

Kingston JSNA 2023 Themed Sections: Mental Health

Wider determinants

The data in this JSNA has shown the link between mental health problems and deprivation. In adults (20-69 years), mental health is the second highest long term condition, with rates by deprivation showing much higher rates for residents living in areas in the lowest deciles (2-5: most deprived areas) than all other residents¹. This is supported by the Kingston's Better Mental Health JSNA 2021 (MH JSNA 2021)², which describes the association between deprivation (a lack of money, resources and access to life opportunities) or being in a position of relative disadvantage (having significantly fewer resources than others) and poorer mental health outcomes³.

This JSNA has also highlighted the inequalities for children, as shown by the lower educational attainment levels of children who are eligible for Free School Meals. Education is an important determinant of later health and wellbeing. It improves people's life opportunities, increases their ability to access health services, and enables people to live healthier lives⁴.

Another determinant of mental health that the data in this JSNA highlights is employment. Stable and rewarding employment is a protective factor for mental health⁵. This is reflected in the Cost of Living chapter, which uses the count of people on Universal Credit in employment as a measure of in-work deprivation⁶. The importance of a living wage was raised through the 'South London Listeners' consultation⁷ and as part of the action plans local authorities are asked to Promote the Living Wage. The Good Business Charter⁸ encourages businesses to pay employees the living wage⁹.

¹ ONS Census 2021, 'Health, Disability and Unpaid Care', [link](#).

² A summary of the 'Better Mental Health JSNA 2021' is available on Kingston's 'lets talk' website: [link](#). An accessible version of the report will be published on the [Kingston data](#) website shortly.

³ Poverty and Social Exclusion, 2016. Deprivation and Poverty [Online]. Available from: <https://www.poverty.ac.uk> [Accessed 10 December 2019].

⁴ WHO, Risks to mental health: an overview of vulnerabilities and risk factors. Published 2012, [link](#).

⁵ Department of Health and Social Care, No Health without Mental Health. Published 2011, [link](#).

⁶ Data source: DWP (via DWP Stat-Xplore)

⁷ South London Listens [Online], [link](#). Accessed: May 2023.

⁸ The Good Business Charter [Online], [link](#). Accessed: May 2023.

⁹ Living Wage Foundation, 'Accredited Living Wage Employers' [Online], [link](#). Accessed: May 2023.

Interaction between physical and mental health

- There is a strong bi-directional relationship between obesity and mental health issues, particularly depression¹⁰. Preventing and tackling obesity through exercise, are protective factors against poor mental health. Some minority ethnic groups, as well as disabled people, have lower rates of participation in physical activity. Furthermore, men are more active than women and activity declines with age¹¹.
- People with long term physical illnesses ('Long Term Conditions' or 'LTC') e.g. diabetes and COPD, suffer more complications if they also develop mental health problems. Yet much of the time this goes unaddressed¹². There are a number of areas with high proportions of people claiming benefits for support with a limiting long-term physical or mental health condition or disability, including Chessington/south of the borough. The Kingston Mental Health JSNA 2021 notes the importance of increasing access to psychological therapies for those with LTC.
- It is of note that Berrylands ward had the highest levels of mental health disorders as well as of respiratory long term conditions. Two thirds of people with serious mental health problems die prematurely due to treatable cardiovascular, pulmonary and infectious diseases¹³ and smoking is the single largest contributor to their 10-20 year reduced life expectancy¹⁴. Smoking prevalence in adults with a long term mental health condition in 2020/21 was higher in Kingston than the London and England averages¹⁵.

¹⁰ Mannan, M., Mamun, A., Doi, S., & Clavarino, A. (2016). 'Is there a bi-directional relationship between depression and obesity among adult men and women?': Systematic review and bias-adjusted meta analysis. *Asian journal of psychiatry*, 21, 51-66. [Link](#).

¹¹ Public Health England, Health Matters, Getting every adult active every day. Published: 19 July 2016. [Link](#).

¹² NHS England (A report from the independent Mental Health Taskforce to the NHS in England), The Five Year Forward View for Mental Health. Published February 2016, [link](#).

¹³ Public Health England, Better Mental Health Toolkit: Working Aged Adults: Integrating Physical and Mental Health. Published, October 2019. [Link](#).

¹⁴ Brown S, Kim M, Mitchell C et al (2010) Twenty-five year mortality of a community cohort with schizophrenia. *British Journal of Psychiatry*, 196, 116-121.

¹⁵ Public Health Data (Fingertips): Mental Health and Wellbeing JSNA. [Link](#).

Inequalities

The data in this JSNA also flags up a number of groups who are known to experience higher levels of mental illness.

Substance misuse - the data has shown that alcohol is a significant problem in working age men and that substance misuse is also a problem for young men. The data on levels of hospital admissions for alcohol attributable conditions identify Norbiton and Berrylands as areas where this may be a particular problem and where more support is needed. The JSNA notes that substance use may lead to or exacerbate mental health problems. It is very common for people to experience problems with their mental health and alcohol/drug use at the same time and the relationship between them is complex¹⁶. This suggests that more support is needed for children and adults (especially men) with both substance misuse and mental health.

Learning Disabilities - Kingston's Learning Disabilities JSNA 2017¹⁷, highlighted that the prevalence of psychiatric disorders is significantly higher among adults and children with learning disabilities when compared to general population rates. In 2019/2020 Kingston had a high proportion of supported working age adults with learning disabilities living in unsettled accommodation¹⁸ (24%) compared to 20.6% in London and 16.9% in England¹⁹. In 2019/2020 the proportion of adults with learning disability receiving direct payments is also lower in Kingston (24.7%) than London 30.9% and England 30.3%²⁰.

Neurological disorders - the data has shown that neurological disorders are one of the highest morbidity groups in Children and Young People. Evidence has shown a significant increased risk of dying by suicide in autistic people compared with the general population, particularly those who were undiagnosed^{21,22,23,24}. Kingston's Better Mental health JSNA 2021 notes that the longest wait for CAMHS support is for 'Suspected Autism Spectrum Disorder' and that waiting lists are also common for the specialist parenting groups for parents of children with autism and ADHD.

¹⁶ Public Health England, 2017: Better care for people with co-occurring mental health and alcohol/drug use conditions: A guide for commissioners and service providers.

¹⁷ Bruschi, S., People with Learning Difficulties, Kingston's JSNA, March 2017, [link](#).

¹⁸ Unsettled accommodation is either unsatisfactory or, where, like in residential care homes, residents do not have the security of tenure

¹⁹ Public Health Data (Fingertips): Learning Disabilities Data. [Link](#).

²⁰ Public Health Data (Fingertips): Learning Disabilities Data. [Link](#).

²¹ University of Manchester, National Independent Inquiry into Suicide and Safety in Mental Health. Published: October 2017, [link](#).

²² National Autistic Society. *Autistic people and suicidality*. [Online] 2021. [Link](#).

²³ Cassidy, S et al. *Autism and autistic traits in those who died by suicide in England*. BJPsych; 15 Feb 2022; DOI: 10.1192/bjp.2022.21.

[Link](#).

²⁴ Royal College of Psychologists, Presentation from the National Suicide Prevention Alliance, Suicide and Autism Slides. [Link](#).

Depression and gender - the JSNA data shows higher levels of depression in women compared to men, which concurs with national data²⁵. Nationally, the rates for suicide in young women (those aged 20-24) has increased rapidly and is currently the highest on record²⁶. The Women's Mental Health Taskforce suggested that women's experiences of physical and sexual violence and their mental health problem, are likely to be factors²⁷.

Depression and ethnicity - whilst the JSNA data shows that overall depression is more common in white older adults, the situation is different in Surbiton, which has much higher levels of depression in older black women. The Adult Psychiatric Morbidity Survey 2014 found that common mental disorders were more common in Black than white women but that people in the Black ethnic group had low treatment rates²⁸. However, it should be noted that this study is from 2014.

Self harm and gender - this JSNA has highlighted the high levels of intentional self harm among working age men in Surbiton PCN. This is concerning given that self harm (with or without suicidal intent) is the strongest risk factor of suicide²⁹ and that middle aged men have the highest rates of suicide³⁰.

²⁵ Mental Health and Wellbeing in England Adult Psychiatric Morbidity Survey 2014. A survey carried out for NHS Digital by NatCen Social Research and the Department of Health Sciences, University of Leicester, [link](#).

²⁶ ONS, Suicides in England and Wales, 2021. [Link](#).

²⁷ Department of Health and Social Care, 'The Women's Mental Health Taskforce report'. Published 19 December 2018, [link](#).

²⁸ Mental Health and Wellbeing in England Adult Psychiatric Morbidity Survey, 2014. A survey carried out for NHS Digital by NatCen Social Research and the Department of Health Sciences, University of Leicester, [link](#).

²⁹ Risk factors and correlates of deliberate self-harm behaviour. Fliege, H., Lee, JR., Grimm, A., Klapp, BF. 477-493., s.l. : Journal of psychosomatic research, 2009.

³⁰ Department for Health and Social Care, Suicide Prevention Strategy for England, Sept 2012. [Link](#).

Children and Young People

- Bereavement by miscarriage, stillbirth or neonatal death is more likely to lead to mental health problems in both parents⁵. SWLSTG mental health trust have recently launched a Perinatal Trauma and Loss Service providing specialist psychological care and treatment for mothers experiencing significant mental health difficulties relating to the perinatal experiences of birth trauma, a severe fear of childbirth (tokophobia) and all types and stages of perinatal loss. It would be good to ensure this is widely promoted and to monitor uptake of this service.
- The data highlights a number of the known risk factors for mental health problems in children including malnutrition, childhood sexual abuse and bullying. The Mental Health JSNA 2021 notes the importance of early identification of adversity and responding to trauma and specific adverse childhood experiences³¹.
- The levels of self harm reflected in the data from this JSNA should also be considered in the context of self harm (with or without suicidal intent) being the strongest risk factor of suicide³². However for many, self-harm is a coping mechanism and may relate to difficulties accessing mental health support. A lack of free counselling for children and young people is noted in the Better Mental Health JSNA 2021.

³¹ Di Lemma L, Davies A, Ford K, Hughes K, Homolova L, Gray B, et al. (2019). Responding to Adverse Childhood Experiences: An evidence review of interventions to prevent and address adversity across the life course. Wrexham: Public Health Wales and Bangor University. [Link](#).

³² Risk factors and correlates of deliberate self-harm behaviour. Fliege, H., Lee, JR., Grimm, A., Klapp, BF. 477-493., s.l. : Journal of psychosomatic research, 2009.

Working age adults

- Mental health disorders are in the top 5 long-term conditions seen in Kingston in adults, particularly women. The low levels of spending on mental health services, with Kingston spending around £10 less per head than our CIPFA³³ nearest neighbours (CNNs) should be reviewed. However it is positive to note that Kingston performs well on the mental health domains on the Public Health Outcomes Framework compared with the average of our CIPFA nearest neighbours (2019-20). The Better Mental Health JSNA 2021 notes that patients would like more help with their physical health needs, financial advice or benefits, finding or keeping work, joining a group or taking part in an activity³⁴.
- The data in this JSNA shows that depression is the second highest morbidity issue in adult women. This highlights the need for more work on identification, outreach and support. The Better Mental Health JSNA 2021 notes that tackling stigma is key to encouraging people to seek help when they need it and that population level support measures which focus on enhancing community assets to prevent mental health problems are recommended ¹³. It highlights the positive role of Be Well hubs and the Practical Ideas for Happier Living (PIFHL) courses as well as the potential of Connected Kingston to increase access to this support.

³³ The Chartered Institute of Public Finance and Accountancy (CIPFA) data has been used in the Office for Health Improvement and Disparities 'Spend and Outcomes Tool' (SPOT), [link](#).

³⁴ 2020 CQC Community Patient Survey for South West London & St George's Mental Health NHS Trust, [link](#).

Older people

- The high proportion of mortality due to dementia has been reflected in this data. The JSNA notes that older people who have experienced dementia are at a greater risk of a decline in their wellbeing and that Kingston's dementia diagnosis rate³⁵ is below the national target of 67%.• National research by the Royal College of General Practitioners found that 40% of carers experience psychological distress or depression, with those caring for people with behavioural problems experiencing the highest levels of distress³⁶. As part of the SWL Joint Forward Plan Kingston commits to increase the number of people with dementia and their carers identified early and provided with post-diagnosis support and ongoing advice³⁷.
- This JSNA has noted that in the Alpha Road Estate area, 21% of households aged 66 and over live alone. The data also shows that there are significant pockets of older people at risk of loneliness and social isolation in Coombe Hill, Norbiton and Chessington South wards, with smaller pockets on the border of Surbiton Hill, Berrylands and St Mark's³⁸. Social isolation was the highest ranked theme in the 'South London listens' campaign³⁹ and local organisations are signing up to become Be Well hubs to help tackle this.
- The data in this report supports the Better Mental Health JSNA 2021 in suggesting some priority areas to focus on in the prevention of mental health problems in older people include loneliness and social isolation, frailty, and carers.
- The Better Mental Health JSNA 2021 notes that mental health problems are often not identified in older people so more work is needed in this area and also notes that access to counselling for older people is a gap, including bereavement support.

³⁵ The rate of persons aged 65 and over with a recorded diagnosis of dementia per person estimated to have dementia given the characteristics of the population and the age and sex specific prevalence rates of the Cognitive Function and Ageing Study II, expressed as a percentage with 95% confidence intervals.<https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/1/qid/1938133052/pat/15/ati/402/are/E09000021/iid/92949/age/27/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

³⁶ The Royal College of General Practitioners (RCGP) Commissioning for Carers (2013), [link](#).

³⁷ https://www.southwestlondon.icb.nhs.uk/wp-content/uploads/2023/07/SWLICBJFP_June2023Final.pdf

³⁸ Age UK, Loneliness maps for Kingston upon Thames [Online], [link](#).

³⁹ South London Listens [Online], [link](#). Accessed: May 2023.

Recommendations

1. Cross reference the analysis of the data sets undertaken as part of the preparatory work for this JSNA to update and implement the recommendations of the mental health and wellbeing JSNA.

Some key recommendations drawn from this JSNA and the Mental Health JSNA (see the MH JSNA for the full list of these recommendations):

2. Review access to supported employment by people with low level mental health issues, homelessness and drug and alcohol issues and people with autism who don't meet the RBK Adult Social Care (ASC) criteria and how these could be better promoted and coordinated and potentially increased in a future supported employment contract.
3. Improve the identification of the mental health needs of victims of domestic violence to ensure they receive the support they need and, as part of the forthcoming Kingston 'Violence against Women and Girls' Strategy, ensure that women and girls' mental health is assessed and that all agencies in this area are trained in MHFA.
4. Encourage local organisations in Kingston to become 'be well hubs' , and members of these communities to become mental health champions particularly those in areas with higher levels of mental health problems e.g. Surbiton and those working with groups at higher risk of mental health problems.
5. Improve access to support for children and young people with neurodiverse conditions and their families, in particular access to support with their mental health.
6. Improve joint working between substance (drug or alcohol) misuse and mental health services to strengthen delivery, treatment pathways, inter-agency working and workforce skills / development. Particularly target work with young and working aged men and in Norbiton and Berrylands.
7. Increase the ways of identifying people who are lonely and supporting them to access local services and local volunteering opportunities - consider any opportunities to link people to the local offers (including any relevant offers through Kingston Adult Education and volunteering structures) through the Social Prescribing arrangements in GP surgeries and other locations.
8. Work with older people, particularly those who are not accessing existing services, to develop ways for them to build social connections.
9. Widely promote the new Perinatal Trauma and Loss Service and monitor the uptake of this service by Kingston mothers.