

Mental Health and Wellbeing Joint Strategic Needs Assessment (JSNA) & JSNA Work Programme

A presentation in two parts...

Making the
most of the
JSNA

Mental health
and wellbeing
JSNA

What is the JSNA?

“a process to identify the health and wellbeing needs of local areas, providing a basis of sound evidence for the commissioning of local services and action to be taken by local partners working together.

...providing a framework to examine all the factors that impact on health and wellbeing of local communities, including employment, education, housing, and environmental factors; providing impartial evidence on which to base local decisions “

DoH 2012

Means by which CCGS and LAs describe future health, care and wellbeing needs of the local population and identify the strategic direction of service delivery to meet those needs.

What does a JSNA do?



Provides a comprehensive picture of current and future health and wellbeing needs of the population



Evidence base to inform local strategy, to improve commissioning decisions, and health and wellbeing outcomes for local residents



Looks at the wider determinants of health



Key in understanding health inequalities

What can it tell you?



Population profile and
structure



Areas of health
inequality – geographic
and community levels

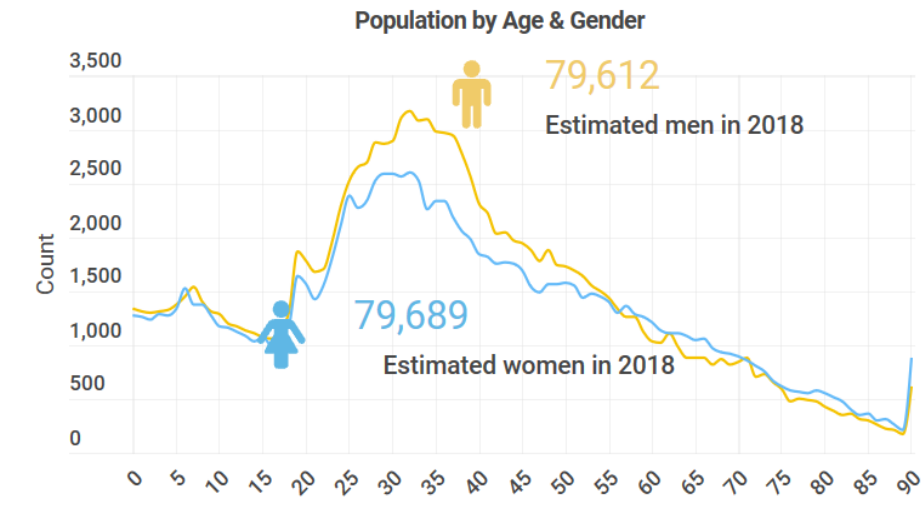
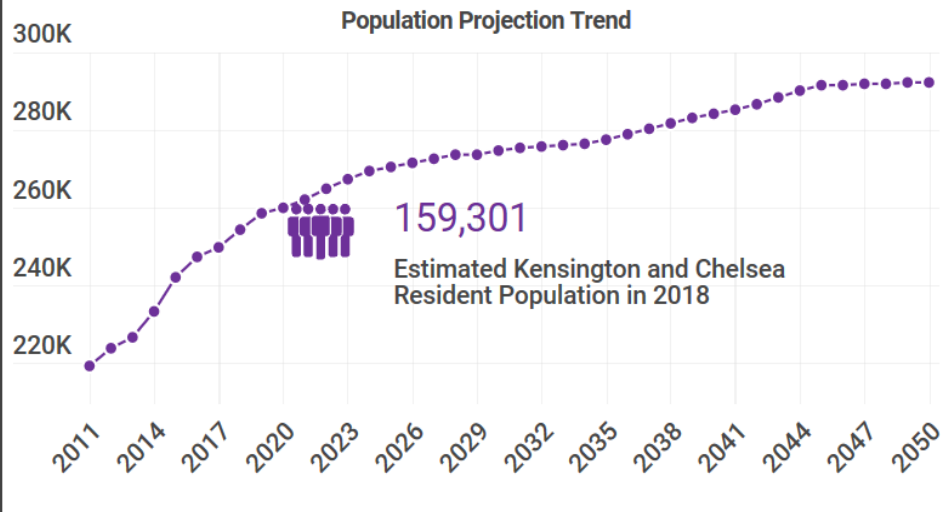



Causes of mortality
and morbidity in the
population




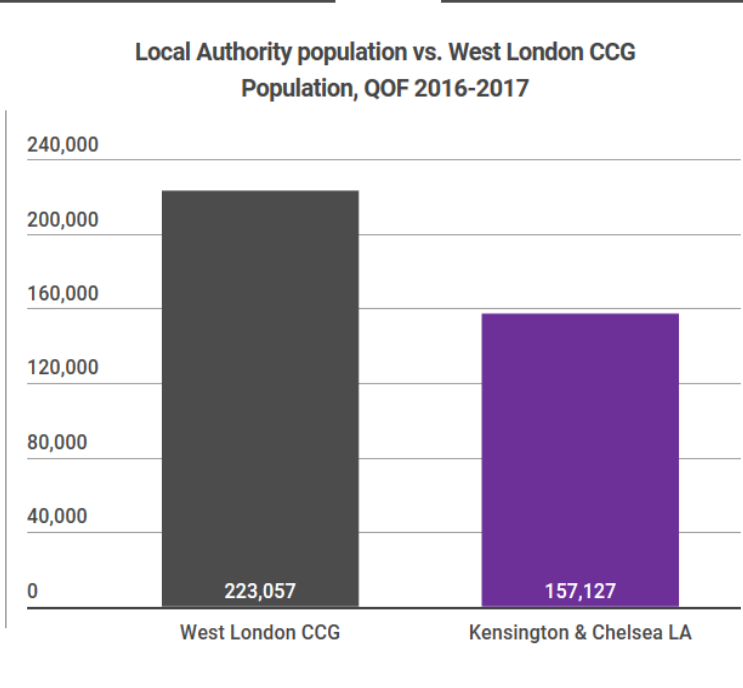
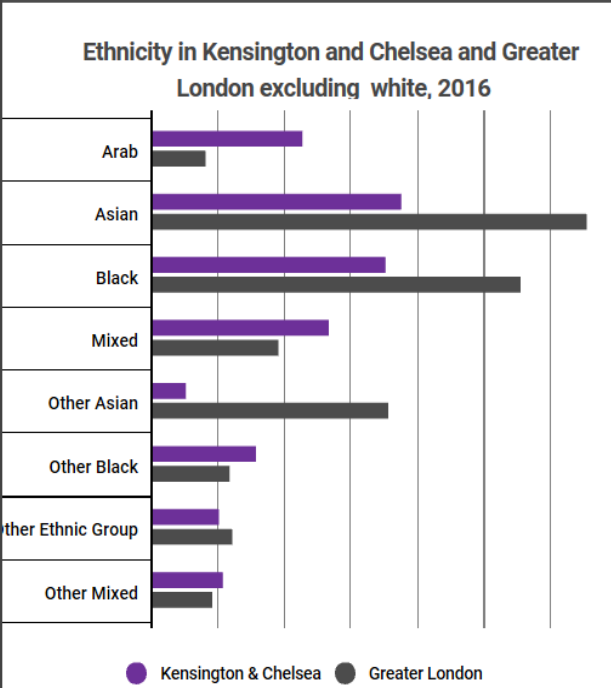
Health risks

Population profile and structure



 37% of the resident population are from BAME groups

 72% of the resident population speak English as their main language





Health inequality

Source: <https://www.jsna.info/ward-health-profiles> (using data from ONS, PHE and QOF)

How do I access the JSNA?

JSNA website

<https://www.jsna.info>

Joint Strategic Needs Assessment

JSNAs for Westminster & Kensington and Chelsea

[Home](#) [About the JSNA](#) [JSNA Online](#) [Reports](#) [Grenfell Tower fire disaster](#)

This website provides intelligence and data on the health and wellbeing needs of the local population in the two Boroughs.

The JSNA Online provides interactive summaries at a Borough and Ward level through the JSNA Highlight Reports and Ward Profiles. Downloadable reports are available for the 'deep-dive' JSNAs which provide a detailed analysis on a specific topic.

Subscribe to our mailing list to get JSNA news and updates

Key Documents

Mental health and wellbeing JSNA

May 2019 Kensington and Chelsea, Westminster

Our Health, Our Wellbeing: young people growing up in Kensington and Chelsea, and Westminster

Recently published JSNAs

Mental health and wellbeing JSNA

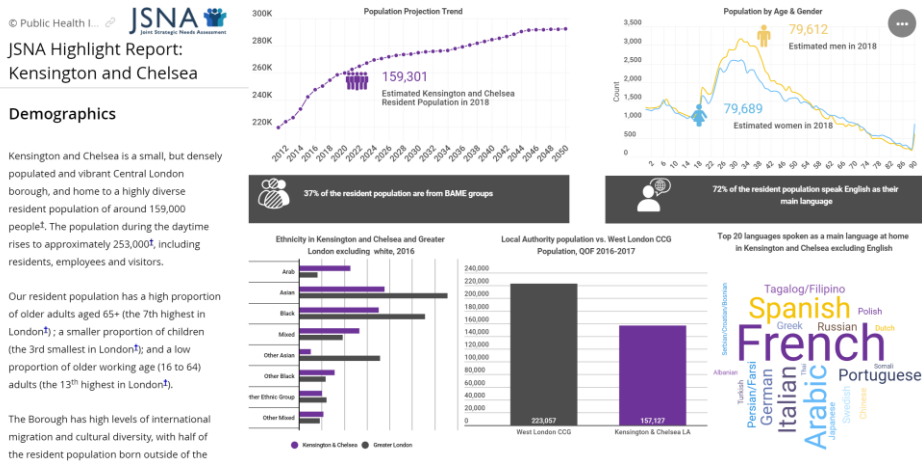
May 2019 Kensington and Chelsea, Westminster

Children with Special Educational Needs and Disabilities (SEND)

Jul 2018 Kensington and Chelsea, Westminster

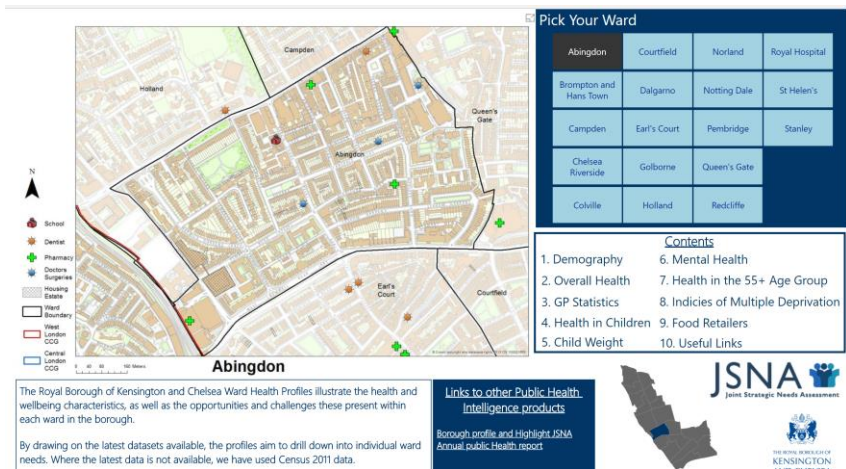
RBKC Highlight Report (Borough Profile)

<https://www.jsna.info/online/highlightreports>



RBKC Ward Profiles

<https://www.jsna.info/ward-health-profiles>



Questions?

- Do you use the JSNA website?
- If so, do you find the information that you need
- What is good about the website
- How could we improve the website?



Slido - #U465



1. What percentage of older people live alone in RBKC?



a. 8.2%



b. 9.6%



c. 10.5%



d. 7.8%



2. What are some of the challenges for achieving good mental health and wellbeing in RBKC?

Slido - #U465



1. What percentage of RBKC residents are diagnosed with severe mental illness?



a. 0.9%



b. 0.7%



c. 1.5%



d. 1.8%

Focus on... mental health and wellbeing

JSNA takes a life course approach to describe:

- prevalence of mental health and wellbeing
- determinants and factors (risk and protective) for poor mental wellbeing and illness
- services and assets available to meet needs
- what works to promote or protect mental wellbeing
- views and experience of patients accessing services
- potential gaps or areas of unmet need

Some stats...

Life satisfaction scores



Prevalence (GP recorded)			
	Area	Depression	Severe mental illness
Rate	RBKC	8.5%	1.5%
	WCC	5.7%	1.4%
	London	7.1%	1.1%
	England	9.9%	0.9%
Count	RBKC	14,341	3,851
	WCC	13,562	3,215

		Relationship to:						
Illness/ presentation	Prevalence 16+	Age	Sex	Ethnicity	Household type	Employment status	Benefit status	Region
Bipolar disorder	2.0%	Clear gradient - Higher at younger ages 16-24yrs: 3.4% vs. 65-74yrs: 0.4%	Higher among Males: 2.1% vs. Females, 1.8%	Highest among Black/Black British 3.5% vs. lowest in Asian/Asian British, 1.4%	Highest - Single person household: 5.5% vs. Lowest: 2 adults 60yrs+, no children, 0.4%	Highest among economically inactive: 4.3% lowest in employment, 1.9%	Higher on benefits than not: Highest on ESA: 12.4%	Higher in London, 2.3% vs. England, 2.0%
Personality disorder - Antisocial	3.3%	Clear gradient - Higher at younger ages 16/18-24yrs: 4.9% vs. 55-64yrs: 2.2%	Higher among Males: 4.9% vs. Females, 1.8%	Highest among Mixed ethnicity 4.8% vs. lowest in Asian/Asian British, 1.4%	Highest - Single person household: 6.6% vs. Lowest: Adults with children, 2.9%	Highest among economically inactive: 4.7% lowest in employment, 2.8%	Personality disorder: Higher on benefits than not: Highest on ESA: (3-48% vs. 12-14%), ESA: 48%	Higher in London, 4.4% vs. England, 3.3%
Personality disorder - Borderline	2.4%	Clear gradient - Higher at younger ages 16/18-24yrs: 5.7% vs. 55-64yrs: 1.0%	Higher among Females: 2.9% vs. Males, 1.9%	Highest among White British % vs. 2.6% lowest in Black/Black British, 1.4%	Highest - Single person household: 3.9% vs. Lowest: Adults with children, 2.0%	Highest among economically inactive: 5.3% lowest in employment, 1.5%		Lower in London, 2.2% vs. England, 2.4%
PTSD	4.4%	Clear gradient - Higher at younger ages 16/18-24yrs: 8.0% vs. 55-64yrs: 0.6%	Higher among Females: 5.1% vs. Males, 3.7%	Highest among Black/Black British 8.3% vs. lowest in White Other, 2.2%	Highest - Single person household: 10.8% vs. Lowest: 2 adults 60yrs+, no children, 1.4%	Highest among economically inactive: 10.6% lowest in employment, 2.7%	Higher on benefits than not: Highest on ESA: (16-34% vs. 3.4-4.2%), ESA: 34%	Lower in London, 4.0% vs. England, 4.4%
Common Mental Health Disorders	15.7%	Higher at younger ages peaks at: 35-44yrs 19.3% vs. 75yrs+: 8.8%	Higher among Females: 19.1% vs. Males, 12.2%	Highest among Mixed ethnicity 19.8% vs. lowest in White Other, 1.4%	Highest - Single person household: 29.4% vs. Lowest: 2 adults 60yrs+, no children, 10.4%	Highest among economically inactive: 33.1% lowest employed full-time, 14.2%	Higher on benefits than not: Highest on ESA: (35-66% vs. 15-17%), ESA: 66%	Higher in London, 18.0% vs. England, 15.7%
Psychotic disorders	0.5%	Parabolic, peaks at: 35-44yrs 1.0% vs. 75yrs+: 0.1%	Higher among Females: 0.6% vs. Males, 0.5%	Highest among Black/Black British 1.4% vs. lowest in White, 0.5%. No data on Mixed ethnicity	Highest - Single person household: 1.1% vs. Lowest: adults no children, 0.4%	Highest among economically inactive: 2.3% lowest employed full-time, 0.1%	Higher on benefits than not: Highest on ESA: (5-13% vs. 0.2-0.3%), ESA: 13%	Higher in London, 0.6% vs. England, 0.5%
Self harm	7.3%	Most common at 16-24yrs: 17.5% vs. 75yrs+: 0.3%	Higher among Females: 8.9% vs. Males, 5.7%	Highest among White British 8.1% vs. lowest in White, 5.5%.	Highest - Single person household: 14.9% vs. Lowest: adults no children, 1.5%	Highest among economically inactive: 14.6% lowest employed full-time, 7.6%	Higher on benefits than not: Highest on ESA: (15-34% vs. 7-8%), ESA: 13%	Lower in London, 7.1% vs. England, 7.3%
Suicidal thoughts	20.6%	Most common at 16-24yrs driven female prevalence, men most common at 55-64yrs	Higher among Females: 22.4% vs. Males, 18.7%	Highest among White British 21.6% vs. lowest in Asian/Asian British, 13.1%.	Highest - Single person household: 40.2% vs. Lowest: adults no children, 11.4%	Highest among unemployed: 30.6% lowest employed, 20.8%	Higher on benefits than not: Highest on ESA: (37-66% vs. 19-22%), ESA: 66%	Lower in London, 20.6% vs. England, 21.3%
Suicide attempts	6.7%	Most common at younger ages 16-34yrs, peaks at 16-24 yrs, 9.0% driven female prevalence, men - 55-64yrs	Higher among Females: 8.0% vs. Males, 5.4%	Highest among White British 6.9% vs. lowest in Asian/Asian British, 5.3%.	Highest - Single person household: 16.0% vs. Lowest: adults no children, 2.5%	Highest among economically inactive: 16.1% lowest employed full-time, 5.8%	Higher on benefits than not: Highest on ESA: (5-7% vs. 20-43%), ESA: 43%	Lower in London, 6.4% vs. England, 6.7%

Variation in the prevalence of mental illness

What determines mental health and wellbeing?

- Deprivation
- Employment
- Education
- Poverty
- Housing
- Crime and justice
- Community wellbeing
- ...

Homelessness and poor quality housing are important risk factors. While the boroughs have lower levels of family homelessness



3.1 per 1,000

they also have higher rates for households in temporary accommodation



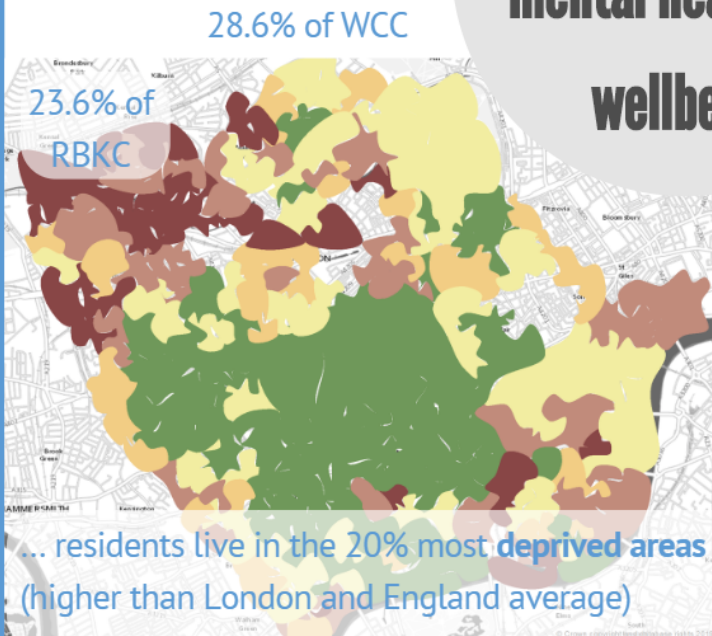
28.1 per 1,000 in RBKC; and 20.7 per 1,000 in WCC

Employment is a protective factor for mental wellbeing. Employment rates are lower than the London average at 65.4% (RBKC) and 64.4% of 16-64 year old



Education is a key determinant of health and wellbeing into adulthood and later life. Outcomes are good for children from both boroughs

Local determinants of mental health and wellbeing



Poverty can be a cause and a consequence of poor mental health and wellbeing

20.1% (RBKC) and 28.5% in WCC of children and young people (under 20) live in poverty (higher than London and England average)



Risk and protective factors

Risk factors for children and young people's mental health and wellbeing

RISK FACTORS

Child

- Genetic influences
- Low IQ and learning disabilities
- Specific development delay
- Communication difficulties
- Difficult temperament
- Physical illness
- Academic failure
- Low self-esteem

Family

- Family disharmony, or break up
- Inconsistent discipline style
- Parent/s with mental illness or substance abuse
- Physical, sexual, neglect or emotional abuse
- Parental criminality or alcoholism
- Death and loss

School

- Bullying
- Discrimination
- Breakdown in or lack of positive friendships
- Deviant peer influences
- Peer pressure
- Poor pupil to teacher relationships

Community

- Socio-economic disadvantage
- Homelessness
- Disaster, accidents, war or other overwhelming events
- Discrimination
- Other significant life events
- Lack of access to support services

Local factors for working age adult mental health and wellbeing

Marital break-up is higher than the London average (by 0.8%)

The percentage of residents living alone is around 10% higher than the London average

Alcohol dependence is the same as the London average (1.4%)

Higher rates of hospital admissions for mental and behavioural disorders due to the use of alcohol.

Opiate and/or crack cocaine use among adults is up to 4% higher than the London average

Social isolation among some service users is indicated to be higher

5% less of Adult Social Care clients reporting enough social contact compared to the London average

Local factors for older adults mental health and wellbeing

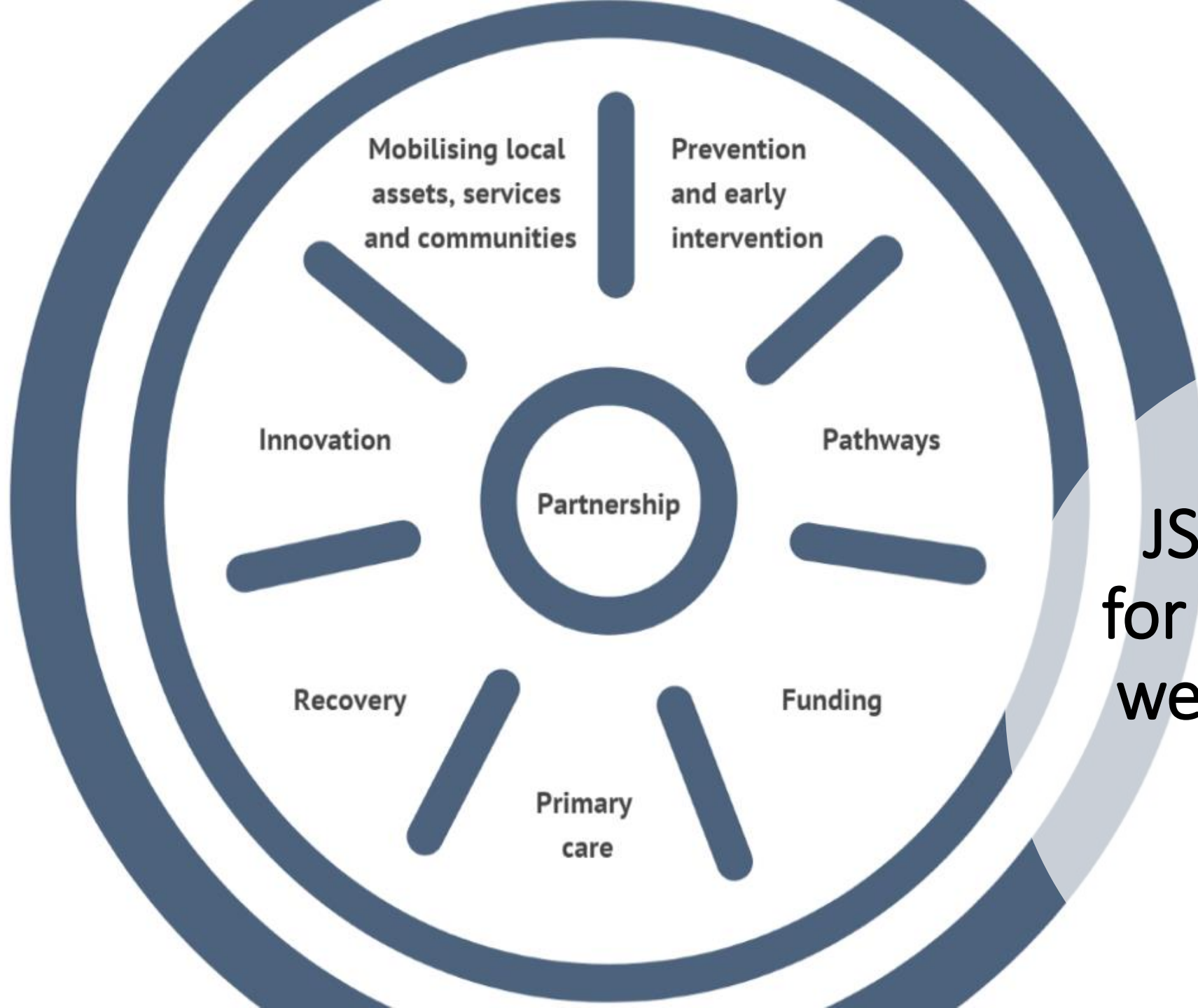
The percentage of older people living alone is above the London average (10.5% in RBKC; 10.4% in WCC; 9.6% in London)

The percentage of social care users with enough social contact is lower than the London average (35.8% for RBKC; 34.3% WCC; 41.4% London)

Diagnosed dementia among the GP registered population (65+)

RBKC	WCC	London
4.3%	4.9%	4.5%

More residents aged 60+ live in poverty compared to the national average (21.6% in RBKC; 24.9% WCC; 16.2% England)



JSNA findings...
for the health and
wellbeing system



Any questions?

Thank you!

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