



# Poverty and Mental Health

13<sup>th</sup> December 2012

# Definition of mental health

- Mental health - Mental health is about how we think, feel and behave
- Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (WHO)



# Definition of Poverty

Poverty is the deprivation of food, shelter, money and clothing that occurs when people cannot satisfy their basic needs. Poverty can be understood simply as a lack of money, or more broadly in terms of barriers to everyday life

# Mental Health Prevalence Summary

Estimated prevalence of mental health disorders in resident population



Age range	Number of residents			Prevalence rate		
	Males	Females	Persons	Males	Females	Persons

Schizophrenia	15+	341	335	675	0.5%	0.4%	0.5%
Bipolar and related disorders	15+	1,058	1,078	2,136	1.5%	1.4%	1.5%
Depressive episode*	15+	1,877	2,327	4,204	2.7%	3.1%	2.9%
Anxiety disorder*	15+	3,262	4,800	8,062	4.7%	6.4%	5.6%
Eating disorders	10-34	38	191	230	0.1%	0.6%	0.4%
Personality disorders	18+	4,279	4,026	8,305	6.2%	5.4%	5.8%

## Comments

- Estimates of mental health disorders are based on application of the King's Fund 'Paying the Price' prevalence rates to local population data
- Severe and enduring mental illnesses such as schizophrenia and bipolar disorders are likely to affect just under 3,000 people in the borough
- Over 20,000 people are likely to be suffering from common mental illness, the most common of which are anxiety and depression

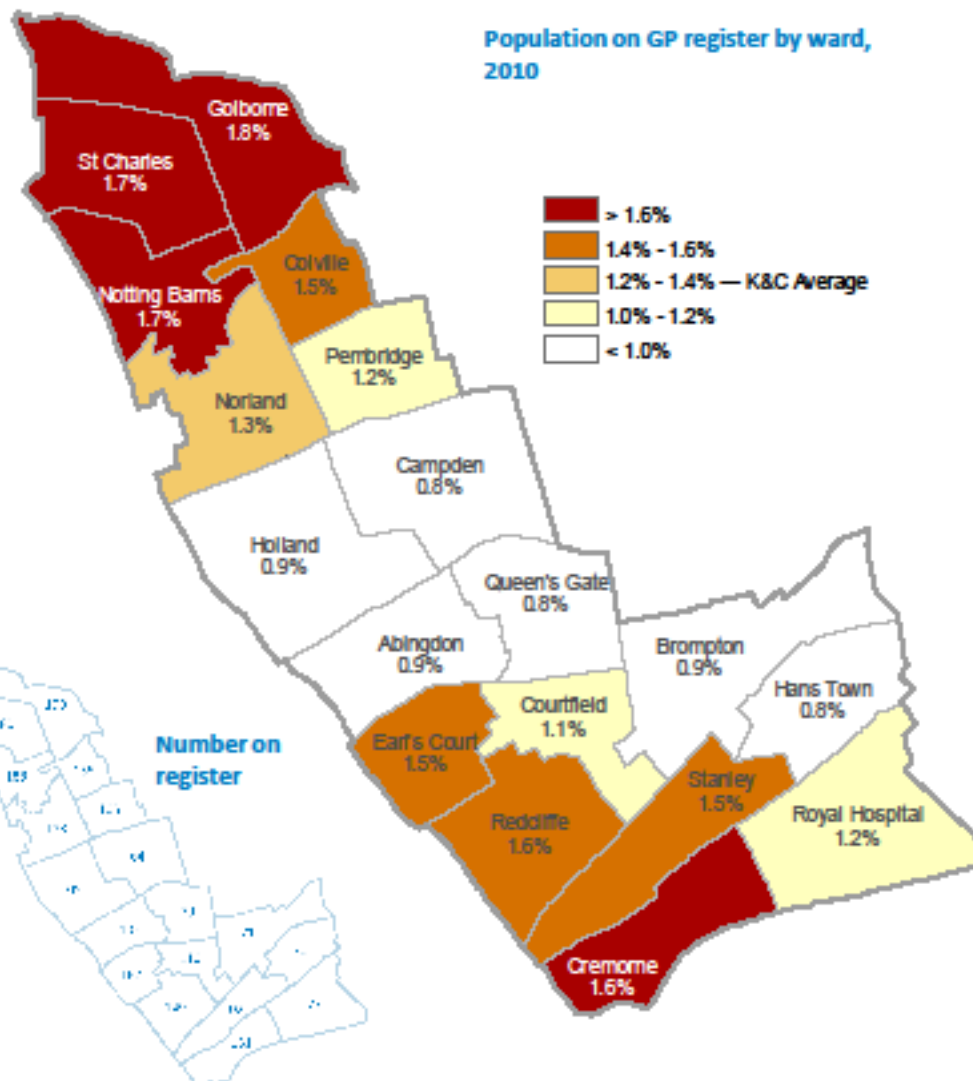
\*Mixed anxiety and depression is not included in the King's Fund 'Paying the Price' estimates but is likely to be in the region of 14,000 adults in Kensington and Chelsea

# Severe and Enduring Mental Illness

GP register size by ward



Population on GP register by ward, 2010



## Comments

- Kensington & Chelsea's practice prevalence of Severe & Enduring Mental Illness is much higher than London.
- There is a strong social class gradient to prevalence, with deprived areas in North Kensington and World's End (Cremorne) twice that of the more affluent areas. The high prevalence in the south of the borough may also relate to the location of hostels and/ or the location of GPs with a special interest in mental illness.

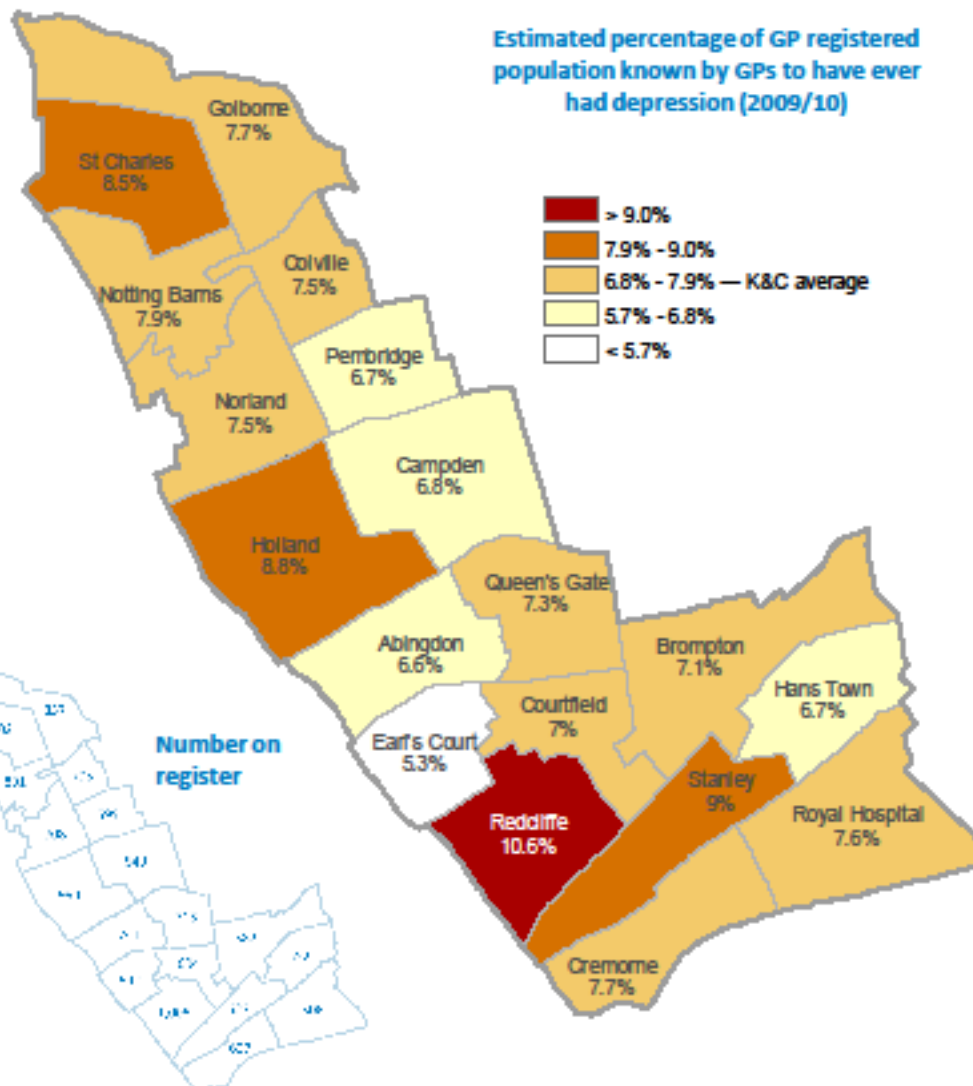
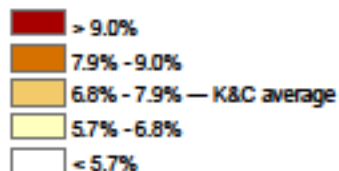
## Comparison Data

Note: London and England data relates to 2009 as 2010 data is not currently available

K&C	1.3%
London	0.9%
England	0.7%



Estimated percentage of GP registered population known by GPs to have ever had depression (2009/10)



Number on register

### Comments

- Roughly 7.4% of people in Kensington and Chelsea are known by NHS GPs to have had depression at some point in their lives. This is higher than London's 2008/09 average of 5.7%, but lower than the national average of 8.1%.
- Prevalence is spread relatively uniformly across the borough, with variation likely to be a result of varying identification levels across GP practices.

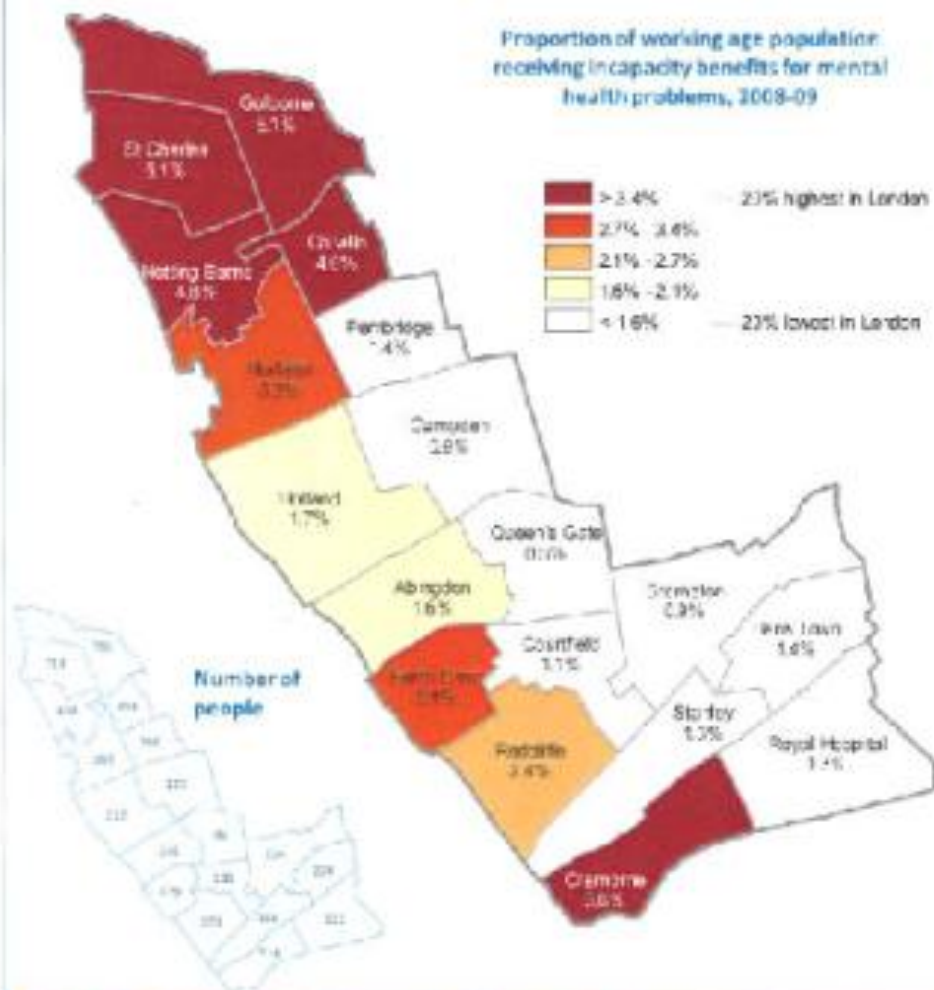
### Comparison Data

Note: London and England data relates to 2009 as 2010 data is not currently available

K&C	7.4%
London	5.7%
England	8.1%

# Working Age Benefit Claimants

Receiving incapacity benefit for mental health reasons



## Comments

- Kensington & Chelsea has a similar level of residents receiving incapacity benefit for mental health problems compared to London, and a lower rate than England.
- There is large disparity between wards: St Charles and Goiborne have the 5<sup>th</sup> and 7<sup>th</sup> highest rates in London; these wards, along with Notting Barris, Colville and Cromorne fall into the 20% worst in London.
- In contrast, Queen's Gate has the second lowest level of all 624 wards in London.

## Comparison Data

Notes: ONS 2006  
Population  
Projections used for  
England data.

K&C	2.5%
London	2.5%
England	2.6%



# Possible triggers for mental health problems

- Poor housing
- Physical health problems
- Domestic violence
- Financial problems
- Long term unemployment
- Difficult family dynamics
- Racism and discrimination
- Victim of crime
- Alcohol and/or drug misuse
- Life stressors
- Hopelessness





# Early warning signs

- Losing interest in activities and tasks that were previously enjoyed.
- Poor performance at work.
- Mood swings that are very extreme or fast and out of character for you.
- Self-harming behaviour, such as cutting yourself.
- Changes in eating habits and/or appetite: over-eating, bingeing, not eating.
- Loss of, or increase in, sexual desire.
- Hearing and seeing things that others don't.
- Other differences in perception; for example, mistakenly believing that someone is trying to harm you, is laughing at you, or trying to take over your body.



# Early warning signs

- Sleep problems.
- Increased anxiety, looking or feeling 'jumpy' or agitated, sometimes including panic attacks.
- Feeling tired and lacking energy.
- Isolating yourself, socialising less; spending too much time in bed.
- Wanting to go out a lot more, needing very little sleep, feeling highly energetic, creative and sociable, making new friends rapidly, trusting strangers or spending excessively – this may signal that you are becoming 'high'.



# Recovery from mental health problems

- Recovery is real and people can recover from mental health difficulties
- Two types of recovery:
  - clinical recovery from symptoms and restoring social functioning
  - Personal recovery – acceptance and building a meaningful life
- Recovery has four key components
  - Finding and maintaining hope
  - The re-establishment of a positive identity
  - Finding meaning in life
  - Taking responsibility for one's life



**[jill.watson@smartlondon.org.uk](mailto:jill.watson@smartlondon.org.uk)**

**020 7376 4668**

**[www.smartlondon.org.uk](http://www.smartlondon.org.uk)**

