

### Mental Health in Bradford – data update

#### Background

In October 2020, the CCG and the Public Health department of CBMDC brought a paper to this committee highlighting the impact of the covid-19 pandemic on the mental health of Bradford districts' residents. This drew on insight and evidence from a rapid mental health needs assessment earlier in that year.

The needs assessment highlighted the increased risk of mental health disorders – notably depression, anxiety, and suicide – in the wake of the covid-19 pandemic. All communities in Bradford were potentially affected. However, some communities were thought to be at greater risk than others of mental illness including:

- people with financial worries including unemployment or precarious employment,
- those living in the most deprived areas,
- self-employed people,
- those with long term health conditions or disabilities,
- people with autism or learning disabilities,
- people with alcohol or drug use problems,
- people with caring responsibilities,
- people from ethnic minority backgrounds,
- recent migrants, asylum seekers or refugees,
- pregnant women and new parents,
- LGBT people,
- People with other vulnerabilities including homeless people, socially and/ or digitally isolated people, those at risk of domestic or sexual violence.

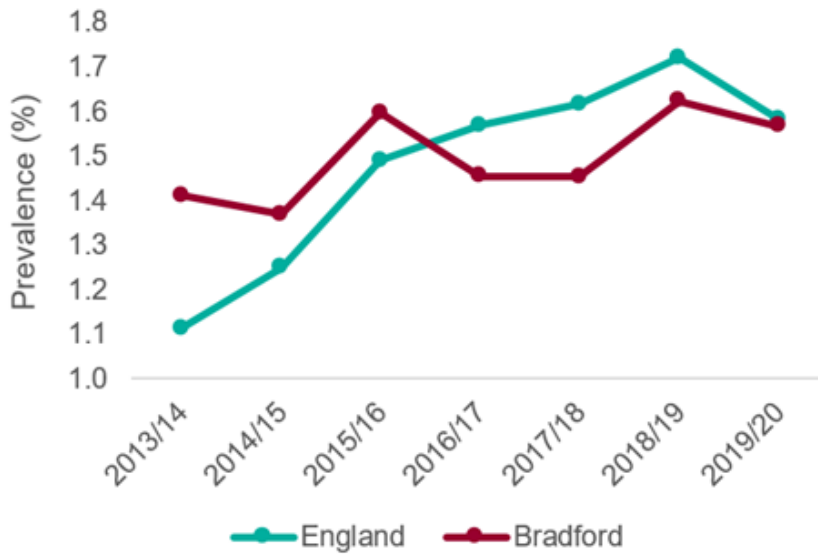
This paper provides an update of the current situation in mental health and mental health services for adults, and gives an overview of the work since last year to both prevent mental illness, and to support those with mental ill-health. The mental health needs and services for children is covered in a separate report, so will not be included in this paper.

#### Data

Mental health disease prevalence (QOF)

Bradford's diagnosed serious mental health disease prevalence (the number of people currently diagnosed with schizophrenia, bipolar affective disorder and other psychoses) for 2019/20 was 1.5%: the same as the National prevalence. This equates to 6,121 patients, and is a fall on the number registered in the previous year, in line with national trends. This does not mean, however, that the incidence of mental ill health has reduced. It is possible that the covid-19 pandemic led to reduced access to primary care, maybe due to increased demands on primary care time and a reluctance to access healthcare because of covid worries. This is concerning as it may reflect reduced access to treatment and services at the same time as increased need.

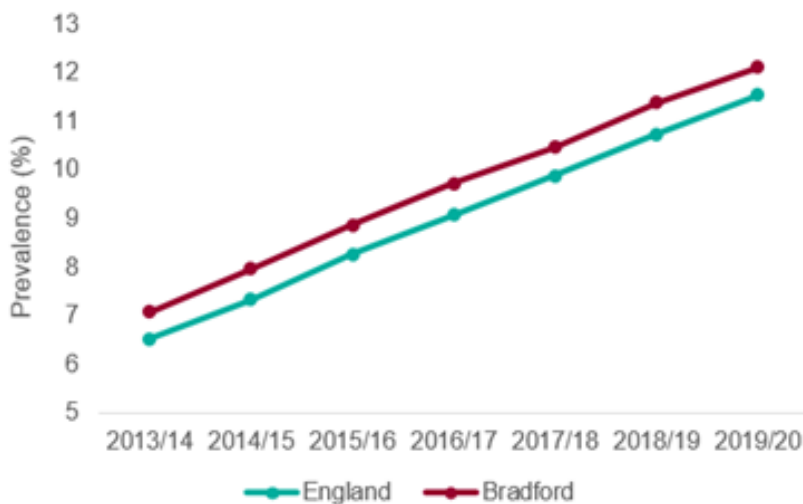
Figure 3: Mental health disease prevalence trends, 2013/14 to 2019/20



#### Depression prevalence

Prevalence rates for both Bradford and England have been increasing steadily over the years. The latest figures (2019/20) state that Bradford’s depression prevalence was at 12.1% – this is slightly above the National average of 11.6% and equates to 54,178 people in Bradford registered with depression.

Figure 4: Depression prevalence (<18 years), 2013/14 to 2019/20

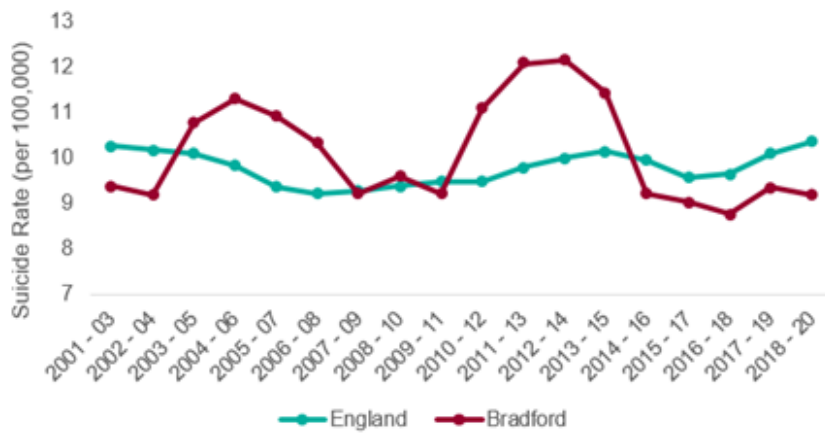


#### Suicide rates

Trends show that suicide rates in Bradford have fluctuated over the years, but have recently been relatively stable since a peak between 2010 and 2015. Bradford’s latest figures for suicide rates (2018-20) are 9.2 per 100,000 residents, which is similar to the National average (10.4 per 100,000 population). This is equal to the rate of 9.2 per 100,000 for 2017-2019, and indicates that the number of suicides in Bradford did not rise in 2020 compared to the previous years. However, this still equates to

around 41 deaths per year that are attributable to suicide in Bradford, and the Suicide Prevention Group continues to work hard to reduce this number.

Figure 1: Suicide rate trends, 2001-03 to 2018-20

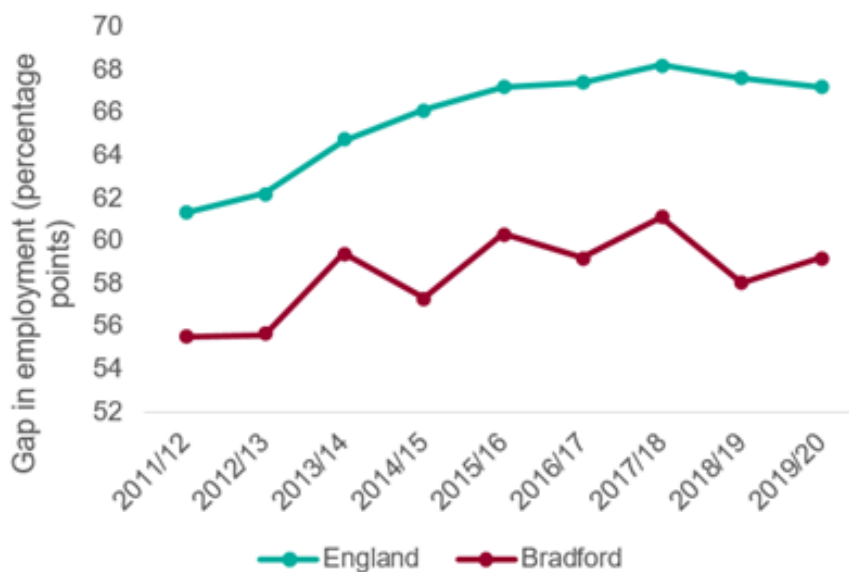


### Gap in employment rate

This refers to the gap between the percentage of working age adults (aged 18 to 69) that receive mental health services and are on the Care Programme Approach, that have been recorded as employed and the percentage of all respondents in the Labour Force Survey as employed (aged 16 to 64). Trends show that Bradford’s percentage point gap has increased and decreased numerous times over the years; however, it has consistently been better than the National average.

However, the overall percentage point gap for Bradford has increased from 55.5% (in 2011/12) to 59.2% (in 2019/20), with an increase in the last year of 1.2%. The percentage point gap has been consistently higher in males in Bradford compared to females in Bradford, with a gap of 67.6% between males in contact with services compared to the general population, and a gap of 50.1% for females in 2019/20.

Figure 5: Gaps in employment for those in contact with secondary mental health services and the overall employment rate, 2011/12 to 2019/20

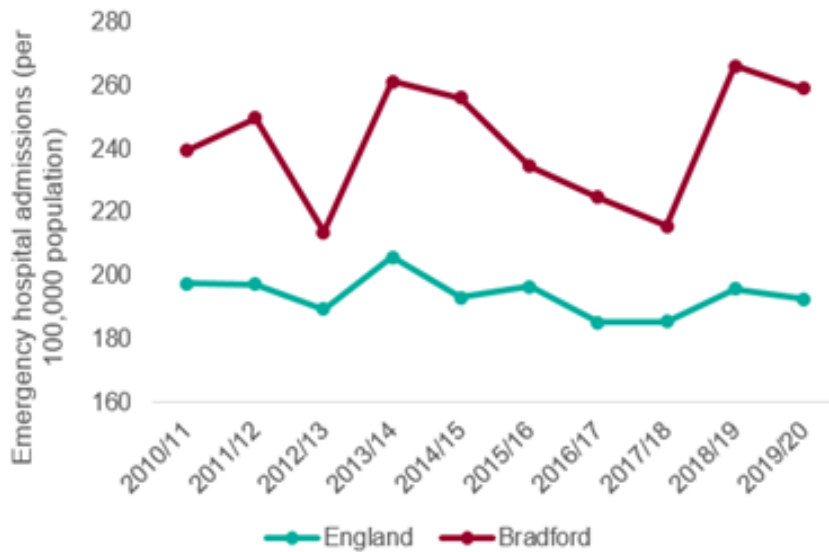


## Emergency hospital admissions for intentional self-harm

Trends show that over the past ten years Bradford's emergency hospital admissions, for intentional self-harm, have been consistently higher than the National averages: when compared to all 150 local authorities, Bradford ranked 31<sup>st</sup> highest for emergency hospital admissions.

The latest figures (2019/20) state that emergency hospital admissions in Bradford were 259 per 100,000 residents. This is worse than the national average of 193 per 100,000 people, and equates to 1,420 emergency hospital admissions for intentional self-harm from April 2019 to March 2020.

Figure 9: Emergency hospital admissions for intentional self-harm trends, 2010/11 to 2019/20



Emergency hospital admissions for intentional self-harm are higher among females in Bradford compared to males in Bradford, consistent with evidence for the risk of self-harm being higher in women than in men.

## Loneliness

The latest figures (2019/20 – the only data available for this measure) state that 21.2% of adults in Bradford are lonely either often, always, or some of the time. This is statistically similar to National rates (22.3%).

### Mental Health Services Data

By extracting data from the mental health commissioning dataset relating to referrals into BDCFT adult mental health services, referral information shows a reduction in referrals during the beginning of Covid, with referrals subsequently coming back up to pre-Covid levels.

