Agenda Item No. 7

JOINT STRATEGIC NEEDS ASSESSMENT(JSNA): AUTISM, PERSONALITY DISORDERS AND DUAL DIAGNOSIS

To: Health and Wellbeing Board

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1.0 PURPOSE

1.1 This report is to summarise the findings of the JSNA on Autism, personality disorders and dual diagnosis. The full JSNA is attached for the Board's approval.

2.0 BACKGROUND

2.1 The HWBB highlighted adult mental health as a priority area for JSNA work. In consultation with partners the scope of an adult JSNA was narrowed to include personality disorder, autism and dual diagnosis.

As there was no capacity to produce this JSNA within the public health team this JSNA, along with one on the mental health of older people, was commissioned from Solutions for Public Health in November 2013. Solutions for Public Health are a not for profit NHS public health consultancy.

2.2 The JSNA makes an important distinction between mental wellbeing or mental health and mental illness or disorder. The definitions used are in the box below.

Mental wellbeing (or mental health): There are many different definitions of mental wellbeing but they generally include factors known to promote mental health such as: life satisfaction, optimism, self-esteem, mastery and feeling in control, having a purpose in life, and a sense of belonging and support. Good mental health is not simply the absence of diagnosable mental health problems, although good mental health is likely to help protect against the development of many such problems.

Mental illness or disorder: Mental illness or disorder refers to a diagnosable condition that significantly interferes with an individual's cognitive, emotional or social abilities e.g. depression, anxiety, and schizophrenia.

2.3 The three conditions which are the focus of the JSNA are all diagnosable mental illnesses. However, the JSNA also highlights some of the factors which overall may increase our risk of poorer mental health. These include social factors such as deprivation, social support, long term conditions, employment, and homelessness.

2.4 The most common mental disorders are depression and anxiety. The three conditions this report looks at are all less common mental health disorders. The mental health needs of adults with Autistic Spectrum Disorder (ASD), personality disorder and dual diagnosis are complex. People with these conditions often experience comorbidities (both mental and physical), behaviour difficulties, social exclusion and unemployment. Some may have contact with the criminal justice system, as either victims of crime or offenders. Their mental health needs often bring significant implications for family and carers.

2.5 ***Autism spectrum disorders*** **(ASD)** affect social interaction, communication, interests and behaviour. The spectrum includes Asperger syndrome and childhood autism. The main problems facing people with the condition are:

- Problems with social interaction and communication; including problems understanding and being aware of other people's emotions and feelings. The condition can also include delayed language development and an inability to start conversations or take part in them properly.
- Restricted and repetitive patterns of thought, interests and physical behaviours, including making repetitive physical movements, such as hand-tapping or twisting, and becoming upset if these set routines are disrupted.

2.6 ***Personality disorders*** are conditions in which an individual differs significantly from an average person, in terms of how they think, perceive, feel or relate to others. Changes in how a person feels and distorted beliefs about other people can lead to highly unusual behaviour, which can be distressing and may upset others.

2.7 People with ***dual diagnosis***have a mental health problem and also misuse drugs or alcohol. The substance misuse may be related to the mental health problem: some people use drugs or drink excessively in order to manage symptoms of mental illness such as anxiety or depression. Alternatively, mental illness may have been triggered or exacerbated by drug and alcohol use.

3.0 SUPPORTING PARAGRAPHS

3.1 The full JSNA is attached, and the first part (pages 4-7) is an executive summary. The key facts and findings are summarised below.

3.2 **Key Facts**

- The population of Cambridgeshire is expected to grow by 19% between 2012 and 2026, including growth in nearly all age-groups and all local authority areas.
- Cambridgeshire's population is more affluent and less ethnically diverse than that of England, but social isolation is no less common.
- Most risk factors for poor mental health show similar patterns of prevalence across Cambridgeshire, though in some cases the Cambridgeshire population

shows a lower risk profile. There are also areas within the county where risk factors are concentrated, such as Fenland.

- For the specific conditions considered in this report, by 2026, there are expected to be about 1900 people in the County with borderline personality disorder, about 1500 with anti-social personality disorder and about 4,200 with ASD. Projecting the prevalence of dual diagnosis is more complicated because the age-specific prevalence is not constant. No projected prevalence of dual diagnosis is available, but the rising prevalence of excessive drinking suggests that it is likely to become more common amongst a proportion of this group[1].

- An increase in prevalence of common mental health disorders as well as those conditions specific to this report, is predicted across all Cambridgeshire districts, with growth in numbers concentrated in Cambridge City especially.

- The number of people affected by mental illness in Cambridgeshire is expected to increase in line with the population.In Cambridgeshire, many people with depression have not been diagnosed and recorded by their primary care teams, which reflects a national trend. This means they cannot receive the treatment and support they need.This suggests that there is unmet mental health need within the population. In addition, depression occurs in people with ASD, personality disorder and dual diagnosis, so this under-diagnosis of depression is relevant to their needs.

- The main concerns of service users and carers reported to us were:

    - Service delivery.
    - Organisational challenges.
    - Coordination of services.
    - Safeguarding of vulnerable people.
    - Access to services.
    - Transition between services.
    - Continuity of relationships.
    - Culture and equity.
    - Physical health and mental health.
    - Carers needs.

- Service improvement ideas from service users and carers, included more help with practical things, such as maintaining relationships, applying for benefits, and a focus on the positives rather than the diagnosis. Community support, and signposting for where to go for help, ideas or friendship were also considered important. Information and training for families and carers as well as those with mental health disorders, and seeing the same health professional consistently were also suggested. Some of the case studies in the full JSNA illustrate innovative ways to improve services and respond to some of these suggestions.

[1] Home Office. The Government's Alcohol Strategy. March 2012. www.gov.uk/government/publications/alcohol-strategy

3.3 Key Findings

- Due to an increasing population there will be an increase in the number of people with these mental health disorders within a few years. However,the resources available from statutory agencies for health servicesgiven the current financial restraints will at best remain the same, requiring the development of new service models to meet need. A holistic approach is vital.

- National guidance in the form of Clinical Guidelines and Quality Standards published by NICE describe in detail what patients should receive from NHS and social services. Existing service specifications from commissioners describe what should be available from NHS mental health services, though not in the case of Autistic Spectrum Disorder. However, the extent to which national guidance and local service specifications are followed in practicewas not reviewed as part of this JSNA. This should form part of a future work programme.

- We found no reliably evaluated early interventions for people with ASD, personality disorder and dual diagnosis published since the most recent NICE guidance. Therefore the most recent NICE guidance should be used as the basis for early intervention work.

- Adults with severe mental illness have a substantially reduced life expectancy due to both mental and physical ill health with a significant proportion of excess deaths being associated with physical conditions. A proportion of those within the specific conditions considered in this report are likely to have severe mental illness. In addition, there is often inequality of access to health services for physical illness for people who use mental health services. People with mental illness need equal access in order to improve their physical health problems and reduce their risk factors.

- For adults with autism, a high-quality diagnostic service is available from CPFT. However, services to support adults with autism and their carers in the community are sometimes fragmented and difficult to access. The recently published quality standard[2] for autism (January 2014) is a good basis on which to review the commissioned service specification and to review the services provided for adults with autism.

- There are strong indications of problems in services for people with dual diagnosis. There are examples from both service providers and service users which suggest that sometimes, neither the substance misuse service nor mental health services are apparently willing to take on patients with more severe dual diagnoses, with no system for adjudication in such cases. As a result, some clients are left with no service.

    - Commissioners should consider a review of services for dual diagnosis. An option, recommended by stakeholders, is to establish a jointly funded single service for those who had more severe dual

[2] Autism. QS51, 2014. http://guidance.nice.org.uk/QS51

diagnoses, which would take responsibility for those neither service would itself treat. This service would either treat the client, or assign them to one or other service.

- NICE recommends that "Specialist substance misuse services should work closely with secondary care mental health services to develop local protocols derived from this guideline for adults and young people with psychosis and coexisting substance misuse. The agreed local protocols should set out responsibilities and processes for assessment, referral, treatment and shared care across the whole care pathway[3]." Although such a protocol exists in Cambridgeshire, its implementation appears to be incomplete.

- Adults with mental disorders, including personality disorder, dual diagnosis and autism, sometimes experience mental health crisis and need help quickly to stop them harming themselves or others. The Crisis Care Concordat[4] is aimed at making sure that people experiencing a mental health crisis receive an appropriate emergency mental health service. It reflects a new requirement for the NHS that "every community has plans to ensure no one in mental health crisis will be turned away from health services"[5]. There should be local implementation of the Crisis Care Concordat to ensure that adults in mental health crisis are able to recover, and that admissions to hospital or to prison might be avoided.

- No information on activity levels and expenditure patterns by the main NHS mental health service provider in Cambridgeshire was available within the timescale of this report. This impedes service planning and evaluation by commissioners. It also limited the extent to which we can comment on patterns of service delivery. The routinely collected anonymised national minimum dataset should be available in a timely and accessible format to providers and commissioners of mental health services.

4.0 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 The JSNA directly supports the implementation of priority 4 of the HWBB.

5.0 IMPLICATIONS

5.1 The JSNA highlights a number of areas for further work including:

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[3] Psychosis with coexisting substance misuse: Assessment and management in adults and young people. CG120, 2011. www.nice.org.uk/CG120

[4] Department of Health and Home Office Mental Health Crisis Care Concordat - Improving outcomes for people experiencing mental health crisis February 2014

[5] Department of Health The Mandate: A mandate from the government to NHS England: April 2014 to march 2015. https://www.gov.uk/government/publications/nhs-mandate-2014-to-2015

- Further work for commissioners to benchmark service specifications, and current provision against NICE guidance and/or quality standards, particularly to ensure all the early intervention opportunities are being maximised.
- Work to ensure that those adults who have mental disorders are receiving physical health care, particularly through GPs and health improvement services. The development of a Public Mental Health strategy is likely to cover this issue.
- CCG Commissioners should consider a review of services for dual diagnosis given the gaps identified.
- That work is taken forward work to implement the Crisis Care Concordat to ensure that Cambridgeshire 'has plans to ensure no one in mental health crisis will be turned away from health services'.
- An analysis of CPFT service activity from the Mental Health Minimum Dataset (MHMD) was not possible for this JSNA as the data was not available in time, or complete enough, to be including within this work. It is now a specific requirement of the contract which CPFT have with the CCG to provide the MHMD in a timely and accessible format to commissioners. The public health team will undertake an analysis of the available data to provide additional service information for this JSNA.

6.0 RECOMMENDATION/DECISION REQUIRED

6.1 The Health and Wellbeing Board is asked to approve the JSNA and to note the findings and the areas which are highlighted for further work.

Background documents: Attached JSNA