# **Mortality & Morbidity**

Mental and emotional wellbeing

# **Derbyshire County**



## Prevalence and incidence:

#### **Adults**

Dementia is a syndrome characterised by an insidious but ultimately catastrophic, progressive global deterioration in intellectual function and is a main cause of late-life disability. The prevalence of dementia increases with age and is estimated to be approximately 20% at 80 years of age. There is emerging evidence on the importance of psychosocial risk factors throughout life such as loneliness, isolation and depression. These factors may reduce resilience to disease onset and progression

Dementia (QOF): at all ages, significantly higher than for England at 0.96% - 7716 people

Severe mental illness (QOF): at all ages, significantly lower than for England at 0.8% - 6793 people

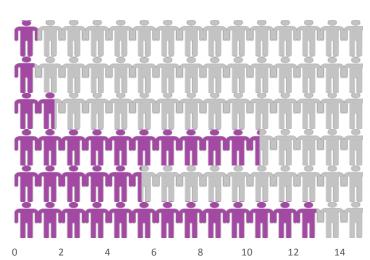
Depression recorded incidence (QOF): at age 18+, significantly higher than for England at 1.7% - 11064 people

Depression recorded prevalence (QOF): at age 18+, significantly higher than for England at 10.6% - 68575 people.

Depression and anxiety (GP Patient Survey): at age 18+, at 13.0% similar to England

Long-term mental health problems (GP Patient Survey): at age 18+, at 13.0% similar to England

(NB - Higher recorded prevalence may reflect better detection)



It is estimated that 40% of adults in Derbyshire with a severe mental illness are smokers, similar to England and almost three times the proportion in the overall population.

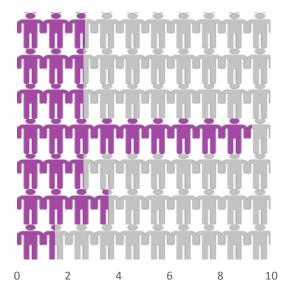




In Derbyshire, 82.3% of residents aged 16 and over expressed high satisfaction with their life, considerably higher than for England; 74.9% said that they had felt happy on the previous day.

## **Children and Young People**

The mental health of all children is important. With half of adult mental health problems starting before the age of 14, early intervention to support children and young people with mental health and emotional well-being issues is very important. Children with learning or physical disabilities have a higher risk of developing a mental health problem compared to the national population. Conduct disorders include defiance, aggression and anti-social behaviour. Children with conduct disorders have poorer outcomes which include an increase likelihood of drug dependency, lower educational attainment, imprisonment and a lower life expectancy.



School pupils with social, emotional and mental health needs:-

School age: significantly higher than for England at 2.7% - 2849 pupils

Primary age: significantly higher than for England at 2.6% - 1652 pupils

Secondary age: significantly higher than for England at 2.6% - 1100 pupils

Mental health disorders: age 5-16, estimated at 2.3% similar to England - 8499 children and young people

Conduct disorders: age 5-16, estimated at 2.6% similar to England - 5760 children and young people

Emotional disorders: age 5-16, estimated at 3.6% similar to England - 3726 children and young people

Hyperkinetic disorders: age 5-16, estimated at 1.5% similar to England - 1560 children and young people

The emotional health and wellbeing of young people can influence their cognitive development and learning, as well as their physical and social health.

In the 'What About YOUth' survey 15 year olds were given 14 statements - forming the Warwick-Edinburgh Mental Well-being Scale - about their mental wellbeing, rating each from 1-5 (5 being the most positive). The ratings were then summed to give an overall score between 14 and 70. The average score for 15 year olds in Derbyshire was 46.4, significantly lower than for England. However, 65.5% reported positive life satisfaction similar to England.



Bullying is detrimental to physical and mental health and research suggests that it is a problem for many young people, particularly within schools. Bullying can take several forms, including physical bullying and psychological/emotional bullying. Bullying can also take place virtually using technology such as social media websites and text messages; this type of bullying is known as cyber-bullying. 56.7% said they had been bullied in the previous months, while 10.1% said they had bullied others. Only a little over half, 51.7%, thought they were the right size. These proportions were similar to those for England.

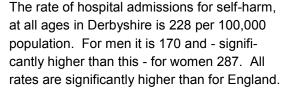
In Derbyshire the average difficulties score for looked after children (age 5-16 years) was 16.2, much higher than for England. [A total difficulties score is calculated for each child from an assessment using a strengths and difficulties questionnaire and then averaged across the authority score of 14-16 is borderline cause for concern, and over 16 is cause for concern]]

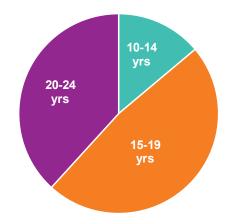
# Hospital admissions as a result of self harm

Self-harm is an expression of personal distress and there are varied reasons for a person to harm themselves irrespective of the purpose of the act. There is a significant and persistent risk of future suicide following an episode of self harm.



The rate of admissions for 10-24 year olds is significantly higher than for all ages, at 508, and significantly higher than for England. 10-14 year olds account for 14% of admissions, 15-19 year olds for 49% and 20-24 year olds for 37%, the latter two groups having significantly higher rates than those for England.

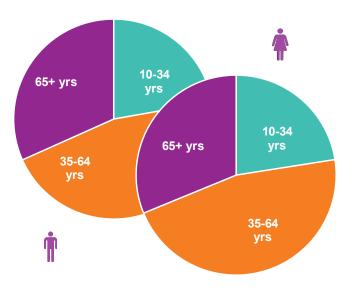


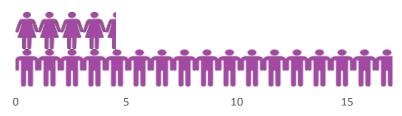


# Suicide

Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health

The rate of deaths from suicide, at all ages in Derbyshire is 10.7 per 100,000 population. For women it is 4.5 and significantly higher than this- 17.1 for men. All rates are similar to England's.





Directly Standardised Rate per 100,000 population

35-64 year olds make up 62% of male and 59% of female suicides; 10-34 year olds 20% of males and 22% of females, over 65+ year olds 18% and 20%. The rates for 35-64 year olds are significantly higher than for the other age groups in each case. Male rates are significantly higher at all ages.

