

CARDIFF HEALTH SOCIAL CARE AND WELL BEING STRATEGY

NEEDS ASSESSMENT

MENTAL HEALTH

INTRODUCTION AND METHODOLOGY

The information in this section is taken from “Cardiff and the Vale Service Review: Joint Mental Health Needs Assessment”, Bro Taf Public Health & Policy Directorate 2001. Only a very high level summary of the outcome of the needs assessment is included here. For more detailed information, and sources to all the references, the full document should be consulted.

Mental ill health is so common that at any time, one in six people of working age will have a mental health problem; it is also a significant issue for older people. The majority of individuals with mental health problems are cared for by their primary health care team. For every one hundred individuals who consult their general practitioner (GP) for a mental health problem, nine are referred on to specialist services.

Since the introduction of the Welsh Office 1989 Mental Illness Strategy for Wales, the modernisation of mental health services and the development of community focused services has been one of the key agendas for mental health. This agenda is built upon in the Bro Taf Health Authority (BTHA) Strategic framework, health improvement programme and action plans for mental health. This will be further developed upon with the implementation of the ‘new’ National Assembly for Wales (NAfW) Adult Mental Health Services for Wales strategy issued in September 2001.

Despite the reduction in beds, inpatient services still account for between half and three quarters of the resources allocated to mental health services. Recent reviews in Cardiff and the Vale have suggested that the inpatient facilities currently provided are not fit to provide modern and comprehensive mental health provision.

It is against this background, including local and national policy and strategy that services within Cardiff have been reviewed. A comprehensive needs assessment of adults of working age and older people with mental health needs was necessary to inform any business case for the development of modern mental health services for Cardiff.

The questions that this needs assessment needed to ask were:

- Was there a lack of beds?
- Were existing beds being used appropriately?
- Were people admitted to these beds due to a lack of more appropriate facilities?
- Were community support services in place that could meet people’s needs?

The key debate regarding the delivery of mental health services should include a whole systems approach to the delivery of mental health services and not just the number of beds. It can be argued that the debate on “how many beds” should be widened to include the contributions of other agencies other than health providers, such as social services, housing and the voluntary sector.

This study was a follow on from a pilot study undertaken in North Glamorgan NHS Trust. Whilst the earlier study only examined acute inpatient provision, this study encapsulated a much broader field including: inpatient, day patient and community provision for both adults of working age and older people.

For the inpatient study the majority of wards providing mental health services to Cardiff and the Vale were included. Those excluded were the speciality providers' i.e. adolescent services, substance misuse and neuropsychiatry.

To be included, an individual had to be either resident in a designated ward on the nominated census day, admitted to that ward over the following month, or be assessed as having a need to be on the ward irrespective of their current placement.

Due to the size of the community caseloads, a random sample methodology was developed. To be included in the study, the patient (for both community and day hospital services) had to be on the service caseload on the nominated census day.

Two main questionnaires were used in the data collection, supplemented by a short questionnaire to be completed if the patient was discharged during the assessment period. The main questionnaires were obtained from the Research Unit of the Royal College of Psychiatry (RCP) and had been piloted at North Glamorgan NHS Trust.

A short census form based upon MILMIS V11 was used to determine the composition of inpatients on the ward or on the caseloads of community teams and day hospitals. It recorded the total number of actual occupied beds and the number of potentially occupied beds representing those individuals that would have been in a bed if it were available.

For community and day hospital services, the information collected included service caseloads, waiting list and composition of team providing the service.

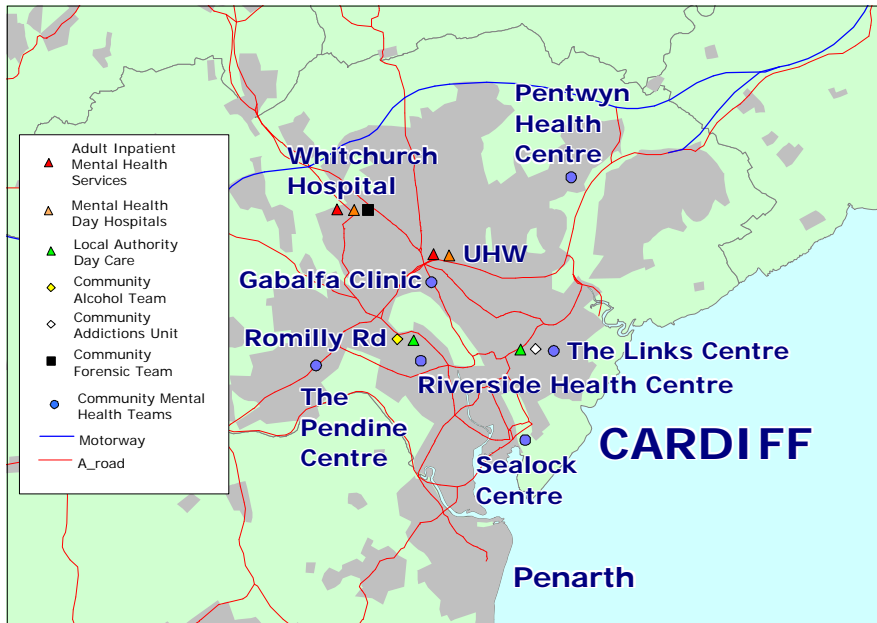
The second lengthy questionnaire, was the NHS R & D profile. Previous researchers applied this tool by interviewing the professional who knew the patient best (doctor or named nurse), and then completing the questionnaire. This process was found to be time consuming and as in the North Glamorgan study it was agreed that the staff participating in the study would directly complete the questionnaire.

This tool poses questions about patients/clients functionality, risk factors, appropriateness of current service provision and accommodation needs. The tool was modified slightly to meet the requirements of the inpatient wards included in the sample, and for the more community-oriented provision.

Cardiff: The Local Population

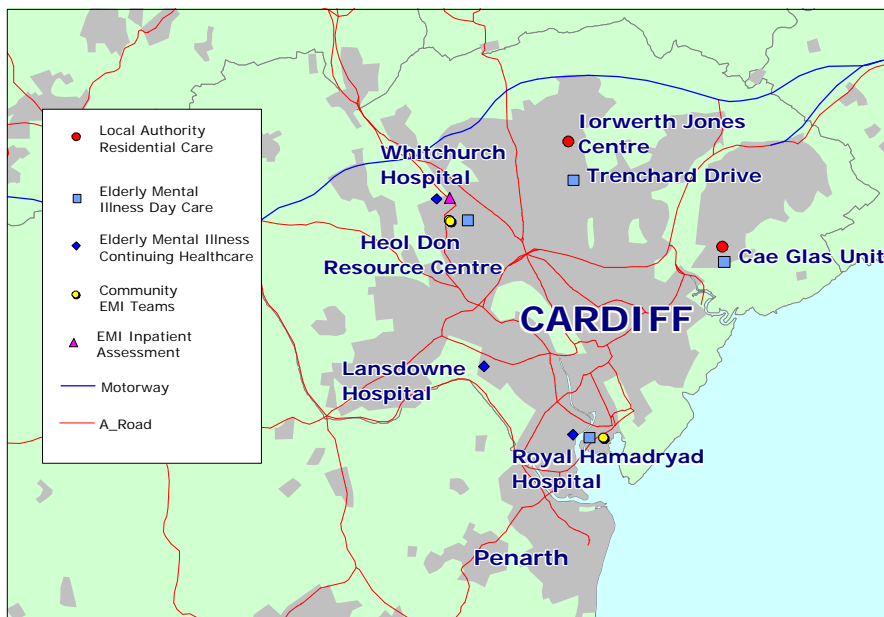
The main mental health and elderly mental health units serving Cardiff residents are shown in Figures 1 and 2.

Figure 1: Main adult mental health services in Cardiff



Source: Ordnance Survey

Figure 2: Main elderly mental health services in Cardiff



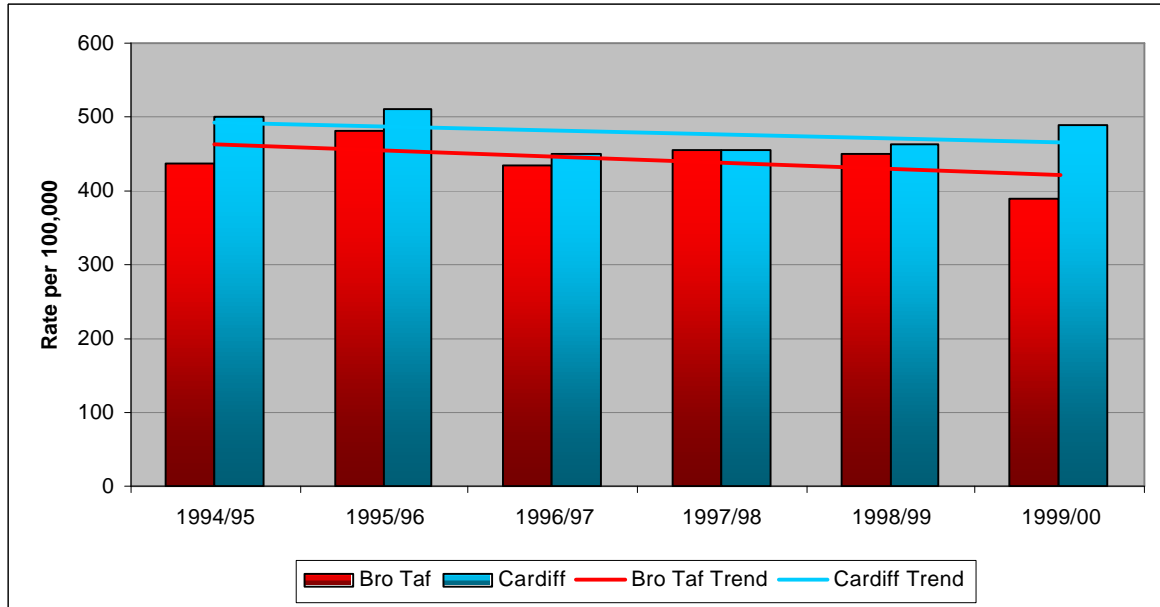
Source: Ordnance Survey

Mental Illness Hospitalisation

The underlying trend in acute adult and EMI psychiatric admissions for residents of Cardiff is downwards. In the financial year 1999/2000 there were 490 mental illness

finished consultant episodes (FCE's) per 100,000 population in Cardiff. This represents a decrease of 2% in the rate of mental illness FCE's since 1994/5, and compares with a decrease of 1% in Bro Taf over the same period .

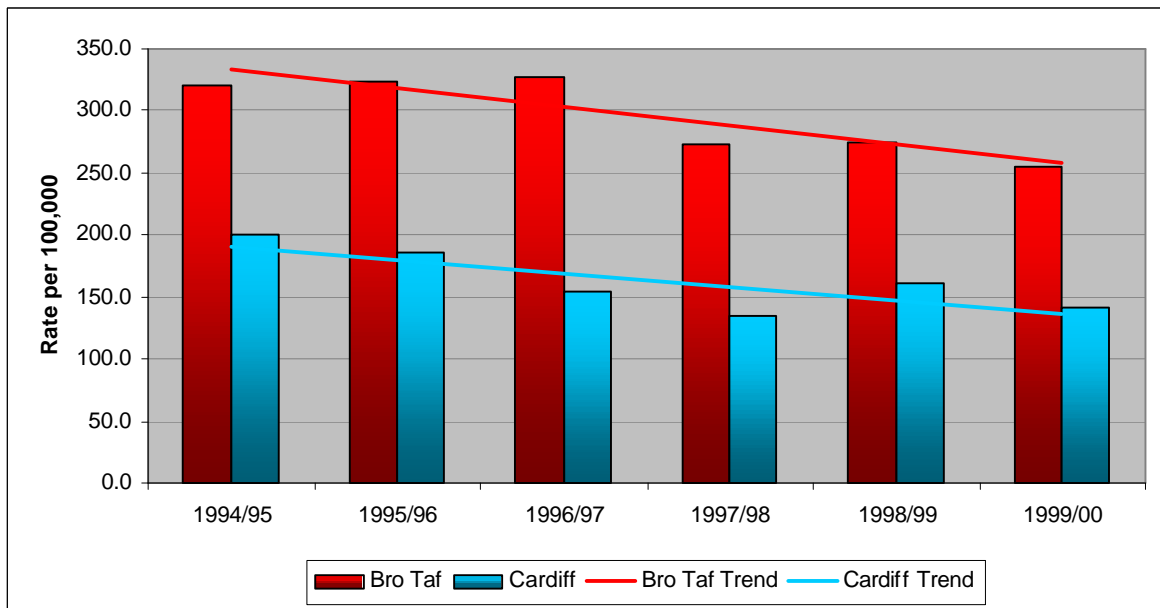
Mental illness FCE's Bro Taf and Cardiff (94/95 - 99/00)



Source: Derived from PEDW data

FCE's for old age psychiatry in Cardiff show a similar trend to old age psychiatry FCE's in Bro Taf as a whole (See below). In 1999/2000 there were 142 FCE's per 100,000 population in Cardiff, representing a decrease of 29% since 1994/5. Over the same period there was a 20% decrease in the rate of old age psychiatry FCE's per 100,000 population across Bro Taf.

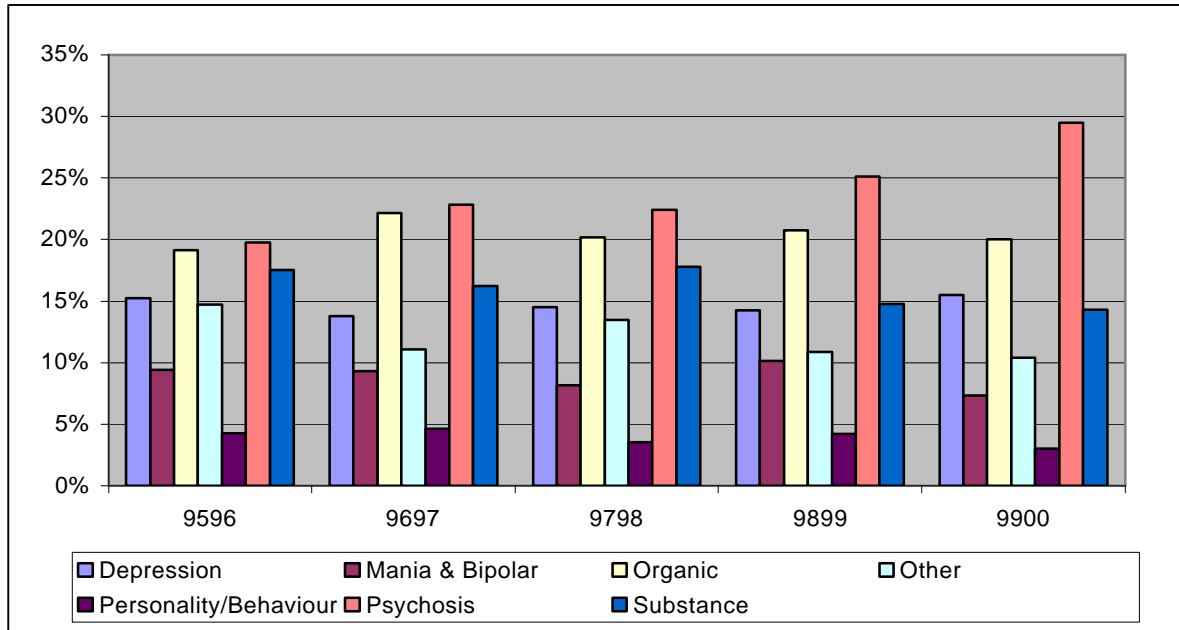
Old age psychiatry FCE's Bro Taf and Cardiff (94/95 - 99/00)



Source: Derived from PEDW data

Between 1995/6 and 1999/2000, admissions for psychosis in Cardiff residents increased by a third (see below). This contrasts with a small decrease in admissions for substance misuse. This runs against national trends and may be due to local changes or differences in classification i.e. many cases of psychosis are in fact substance misuse presenting with acute psychosis.

Primary diagnoses by year for Cardiff residents (95/96-99/00)



Source: Derived from PEDW data

Of Cardiff residents in Mental Illness units in Wales, 36% of men (60/169) are 65 years of age and over compared with 43% in Wales. In contrast, 59% of women (87/148) are 65 years of age and over. This compares with 62% of women in this age group in Wales.

Table 1 shows duration of stay for mental illness patients as at 31st March 2000. The data show that a higher proportion of patients in Cardiff, have lengths of stay of between one to five years compared with Wales and Bro Taf. A higher proportion of patients in Wales and Bro Taf have shorter and longer term lengths of stay of under twelve months and of five years and over.

Table 1: Mental Illness Patients Duration of Stay by Area of Residence

Duration of Stay	Wales		Bro Taf		Cardiff	
	Number	%	Number	%	Number	%
0-1mth	719	33.2	180	26.6	76	24.0
1-3mth	428	19.8	131	19.4	59	18.6
3-6mth	193	8.9	57	8.4	21	6.6
6-12mth	154	7.1	45	6.7	16	5.0

1-2yrs	248	11.4	137	20.3	86	27.1
2-5yrs	240	11.1	74	10.9	38	12.0
5yrs and	184	8.5	52	7.7	21	6.6

Source: Psychiatric Census 2000

Mental Illness Morbidity

Whilst hospital admissions data can provide information about levels of mental illness treated within secondary care, they do not reflect the prevalence of mental illness within the wider community. The Welsh Health Survey provides a useful indicator of levels of mental illness within the general population (as shown in Table 2). It is recognized that non-responders generally experienced better health than those returning the questionnaire, therefore the Welsh Health Survey may therefore overestimate the true prevalence of many conditions.

Table 2: Percentage of Adult Population treated by a doctor for any mental illness (of 3mths or more duration)

	Age Group	Wales	Bro Taf	Cardiff
Any mental illness	Aged 18+	13.6	14.7	14.0
	Aged 65+	14.5	16.0	14.1
Depression	Aged 18+	9.4	10.2	9.8
	Aged 65+	8.6	9.2	7.9
Anxiety	Aged 18+	7.3	7.7	7.1
	Aged 65+	7.7	8.4	8.3
Schizophrenia	Aged 18+	0.2	0.2	0.3
	Aged 65+	0.2	0.2	0.3
Alzheimer's disease	Aged 18+	0.2	0.2	0.2
	Aged 65+	0.7	1.1	0.9

Source: Welsh Health Survey

Service Provision

Number of Adult Acute Admission Beds in Whitchurch

Given sectorisation, five wards, East 1A, East 2A, East 1, West 1A and the Rawnsley unit are designated for adult Cardiff residents. On census day, 115 patients were allocated to a total of 102 beds. Forty four patients were detained under the Mental Health Act (1983).

	East 1A	East 2A	East 1	West 1A	Rawnsley Unit	Total
Admission beds	21	17	22	22	20	102
Additional beds	8	0	0	0	0	8
Total beds	29	17	22	22	20	110
Inpatients (detained)	11	10	10	7	6	44
Inpatients (informal)	18	14	11	14	14	71
Total patients	29	24	21	21	20	115

Patients - Beds	0	-5	1	-1	0	-5
-----------------	---	----	---	----	---	----

EMI Services

Sixty six elderly Cardiff residents were in or admitted to Whitchurch Hospital during the one month study period. Women outnumbered men 3:2 and most were informal admissions.

Cardiff EMI assessment inpatients

Total number		n = 66	%
Male		26	40
Female		40	60
Ethnic group	White	64	97
	Other	1	1.5
	Missing	1	1.5
Legal status at entry	Informal	57	86
	Detained	7	11
	Missing	2	3
Current legal status	Informal	53	80
	Detained	11	17
	Missing	2	3

Most patients had been in hospital for less than six months. Over fifty percent of these patients who had been in hospital for less than one month.

Adult Day Hospital

The total day hospital case load was 217 covering four day hospitals: Royal Hamadryad, Hafan, Rawnsley Unit and Tegfan Newydd.

Cardiff day hospital (1 in 5 sample)

	Case Load	Keyworked	Waiting List
Royal Hamadryad	65	0	5
Hafan	68	2	7
Rawnsley Day Unit	51	51	-
Tegfan Newydd	33	33	17

Cardiff adult rehabilitation day hospital (1 in 5 sample)

Total number		n=19	%
Male		13	68
Female		6	32
Ethnic group	White	18	95
	Pakistani	1	5
Legal status at entry	Informal	19	100
Current legal status	Informal	19	100

The majority of patients had been attending rehabilitation day hospital for over 12 months (69%). Only one in five had been attending for less than 6 months.

Cardiff EMI day hospital (1 in 5 sample)

		n=35	%
Male		15	43
Female		20	57
Ethnic group	White	30	86
	Black	1	3
	Other	4	11
Legal status at entry	Informal	34	97
	Missing	1	3
Current legal status	Informal	34	97
	Missing	1	3

Over fifty percent of patients had attended the EMI day hospital for more than twelve months. One in four were new to the day hospital having attended for less than three months.

Cardiff Adult Community Care (1in 10 sample)

		n=186	%
Male		78	42
Female		108	58
Ethnic group	White	162	87
	Black Caribbean	3	2
	Black African	1	0.5
	Black Other	2	1
	Indian	2	1
	Pakistani	2	1
	Bangladeshi	1	0.5
	Other	8	4
	Unknown	5	3
Legal status at entry	Informal	161	86
	Guardianship	15	8
	Other	7	4
	Missing	3	2
Current legal status	Informal	156	84
	Guardianship	21	11
	Section 37/41	1	0.5
	Other	6	3.2
	Missing	2	1

Eighty percent of patients had been in contact with their CMHT for over twelve months. Only a little over ten percent had been in care for less than 6 months.

Cardiff EMI community care (1 in 10 sample)

Total number		n=110	%
Male		35	32
Female		74	67
Missing		1	1
Ethnic group	White	107	97
	Caribbean	3	3
Legal status at entry	Informal	104	94
	Missing	6	6
Current legal status	Informal	103	93
	Detained	1	1
	Guardianship	3	3
	Missing	3	3

Nearly three quarters of all patients had been in contact with EMI community care for at least six months and a half of all patients had been in contact for over one year.

Summary

Despite having some methodological difficulties during the study, a robust and detailed data set was acquired, although unlike hospital data, it became clear that the quality and ease of access to data for patients in the community was poor. The possibilities for use of this data set are wide and varied.

Acute Mental Health Services

Interestingly the results of the study have not only supported but they have also questioned a number of commonly held 'truths' about acute mental health services in particular.

- The majority of patients who are admitted are sufficiently ill to warrant admission.
- Length of stay was related to severity of illness, as one might intuitively expect.
- Majority of patients had been known to service for at least five years.
- Length of stay was for the majority similar to national averages. However a number of patients had extraordinarily long lengths of stay.
- At face value, there appeared to be insufficient acute beds to provide a safe service with adequate spare capacity for peaks in activity, or unplanned admissions.
- Once appropriateness of occupancy of an acute bed was assessed, potentially over a third of patients could have been more appropriately placed elsewhere (this proportion is the same as in national studies that have been undertaken).
- The lack of suitable accommodation was cited as the reason for delayed discharge in only a small proportion of the sample. In reality, there appear to be a multitude of other factors that delay transfer or discharge of patients to more suitable accommodation.
- Increased availability of community support was identified as necessary to facilitate discharge.
- Potentially useful services that were identified included assertive outreach; intensive support; Seven-day CPN service.

The results of this part of the study suggest that there is a population of people who require inpatient care for a longer period of time than others but there is a population who would be more appropriately placed in the community if facilities were available. This work supports the strategic development of a range of community and intermediate resources for those individuals who do require a degree of intervention, some times on a very long term basis, but not necessarily an acute psychiatric inpatient admission.

Psychiatric Intensive Care (PICU)

As with the acute wards, the majority of patients that were admitted to the PICU had been known to services for over five years. This in itself is an interesting point with regard to risk assessment and proactive work with patients:

- Approximately a quarter of admissions were substance misuse related.
- Length of stay was short indicating efficient use of beds.
- The Vale use of beds coupled with Grangetown/Butetown was at most only a third.

As part of the Llandough outline business case the need for a separate picu facility has been discussed. This small sample has not identified the level of patients that would suggest the need for a separate unit. However, as this is only a small sample it has been agreed that a further examination of a six-month sample will be undertaken.

Community Mental Health Teams

The census information provided by the CMHTs has thrown up some interesting questions. A one in ten sampling methodology was to be applied across the adult teams. If the provided data was an accurate sample, then this level then this does not correspond with the information the teams gave on their current caseloads. The questions this poses are:

- Was the sample under representative?
- Do teams have cases on their numbers that are currently not actively key-worked?

The majority of patients had been known to service for over five years. Diagnostic profiles were similar for both areas. Staff identified a number of services that would benefit patients in the community including, assertive outreach, intensive support and seven day services.

Day Hospital

The samples gained from the day hospitals were small and therefore caution must be used when interpreting findings:

- The day hospitals had waiting lists.
- Most patients had been known to service for over five years.
- Most patients were perceived as appropriately placed in their accommodation within the community.
- The extension of services to seven days was felt to be a beneficial option.

Older Peoples Mental Health Services (EMI)

The majority of patients were admitted for short periods at the time of the assessment:

- Interestingly, over twenty five per cent of patients admitted to Morgannwg ward had a dementing illness.
- As with adult services, approximately one third of patients were deemed ready for discharge.
- As with adult services, there were varying reasons causing delays in the discharge process.

EMI Day Hospital

- The most common diagnoses for attendance at day hospital was dementia.