

# Mental Health

See the **Data Factsheets** for more data and analysis:

<http://www.rbkc.gov.uk/voluntaryandpartnerships/jsna/2010datafactsheets.aspx>

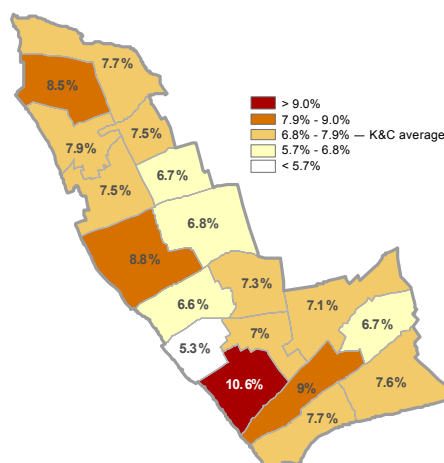
## Common Mental Illness

The number of patients known by Kensington and Chelsea's GPs to have ever had depression is lower than England's average but higher than London

National estimates suggest around 4,200 people in Kensington and Chelsea are likely to currently be suffering from depression, with an additional number (around 15,000) suffering from 'mixed anxiety and depression'.<sup>1</sup> Practice registers identify 2,450 diagnosed with depression in the previous 12 months.<sup>2</sup>

Furthermore, 7.4 per cent of all people (8,000 patients) registered with Kensington and Chelsea GPs are known to have had depression at some point in their lives. This is below England (8.5 per cent), but higher than London (5.9 per cent). Prevalence is spread quite equally across the borough's different wards, with depression most common in Redcliffe ward (10.6 per cent), and lowest in the neighbouring ward of Earl's Court (5.3 per cent). Differences between wards are thought to be partly a result of variation in identification and recording of the disease on general practice systems.

Percentage of residents on GP registers for ever having had depression, 2010

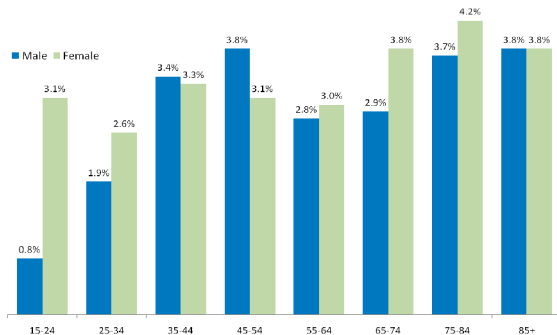


Whilst GP-diagnosed depression is spread relatively equally across the borough, the prescription of anti-depressants is higher in the more deprived far north and in the southwest

Prescribing data offers an indication of the variation in the burden of depression in the borough. Residents in the north of the borough, which has relatively high levels of deprivation, are nearly twice as likely to be prescribed anti-depressants as the borough's central wards. Golborne ward has the highest number

of prescriptions per 1,000 GP registered residents, and Hans Town ward in the south has the lowest. The most south westerly wards also have a high rate of anti-depressant prescriptions.<sup>3</sup>

Estimated population with depression, by age and gender

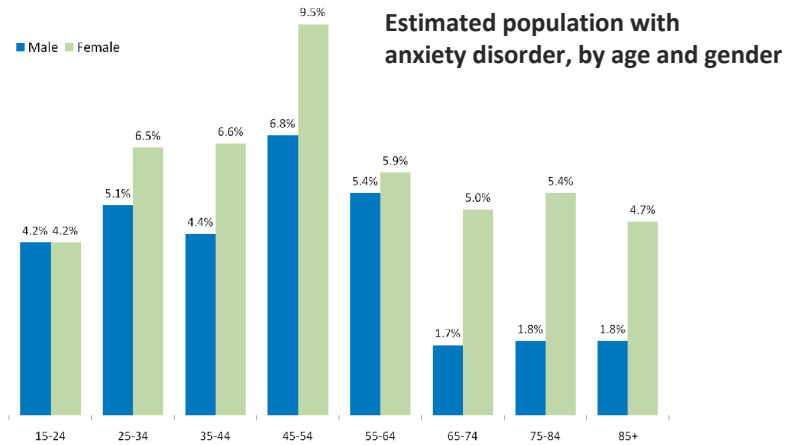


National data on prevalence of depression by age shows the disease is more prevalent amongst women than men in all age groups except 35-54 year olds. For males, levels of depression peak at 3.8 per cent amongst 45-54 year olds. The highest rates of depression tend to be in people over 65 years old.<sup>1</sup> It is anticipated that Kensington and Chelsea will experience an increase of 9 per cent in rates of depression over the next two decades (half the expected national growth) due to

changes in population age structure, as well as substantial increases resulting from better diagnosis of the disease.<sup>4</sup>

Nationally, anxiety disorders are more prevalent amongst women than men across all age groups above 15 to 24 year olds, in which 4.2 per cent of both men and women suffer from the disorder. The highest levels of anxiety are found amongst 45 to 54 year old women, 9.5 per cent of whom have the disorder. After retirement age, the proportion of people with anxiety falls steeply, particularly among men.<sup>5</sup>

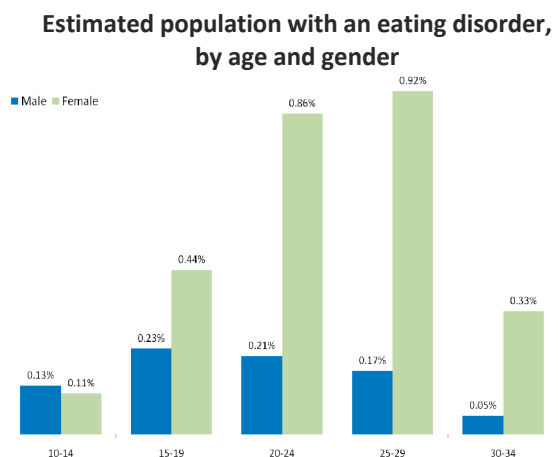
Anxiety disorder is likely to affect around 8,000 people in Kensington and Chelsea at any one time



National evidence suggests that there has been no change in the prevalence rate of anxiety over time. As with depression, the growth in numbers with anxiety in Kensington and Chelsea is expected to be roughly two thirds that of London and England<sup>4</sup>. This increase is due to anticipated changes in population sizes and structures.

Personality disorders are likely to affect around 8,300 people in Kensington and Chelsea. They are more common among young people and less so in residents over the age of 55. Unlike with anxiety disorder, personality disorder is slightly more likely to affect men than women, particularly amongst people under the age of 45.<sup>6</sup>

Eating disorders are rare compared to other common mental illnesses, but are far more common in women than in men. Prevalence is far higher amongst those in their twenties. Nationally, 0.9 per cent of women in their twenties are estimated to have an eating disorder.<sup>7</sup>

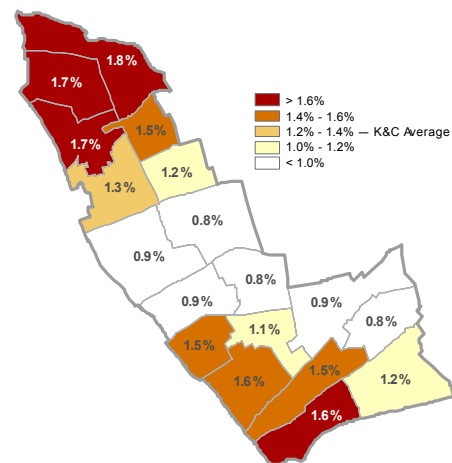


## Severe and Enduring Mental Illness

1.3 per cent of Kensington and Chelsea patients (2,400 people) are known to have a severe and enduring mental illness; this is twice as high as the proportion in England (0.7 per cent), and much higher than London (0.9 per cent).<sup>8</sup>

There is a well established link between severe and enduring mental illness, and poor physical health and well-being

Percentage of residents on GP severe and enduring mental illness registers, 2010



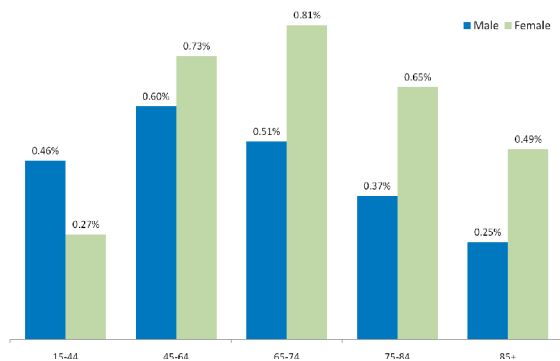
The prevalence of mental illness has a strong correlation with deprivation. The geographical pattern across the borough probably also reflects proximity to mental health services and the location of supported and social housing. In Golborne ward, 1.8 per cent of the population have a severe and enduring mental illness.

National data suggests that roughly one in every two hundred residents in Kensington and Chelsea has schizophrenia, which would mean between 650 and 700 people suffer from the illness in the Kensington and Chelsea population, the majority of whom are likely to be in contact with health services as a result.<sup>9</sup>

Onset of psychotic diseases is typically in early adulthood and most people will continue to have the illness in some form for the rest of their lives.

As with the common mental illnesses, the prevalence of schizophrenia is set to continue to rise in the coming years, as a result of population change.<sup>4</sup> Whilst Kensington and Chelsea's rise will be slightly lower than that of London and England, there will still be a further 50 people with schizophrenia in 2020, and 74 in 2030. There is less clarity over whether prevalence rates for schizophrenia have been changing over time.

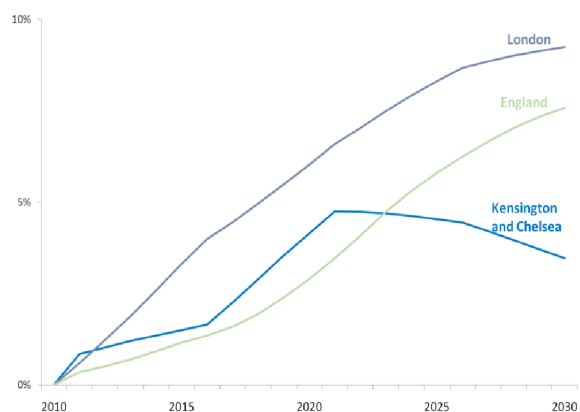
**Age profile and gender of people with schizophrenia**



Research from 2004 found that people with schizophrenia have on average a 20 per cent shorter life expectancy than the general population<sup>10</sup>. This is a result of higher prevalence of drug and alcohol misuse, high rates of smoking and obesity, and the side effects of antipsychotic medication. The physical health of people with a mental illness is now part of the Quality and Outcomes Framework (QOF) for the NHS GPs.

The number of people being treated for bipolar disorder is highest in the 15-44 age group and decreases in the older age groups. National data suggests there may be around 2,100 residents of Kensington and Chelsea who have bipolar or related disorder, many of whom will be known by their GP to have the disorder<sup>11</sup>. As is the trend with mental illness, diagnosis of bipolar disorder is set to increase in the coming years as a result of changing age structures and population sizes. By 2020 the number of residents with a diagnosis is expected to have grown by four per cent, or around another 76 people.<sup>12</sup>

**Projected percentage increase in bipolar disorder over time**

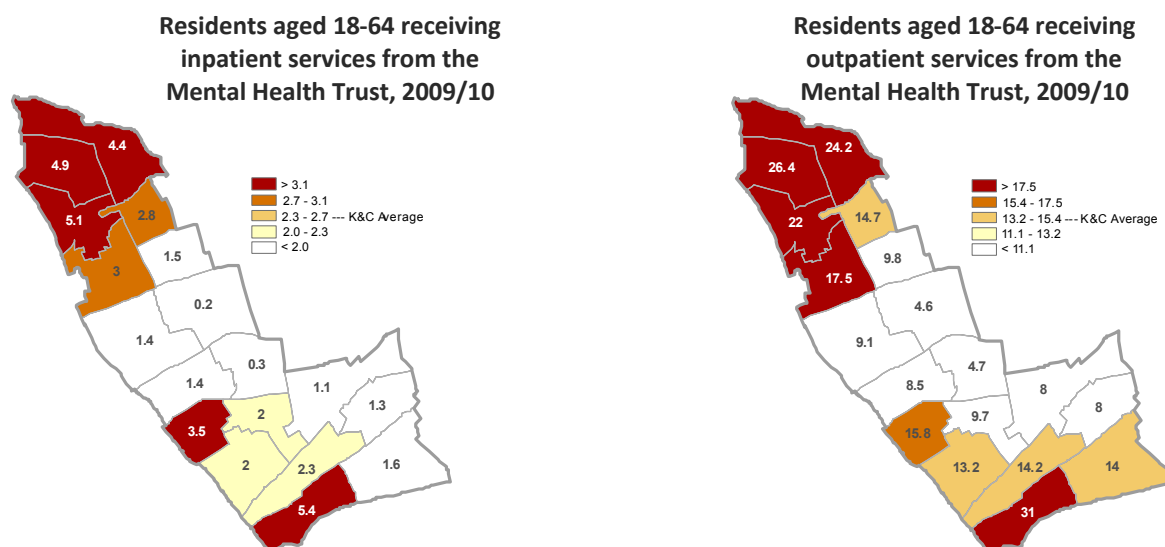


## Mental Health and Benefits

The number of working age residents receiving incapacity benefit for mental health problems is similar in Kensington and Chelsea to both London and England. However, there is a large disparity between wards: St Charles and Golborne wards have the sixth and seventh highest rates in London, with six per cent of the working age population in both wards receiving incapacity benefit for mental health reasons. Conversely, eight of the borough's wards fall in to the lowest quintile of wards in London, with only one in 200 of the working age population in Queen's Gate receiving incapacity benefit for mental health reasons, the second lowest rate of the 624 wards in London.<sup>13</sup>

The most recent figures (2009/10) show that 280 of the 440 people receiving secondary mental health services (on the Care Programme Approach) are in settled accommodation, which equates to 63 per cent. This is a significant increase on last year's figures of 43 per cent<sup>14</sup>. There has also been an increase in the number of people receiving secondary mental health services who are in permanent employment, up from 4.6 per cent in 2009 to 6.4 per cent in 2010.

## Use of Services



Uptake of mental health inpatient and outpatient services in 18 to 64 year olds<sup>15</sup> closely reflects the number of people on GP registers<sup>16</sup> with severe and enduring mental health conditions. There has been very little change in the proportion of the population using inpatient and outpatient services since 2008/09. There are currently 1.4 per cent of the population using mental health outpatient services, and 0.3 per cent using inpatient services. There are significant variations in the use of inpatient services across the borough, with rates in Cremorne and Notting Barns wards 25 times higher than Campden ward.

There has been a rise in the number of people aged 18 to 64 in contact with NHS community mental health teams (CMHTs), from 1.8 per cent in 2008, to 2.3 per cent in 2010. As with inpatient services, uptake closely reflects mental health need with higher uptake in areas with greater deprivation.

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<sup>1</sup> King's Fund 'Paying The Price' (2008) applied to GLA 2009 SHLAA Revised population projections for 2010

<sup>2</sup> QOF 2009/10 NHS information centre website

<sup>3</sup> EPACT, 2009/10. Extracted by PCT

<sup>4</sup> King's Fund 'Paying The Price' (2008) applied to GLA 2009 SHLAA Revised population projections and 2008 ONS subnational population projections for England population data

<sup>5</sup> King's Fund 'Paying The Price' (2008) applied to GLA 2009 SHLAA Revised population projections for 2010

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<sup>7</sup> King's Fund 'Paying The Price' (2008) applied to GLA 2009 SHLAA Revised population projections for 2010

<sup>8</sup> QOF 2009/10 NHS information Centre Website

<sup>9</sup> King's Fund 'Paying The Price' (2008) applied to GLA 2009 SHLAA Revised population projections for 2010

<sup>10</sup> American Journal of Psychiatry 161:8 p1334

<sup>11</sup> King's Fund 'Paying The Price' (2008) applied to GLA 2009 SHLAA Revised population projections for 2010

<sup>12</sup> King's Fund 'Paying The Price' (2008) applied to GLA 2009 SHLAA Revised population projections and 2008 ONS subnational population projections for England population data

<sup>13</sup> DWP Information Directorate, September 2008 – August 2009, GLA Low 2008 (low) Population Projections for 2009

<sup>14</sup> Mental Health Minimum Data Set 2009-10, The NHS information centre.

<sup>15</sup> CNWL service activity data 2009/10

<sup>16</sup> QOF 2009/10 NHS information centre website