



Bath & North East
Somerset Council

Improving People's Lives

Strategic Evidence Base for Bath and North East Somerset

Wellbeing & Mental Health

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Wellbeing and Mental Health

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Improving People's Lives

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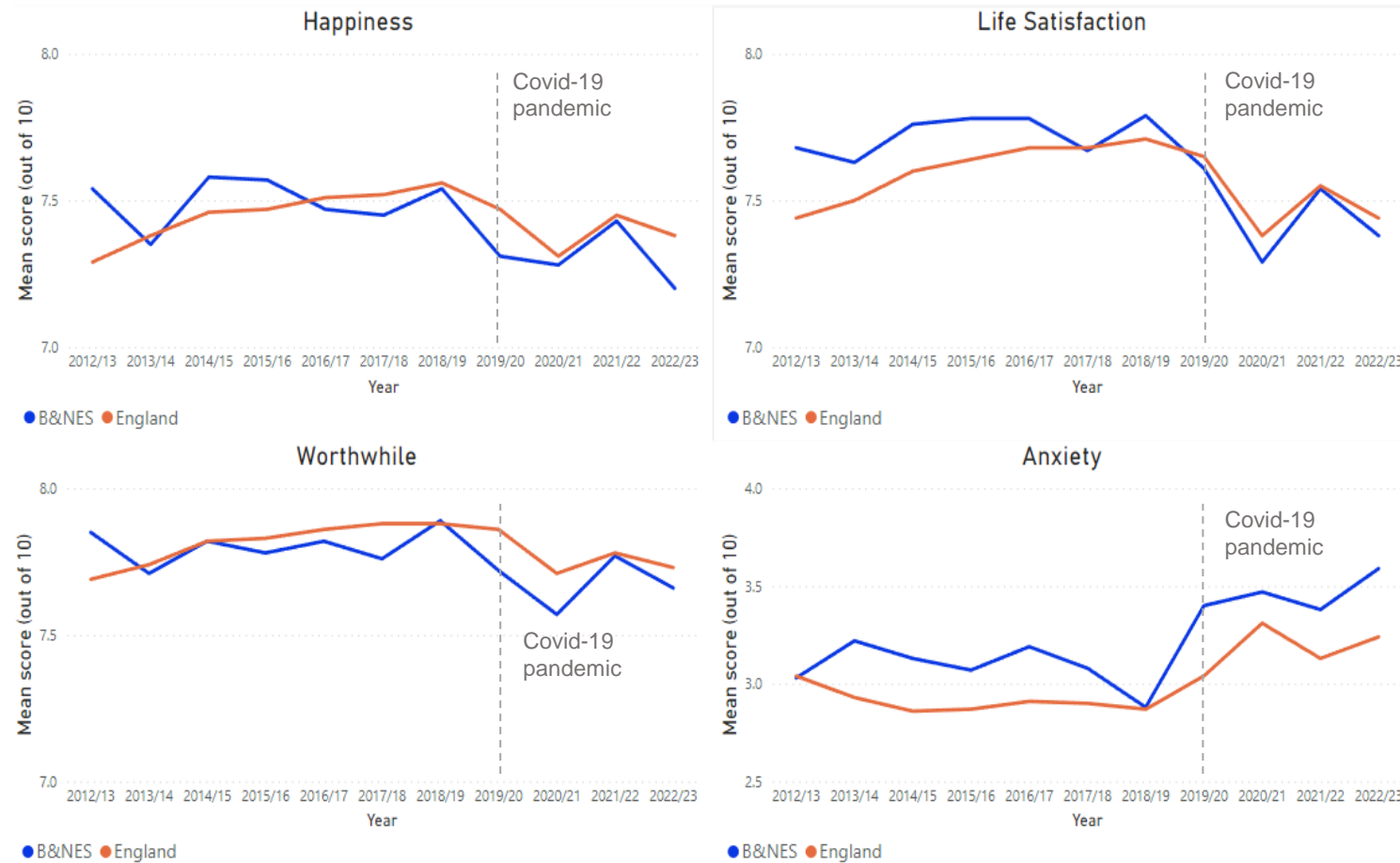
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Mental Health Needs
Assessment document
(2022)



- The [NHS](#) highlights that wellbeing is not just the absence of ill-health but includes the way people feel about themselves and their lives. The ONS assess Personal Wellbeing through four measures: Life Satisfaction, feelings the things done in life are Worthwhile, Happiness, and Anxiety.

Annual Population Survey¹ findings for March 2023:

- Average (mean) ratings of personal wellbeing have worsened across all indicators in B&NES and nationally since 2021/22 and remain below pre-Covid-19 pandemic levels (year ending March 2019).
- Mean ratings in B&NES for happiness (7.20), life satisfaction (7.38), and worthwhileness (7.66) have all decreased since Mar 2022 and all lower than national figures. In the same time period, the mean rating for anxiety (3.59) worsened slightly (i.e. increased) and continues the trend of higher anxiety levels in B&NES compared to national for the majority of the past decade.
- The [Good Childhood Report \(2023\)](#) states that too many young people are unhappy with their lives. **10%** of the children aged 10 to 17 completing their survey² had **low wellbeing**, and almost a third were unhappy with at least one specific area of their lives. Children and young people were, on average, most happy with their family. 82% of parents and carers completing the survey were concerned about the **impact of cost of living** increases on their family/household.

Source: [ONS Personal Wellbeing in the UK](#) **Note:** Axes do not start at 0 and differ for each domain.

¹ The APS is a continuous household survey which provides a representative sample of those living in private residential households in the UK. People living in communal establishments (such as care homes) or other non-household situations are not represented in this survey. Questions asked: 'Overall, how **satisfied** are you with your life nowadays?', 'Overall, to what extent do you feel that the things you do in your life are **worthwhile**?', 'Overall how **happy** did you feel yesterday?', and 'Overall, how **anxious** did you feel yesterday?'. Responses were on a scale from 0 to 10 where 0 is 'not at all' and 10 is 'completely'.

² The Children's Society surveys around 2,000 UK children (aged 10 to 17) and their parent/carers annually. In 2023, 2001 children responded (conducted in May and June 2023).

Mental Health – Children & Young People

Prevalence Estimates for B&NES based on MHCYP 2017 & 2021 rates

Measure	Age	National	B&NES estimate ¹
No. experiencing at least one mental disorder (2017)	5-19	12.8%	4,470
No. experiencing emotional disorders (2017)	5-19	8.1%	2,830
No. experiencing behavioural disorders (2017)	5-19	4.6%	1,610
Probable mental disorder rate (2021)	6-19	17.4%	5,750
No. experiencing deterioration in MH since 2017	6-16	39.2%	9,150
	17-23	52.5%	14,400
No. experiencing improvement in MH since 2017	6-16	21.8%	5,100
	17-23	15.2%	4,200

¹ Based on ONS population mid-year estimates 2020

Note: groups may overlap i.e. children may experience one or more disorder

[MHCYP in England Survey 2017](#) Collected data on 9,117 children aged 2-19 between Jan-Oct 2017

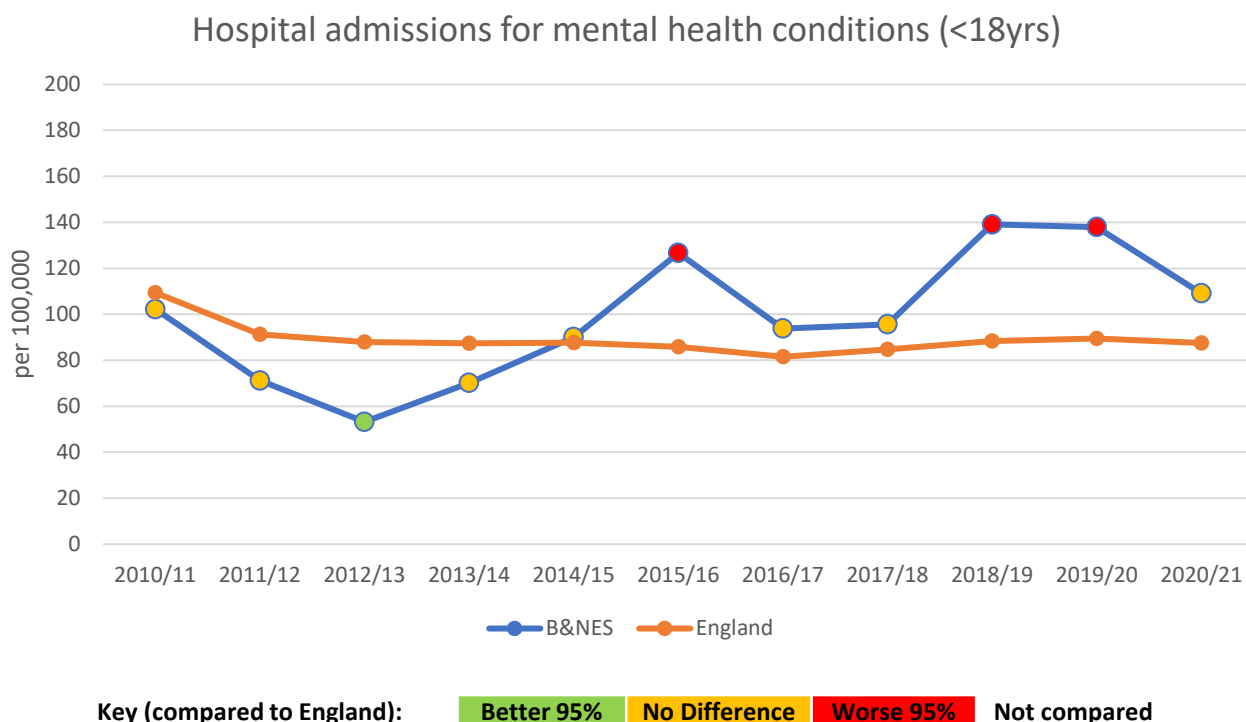
[MHCYP in England Wave 2 follow-up 2021](#) Collected data on 3,667 children who took part in the 2017 survey between Feb-Mar 2021

[The Big Ask – The Big Answer](#). Launched online April-May 2021 for 6 weeks

¹ [STEER education](#) (in partnership with Minds Ahead) data gathered from over 15,000 11-18 year olds in 92 state secondary schools from Oct 2018 to Dec 2021

- The Mental Health of Children and Young People (MHCYP) **national** survey found **rates of probable mental disorder in 6-19 year olds increased between 2017 and 2021** from **one in nine (11.6%) to one in six (17.4%) in 6-16 year olds** and **from one in ten (10.1%) to one in six (17.4%) in 17-19 year olds**. This would give an estimated **5,750** children and young people with a **probable mental disorder in B&NES**. These observed survey rates also suggest an estimated 23,550 have experienced deterioration in mental health since 2017 and an estimated 9,300 have experienced improvement in mental health since 2017 in B&NES.
 - In 2021, the prevalence of **probable mental disorder in 17-19 year old girls was 24.8%** - this would equate to around **1,165** 17-19 year old girls in B&NES.
- The **Big Ask survey** is the biggest ever **national** survey of children with over half a million responses. Responses were received from children in all English LAs. It found the **majority of 9-17 year olds were happy or ok** with their mental health, but 20% were unhappy. **Girls were almost twice as likely to be unhappy** with their mental health (25% vs 13%), and older children (16-17 year olds) were more likely to be unhappy (32% compared to 9% of 9-11 year olds).
- Recent national data from Steer Education¹ shows a **growing divide between girls' and boys' social and emotional wellbeing**. **Girls aged 11 were 30% more likely to suffer from poor mental health** than boys of the same age. **By 18, girls were twice as likely to experience mental health issues than boys**.

Mental Health – Children & Young People: Hospital Admissions



- Rates of **hospital admissions for mental health conditions¹** in those under 18 years is **higher than the national rate** but has shown some reduction in 2020/21 compared to 2018/19 & 2019/20. Admissions increased from 33 in 2016/17 to 50* in 2018/19 and 2019/20, reducing to 40* in 2020/21.
- **Females have consistently higher** rates than males both nationally and in B&NES. In 2020/21 there were 35* female admissions and <5* male admissions.
- In three out of the past four years, **Eating disorders** has been the highest observed primary diagnosis reason for admissions with **Mental and behavioural disorders due to use of alcohol** being the second highest primary diagnosis reason. These were also the highest two primary diagnosis reasons for admissions in 2019/20 where Eating disorders was second highest.

Source: [OHID Fingertips Public Health Profiles](#)

* Note: from 2018/19 onwards, counts are rounded to the nearest 5

¹ Inpatient admission rate for persons aged 0-17 with primary diagnosis codes F00 to F99 (includes: organic mental disorders, mental and behavioural disorders due to psychoactive substance use, schizophrenia and delusional disorders, mood disorders, neurotic disorders, behavioural syndromes, disorders of adult personality and behaviour, mental retardation, disorders of psychological development)

Mental Health - Adults

CMD Prevalence Estimates (2014) for B&NES¹

Measure	National	B&NES estimate*
No. of Adults with a CMD	15.7%	25,070
No. of Females with a CMD	19.1%	15,480
No. of Males with a CMD	12.2%	9,590

* Based on ONS population mid-year estimates 2020, adults age 18+

Depression Estimates for B&NES

Measure	National	B&NES	B&NES count
Depression incidence ² (2020/21)	12.3%	10.6%	18,681
Depression incidence, new diagnosis ³ (2020/21)	1.4%	1.2%	2,102

- **Common Mental Disorders** (CMDs) comprise different types of depression and anxiety. They cause emotional distress and interfere with daily function. Although usually less disabling than major psychiatric disorders, their higher prevalence means the cumulative cost of CMDs to society is great.
- In 2014, **one in six adults (15.7%)** had a common mental disorder. **Women were more likely to be affected than men**; about one in five women (19.1%) had CMD symptoms compared with one in eight men (12.2%). CMD symptoms were also associated with **age** with **working-age people being around twice as likely** to have symptoms of CMD compared to those aged 65 and over.
- Applying these rates locally would suggest we have around 25,000 adults in B&NES with a CMD; ~15,500 females and ~9,600 males
- The incidence of **depression** is slightly lower in B&NES than England but in 2020/21 this still meant **18,681** people had an unresolved record of depression on GP practice registers within B&NES CCG. These numbers are [growing year on year](#)
- In 2020/21, over 2,000 people in B&NES were [diagnosed with depression for the first time](#)

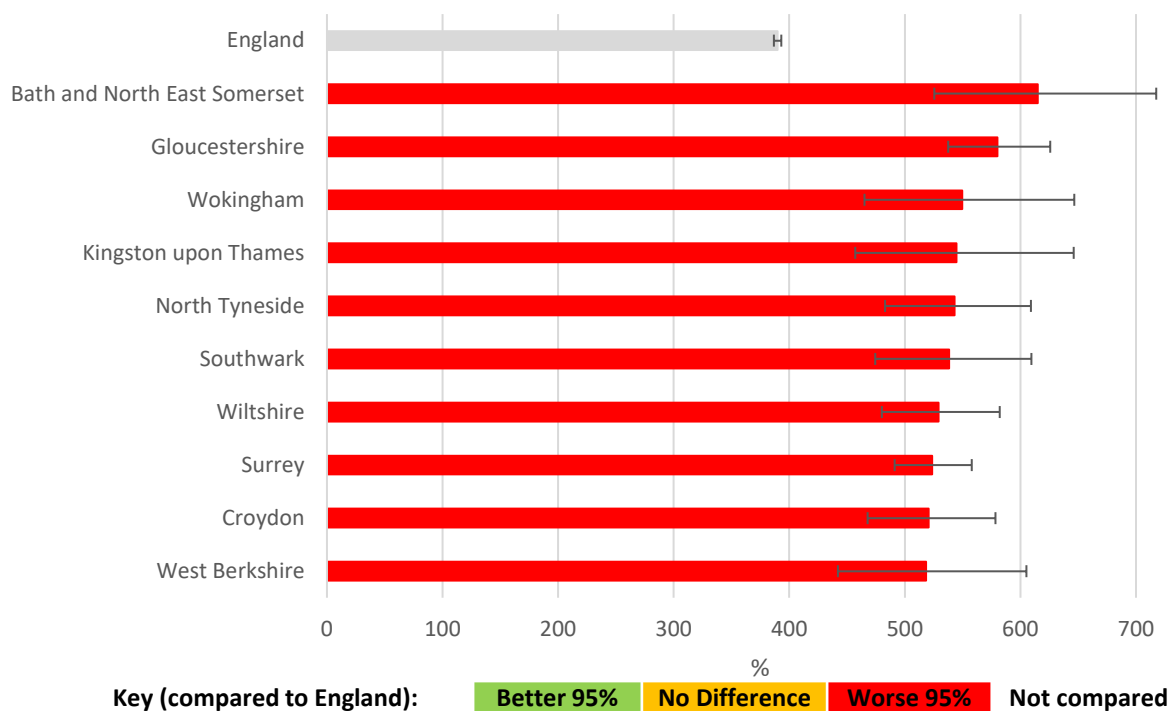
¹ From [Adult Psychiatric Morbidity Survey 2014](#)

² Number of people with an unresolved record of depression on their practice register within a CCG, as a proportion of the practice list size of the CCG aged 18+

³ Percentage of people aged 18+ with depression recorded on practice disease registers for the first time in the financial year

Severe Mental Illness (SMI)

Excess under 75 Mortality Rate in Adults with SMI 2018-20



- **SMI** refers to people with psychological problems often so debilitating their ability to engage in functional/occupational activities is severely impaired. Schizophrenia and bipolar disorder are often referred to as an SMI.
- In 2021/22, the percentage of patients with **schizophrenia, bipolar affective disorder and other psychoses** as recorded on GP practice disease registers was **0.84% in B&NES (1,827 patients)**. This remained lower than the national rate (0.95%).
- **Excess under-75 mortality in adults with SMI¹** is significantly higher in B&NES than nationally (615.1% vs 389.9%). This is the **highest** rate of all Counties & UAs in England, i.e., in B&NES, adults with SMI have a 615% higher chance of premature mortality than those adults without SMI.
 - In B&NES, the premature mortality rate² in the SMI population is over **7 times higher** (76.3 per 100,00) than the premature mortality rate in the non-SMI population (10.7 per 100,000)
 - B&NES has consistently been **significantly higher** than the national rate since 2015-17

Source: [OHID Fingertips Severe Mental Illness Profile](#)

(Note: the worst 10 Counties/UAs are included in chart)

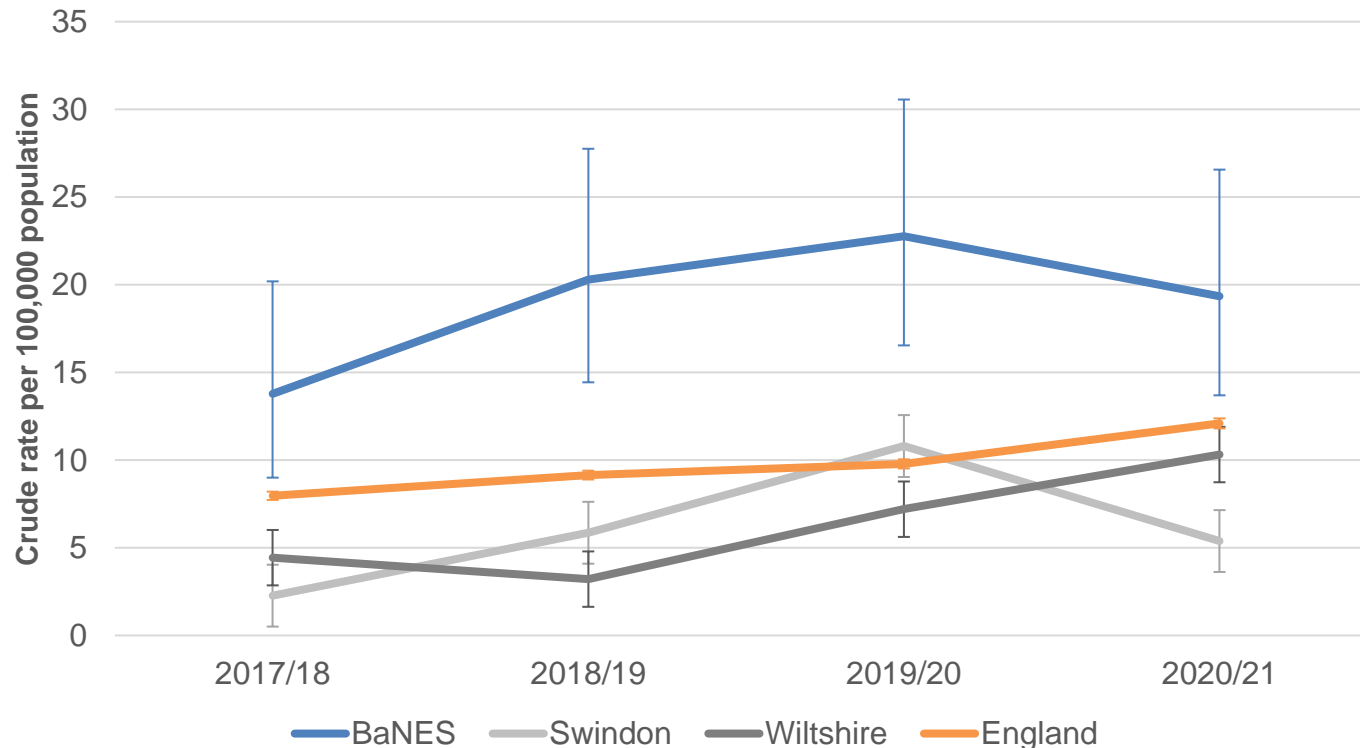
¹ Definition: Measure of excess premature mortality experienced in adults with SMI over adults without SMI. SMI is defined as having a referral to secondary mental health services in the 5 years preceding death.

² Premature mortality rate in those under 75: Directly Standardised rate per 100,000 population

* Note: counts rounded to nearest 5

Eating Disorders

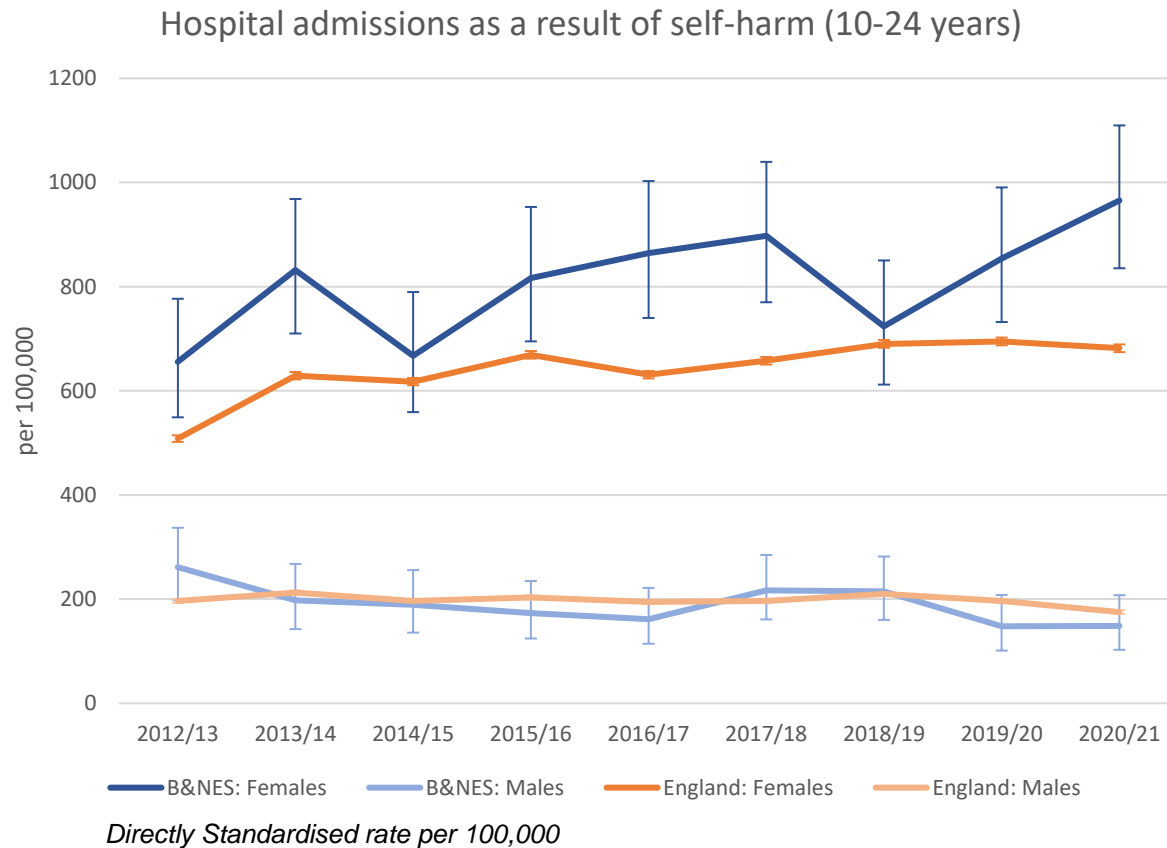
Rate of Hospital Admissions for Eating Disorders (primary diagnosis),
England and B&NES Swindon and Wiltshire (BSW), 2017/18 to 2020/21



Definition: An [eating disorder](#) is a mental health condition where you use the control of food to cope with feelings and other situations. The most common types of eating disorder are **anorexia nervosa** (keeping weight down by not eating enough food or exercising too much); **bulimia nervosa** (going through periods of eating a lot of food quickly, 'bingeing', and then trying to get rid of calories in unhealthy ways, for example by making yourself sick, using laxatives, exercising too much, taking medication or using diet supplements); **binge-eating disorder** (regularly eating large portions of food all at once (often in secret) until you feel uncomfortably full, and then often upset or guilty); and **OSFED** ('other specified feeding or eating disorder').

Source: internal analysis using Secondary Uses Service (SUS) pseudo-anonymous data from NHS BSW CCG (supplied February 2022). **Note:** diagnosis code for intentional Eating Disorder hospital admission – F50 (ICD-10).

- Many studies show that eating disorders are among the mental illness types with the highest mortality rate, for example, [Anorexia nervosa \(AN\) is a common eating disorder with the highest mortality rate of all psychiatric diseases](#).
- The last comprehensive picture of the prevalence of eating disorders in the adult population in **England** was from the Adult Psychiatric Morbidity [survey](#) in **2007**. At this time **6.4%** of adults screened positive for an eating disorder [note that fieldwork began on a new adult survey, including questions on eating disorders, in April 2022]. Despite this though, in its clinical guidance, [NICE](#) cites data suggesting **anorexia prevalence of 0.6%** and **bulimia prevalence of 1.0%** among **ages 16+**.
- For children and young people, more recent data is available for **England**. The [2017 NHS Digital survey of child and young people's mental health](#) found that **0.4% of children aged 5 to 19 had an eating disorder**. Prevalence was 1.0% among girls aged 11 to 16 and 1.6% among girls aged 17 to 19, but much lower among boys (peaking at 0.2% among ages 11 to 16).
- During [2020/21](#) there were **6,839** hospital admissions in **England** where the **primary diagnosis was an eating disorder** (*provisional data*). This represents a **65% increase** in four years (4,138 during [2016/17](#)).
- B&NES has a **significantly higher rate of hospital admissions where an eating disorder was the primary diagnosis** (19.4 per 100,000 population, 2020/21) compared to England (12.1), Wiltshire (10.3) and Swindon (5.4). This has been the case since at least 2017/18. This represents **38 admissions** in B&NES during 2020/21. Also, there were **120 admissions** during 2020/21 **where an eating disorder was either a primary or secondary diagnosis**.



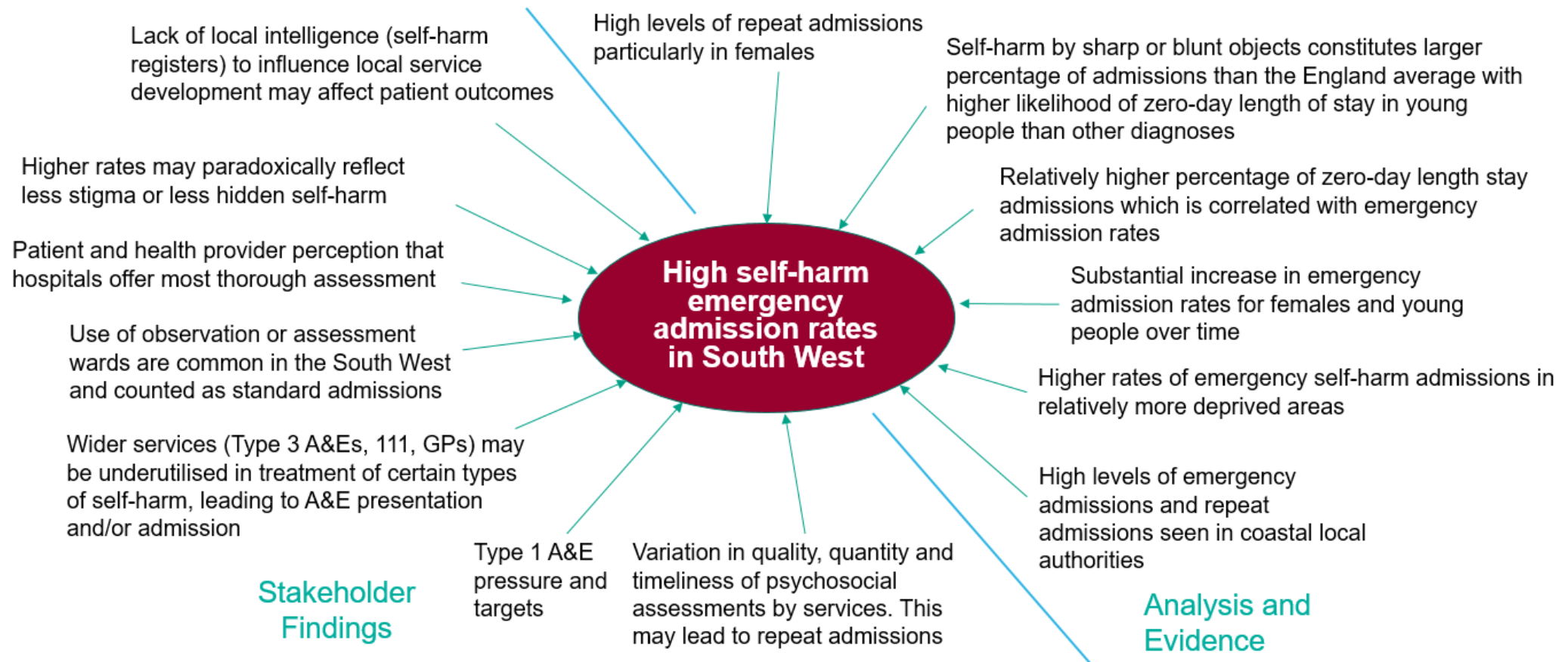
Source: [OHID Fingertips Mental Health Profile](#)

¹ OHID South West Local Knowledge & Intelligence Service (SW LKIS), Understanding Emergency Hospital Admissions for Intentional Self-Harm in the South West, July 2022.

* **Note:** referral counts are rounded to the nearest 5.

- NICE Guideline ([NG225](#)) defines the term '**self-harm**' as **intentional self-poisoning or injury, irrespective of the apparent purpose**. This commonly involves self-poisoning with medication or self-injury by cutting. People who self-harm have a substantially greater risk of suicide.
- The rate of [hospital admissions as a result of self-harm in 10–24-year-olds](#) have been consistently higher in B&NES than the National average since 2011/12 with 240* admissions in 2020/21.
 - Females consistently have higher rates than Males** both nationally and in B&NES with 205* female and 35* male admissions in 2020/21. Female rates in B&NES have generally been significantly worse than the national female rate since 2012/13.
- The rate of [hospital admissions for self-harm \(all ages\)](#) has been significantly higher in B&NES than the National average since 2011/12 with the only exception being 2018/19, where no significant difference was observed. Admissions have **increased** in recent years with 485* admissions in 2020/21 compared to 460* in 2019/20 and 445* in 2018/19.
 - [Females have consistently higher rates than Males](#) both nationally and in B&NES with 350* female admissions in 2020/21 and 140* male admissions.
- Self-harm admissions have been high in the SW region for a number of years.** OHID SW LKIS undertook exploratory and explanatory analyses¹ to understand the reasons why the South West region of England has the highest emergency admission rates for self-harm. They note that although emergency hospital admissions are used as a proxy for the prevalence of intentional self-harm, by doing so we are greatly underestimating the true prevalence of intentional self-harm in the community. Possible factors influencing high emergency admission rates from their research are shown [here](#). Further research in this area continues.

Possible factors influencing high emergency admission rates from analyses and stakeholder engagement



Self-Harm Risk Factors

Emergency hospital admissions for intentional self harm, standardised admission ratio 2016/17 – 2020/21

Area	Count	Value	95% Lower CI	95% Upper CI
England	-	100.0	99.7	100.3
Bath and North East Somerset	-	117.7	112.9	122.6
Twerton	-	296.3	258.8	337.7
Radstock	-	203.0	167.6	243.6
Moorlands	-	183.3	145.4	228.2
Westfield	-	169.9	139.5	205.0
Weston	-	158.5	125.5	197.6
Keynsham North	-	157.3	125.8	194.2
Combe Down	-	156.8	128.8	188.9
Peasedown	-	150.4	122.2	183.1
Keynsham South	-	147.6	116.7	184.3
Midsomer Norton Redfield	-	139.5	111.7	172.1
Publow & Whitchurch	-	131.4	89.3	186.6
Lambridge	-	129.2	99.5	165.0
Paulton	-	124.9	97.2	158.1
Mendip	-	124.7	84.7	177.0
Walcot	-	124.4	94.2	161.2
Bathavon South	-	120.7	96.3	149.5
Odd Down	-	116.0	90.3	146.8
Southdown	-	112.8	89.9	139.6
Kingsmead	-	110.2	91.4	131.7
Clutton & Farmborough	-	100.1	63.4	150.1
High Littleton	-	92.2	59.0	137.2
Lansdown	-	91.7	72.1	114.9
Westmoreland	-	91.5	74.3	111.6
Newbridge	-	85.4	63.4	112.6
Chew Valley	-	82.8	60.4	110.8
Bathavon North	-	81.2	60.1	107.3
Timsbury	-	75.1	42.9	121.9
Midsomer Norton North	-	72.4	48.8	103.4
Bathwick	-	63.6	52.1	77.0
Keynsham East	-	58.8	39.1	85.0
Saltford	-	56.5	36.2	84.0
Oldfield Park	-	56.2	37.0	81.8
Widcombe & Lyncombe	-	50.1	35.6	68.5

- [Risk factors for self-harm](#) include: age, socio-economic disadvantage, social isolation, stressful life events, bereavement by suicide, mental health problems, chronic physical health problems, alcohol and/or drug misuse and involvement with the criminal justice system. [Recent research](#) also suggests the following groups are at higher risk of self-harm:
 - boys with ASD
 - young people with ADHD
 - young people who spend time away from school (either through exclusion or absence)
 - girls with Free School Meal status
 - looked after children
- The rate of **hospital admissions for self-harm is significantly higher in B&NES compared to England**. In the period 2016/17 - 2020/21, the standardised admission ratio in B&NES was 117.7 indicating self-harm hospital admissions in B&NES are 17.7% more likely than in the England population as a whole.
- The rates in a number of wards in B&NES are significantly higher than the national rate, namely:

Twerton, Radstock, Moorlands, Westfield, Weston, Keynsham North, Combe Down, Peasedown, Keynsham South and Midsomer Norton Redfield
- This is consistent with the research of a link between areas of deprivation and higher risk of self-harm.

Source: [OHID – Fingertips Local Health Profile](#)

The standardised admission ratio (SAR) is a measure of how more or less likely a person living in that area is to have a hospital admission for self-harm compared to the standard population, in this case England. The SAR is a ratio of the number of admissions in the area to the number expected if the area had the same age specific admission rates as England. An SAR of 100 indicates that the area has average self-harm admission rate, higher than 100 indicates that the area has higher than average self-harm admission rate, lower than 100 indicates lower than average self-harm admission rate.