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Mental Health

Introduction

Mental health is a state of wellbeing in which individual potential can be realised. People with good mental health can cope with normal life stresses, work and contribute to the community.[1] In contrast mental illness refers to morbidity due to mental, neurological and substance misuse disorders; it affects more than 25% of people at any one time.[2]

No other health condition matches mental illness in terms of prevalence, persistence and breadth of impact.[3] In part this is because many mental disorders which begin in childhood have lifetime health consequences. It is also because mental illnesses are associated with adverse social and environmental factors.[4]

Mental illnesses affect the way people think, feel and behave. They are usually described as either neurotic or psychotic. Neuroses are severe forms of emotional experiences such as depression, anxiety or panic; sometimes labelled common mental health problems. Psychoses can alter a person's perception of reality; this may include hallucinations such as seeing, hearing, smelling or feeling things that no one else can.

The adverse social factors linked to mental illness include unemployment, lower educational attainment, poorer material circumstances[5] and increased risk-taking behaviour. Smoking is responsible for a large proportion of the excess mortality of people with mental health problems.[6] Mental illness exacerbates these inequalities, resulting in increased mortality and physical morbidity as well as poorer economic, health and social outcomes.[7]

Who's at risk and why?

For an in depth analysis of the groups at risk of poor mental health in Leicester see http://www.leicester.gov.uk/media/178811/mental-health-jspna.pdf

Risk factors for poor mental health are high in Leicester. Unemployed adults are at increased risk of developing mental health problems, as are homeless people. People living in cold homes or experiencing fuel poverty have an increased risk of having depression or anxiety; relative deprivation is associated with increased risk of mental illness, for instance, 15% of children at the lowest income levels experience mental health problems compared to 5% of children at the highest income levels.

Significantly higher than average numbers of people with depression are recorded in some of the most deprived areas in Leicester, such as Aylestone, Braunstone, Eyres Monsell, Freemen and Humberstone. However, recorded depression is lower than average in Belgrave, Rushey Mead, Spinney Hills, and Stoneygate. Whilst these areas have similar rates of deprivation, they are characterised by a higher proportion of residents from BME backgrounds than those areas where rates of recorded depression is higher.

Other risk factors which can influence mental Illness include:

Perinatal maternal mental health: This refers to women's mental health during pregnancy up to the time immediately after the birth of a child. The incidence of some conditions, such as anxiety, is not significantly changed in the perinatal period. However, perinatal obsessive compulsive disorder and puerperal psychosis are specifically associated with pregnancy and childbirth. Perinatal mental illness impacts on the health and wellbeing of women, children and families.

If there are 5,000 births in Leicester in a year, then commissioners should expect at least 10 cases of post-partum psychosis; 10 cases of chronic serious mental illness; 150 cases of severe depressive mental illness; 500-750 cases mild-moderate depressive illness/anxiety; 150-250 cases of post-traumatic stress disorder and 750-1,500 cases of adjustment disorders and distress**.**

Adverse childhood experiences: Mental health problems are higher among children who experience poverty, low educational attainment, domestic violence and bullying. Children who experience abuse have an increased risk of illnesses such as depression and post-traumatic stress disorder in adulthood; looked after children have an increased risk of suicide attempt; children experiencing multiple adverse childhood experiences have an increased risk of attempted suicide as an adult.[8]

In Leicester between 3,500 and 5,250 children are estimated to have a mental health problem. There are higher risks of poor mental health in vulnerable children, such as the 500 Looked after Children in Leicester.

9-10% women and 5-6% of men are parents with a mental health problem, equivalent to 9,700 women and 6,400 men in Leicester. 25% of children aged 5-16 years have mothers at risk of common mental health problems, equivalent to 12,000 children in Leicester. Childhood poverty is higher in areas such as Spinney Hills, New Parks, Braunstone and Stoneygate.

Being a student: Whilst education is generally protective against mental illness the stresses associated with being a student can precipitate mental distress and may cause relapse into poor mental health. This occurs at the challenging time as young people progress from adolescence into adulthood, when there is already a higher than average risk of developing mental illness. The 2 universities in Leicester contribute to the economic and cultural life of the city. There are 20,000 students at DMU, 10.5% from outside the EU and 15,000 from University of Leicester, 27% are non-EU residents.

16-18% of working age adults may experience a common mental health problem at any time. Applied to the 2011 Census population of Leicester this equates to somewhere between 34,000 and 38,000 people. Half of adults with mental health problems have symptoms severe enough to require treatment. Common mental health problems are more frequent among females than males (19.7% and 12.5% respectively). The estimated number of people in Leicester with serious and enduring mental illnesses, such as schizophrenia or psychosis, is about 3,400.

Older people: As people live longer so protecting their mental health and wellbeing will become more problematic. Depression is the most common mental disorder in people aged over 65 years; affecting an estimated 3,000-4,500 older people in Leicester. Schizophrenia affects about 1% of the older population; equating to about 400 people in Leicester. Dementia, delirium and substance misuse are also linked with poor mental health in older people. Mental illness in old age is affected by deprivation, bereavement, isolation and physical illness.

Being from Black and Minority Ethnic (BME) backgrounds: For a city as diverse as Leicester the impact of mental illness on people from minority ethnic backgrounds is of paramount importance. People from BME backgrounds are 3 times more likely to experience psychosis than those from White/White British ethnic backgrounds.[9] Those most at risk are people from Black/Black British ethnic backgrounds, who are about 7 times more likely to experience mental illness than people from the White/White British population.[10] Higher rates of common mental disorder have been found in South Asian subgroups than in their White/White British counterparts.[11]

In 2012/13 there was an over representation of people from Black/Black British and White/White British ethnic backgrounds from Leicester who were detained under the Mental Health Act. In 2013/14 there was an under representation of people from Asian/Asian British ethnic backgrounds accessing Open Mind IAPT, Cognitive Behavioural Therapy and dynamic psychotherapy. In 2013/14 there was an over representation of people from White/White British and Black/Black British ethnic backgrounds, and an under representation of people from Asian/Asian British ethnic backgrounds, who received mental health inpatient care.

Lesbian, Gay, Bisexual and Transgender (LGBT) People: A higher prevalence of mental health problems among LGBT has been reported across the UK; 20% LGBT people say they have a mental health disability.[12] Compared to the general population LGBT people have greater detrimental exposure to the wider determinants of health, poorer experiences of hospital and residential care, poorer access to health and social care provision and are subject to stigmatisation, discrimination and insensitivity.

The Office for National Statistics estimated that of the UK population 1% considered themselves gay or lesbian and 0.5% bisexual. A proportion of 1.5% or about three-quarters of a million UK adults.[13] However, other estimates vary. The Leicester Health and Wellbeing Survey 2015[14] showed that around 5% of respondents 16+ identified themselves as LGBT, providing an estimated local population of around 15,000 people.

Offender mental health and wellbeing: Approximately 90% of prisoners have a psychotic or a neurotic problem, many experience more than one concurrently. Remand prisoners are most likely to have multiple problems. As a Category B Local Prison for male prisoners, HMP Leicester has a large throughput of prisoners, including those on remand; this makes mental healthcare in the prison a major challenge.

Studies show a higher level of mental health need and worse outcomes for offenders in the community than in the general population. Despite this increased need access to health and social care is generally worse for offenders, either in the community or on release from prison.

Asylum seekers and refugees: Leicester is a dispersal centre for about 1,000 asylum seekers. Mental illness is more prevalent among asylum seekers and refugees than the population generally. A number of factors have a detrimental impact on the mental health of asylum seekers and refugees, for instance experiences in their country of origin, the journey to the UK and the process of claiming asylum.

Carers: There are an estimated 30,000 carers in Leicester. There are 249 young carers known to social care services, but the 2011 Census indicates that there are 4 to 5 times as many young carers in Leicester. Carers are more at risk of mental health problems, such as anxiety and depression than the general population. Whilst most carers do not need formal support, there is a large gap between need and service provision. For instance there are more recipients of adult social care than those whose carer's needs have been assessed.

Veterans: When servicemen and women leave the armed forces, their healthcare is the responsibility of the NHS. The duty of care owed to service personnel can be found in the armed forces covenant. All veterans are entitled to priority access to NHS hospital care for any condition as long as it is related to their service. A minority of people leaving the armed forces need access to mental health services, while others might require it later in civilian life. Post-traumatic stress disorder, stress and anxiety are problems commonly experienced by veterans.

Homeless People: Mental illness is more common among homeless people. Serious mental illness is present in 25-30% of those people who are sleeping rough or in hostels.

People with dual diagnosis: Co-existing problems of mental ill health and substance misuse represent a difficult challenge for mental health services. Elements of care, such as diagnosis and treatment are difficult and service users have high risk of relapse, readmission to hospital, self-harm and suicide. Substance misuse among people with mental health problems is usual rather than exceptional; treatment for substance misuse problems often improves mental health. The healthcare costs of untreated people with dual diagnosis are likely to be higher than for those receiving treatment.

People with co-existing mental illness and substance misuse disorders have high rates of physical ill health. The provision of integrated care for people with a combination of mental health problems and substance misuse requires an effective links across health, social care, and the voluntary sector and criminal justice services.

The level of need in the population

Mental illness affects many people of all ages. It is estimated to affect between 3,500 and 5,250 children; 3,000 to 5,000 older people in Leicester. 34,000 -38,000 working age adults have a common mental health problem and a further 3,400 have a serious mental illness locally. However, this level

of prevalence does not fully describe the level of need in Leicester. This is because mental illness has a significant impact on many outcomes, increasing the level of need in the population.[1]

In the case of children and young people, this includes poor educational achievement, a greater risk of suicide and substance misuse, antisocial behaviour, offending and early pregnancy. Poor mental health in childhood and adolescence can result in poor health outcomes in adulthood, including mental illness, unemployment, low earnings, marital problems and conduct disorder. So the high level of factors associated with mental illness in Leicester can have a wide impact on the population.

Reduced life expectancy: Average life expectancy for people with schizophrenia is 25 years shorter compared with the general population.[15] Those aged 25 to 44 experience increased cardiovascular mortality.[16] More premature deaths are due to treatable cardiovascular, pulmonary and infectious diseases (66%) than from suicide and injury (33%).[17] This reflects increased health-risk behaviours such as smoking, as well as increased risk of obesity.

Impact on physical health: People with common mental health disorders are more likely to engage in behaviours that are detrimental to overall health, such as poor diet, less exercise, heavy smoking and drug and alcohol misuse. Depression at age 65, for example, is linked with a 70% increased risk of dying early and the risk of dying following a heart attack is increased six-fold.

Long term conditions: Many people have one or more long term health condition, such as diabetes, arthritis, asthma, cardiovascular diseases, cancers and HIV/AIDs. Many people with long-term physical health conditions are two to three times more likely to experience mental health problems than the general population. These can lead to significantly poorer health outcomes and reduced quality of life. People with long-term conditions disproportionately live in deprived areas and have access to fewer resources of all kinds. The interaction between co-morbidities and deprivation makes a significant contribution in generating and maintaining inequalities.

Discrimination and stigma: Stigma is often experienced by people with mental health problems. It may compound inequality, by reducing employment opportunities and weakening supportive social networks. People with mental health problems are more likely to be unemployed, live in poverty, and in neighbourhoods with less social and environmental capital. For some people, stigma is compounded by additional discrimination on the grounds of ethnicity, illness (such as HIV), cultural background or sexuality.

Social exclusion: People with mental illness are often excluded from important areas of social life, including civic participation and social interaction. Mental illness is associated with increased risk of unemployment, an important cause of social exclusion, isolation and low self-esteem. It can have an adverse effect on diet, and is linked to behaviour which is detrimental to health such as smoking and increased alcohol consumption.

[1] The latest data for community mental health in Leicester can be found at http://fingertips.phe.org.uk/profile-group/mental-health/profile/cmhp/data

Employment: Work generally sustains mental wellbeing, with benefits such as increased income, social contact and productivity. However, it can be a source of stress, with people experiencing high demands and lack of control in their work environment. Working in insecure, low paid occupations is also a risk to mental health. People with mental illness are more likely to experience discrimination in the workplace.

Reduced access to quality medical care: People with mental illness are less likely to access care for both physical and mental health problems, indicative of the continuing lack of parity between mental and physical health.

Suicide and self-harm: Increased rates of people taking their own lives exist in those with severe mental illness, those with a history of self-harm and groups with high rates of mental illness. On average, there 32 people a year take their own lives in Leicester. Most are not known to mental health services,[18] emphasising the need for better access to care for people with mental illness.[2] [3]

Alcohol misuse: Excessive consumption of alcohol is associated with higher levels of neurosis and psychoses.[19] The risks of hazardous drinking increases following stressful life events.[20]

Smoking: Rates of smoking are higher for people with mental disorder compared with the general population. Rates are very high for people who are mental health inpatients,[21] and in prison. Leicestershire Partnership Trust is working with STOP Smoking Cessation to develop a smoke free environment.[4] Almost half of tobacco consumption is by people with a mental disorder.[22] Smoking is a significant cause of morbidity and the largest cause of health inequality for people with mental disorder.

Obesity: Mental illness can increase the risk of obesity, which is more common in people with depression, bipolar disorder, panic and agoraphobia.[23]

Current services in relation to need

Perinatal Maternal Mental Health: Midwives routinely enquire about women's current mental health during pregnancy and the early postpartum period. Maternity services have access to perinatal mental health teams. Specialist help for women is delivered through a community perinatal mental health team. Inpatient care is given by accredited mother and baby units in Nottingham and Derby. Together, these services counsel women with serious disorders about the effects of pregnancy on their condition; provide information and advice about possible effects of their medication on pregnancy; provide additional training to psychiatric teams about perinatal

[2] The Leicester, Leicestershire and Rutland Suicide Prevention Strategy is at http://politics.leics.gov.uk/documents/s78421/C%20-%20Appendix%203%20-%20Suicide%20Prevention%20Strategy.pdf

[3] Some of the local Suicide Prevention work can be seen at https://www.youtube.com/user/findinghopeleicester

[4] See http://www.leicspart.nhs.uk/Library/SmokeFreePolicy_FinalJuly2012.pdf

mental health and raise awareness about the risks to mental health linked to pregnancy and childbirth.

Child and Adolescent Mental Health: Meeting the mental wellbeing needs of children and adolescents requires partnership working between universal and specialist services. This partnership consists of children's health and social care services, schools and local authorities, voluntary sector organisations, parents, children, young people and families.

Commissioners are currently focusing on developing mental health services for children and you people according to the Future in Mind Report and the Local Transformational Plan. The key objective of the report is to develop care to support childhood emotional wellbeing by promoting resilience, prevention and early intervention; improving access to effective support, by developing a system without tiers; improving care for the most vulnerable; accountability and transparency and developing the workforce.[5]

Currently child and adolescent mental health services (CAMHS) are provided through a network of services including: universal services such as early years services and primary care (Tier 1); targeted services such as youth offending teams, primary mental health workers, and school and youth counselling (including social care and education) (Tier 2); Specialist community CAMHS (Tier 3) and highly specialist services such as inpatient services and very specialised outpatient services (Tier 4).

Leicester CAMHS saw 1,350 children in 2012-13. These included:

- Tier 4 Service: Children and Families Support Team: 257 children.
- Tier 2/3 Service: Young People's Team: 302 children.
- Tier 2/3 service: Centre for Fun and Families IAPT.
- Tier 2 service: Primary Mental Health Services: 423 children
- Leicester City Council Educational Psychology and Assistant Psychologists from the City Early |Intervention Psychology Support Team. CEIPS is a CCG funded, LCC managed service for those moving to tier 3 or moving from tier 3 to tier 2.
- The Early Help model (working through Children Centres in the city) includes dedicated time for Educational Psychology – direct to families and children in need of early psychological help.

Student Mental Health: The universities offer student counselling and support. Local services used by students include: GPs (Victoria Park Health Centre and Mill Lane Surgery); Open Mind IAPT; Crisis team; Emergency Department; PIER team.

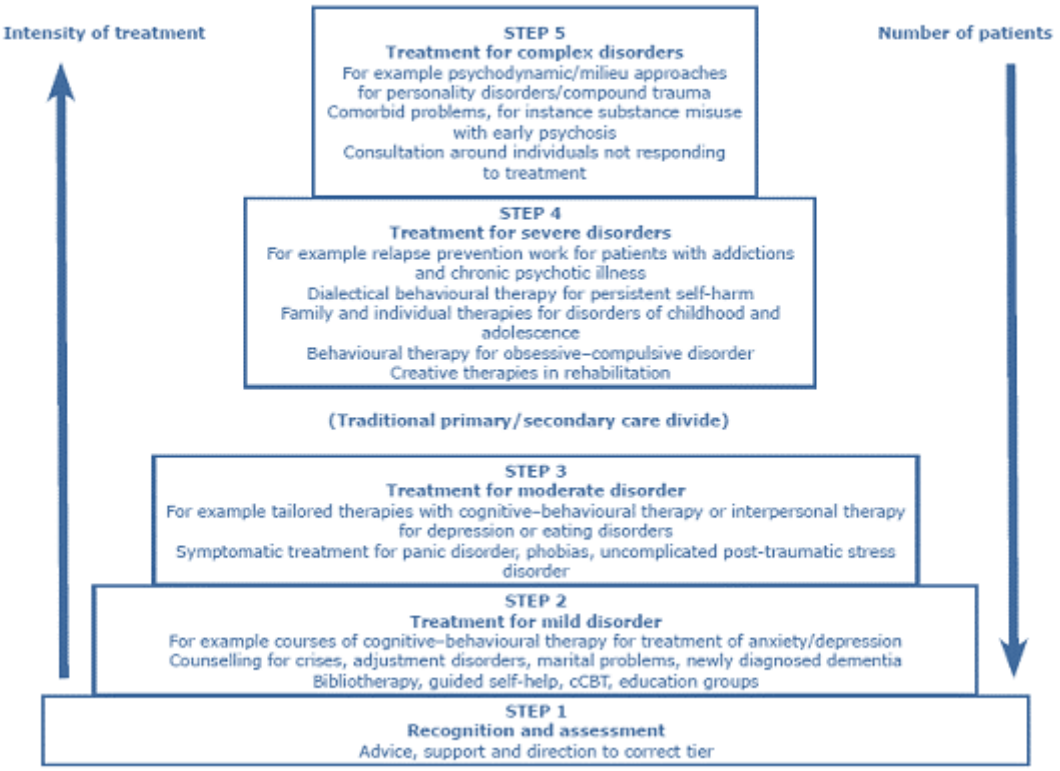
Working age adults: A GP with 2,000 patients would expect to treat 50 people with depression, 10 people with a serious mental illness, 180 people with anxiety disorders and a further 180 or so with milder degrees of depression and anxiety. In Leicester, compared to the England average, there is a significantly higher number of total contacts with mental health services, rate per 1,000 population; a

[5] The Report can be found at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

significantly lower number of contacts with a Community Psychiatric Nurse, rate per 1,000 population than England and a significantly worse recovery rate for Improving Access to Psychological Therapies 2011/12.

Care is delivered according to the stepped care model of service provision, which is shown in Figure 1 below.

Figure 1: Stepped care model of service provision



Source: *Royal College of Psychiatrists (2008): Psychological therapies in psychiatry and primary care*

This health gain approach, with service users moving up and down the steps according to the impact of specific interventions or services. These services include:

Open Mind Improving Access to Psychological Therapies (IAPT): This delivers psychological treatments ("Talking Therapies") which are compliant with National Institute for Clinical Excellence (NICE) guidelines within Primary Care. IAPT provides treatments for people with mild to moderate mental health problems at Steps 2 and 3 of the Stepped Care model.

Mental Health Facilitators are managed as part of the Open Mind IAPT service. They deliver a primary care based service for patients with more severe and enduring mental illness, such as schizophrenia or bi-polar disorder.

Acute Inpatient and Specialist Secondary and community care mental health services are provided by Leicester Partnership NHS Trust (LPT). There are 3 service functions in Secondary Care Adult Mental Health; these are Community Services, Complex Care Services and Access Services: Crisis and inpatients.

Crisis and Inpatient care: With their agreement, people with poor mental health can be cared for at home if the environment is suitable and safe. The aim of acute care is to support patients and carers, assess and implement care and to identify goals for recovery. Some people in acute care services will be detained in hospital under the Mental Health Act (MHA) 1983. Others will be cared for informally or voluntarily. The local response to Mental Health Crisis Care can be seen in the LLR Crisis Care Concordat.[6] Services include:

Crisis Resolution and Home Treatment team (CRHT) cares for acutely ill people at home who would otherwise require hospital admission. The CRHT assesses the appropriateness of inpatient admissions and can facilitate supported discharge from secondary care.

Crisis House is a residential setting which supports people experiencing mental health crisis who do not need hospital admission, but cannot be treated at home[7]. This service also has a crisis helpline for telephone support, guidance and signposting to other services.

In-patient services provide a safe setting for patients in the most acute stage of mental illness when admission will help progress to recovery. There are at least four types of in-patient service, acute in-patient wards, psychiatric intensive care units, rehabilitation units and specialist beds.

Acute day services are an alternative to admission for people who are acutely unwell, sometime used to facilitate early discharge and prevent readmission.

Place of Safety and Triage Car: The place of safety is the Section 136 (S136) suite at the Bradgate Mental Health Unit. This suite is used for emergency psychiatric assessment by an Approved mental Health Practitioner of people detained by police, under S136 of the MHA. This applies when the police believe the person with mental illness requires immediate care.

The individual should be medically fit on examination; not physically unwell, injured or intoxicated. S136 is used on an exceptional basis, although when appropriate it is preferable for the person to be detained in a healthcare rather than a criminal justice setting. Local Clinical Commissioning Groups and Leicestershire Partnership Trust (LPT) are working to develop a place of safety which to meet the needs of young people in mental health crisis.

Since January 2013 LPT and Leicestershire Police have piloted a Nurse Triage Car, whereby police officers and mental health nurses travel together in response to incidents which may require immediate mental health support. These include incidents of self-harm, harm to others and offending

[6] See http://www.crisiscareconcordat.org.uk/areas/leicester/
[7] http://www.richmondfellowship.org.uk/leicestershire/leicestershire-crisis-services/

behaviour. Where appropriate this has prevented individuals attending the emergency department, being admitted or detained.

Community Mental Health Teams: Community Mental Health Teams (CMHTs) are multi-disciplinary, health and social care teams supporting people with mental health problems, carers and primary care services. They design, implement and evaluate packages of care to enable people to stay in the community. CMHTs have statutory and mandatory duties to deliver care under the MHA and the NHS and Community Care Act. There are 3 CMHTs providing care in Leicester, City Central, East and West. These are the main point of access to non-acute secondary care via GP and Social Service Access Team referrals. City CMHTs also take referrals from other LPT services.

Complex care services: Patients receiving complex care are among the most vulnerable people in contact with mental health care services. Complex care is part of the NHS and local authority joint commissioning strategies. An example of complex care is provision of specialist supported housing or intensive supported living.

Older People: Specialist mental health services help to diagnose and support older people with mental illness. In addition, the local authority carries out social care assessments for older people with mental disorder and their carers. Care offered may involve carer support and practical assistance with tasks, such as home help, meals on wheels, day and respite care, funding for residential or nursing home care. Primary Care provides early recognition, assessment and treatment of coexisting illness, rationalising prescribed medication, specialist referral and monitoring. A typical general practice of list size 10,000 will include approximately 1,500 people aged 65 and over. These are likely to include 75 with dementia, 225 with depression (including 30 with severe depression), 30 with psychoses and 30 others with various less common though significant conditions.

Continuing Care: Continuing Care packages are arranged and funded by the NHS. The criteria for eligibility are set locally, in the context of national guidance. Such packages are usually for people with long-term complex health needs, often towards the end of life. Within an old age psychiatric service, those needing care are likely to have a diagnosis of dementia, behavioural difficulties or a long-term functional illness. To qualify for Continuing Care the nature, complexity, intensity, unpredictability or deterioration of the condition is assessed as requiring constant or regular attention and supervision by multidisciplinary team members, often based on the requirement for specialised nursing support.

Intermediate Care: Intermediate care offers an alternative to inpatient hospitalisation, for patients whose needs lie beyond the scope of the traditional primary care team. Intermediate care offers the opportunity to explore a range of options for flexible community assessment, treatment and support of older people with mental ill health.

Projected services use and outcomes in 3-5 years and 5-10 years

Depression and severe depression in working age adults: The table below shows the projected prevalence of a range of mental ill health problems for people aged 18-64 years.[24] By 2020 the number of people estimated to have a common mental health disorder in Leicester is 35,207, rising to 35,292 by 2025. An 8% increase by 2020 and a 10.8% increase by 2025. Other mental illnesses

such as personality disorder and psychoses are also project to increase over the next 10 years, but at a lower rate.

Table 1: Projections of population aged 18-64 with mental ill health problems in Leicester

Mental health - all people	2014	2015	2020	2025	2030
People aged 18-64 predicted to have a common mental disorder	34,912	35,026	35,207	35,292	35,829
People aged 18-64 predicted to have a borderline personality disorder	976	979	983	985	999
People aged 18-64 predicted to have an antisocial personality disorder	758	762	772	777	793
People aged 18-64 predicted to have psychotic disorder	867	870	875	877	890
People aged 18-64 predicted to have two or more psychiatric disorders	15,610	15,667	15,770	15,824	16,079

Source: *PANSI*

Depression and severe depression in older people: The population aged 65 years and over is projected by POPPI (Projecting Older People Population Information System), to increase from 40,200 in 2015 to 44,700 by 2020. Rates for the prevalence[25] of depression and severe depression are applied to these population figures in Table 2 below. These show that there are currently an estimated 3,455 people aged 65 and over with depression in Leicester and that this is projected to increase to 3,831 by 2020 and to 4,336 by 2025. So by 2020 there is a projected 12.7% rise in the number of older people with depression in Leicester, and a 27.5% rise by 2025. Currently there are an estimated 1,091 older people with severe depression in Leicester, this it is estimated that this too will increase to 1,214 by 2020 and 1,392 by 2025; an increase of 11.3% and 27.5% respectively, on the 2014 figure.

Table 2: Projections of population 65+ with depression and severe depression in Leicester

Depression in people aged 65 and over in Leicester					
Depression - all people	**2014**	**2015**	**2020**	**2025**	**2030**
People aged 65-69 predicted to have depression	996	1,035	1,136	1,263	1,363
People aged 70-74 predicted to have depression	720	720	914	1,003	1,114
People aged 75-79 predicted to have depression	644	644	639	817	895

People aged 80-84 predicted to have depression	527	527	565	584	764
People aged 85 and over predicted to have depression	513	529	578	670	756
Total population aged 65 and over predicted to have depression	3,400	3,455	3,831	4,336	4,891
Severe Depression in people aged 65 and over in Leicester					
	2014	**2015**	**2020**	**2025**	**2030**
People aged 65-69 predicted to have severe depression	295	310	340	375	405
People aged 70-74 predicted to have severe depression	139	139	178	195	216
People aged 75-79 predicted to have severe depression	266	266	263	340	375
People aged 80-84 predicted to have severe depression	168	168	180	186	243
People aged 85 and over predicted to have severe depression	222	230	254	296	339
Total population aged 65 and over predicted to have severe depression	1,091	1,113	1,214	1,392	1,578

Source: *POPPI*

Unmet needs and service gaps

Perinatal Maternal Mental Health: There needs to be more capacity for women to have timely access to specialised therapy and to enable those professionals who regularly see women during and after pregnancy, to build therapeutic relationships with women as part of their preventative work.

Child and Adolescent Mental Health: The agenda for developing mental health services for children and young people will be focused on the Future in mind initiative, which makes proposals for:

- tackling stigma and improving attitudes to mental illness
- introducing more access and waiting time standards for services
- establishing 'one stop shop' support services in the community
- improving access for children and young people who are particularly vulnerable

The report sets out how this can be achieved through better working between the NHS, local authorities, voluntary and community services, schools and other local services. It suggests that many changes can be achieved by working differently. The main gaps for commissioners to address for child and adolescent mental health are:

- Targeting commissioned resources at the areas of greatest need.
- Ensuring health promotion activity, such as that which focuses on creativity, diet and exercise, highlights relevance to mental health.
- Developing a whole system approach, in which services adjacent to health care, such as education and community organisations, contribute to protecting childhood mental health.
- Improving CAMHS service access and outcomes.
- Developing care for children and adolescents suffering mental health crises.

Student Mental Health: De Montfort University and University of Leicester offer student counselling and support, with links to primary care and IAPT. However, secondary mental health for students is problematic; it can impact on academic work and some students live between university and parental home addresses. University counselling services aim to support students' studies, however, there is evidence that they are used for generic student mental health support. Therefore there is probably a hidden mental health need amongst students. There is a requirement for services to be flexible in response to student needs. This should be based on a strategic overview of services which includes the main general practices consideration of how student counselling services fit into an integrated student mental health care framework.

Working Age Adults: In Leicester there are fewer cases of diagnosed depression than expected, higher rates of hospital admission for mental illness and worse than average outcomes. Commissioners should work to improve diagnosis of mental health problems, tackling issues such as stigma and parity of esteem between mental and physical health.

Commissioners should focus on prevention and early access to appropriate care. This means improving the capacity and capability of resources in primary care. There is an opportunity to do this locally by developing an integrated approach which includes statutory and voluntary sector. Commissioners should work with service providers, users and carers to develop resilience and recovery. Commissioners should work with service users and providers from all sectors to improve crisis response and ensure that fewer people are treated out of area.

Older People: In Leicester there is a need to ensure that mental health services for older people are commissioned on the basis of need rather than age or disease. Although there is an integrated approach between health, social care and voluntary and community sector, this needs to be improved to ensure that the mental health needs of older people are addressed as early and effectively as possible. This includes access to crisis care, psychiatric liaison in the Emergency Department and routes for safe discharge into the community.

Minority Groups: Cultural perceptions about mental health can affect access to, and experience of, services. Issues vary widely, both between and within BME groups by factors like age and gender. This means that there is no single 'BME mental health problem'. They may range from a person whose first language has no word to describe depression through to a person who has no trust of statutory services.

Compared to the population generally LGBT people have greater exposure to the wider determinants of health, poorer experiences of hospital and residential care, poorer access to health and social care provision and are particularly subject to stigma, discrimination and insensitivity. LGBT people have higher rates of poor mental health. There is a need to develop specialist care for transgender people.

While not all need formal support, there is a large gap between need and service provision. For instance there are more recipients of adult social care than those with recorded carers' assessments.

Recommendations for consideration by commissioners

It is recommended that commissioners follow

- The joint commissioning strategy on mental health in Leicester (not yet on the website) and
- The recommendations of the Joint Specific Needs Assessment on Mental Health in Leicester at http://www.leicester.gov.uk/media/178811/mental-health-jspna.pdf

Key contacts

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