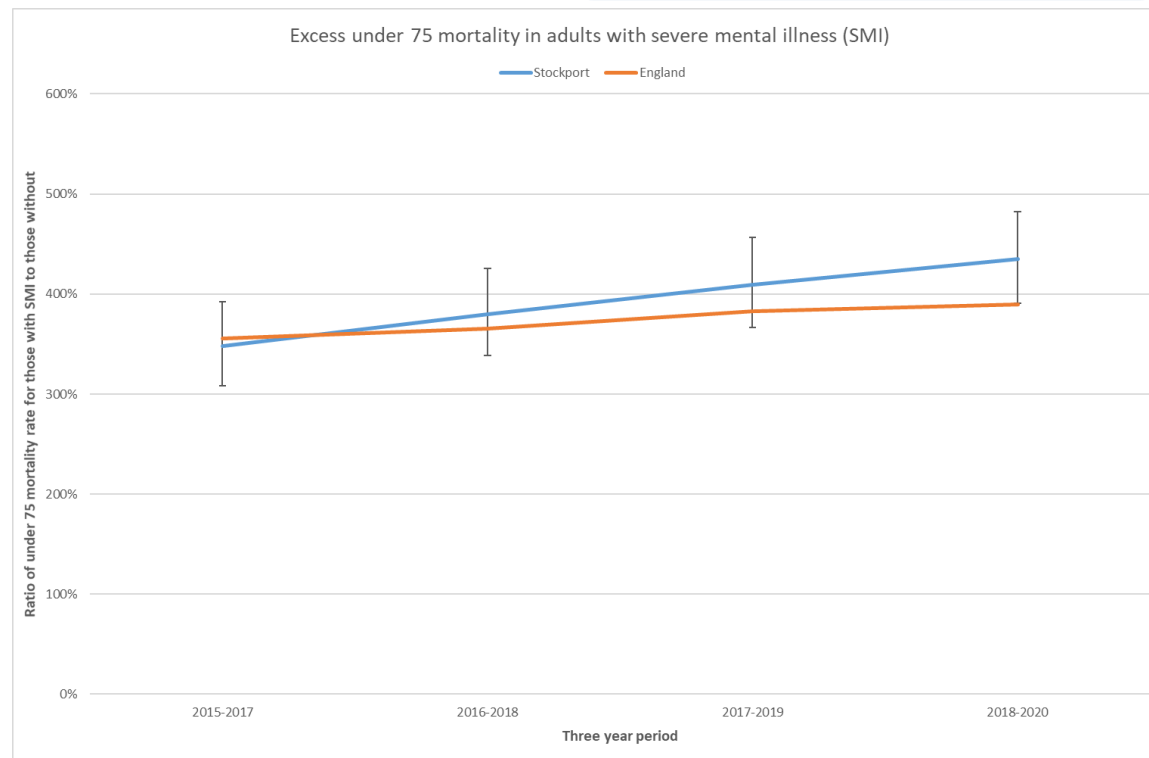
This ratio varied by condition so that mortality rates for :

- liver disease are 7.3 times higher
- respiratory disease are 6.3 times higher
- heart disease are 3.8 times higher
- cancer are 1.2 times higher

Nationally mortality rates for those with SMI are higher for all age groups, but especially for those aged 30-39 (over 6 times higher) and those aged 40-49 (5.5 times higher).

Nationally the difference in mortality between those with an SMI and the population is greater in the least deprived areas, due to the higher levels mortality generally in the more deprived areas.

Given the conditions with the highest gaps it is likely that lifestyle issues such as smoking, alcohol use and diet are significant causes of early death in those with serious mental illness.



Cause of death	Gap in mortality 2018-2020	Lower confidence level	Upper confidence level
All	434.7	390.7	482.5
Cancer	123.7	86.9	167.7
Cardiovascular disease	375.0	292.1	475.3
Liver disease	734.5	518.0	1,026.7
Respiratory disease	634.6	459.3	864.7

## Mental Ill-health – GP recorded conditions – self harm

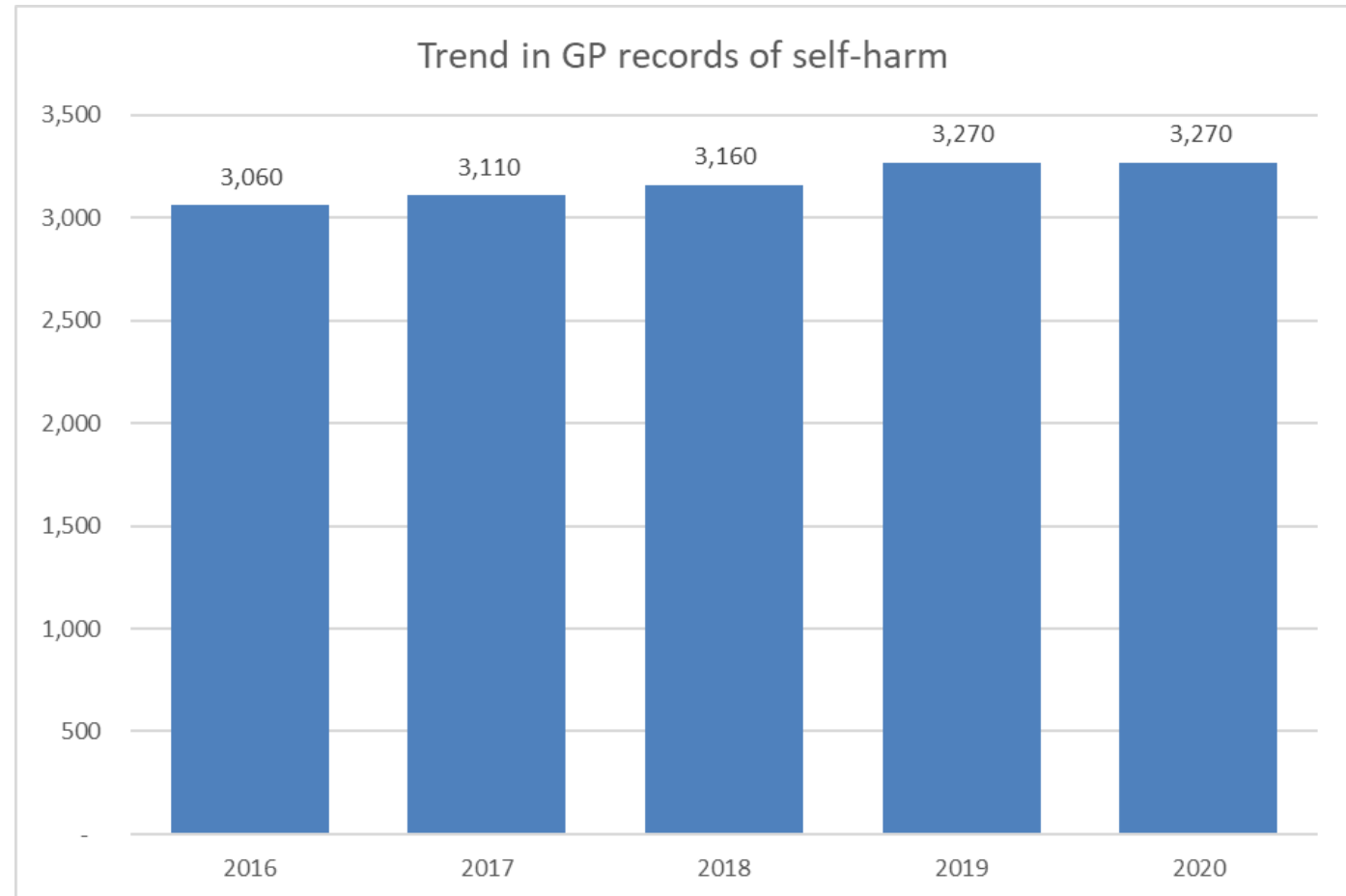
**In 2020 there were 3,270 people registered with a GP in Stockport with a record of self-harm in the last 10 years.**

The number of people diagnosed by Stockport GPs for self-harm in the last 10 years is rising slowly, the GP recorded numbers are now at 3,270.

This is a 7% rise since 2016, by an average of 50 a year.

This data is taken from the GP registers.

This number is significantly lower than the modelled estimate from the national survey.



# Mental Ill-health – GP recorded conditions – self-harm

**In 2020 there were 3,270 people registered with a GP in Stockport with a record of self-harm in the last 10 years, this is the most recent detailed data.**

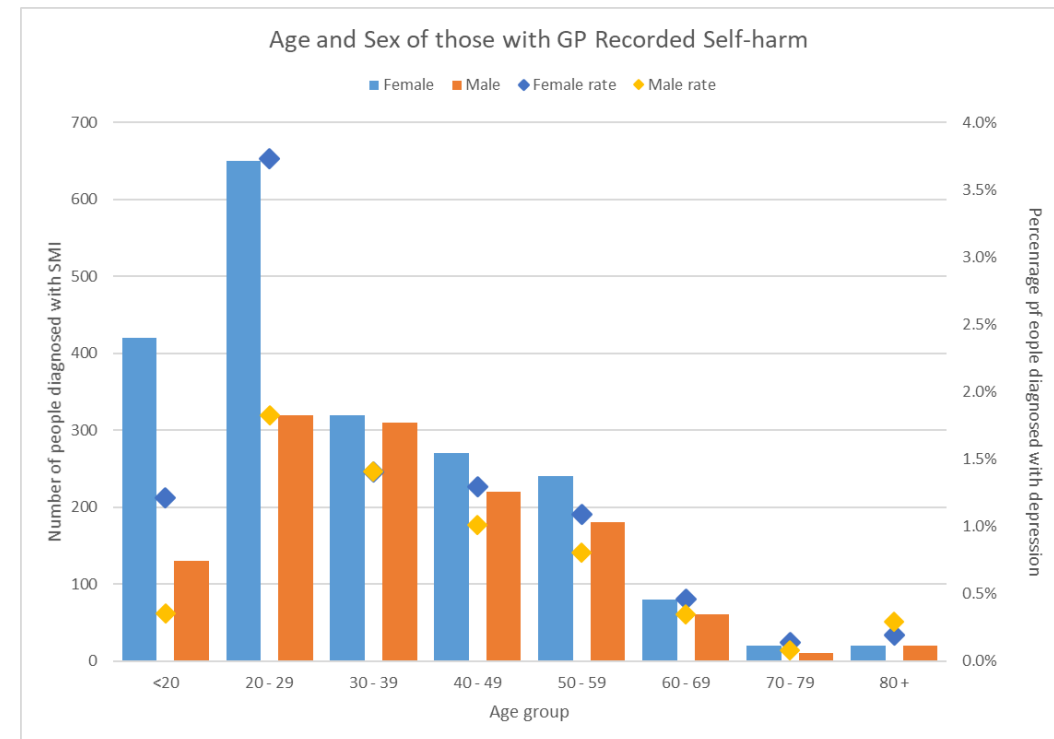
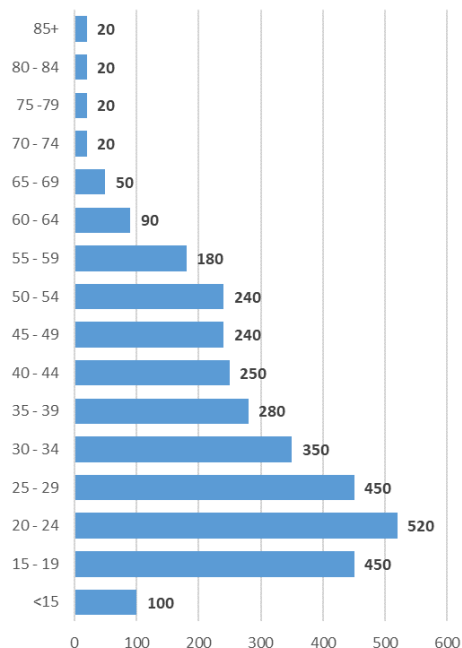
Self-harm is when someone intentionally damages or injures their body. It is usually a way of coping with or expressing overwhelming emotional distress.

Number with Self harm			
	All	Female	Male
All	3,270	2,020	1,250
Age 0-19	550	420	130
Age 20-64	2,600	1,530	1,070
Age 65+	120	70	50

The data on self-harm from GP clinical systems is only a subset of the actual number of people who self-harm. NICE has estimated 4.9% of adults have self-harmed without suicidal intent, with highest rate of 17% in women aged 16-24.

The data does not indicate the type of harm inflicted. Further investigation would be needed to refine this information.

More women have self-harm recorded than men, a rate 60% higher, and rates are especially high for young women.

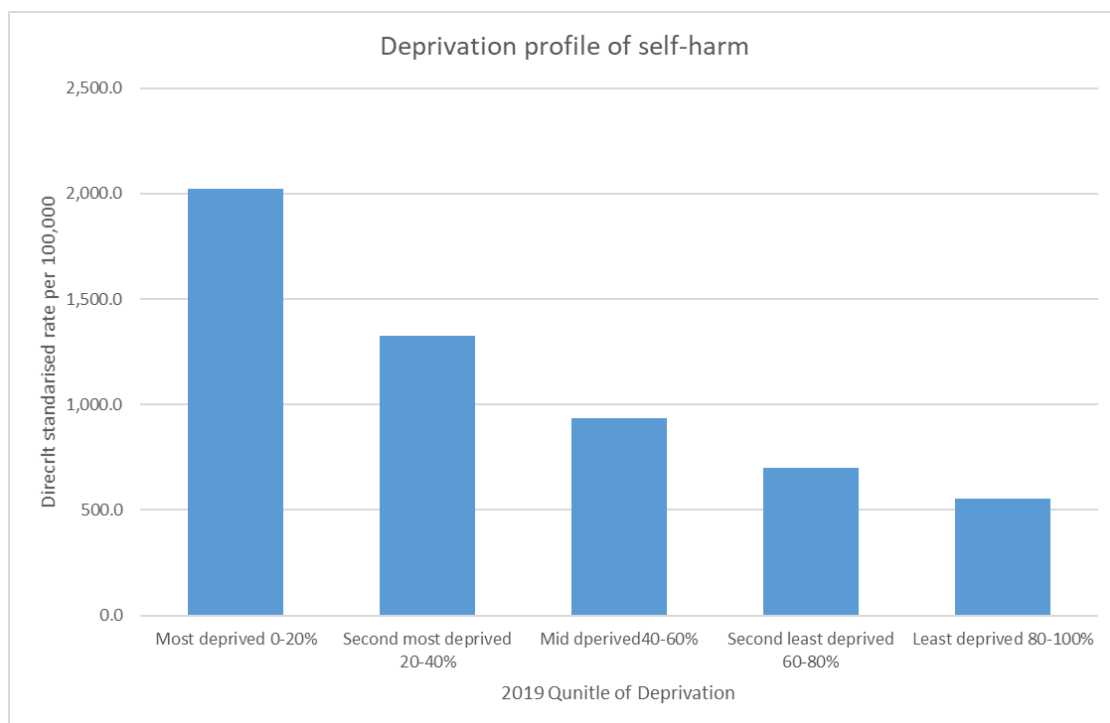




# Mental Ill-health – GP recorded conditions – self-harm

In 2020 there were 3,270 people registered with a GP in Stockport with a record of self-harm in the last 10 years,

Self-harm rates are almost four times higher in more deprived areas of Stockport compared to the least.



	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	1,140	790	410	400	370
Crude %	2.1%	1.3%	0.9%	0.6%	0.5%
DSR per 100,000*	2,023.3	1,328.4	934.2	697.5	555.3

\* Takes into account age/sex profile of populations and is best measure for comparison

Those diagnosed with self-harm are more likely to have certain other lifestyle behaviours and health conditions than the general population:

## Co-morbidities

55% depression (12% average)	10% SMI (1% average)
47% anxiety (12% average)	11% Asthma (6% average)
46% Current smoker (17% av.)	10% Obesity (7% average)

Treatment for self-harm usually involves seeing a therapist. Self-harm is linked to anxiety and depression, so similar lifestyle changes may help self-harm treatment (physical activity, drinking only in moderation, not smoking, avoiding caffeine, mindfulness, relaxation techniques and support groups).

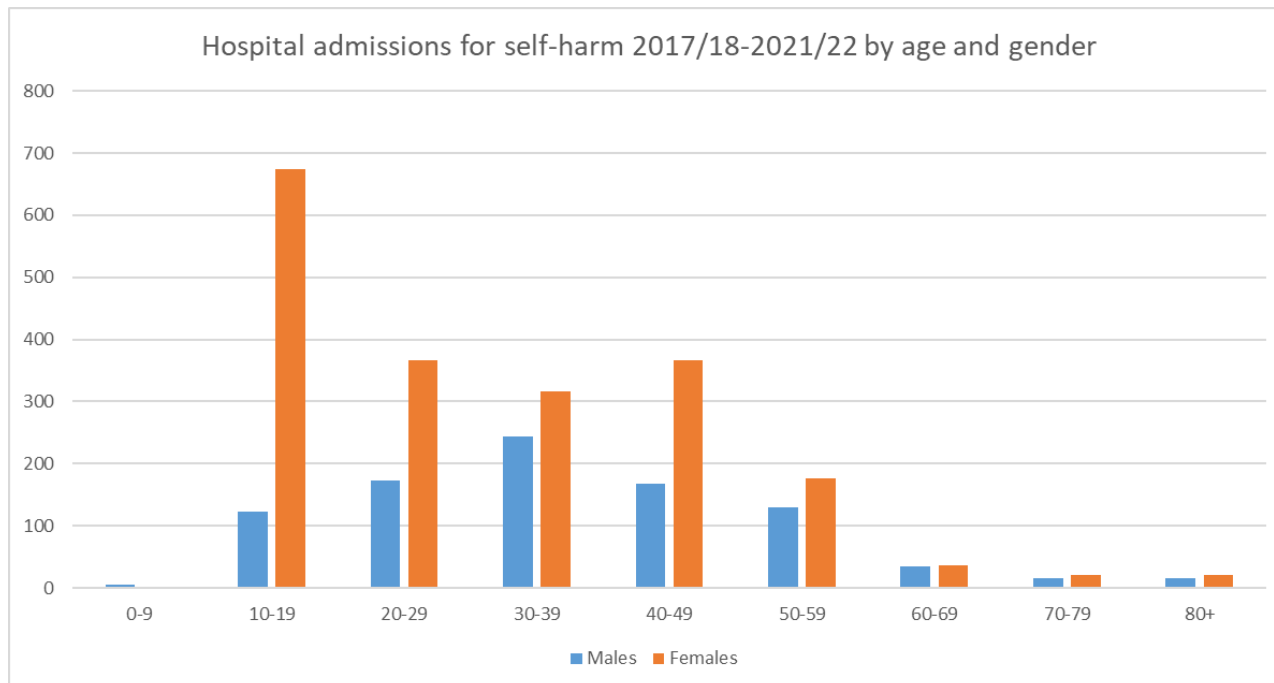
## Mental Ill-health – self-harm – secondary care

The number of hospital admissions for self-harm varies between around 490 – 660 per year for Stockport residents, averaging at around 580 admissions a year over the last 5 years.

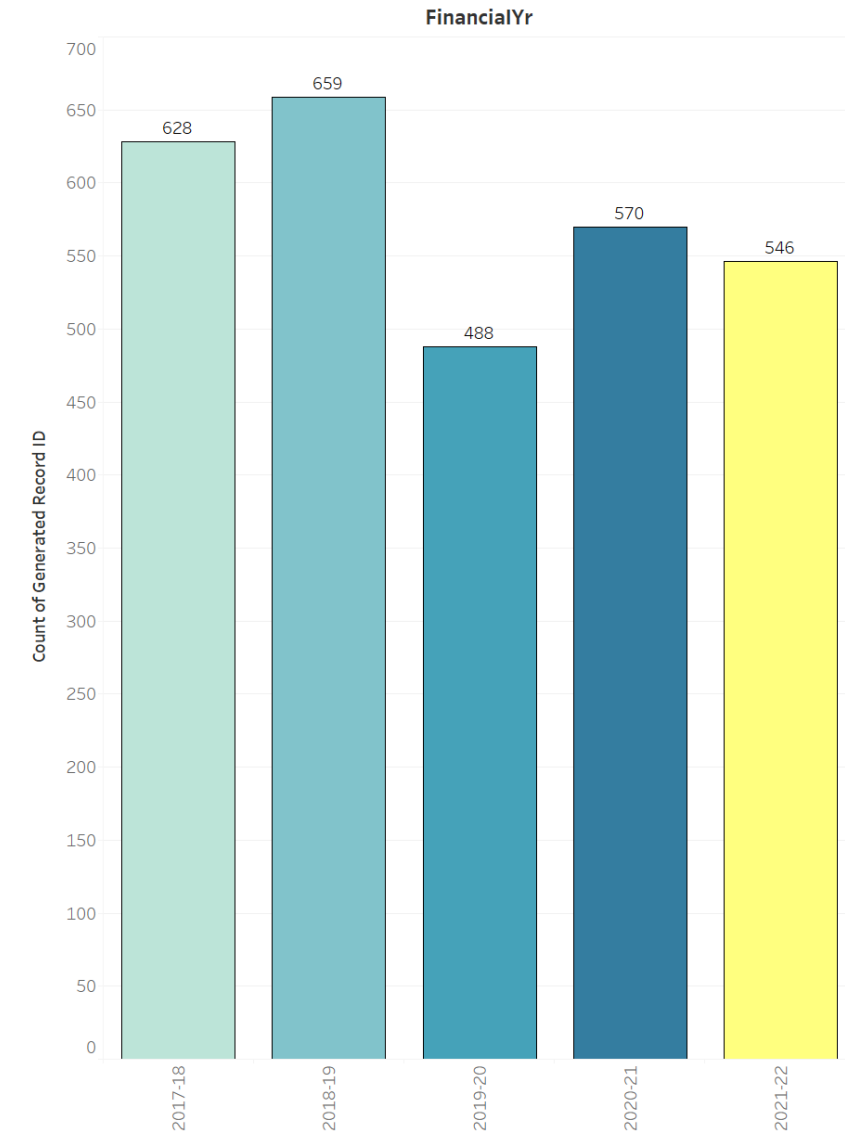
The vast majority (around 90%) are due to self-poisoning, with cutting (around 6%) the second most common method.

Females are more likely to be admitted than males, females accounting for around 70% of all admissions. Admissions are highest from the ages of 12 – 34 years, peaking especially between the ages of 13 and 19 years. Rates for females peak during the teens, rates for males peak during ages 30-39 years.

There is a strong deprivation profile with over 30% of all admissions being for those from the most deprived decile.



Hospital Admissions (Stockport Residents) as a result of Self-harm (All Ages)



# Mental Ill-health – suicides

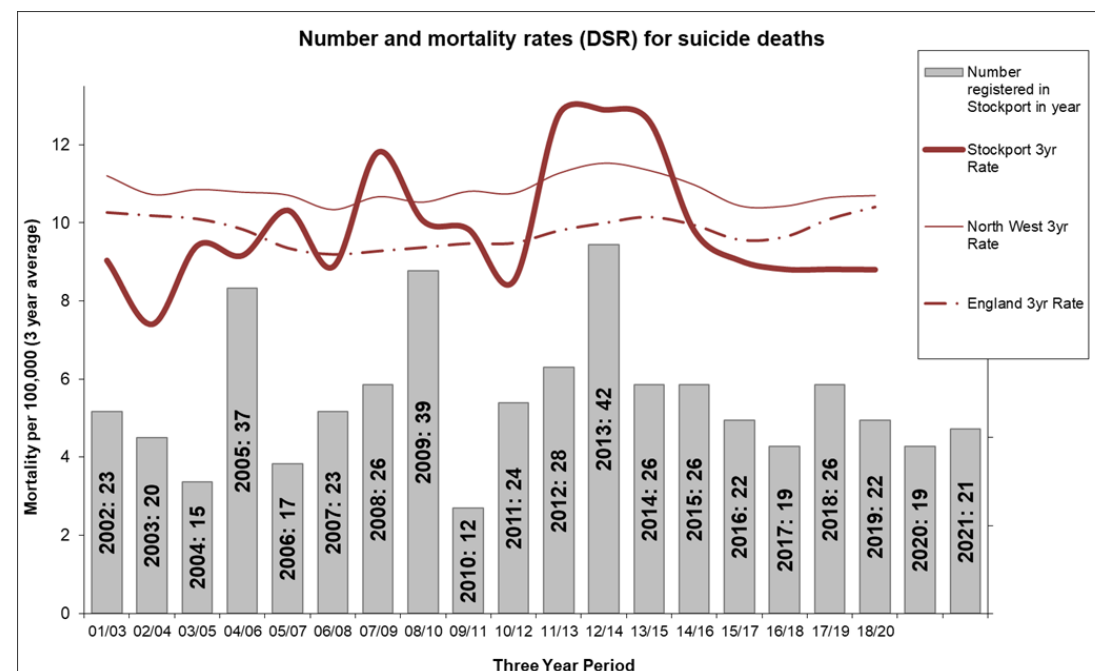
Suicides & undetermined intent	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Number of deaths occurring	29	30	27	24	30	23	25	22	16	28	17*
Number of deaths registered	24	28	42	26	26	22	19	26	22	19	21

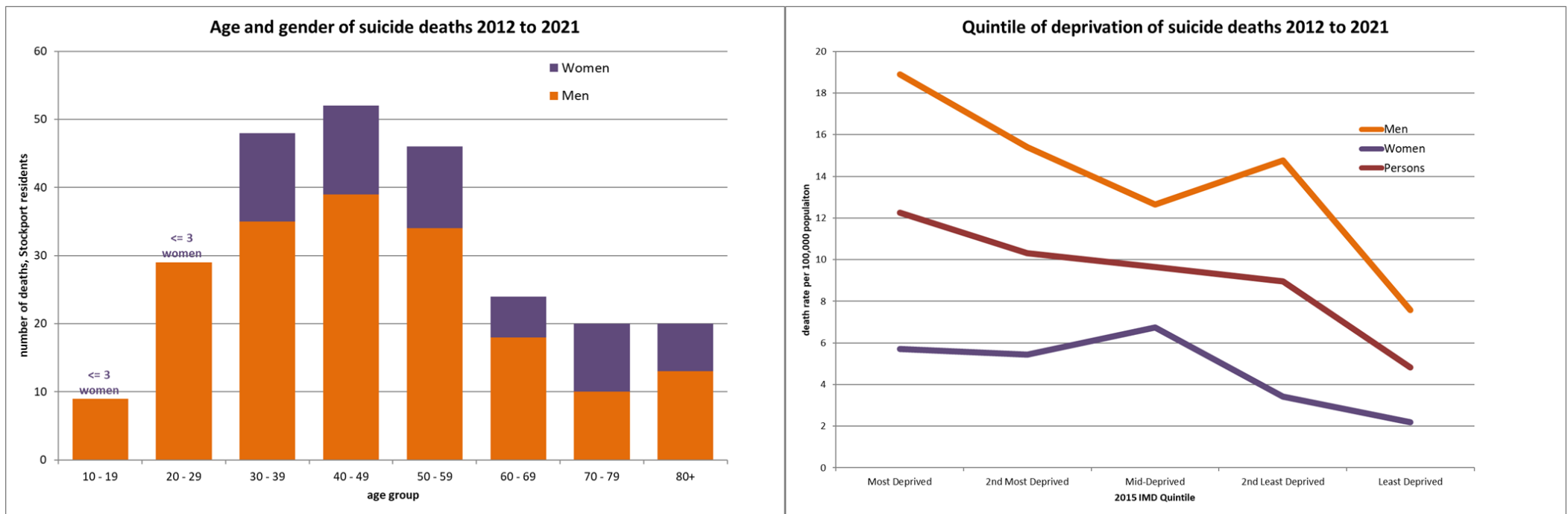
In the case of deaths by suicide and deaths of undetermined intent (open verdict) year of registration is often different to the year of death occurrence, as the death is usually referred to the Coroner, and registration only takes place once a verdict has been reached. Because of the time frame involved in these procedures, and therefore in classifying these deaths, all official figures use year of registration rather than year of occurrence.

Unfortunately the number of deaths from suicide and undetermined intent vary more by year of registration than by year occurrence, as sometimes cases take a long time to conclude and a bunching effect occurs. This means there is more variation in rates year to year in the official statistics than is actually the case.

**On average between 20 and 30 suicides and deaths of undetermined intent occur for Stockport residents each year.** National and regional rates have remained relatively flat whereas the Stockport rate has varied to a greater extent. This is wholly expected given the small numbers involved at a local level.

Because of the small numbers involved and the variation highlighted above, the data on the following page has been grouped into one 10-year period to show a clearer picture.





For both sexes, the number of deaths from suicide is highest in the ages from 30 to 59. However, when analysed by rate of deaths per population size, there is a second peak in rates in the older age groups. Though the data for Stockport shows considerably more variation, it is broadly the same as the national picture.

**Nearly three quarters of the people who died from suicide were men.** This is in line with national figures. The ratio is greatest in the younger ages with men being almost 90% of the deaths from suicide in those aged under 30. The ratio is at it's lowest in the 65+ age band where around 60% of the suicide deaths are men.

With respect to deprivation there is a clear profile with rates increasing as deprivation increases. **Rates in the most deprived areas are almost twice the average Stockport rate** and over 2.5 times the rate in the least deprived areas. Rates in the 40% least deprived areas are lower than the Stockport average.

## Mental Ill-health – summary

National evidence suggest that one adult in six (17.0%) have a CMD (Common Mental Disorder): one in five (20.7%) women and one in eight (13.2%) men; in Stockport this would equate to 40,300 people 25,200 females and 15,100 males. In 2022 it was estimated that 1 in 5 (19.7 %) of 5 – 19 years olds have at least 1 mental health disorder equating to an estimated 10,300 in Stockport.

There are around 39,800 people registered with a Stockport GP with a diagnosis of depression on their medical record and around 38,700 with a record of anxiety.

- Women outnumber men by a rate of at least 1.7 to 1.
- Both men and women aged between 30 and 59 are the most to be recorded with depression and those aged 20 to 59 are the most likely in terms of raw numbers to be recorded with anxiety.
- **There is a clear deprivation profile with the rate increasing as deprivation increases.** Depression rates for both men and women in the least deprived areas are around half that in the most deprived rate.
- Diagnosis rates are increasing. These numbers reflect national survey prevalence suggestions that those needing support are on the whole seeking it.

There are 3,040 people registered with a Stockport GP with a diagnosis of a severe mental health disorder. This includes people with schizophrenia, bipolar affective disorder, other psychoses and other patients on lithium therapy.

- These numbers reflect national survey prevalence, although there is some evidence that there may be under diagnosis of bipolar disorder.
- Severe mental health problems show a clear deprivation profile. Those in the **most deprived areas are over three times as likely to be experiencing a severe mental health problem compared to those in the least deprived areas.**
- Analysis of comorbidities shows that people with severe mental health problems are **more than twice as likely to be diagnosed with diabetes** than the population average, which can be linked to antipsychotic medication which can cause weight gain, **obesity** rates are also twice as high as average. People with severe mental health problems are **three times more likely to have other mental health issues** such as depression and anxiety, and are **more than twice as likely as the population average to smoke.**
- On average people under the age of 75 with a Serious Mental Illness have a mortality rate that is 4.3 times higher than that of the rest of the population.
- **On average between 20 and 30 suicides and deaths of undetermined intent occur for Stockport residents each year.**

NHS Right Care is a regular benchmarking and performance assessment process which enables local areas to compare themselves to areas with similar demographics. The last assessment for Mental Health Services was undertaken in early 2020 and the results are set out over this and the next three pages:

Clinical Pathway	Areas where Stockport CCG is statistically significantly worse than peers	Areas where the CCG is statistically significantly better than peers
<b>Common mental health disorders</b>	<ul style="list-style-type: none"> <li>IAPT (Improving Access to Psychological Therapies): % waiting &lt;6 weeks for first treatment</li> <li>IAPT: rate of people completing IAPT treatment</li> <li>IAPT: % 'moving to recovery' rate</li> <li>IAPT: % achieving 'reliable improvement'</li> </ul>	<ul style="list-style-type: none"> <li>New cases of depression which have been reviewed</li> <li>IAPT referrals: Rate aged 18+</li> <li>IAPT: % referrals with outcome measures</li> </ul>
<b>Severe mental illness</b>	<ul style="list-style-type: none"> <li>Mental health hospital admissions</li> <li>Accommodation status recorded</li> <li>Employment status recorded</li> </ul>	<ul style="list-style-type: none"> <li>People with SMI (Serious Mental Illness) who have a comprehensive care plan</li> <li>Female patients aged 25+ with SMI who had cervical screening*</li> <li>% of EIP (Early Intervention Psychosis) referrals waiting &lt;2 weeks to start treatment</li> </ul>

Stockport CCG invested significantly in mental health over recent years, which has improved performance and benchmarking against peers compared to the previous assessment.

In terms of Mental Health, Stockport CCG's performance compared to peers has improved in:

- People with SMI who have a comprehensive care plan
- Female patients aged 25+ with SMI who had cervical screening

Mental Health performance compared with our peers has deteriorated in the following areas:

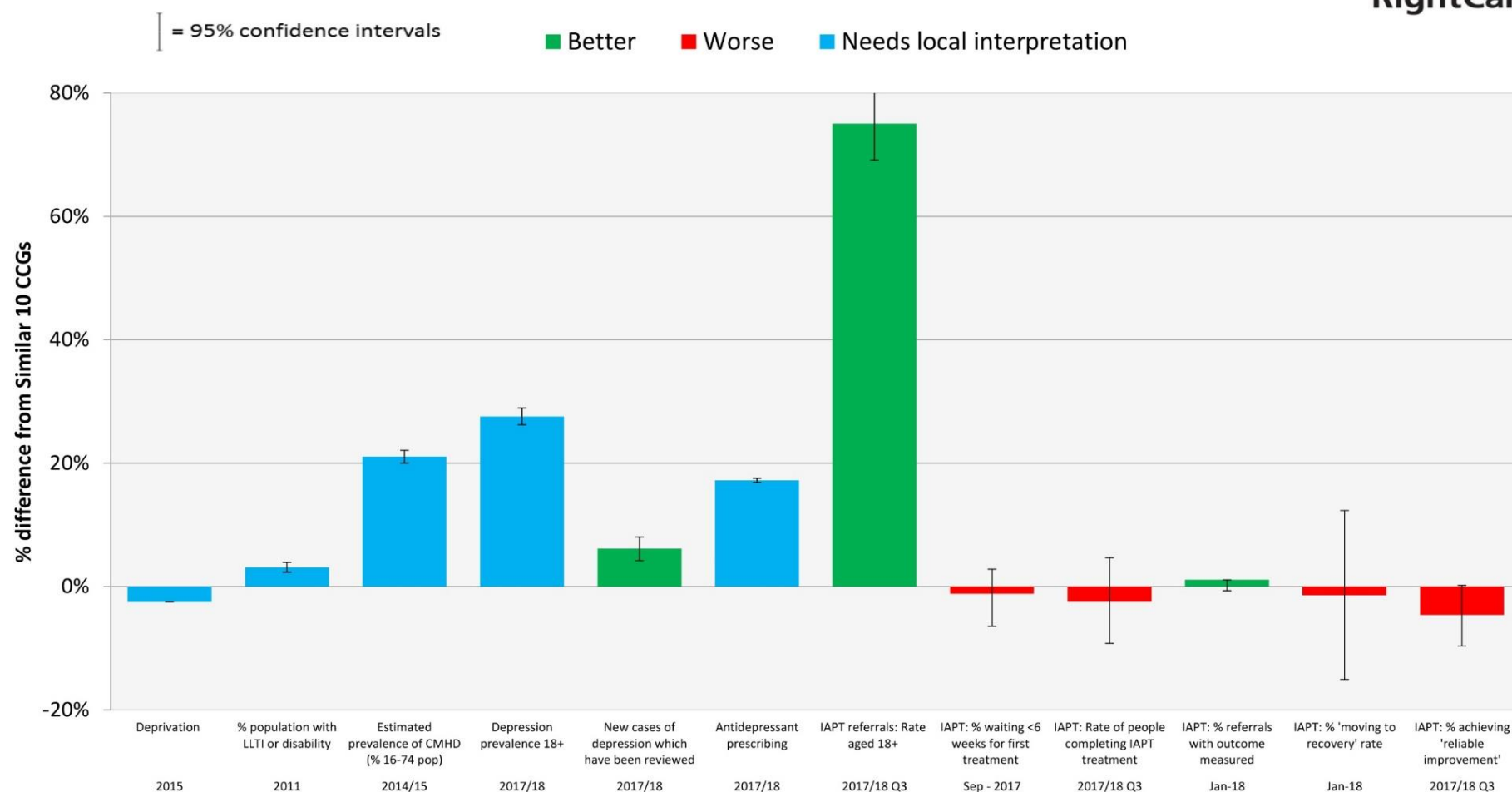
- MH hospital admissions
- Recording accommodation status for SMI
- Recording employment status for SMI
- rate of people completing IAPT treatment



## Common mental health disorder pathway

This analysis looks at the pathway for common mental health disorders.

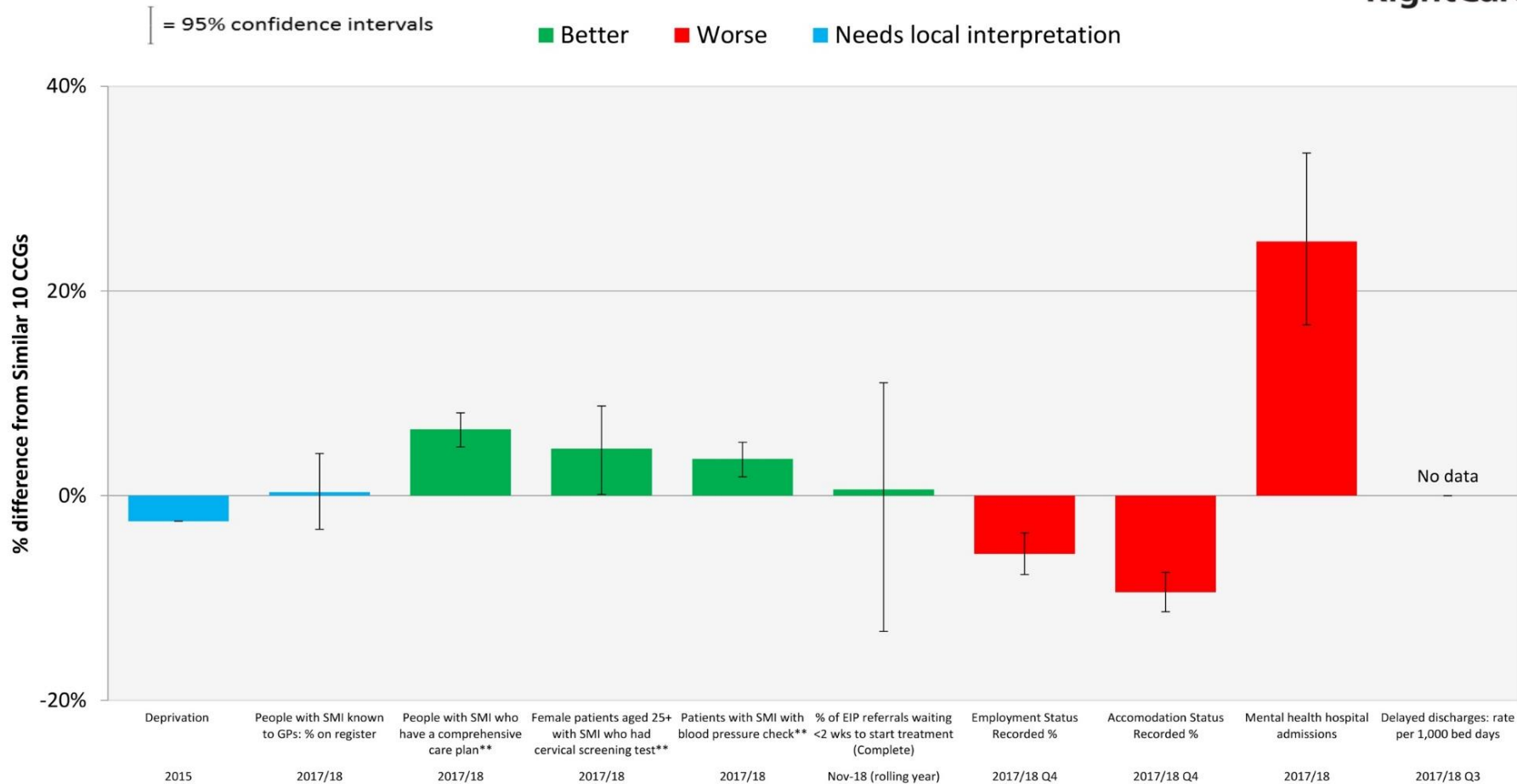
It shows that Stockport performed well for review of depression and IAPT referrals, but less well for waiting times, completion and outcomes.



\* Directly standardised rate per 100,000 population

\*\* Indirectly age and sex standardised ratio

## Severe mental illness pathway



This analysis looks at the pathway for serious mental illness.

It shows that Stockport performed well for care planning and physical health checks, but less well for admissions and recording of employment and accommodation status.

\* Directly standardised rate per 100,000 population

\*\* Indirectly age and sex standardised ratio

## Inequality in improving access to psychological therapies

Right Care examined the number of individuals referred to IAPT finishing a course of treatment. The Government target is that 50% of eligible referrals to IAPT services should move to recovery.

**Gender:** Nationally, the CCG's performance is average, with no significant difference in the rate of referrals finishing a course of treatment among men or women. Among our peer areas, however, there is an opportunity to improve if performance was increased to the level of our best 5 peers – 956-1160 additional referrals for men and 539-690 additional referrals among women.

**Age:** In terms of age, the CCG performed significantly better than peers for the number of 16-17 year olds finishing a course of treatments. In all other age groups (18-35; 35-64; 65+) there were opportunities to improve should the CCG perform at the level of its best 5 peers.

Compared to the national average, the CCG's performance was significantly better among 16-17s and 18-35 year olds; with no significant difference in older age groups.

**Ethnicity:** Data regarding the ethnicity of patients is limited - 8.8% of referrals finishing a course of treatment have an 'unknown' ethnic group, compared to 6.8% for England and 6.4% for the CCG's best 5 peers. Furthermore, 7.4% of referrals moving to recovery have missing ethnicity, compared with 6.3% for England and 11.9% for the CCG's best 5 peers.

The CCG's performance was in line with the England average for White, Asian, Black, and other ethnic groups, with the rate of IAPT referrals finishing a course of treatment better than average among mixed race patients.

Compared to the CCG's best 5 peers, there was an opportunity to improve among White and Asian groups, with an additional 1302-1540 white patients and 15-55 additional Asian patients finishing a course of treatment. There was no significant difference among other ethnic groups.

# Mental Ill-health – services - IAPT

Improving Access to psychological therapies (IAPT) services are a national NHS programme offering NICE approved therapies for people with depression or anxiety.

On average since July 2020 there have been around 1,000 referrals a month in Stockport.

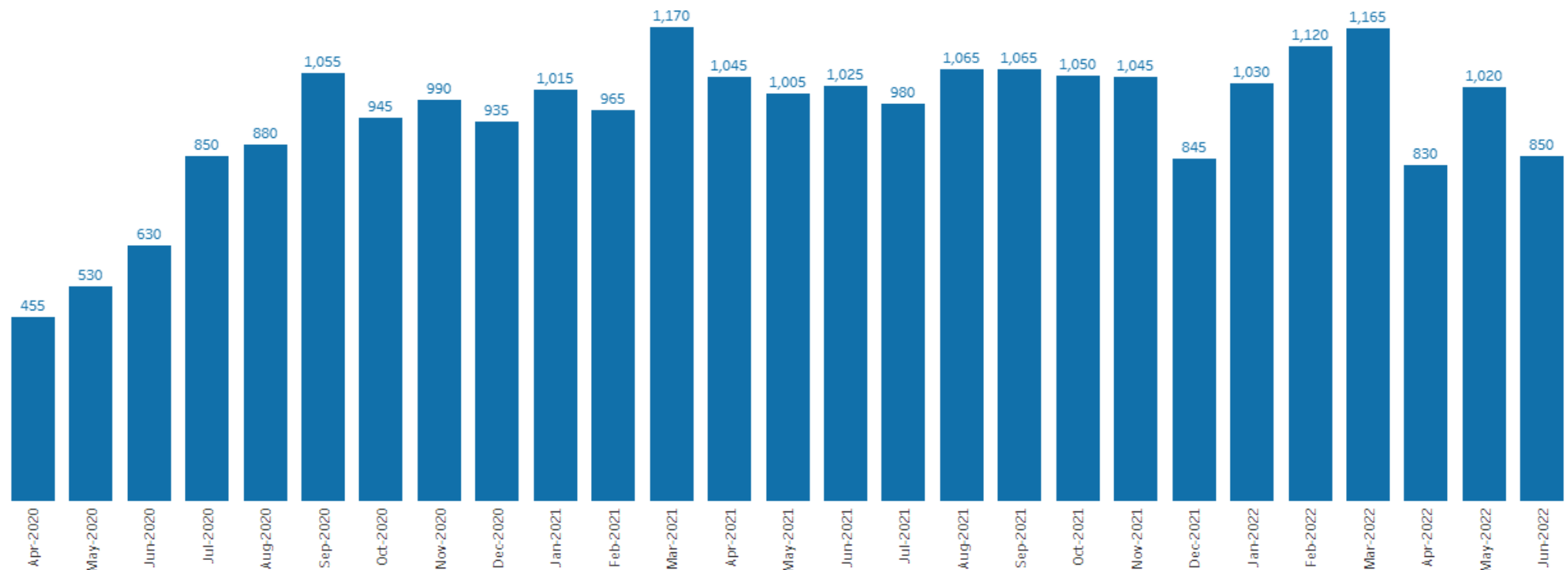
## Improving access to psychological therapies | Referrals received

A look at the number of referrals received in Stockport IAPT services over time.



Referrals Received by Stockport IAPT Services since April-2020

Source: NHS Digital - Psychological Therapies, Reports on the use of IAPT services



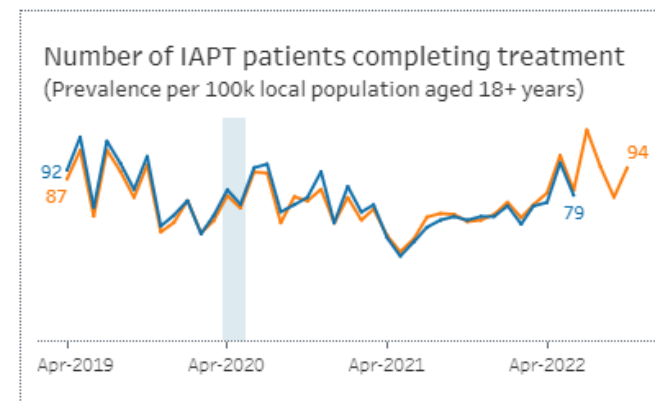
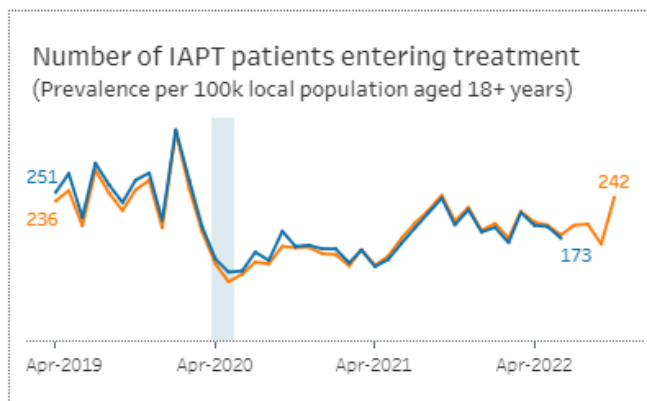
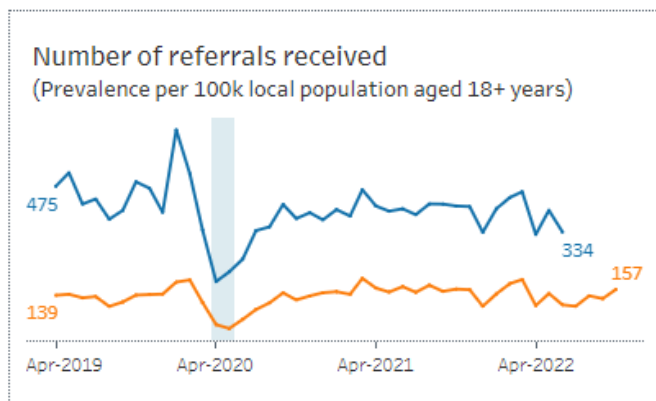
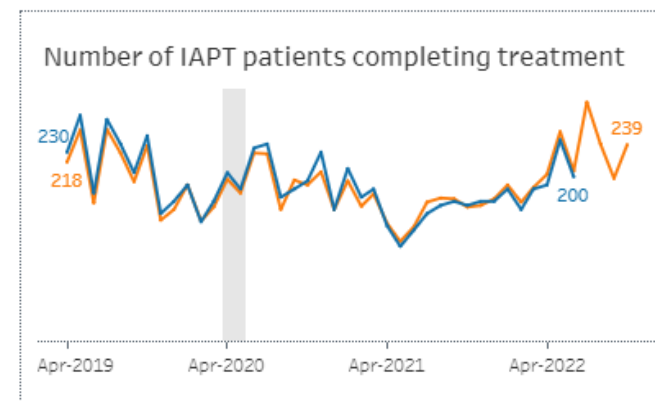
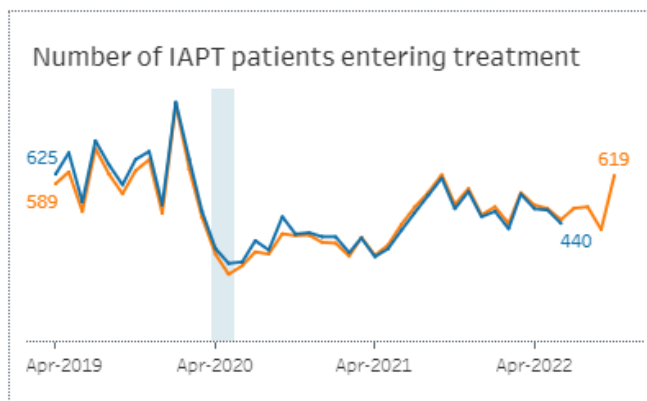
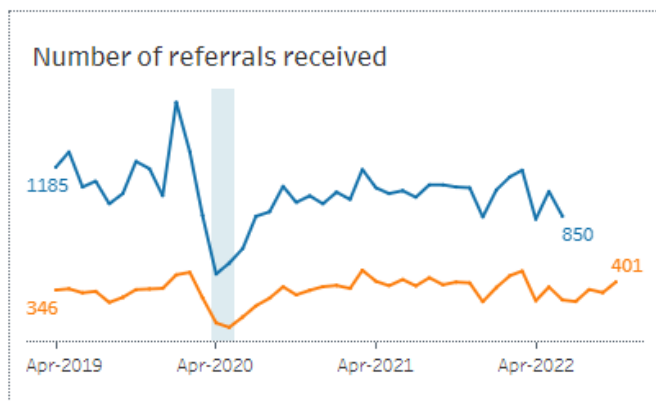
COVID-19 lockdowns had an immediate impact on levels of referral and the numbers entering treatment. While the levels of referral have increased since this point and are now similar to pre-pandemic volumes, the numbers entering treatment are still 20-25% lower than they were in the 10 months running up to February 2020, with around 500 people a month joining the programme. Around 200 people a month complete treatment,

## Improving access to psychological therapies | Activity

A look at activity in Stockport IAPT services over time.



Published Data | Local Data | Lockdown 1



Source: NHS Digital - Psychological Therapies, Reports on the use of IAPT services | Author: rcraven@nhs.net

Local data: obtained from contract performance reports from local IAPT service providers. Generally more timely than the nationally published data, excludes some referral data.

Published data: obtained from NHS Digital and can be 2-3 months in arrears, includes all referral data

<https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-report-on-the-use-of-iapt-services>

Currently waiting times shows that 94% of people enter treatment within 6 weeks and 100% within the target 18 weeks.

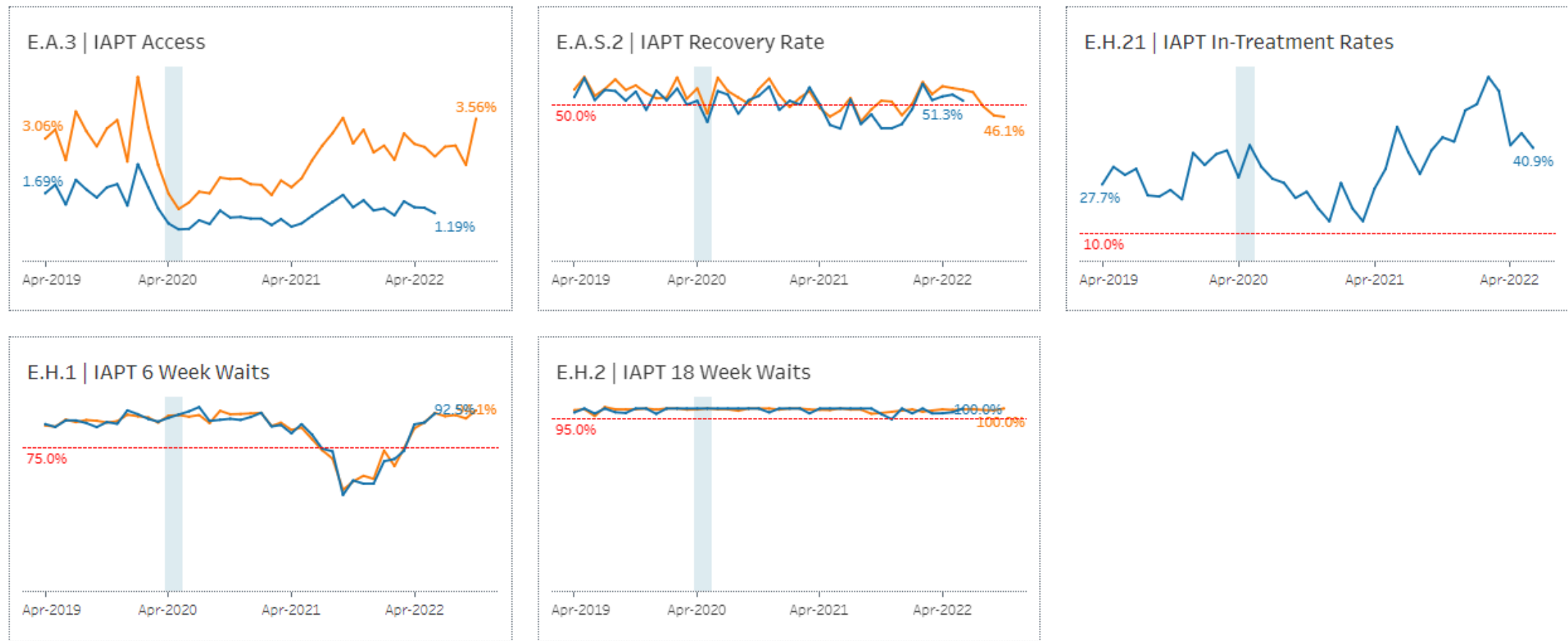
Around 50% of people move to recovery by the time they complete treatment, rates vary around this level and there are indications that the rate may be falling below the national target level.

## Improving access to psychological therapies | Performance

A look at key performance indicators for IAPT services over time.



Published Data | Local Data | National Standard | Lockdown 1





# Mental Ill-health – services – A&E presentations

In 20/21 Stockport is averaged around 80 presentations at A&E a week for mental health reasons. Numbers fell during the first lockdown for COVID-19, but have recovered since. Females are slightly more likely than males to present, around 11% of presentations are for children aged 0 to 15 years, 17.3% for young people aged 16 to 24 years and 22.5% for those aged 65+.

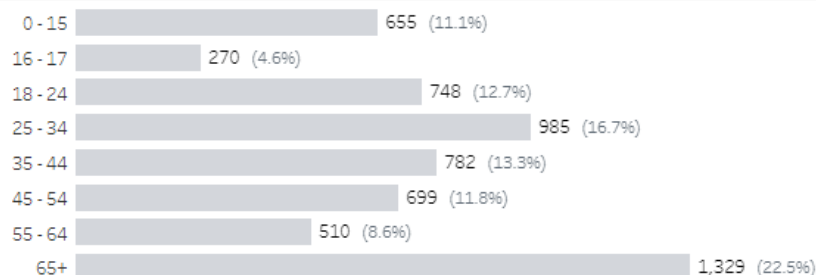
## A&E mental health presentations | Patient demographics

A look at the demographics of patients presenting to A&E with mental health-related conditions



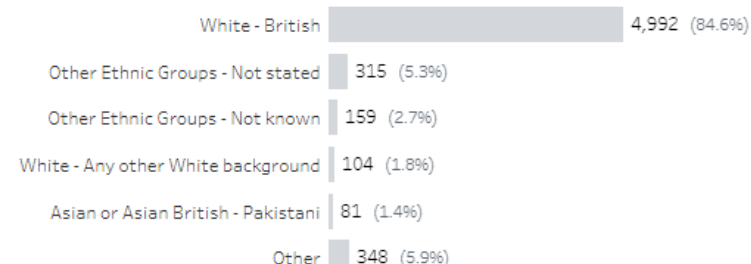
How old are patients accessing A&E services with mental health-related conditions?

Click any bar to filter by that age band.



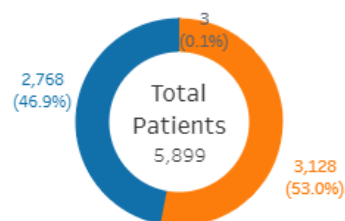
What is the ethnicity of patients accessing A&E services with mental health-related conditions?

Click any bar to filter by that ethnicity.



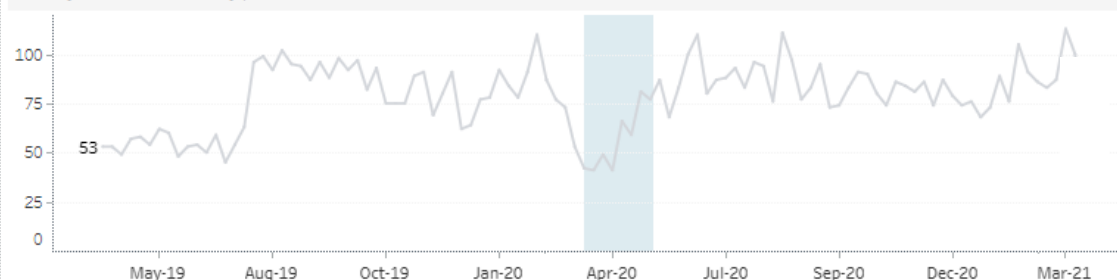
Are A&E services being accessed more by males or females?

Click any sector to filter by that gender.



Is the number people accessing A&E services with mental health-related conditions increasing or decreasing?

Hover your mouse over any point on the line for additional information.



Source: NHS Secondary Useage Services (SUS) | Author: rcraven@nhs.net

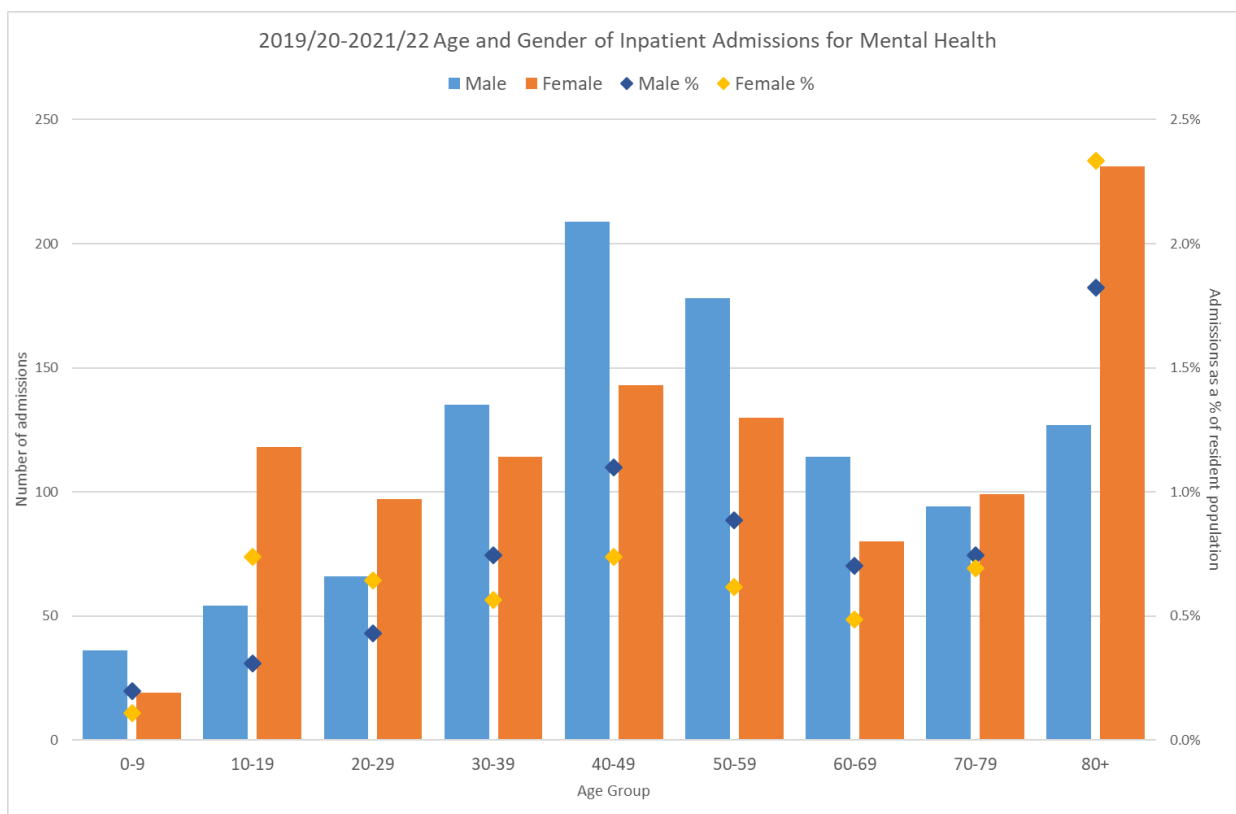
Around 80% of these presentations were for people who made between 1 and 4 presentations in the two-year period 19/20 and 20/21, with 20% (1,500) made by people with 5 or more presentations. There were 170 people with 5 or more presentations, or whom 7 had 24 or more (i.e. more than one a month); these 7 people had 320 presentations between them in the 2 year period.

# Mental Ill-health – services – inpatient activity

Currently Stockport is averaging around 60 inpatient admissions month for a primary diagnosis of mental health reasons. Numbers fell during the first lockdown for COVID-19, but have recovered since.

There are similar numbers of admissions for both males and females, with a slightly different age profile. Females are more likely to be admitted aged 10-29 years and especially so after 80+ years, and males more likely aged 40-59 years.

A third of all mental health admissions are due to the impact of alcohol, with 22% due to anxiety, 13% delirium and 8% dementia. There are strong deprivation profiles for admissions relating to alcohol and other substance misuse.



Primary Diagnosis	Males	Females	TOTAL
Mental and behavioural disorders due to use of alcohol	22.9%	10.9%	33.9%
Anxiety disorders	8.5%	13.6%	22.2%
Delirium	5.2%	8.0%	13.2%
Dementia	3.7%	5.1%	8.8%
Dissociative [conversion] disorders	1.0%	2.9%	4.0%
Eating disorders	0.4%	3.0%	3.4%
Mental and behavioural disorders due to use of other substances	2.1%	1.0%	3.0%
Depressive episode	1.4%	1.3%	2.7%
Development disorders	1.1%	0.9%	2.0%
Schizophrenia, schizotypal and delusional disorders	0.6%	0.9%	1.5%
Other neurotic disorder	0.8%	0.7%	1.5%
Behavioural and emotional disorders usually occurring in childhood	0.7%	0.8%	1.5%
Other organic disorders	0.5%	0.4%	0.9%
Other mood disorders	0.2%	0.4%	0.6%
Other behavioural disorders	0.2%	0.2%	0.4%
Disorders of personality	0.0%	0.2%	0.2%
Unspecified	0.1%	0.0%	0.1%

# Mental Ill-health – services – crisis care

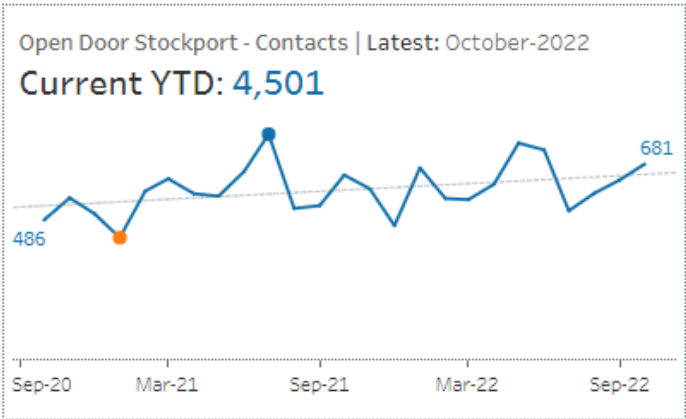
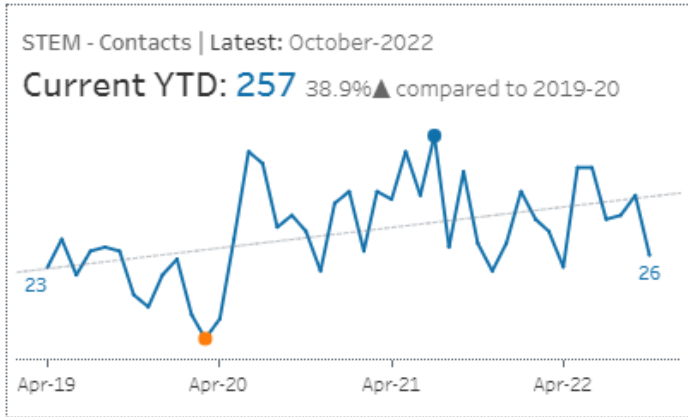
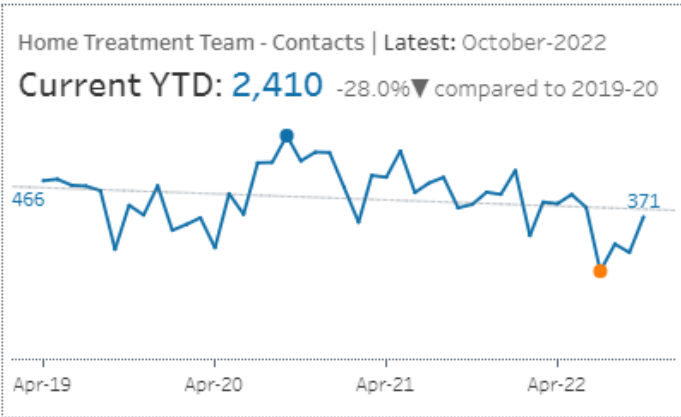
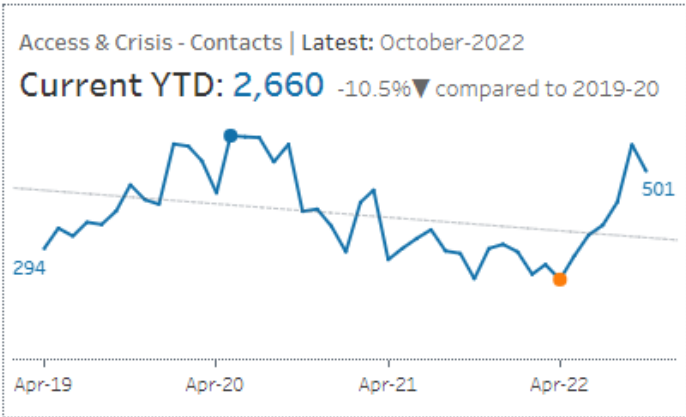
Currently Stockport is averaging around 650 contacts a month for the Open Door service, 380 a month for access & crises services, 340 a month for home treatment team and around 40 contact a month for Stockport Team for Early Management (STEM). Activity for all services is quite volatile varying between around 200 and 600 for Access & Crises Service and Home Treatment Teams and around 400 and 700 for the Open Door Service.

## Crisis care pathway | Activity

A look at monthly contacts activity to crisis pathway services.



New data is received monthly. The most recent data currently available is for October-2022. The data for December-2022 is not expected to be received until late January-2023.



● Max Month ● Min Month

The following analysis is a summary from the 2020 JSNA for Children and Young People for Mental Health & Wellbeing:

Over the period 2017-19 there were 233 admissions to specialist mental health units in 0 – 24 year olds for mental and behavioural disorders. 15 – 24 year olds are the group who are most likely to be admitted.

Pre-pandemic there were around 150 admissions for self harm each year for children and young people aged under 19 years, increasing to 215 a year when including those aged up to 24 years are included. In 2021/22 however we have seen a significant rise, to more than 200 admissions.

National data also suggests there is a significant rise in the number of children and young people with possible eating problems, for 11-16 year olds - 6.7% in 2017 to 13.0% in 2020.

In 2019 the Partnership consulted with parents and young people about their views of local mental health services. The key themes identified were as follows:

- Access to services, waiting times and finding the right support at the right time
- The need for mental health support in schools
- Communication from services and between services – difficulties in communication and having to re-tell stories
- The importance of family and friends in supporting around mental health
- Limitations in post 16 services
- Diagnosis – length of time taken and support available during the process
- Mental health treatment

## Improving Access to Psychological Therapy (IAPT)

- In Stockport there are around **1,000 referrals to IAPT per month**.
- COVID-19 lockdowns had an immediate impact on levels of referral and the numbers entering treatment. While the levels of referral have increased and are now similar to pre-pandemic volumes, the numbers entering treatment are still 20-25% lower than they were in the 10 months running up to February 2020.
- Around 500 people a month join the programme and around 200 people a month complete treatment.
- Currently waiting times shows that 94% of people enter treatment within 6 weeks and 100% within the target 18 weeks.
- Around 50% of people move to recovery by the time they complete treatment.

## Acute Care

- Stockport averages around 80 presentations at A&E a week for mental health reasons. Numbers fell during the first lockdown or COVID-19, but have recovered since.
- Females are slightly more like than males to present, around 11% of presentations are for children aged 0 to 15 years, 17.3% for young people aged 16 to 24 years and 22.5% for those aged 65+.
- Stockport averages around 60 inpatient admissions month for a primary diagnosis of mental health reasons. Numbers fell during the first lockdown for COVID-19, but have recovered since.
- There are similar numbers of admissions for both males and females, with a slightly different age profile. Females more likely to be admitted aged 10-29 years and especially so after 80+ years and males more likely to be admitted aged 40-59 years.
- A third of all admissions are due to the impact of alcohol, with 22% due to anxiety, 13% delirium and 8% dementia. There are strong deprivation profiles for admissions relating to alcohol and other substance misuse.
- Stockport averages around 650 contacts a month for the Open Door service, 380 a month for access & crises services, 340 a month for home treatment team and around 40 contact a month for STEM. Activity for all services is quite volatile varying between around 200 and 600 for Access & Crises Service and Home Treatment Teams and around 400 and 700 for the Open Door Service.
- Over the period 2017-19 there were 233 admissions to specialist mental health units in 0 – 24 year olds for mental and behavioural disorders. 15 – 24 year olds are the group who are most likely to be admitted.

## Appendix

### *Profiles from Public Health Outcomes Framework (PHOF) Mental Health JSNA*

<https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/data#page/1/gid/1938132922/pat/6/ati/402/are/E08000007/iid/93495/age/164/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>



# Mental Health & Wellbeing – PHOF JSNA – Prevalence

## NHS Stockport ICS Locality

Indicator	Period	Stockport			NHS region - local office	England		England		Best/Highest
		Recent Trend	Count	Value		Value	Worst/Lowest	Range		
Common Mental Disorders										
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	—	37,041	15.8%*	-	16.9%*	24.0%		12.0%	
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017	—	5,566	9.7%*	-	10.2%*	14.7%		7.6%	
Depression: QOF incidence (18+) - new diagnosis	2020/21	➡	4,367	1.7%	1.7%*	1.4%	0.3%		2.5%	
Depression and anxiety prevalence (GP Patient Survey): % of respondents aged 18+ ⚠	2016/17	➡	580	13.8%	-	13.7%	21.3%		9.2%	
Depression: Recorded prevalence (aged 18+)	2020/21	⬆	39,528	15.7%	14.4%*	12.3%	6.0%		19.8%	
Severe Mental Illness										
Long-term mental health problems (GP Patient Survey): % of respondents	2018/19	—	408	11.0%	-	9.9%	15.2%		5.6%	
New cases of psychosis: estimated incidence rate per 100,000 population aged 16-64 ⚠	2011	—	34	18.7*	25.6*	18.1*	69.4		15.7	

## Stockport Local Authority

Indicator	Period	Stockport			Region England			England		Best
		Recent Trend	Count	Value	Value	Value	Worst	Range		
Children & Young People										
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	–	37,041	15.8%*	18.0%*	16.9%*	24.4%	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div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# Mental Health & Wellbeing – PHOF JSNA – Risk Factors

## NHS Stockport ICS Locality

Indicator	Period	Stockport			NHS region - local office	England		England		Best
		Recent Trend	Count	Value		Value	Worst	Range		
Deprivation										
C18 - Smoking Prevalence in adults (18+) - current smokers (APS)	2019	—	-	13.4%	-	13.9%	27.5%			5.9%
Alcohol, Drugs & Tobacco										
Deprivation score (IMD 2019)	2019	—	-	20.8	29.9	21.7	52.1			7.4%

## Stockport Local Authority

Indicator	Period	Recent Trend	Stockport		Region England			England		Best/ Highest
			Count	Value	Value	Value	Worst/ Lowest	Range		
Children & Young People										
C04 - Low birth weight of term babies	2020	➡	48	1.7%	2.7%	2.9%	4.9%		1.0%	
C09a - Reception: Prevalence of overweight (including obesity)	2019/20	➡	370	24.2%*	25.2%	23.0%	34.1%		11.1%	
C09b - Year 6: Prevalence of overweight (including obesity)	2019/20	➡	1,080	33.0%	37.4%	35.2%	44.7%		20.9%	
1.01i - Children in low income families (all dependent children under 20)	2016	⬇	8,165	13.4%	18.1%	17.0%	32.5%		5.7%	
Physical Health										
C16 - Percentage of adults (aged 18+) classified as overweight or obese <span>New data</span>	2020/21	—	-	63.1%	65.9%	63.5%	76.3%		44.0%	
Deprivation										
B17 - Fuel poverty (low income, high cost methodology)	2018	➡	12,564	9.8%	12.1%	10.3%	16.1%		5.2%	
Employment deprivation: score	2015	—	-	0.117	-	0.119	0.233		0.042	
Housing & Employment										
6 - Long term claimants of Jobseeker's Allowance <span>New data</span>	2021	➡	427	2.4	2.2	2.1	8.4		0.1	
Employment and Support Allowance claimants	2018	➡	10,720	6.1%	7.3%	5.4%	12.0%		2.1%	
1.15ii - Statutory homelessness - households in temporary accommodation	2017/18	⬆	60	0.5	0.8	3.4	40.1		0.0	
1.15i - Statutory homelessness - Eligible homeless people not in priority need	2017/18	➡	216	1.7	1.1	0.8	-	Insufficient number of values for a spine chart	-	
Landlord home repossessions: rate per 1,000 dwellings	2017/18 Q2	—	124	0.97	-	1.42*	4.23		0.22	
Crime deprivation: score	2015	—	-	0.14	-	0.01	1.02		-1.13	
Crime, Safety & Violence										
B13a - Re-offending levels - percentage of offenders who re-offend	2018/19	—	328	23.2%	27.7%	27.9%	11.0%		42.5%	
1.13ii - Re-offending levels - average number of re-offences per offender	2016/17	—	1,346	0.76	1.08	1.17	0.36		2.55	
B12b - Violent crime - violence offences per 1,000 population	2020/21	—	-	*	34.5*	29.5*	12.8		62.4	
9.01 - Admission episodes for alcohol-related conditions (Broad: Old Method (Persons))	2018/19	➡	7,816	2,670	2736	2367	4,022		1,329	
Alcohol, Drugs & Tobacco										
9.01 - Admission episodes for alcohol-related conditions (Broad: Old Method (Male))	2018/19	➡	5,123	3,694	3754	3246	5,723		1,812	
9.01 - Admission episodes for alcohol-related conditions (Broad: Old Method (Female))	2018/19	➡	2,693	1,775	1843	1608	2,899		874	
C18 - Smoking Prevalence in adults (18+) - current smokers (APS)	2019	—	30,789	13.4%	14.5%	13.9%	27.5%		3.4%	
C06 - Smoking status at time of delivery	2020/21	⬇	226	7.1%	11.0%	9.6%	21.4%		1.8%	
Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS) <span>New data</span>	2020/21	—	-	27.1%	28.4%	26.3%	47.3%		11.1%	
Smoking prevalence in adults with anxiety or depression (18+) - current smokers (GPPS)	2016/17	—	-	26.9%	27.6%	25.8%	43.5%		11.4%	
Deprivation score (IMD 2019)	2019	—	-	20.8	28.1	21.7	45.0		5.5%	

# Mental Health & Wellbeing – PHOF JSNA – Protective Factors

## NHS Stockport ICS Locality

Indicator	Period	Stockport			NHS region - local office	England		England		
		Recent Trend	Count	Value		Value	Worst	Range		Best
Well-being & Social Capital										
% who have a positive experience of their GP practice	2021	—	3,894	88.0%	83.3%*	83.0%	70.2%			91.3%

## Stockport Local Authority

Indicator	Period	Stockport			Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best	
Life Expectancy										
A01b - Life expectancy at birth (Male)	2018 - 20	—	-	79.4	77.9	79.4	74.1	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></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# Mental Health & Wellbeing – PHOF JSNA – Services

## NHS Stockport ICS Locality

Indicator	Period	Stockport			NHS region - local office Value	England		England		Best/ Highest
		Recent Trend	Count	Value		Value	Worst/ Lowest	Range		
Children & Young People										
New children and young people receiving treatment in NHS funded community services: rate (quarterly) per 100,000 population aged 0-17	2016/17 Q1	—	70	113.1	179.7*	139.4	717.6			4.1
Admissions of children and young people in CAMHS Tier 4 wards: rate (quarterly) per 100,000 population aged 0-17	2016/17 Q2	—	15	24.2	19.2*	25.4	132.3			0.0
Bed days for children and young people in CAMHS Tier 4: rate (quarterly) per 100,000 population aged 0-17	2016/17 Q2	—	303	490	621*	817	2,819			0
Common Mental Disorders										
90747 - IAPT referrals: rate (quarterly) per 100,000 population (18+ yrs)	2019/20 Q2	→	3,050	1,334*	-	953	453			2,436
90747 - IAPT referrals: rate (quarterly) per 100,000 population (65+ yrs)	2019/20 Q2	—	290	499*	-	268	101			1,028
Percentage of IAPT referrals (Persons)	2018/19	—	12,375	93.2%*	-	97.9%*	89.3%			100%
Access to IAPT services: people entering IAPT (in month) as % of those estimated to have anxiety/depression	Sep 2019	→	585	17.1%*	-	18.3%*	7.0%			29.9%
90798 - Entering IAPT treatment: rate (quarterly) per 100,000 population (18+ yrs)	2019/20 Q2	→	1,995	873*	-	659	317			1,352
90748 - Completion of IAPT treatment: rate (quarterly) per 100,000 population (18+ yrs)	2019/20 Q2	→	715	313*	-	356	130			867
90748 - Completion of IAPT treatment: rate (quarterly) per 100,000 population (65+ yrs)	2019/20 Q2	—	50	86*	-	104	35			234
Severe Mental Illness										
Service users in hospital: % of mental health service users (end of quarter snapshot) ⚠	2019/20 Q2	→	120	2.0%*	2.2%*	2.0%*	5.2%			0.4%
Mental health admissions to hospital: rate per 100,000 population ⚠	2019/20 Q2	↓	150	262.4*	330.9*	276.7*	760.1			52.6
90599 - People in contact with adult mental health services : rate per 100,000 population aged 18+ (end of quarter snapshot) ⚠	2019/20 Q2	→	5,920	2,589*	2521*	2381*	4,633			1,208
Persons detained under MHA: proportion of people in contact with mental health services (end of quarter snapshot) ⚠	2019/20 Q2	↓	50	0.73%*	1.11%*	1.04%*	2.85%			0.00%
People subject to Mental Health Act: rate per 100,000 population aged 18+ (end of quarter snapshot) ⚠	2019/20 Q2	↓	50	21.9*	47.7*	45.6*	173.3			4.6

## Stockport Local Authority

Indicator	Period	Stockport			Region England			England		Best
		Recent Trend	Count	Value	Value	Value	Worst	Range		
Self Harm										
C14b - Emergency Hospital Admissions for Intentional Self-Harm <a href="#">New data</a>	2020/21	→	590	209.5	225.0	181.2	471.7	<div><div></div><div></div><div></div></div>	41.5	
Mental Health Related Care										
10.04 - Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow): Old Method	2018/19	↓	256	89.8	112.6	75.6	250.8	<div><div></div><div></div><div></div></div>	12.5	

# Mental Health & Wellbeing – PHOF JSNA – Outcomes

## NHS Stockport ICS Locality

## Stockport Local Authority

Indicator	Period	Stockport			NHS region - local office Value	England		England		Best/ Highest
		Recent Trend	Count	Value		Value	Worst/ Lowest	Range		
Primary Care - Common Mental Disorders										
DEP003 - Newly diagnosed patients with depression who had a review 10-56 days after diagnosis (denominator incl. PCAs)	2020/21	↓	2,243	51.4%	46.6%*	47.2%	2.6%		70.0%	
Personalised Care Adjustment (PCA) rate for depression indicator	2020/21	→	869	19.9%	21.1%*	21.0%	9.8%		33.7%	
Primary Care - Severe Mental Illness										
MH002 - Patients with severe mental health issues having a comprehensive care plan (denominator incl. PCAs)	2020/21	↓	1,324	49.1%	44.4%*	43.1%	5.0%		71.9%	
MH003 - Record of blood pressure check in preceding 12 months for patients on the MH register (denominator incl. PCAs)	2020/21	↓	1,764	65.4%	53.8%*	55.4%	35.6%		80.9%	
MH008 - Female patients (25-64 yrs) on the MH register who had cervical screening test in preceding 5 years (den. incl. exc.) - retired after 2018/19	2018/19	→	631	74.9%	71.1%	70.5%	62.5%		79.2%	
Personalised Care Adjustment (PCA) rate for MH indicators	2020/21	→	286	3.5%	5.5%*	6.5%	1.6%		32.7%	
IAPT DNAs: % of IAPT appointments (in month)	Sep 2019	↑	175	7.0%*	9.5%*	10.6%*	20.1%		2.7%	
Common Mental Disorders										
90799 - IAPT reliable improvement: % of people who have completed IAPT treatment who achieved "reliable improvement" (18+ yrs)	2018/19	—	1,970	75.8%*	-	71.8%*	60.8%		82.1%	
IAPT recovery: % of people who have completed IAPT treatment who are "moving to recovery" (18+ yrs)	Sep 2019	→	100	54.0%*	-	51.9%*	28.0%		70.0%	
IAPT recovery: % of people who have completed IAPT treatment who are "moving to recovery" (65+ yrs)	2019/20 Q2	—	25	55.0%*	-	66.4%	0.0%		88.0%	
Mental health service users on Care Programme Approach: % of mental health service users (end of quarter snapshot)	2019/20 Q2	→	1,195	20.2%*	24.6%*	15.0%*	0.3%		51.3%	
Follow up after discharge: % (quarterly) of patients on CPA	2019/20 Q2	—	34	97.1%	95.6%*	94.5%	72.7%		100%	
Severe Mental Illness										
E10 - Suicide rate (Persons)	2018 - 20	—	68	8.8	-	10.4	-	Insufficient number of values for a spine chart	-	
E10 - Suicide rate (Male)	2018 - 20	—	53	14.1	-	15.9	-	Insufficient number of values for a spine chart	-	
Suicide										
E10 - Suicide rate (Female)	2018 - 20	—	15	3.9	-	5.0	-	Insufficient number of values for a spine chart	-	