

CHAPTER 5

Mental Health

5.1 Death Rates for Suicide

Suicide has been used as an indicator of levels of mental health despite representing a very small tip of a very large iceberg and consisting of numbers too small for meaningful analysis at local level. Once again national forecasts appear in line with the 20% reduction target (figure 5.1) set in *Saving Lives: Our Healthier Nation* (Department of Health, 1999). In the South Yorkshire Coalfields as a whole it is less likely that current trends will lead to success against the target, but it is difficult to break down the figures even to health authority level. No health authority exhibits any evidence of a downward trend – the rates have been constant for 20 years - although rates in Rotherham have been consistently lower than those of Barnsley and Doncaster. Doncaster has had a number of suicides at its prisons in recent years which are included in the figures.

5.2 Psychiatric Ward Emergency Readmission Rates

This target derives from NHS High Level Performance Indicators. The drive to reduce readmission rates is based on the assumption that readmissions will be reduced if patients are discharged only when appropriate and if services in other sectors for people with mental illness are effective in supporting patients outside hospital. Figure 5.2 shows emergency readmission rates. A technical problem with Rotherham's data has meant that rates between 1993 and 1996 could not be calculated; hence South Yorkshire Coalfields averages could not either.

Doncaster's emergency readmission rates are heading downwards, Barnsley's less convincingly so. It is difficult to reach any conclusions from Rotherham's data.

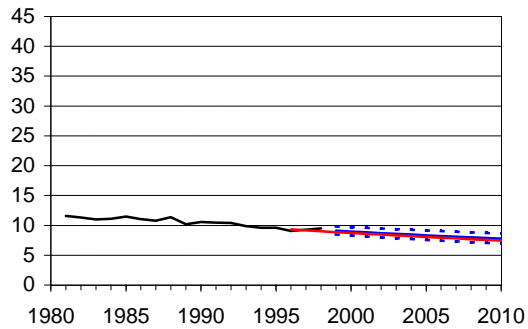
Figure 5.1 - Death Rates for Suicide and Undetermined Injury

Directly Standardised Rates per 100,000 Resident Population
ICD-9 E950-E959, E980-E989 not E988.8 All persons all ages

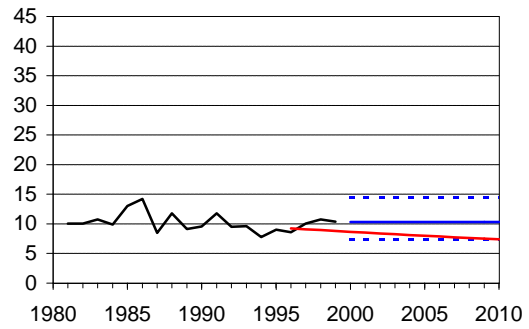
Target: (*Saving Lives: Our Healthier Nation*) To reduce death rates by 20% by 2010 from the 1995-7 baseline.

Sources: ONS: Annual Abstracts of Deaths, Mid-Year Estimates of Population and 20th Century Mortality in England & Wales; Trent RHA: Deaths prior to 1992.

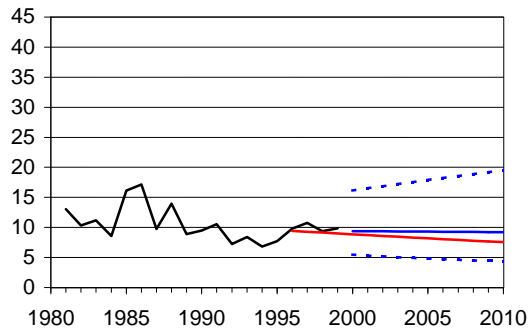
England & Wales



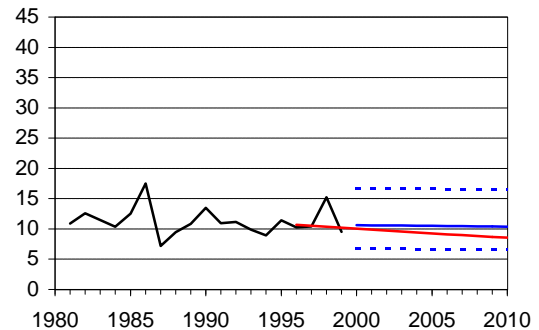
South Yorkshire Coalfields HAZ



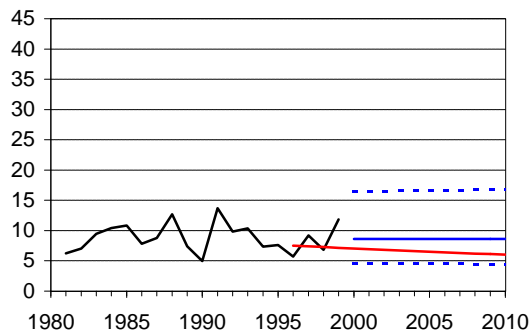
Barnsley HA



Doncaster HA



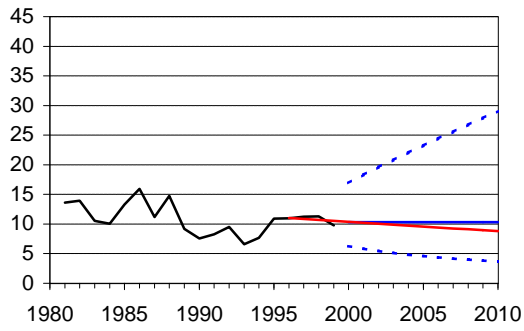
Rotherham HA



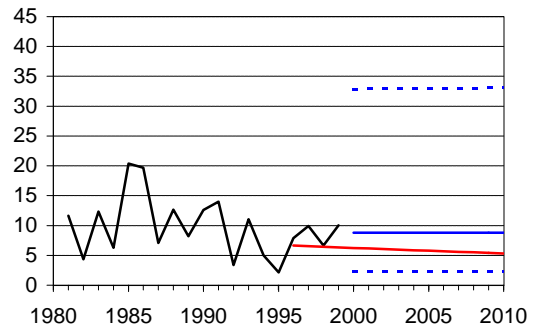
— Directly Standardised Rate
— Forecast Rate
..... 95% Confidence Interval
— OHN Target Line

Rates forecast with 95% confidence intervals
by Holt's Method on logit-transformed data.

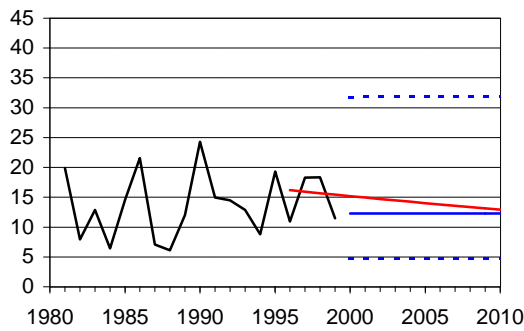
Barnsley East PCG



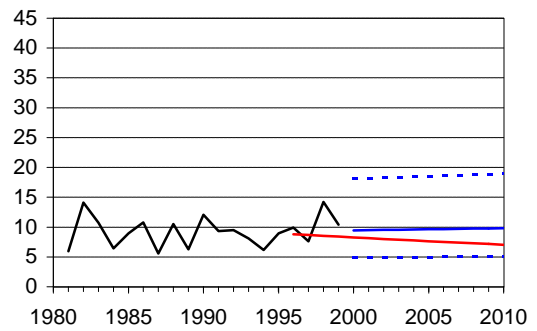
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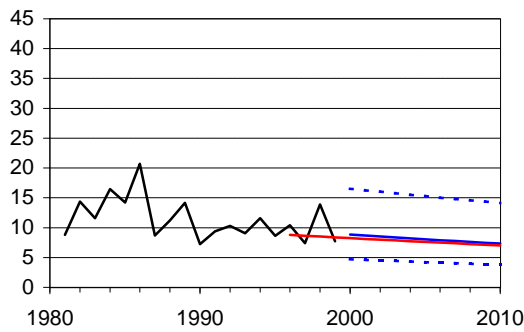
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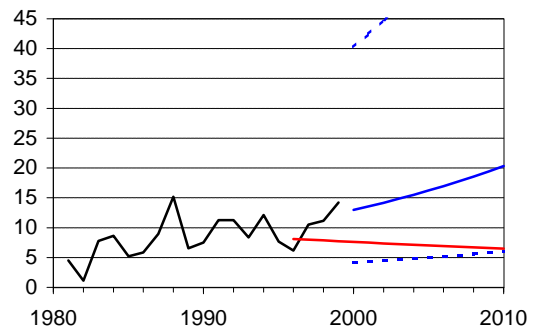
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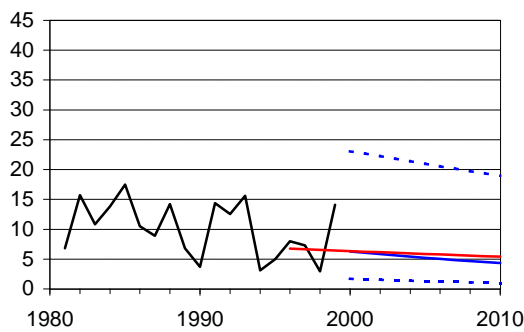
Doncaster West PCG



Rother Valley PCG



Rotherham PCG



Wentworth PCG

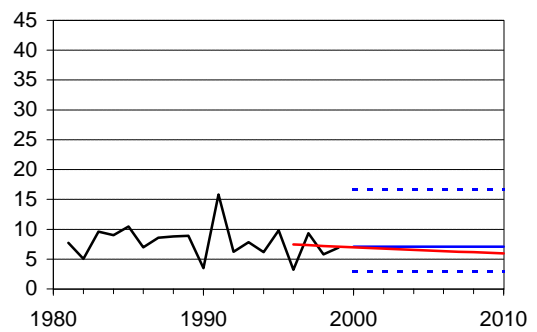


Figure 5.2 - Emergency Re-Admission rates for psychiatric care

Discharge and subsequent emergency admission with psychiatric specialty code (within 90 days of discharge)
All persons aged 15-64

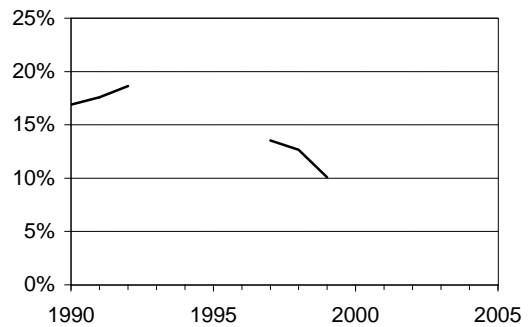
Target: Barnsley: To reduce the number of patients aged 16-64 who are readmitted to the care of a psychiatric specialist within 90 days of discharge from 14.3% to 12.3% by April 2002.

Sources: CMDS, Trent Region PIS Archive, ONS Mid-Year Estimates of Population

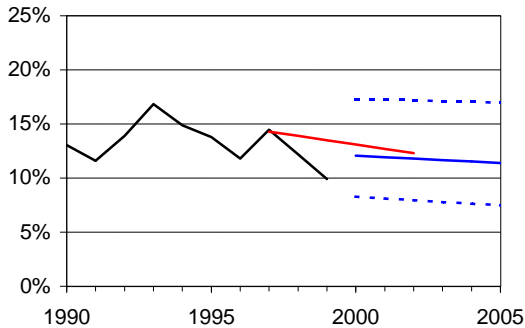
England and Wales

Data Not Available

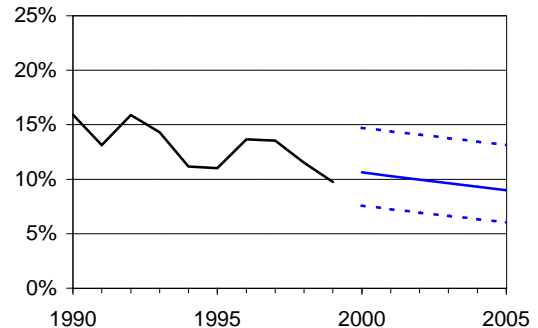
South Yorkshire Coalfields HAZ



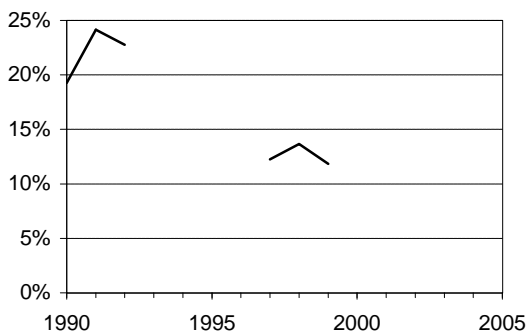
Barnsley HA



Doncaster HA



Rotherham HA



— Directly Standardised Rate
— Forecasted Rate
..... 95% Confidence Interval

Rates forecast with 95% confidence intervals
by Holt's Method on logit-transformed data.

5.3 Benzodiazepine Prescribing Rates

Benzodiazepines are used as anxiolytics (sedatives) or hypnotics (sleep inducers). Prescribing of these drugs is widespread but is only appropriate in the short term, as physical and psychological dependence develops. High rates of Benzodiazepine prescribing indicate inappropriate use. Barnsley has a target to reduce prescribing of these drugs by 15% by 2002/3. Doncaster's and Rotherham's HImPs state the aim to reduce their use. Measured in Annual DDDs/STAR-PU (defined daily doses per person on list – standardised for age and sex) the indicator aims to provide a fair comparative figure for the amount of the drugs being prescribed, relative to the population. While at a national level there is no evidence of change, locally, in all three health authorities and the seven PCGs/PCT for which data were obtained, there are clear improvements (figure 5.3). However the very different levels around the South Yorkshire Coalfields are clear, Barnsley East being particularly high prescribers of Benzodiazepines, followed by Doncaster West.

5.4 Co-proxamol Prescribing Rates

Doncaster's target, to reduce the level of the prescribing of Co-proxamol to the national average by 2003, has its origin in an audit of suicides carried out in Doncaster (Sims, 1998). The most important finding of the audit was the large number of suicides involving an overdose of co-proxamol. This drug is particularly lethal when taken in conjunction with alcohol or sedatives and it seems likely that some 'cries for help' are resulting in unintended death. Since that finding, co-proxamol has continued to be a major source of suicides in Doncaster and the health authority has worked with trusts and GPs to attempt to reduce the quantity in circulation by prescribing it less.

Figure 5.4 very clearly demonstrates that change is possible! Only in Doncaster has this been a target and the results speak for themselves. The indicator, number of items (prescriptions) per PU (people on list – standardised for age and sex) does not strictly reflect the amount of co-proxamol being prescribed, as prescriptions are not necessarily always for a set dose or for a set period, but it is unlikely that the reduction seen is misleading. Doncaster appears to have met this target already.

References:

Department of Health (1999). *Saving Lives: Our Healthier Nation*. London: The Stationery Office.

Sims A (1998). *Doncaster Suicide Audit*. Doncaster Health Authority.

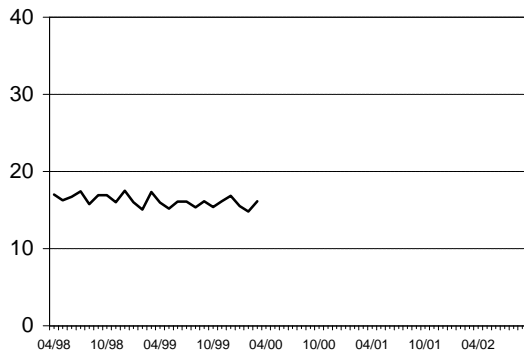
Figure 5.3 - Prescription Rates for Benzodiazepines

Annual defined daily dose per patient unit

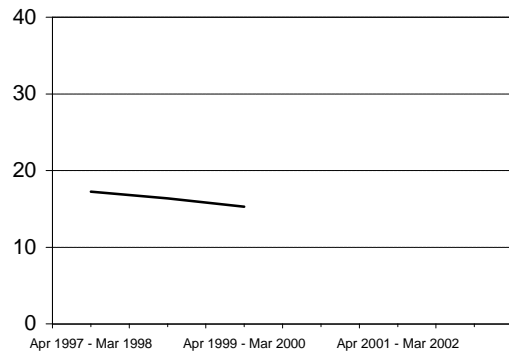
Target: Barnsley: Reduce the prescribing of benzodiazepines by 15% by 2002/3
 Doncaster & Rotherham: To improve performance on this indicator

Source: Prescription Pricing Authority

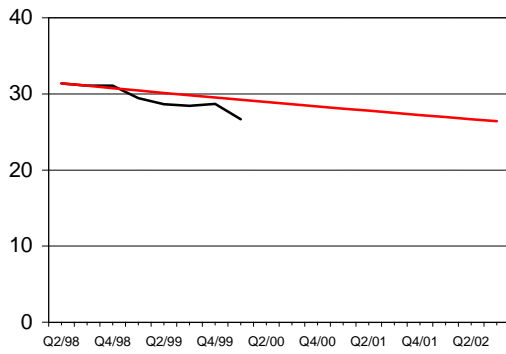
England & Wales



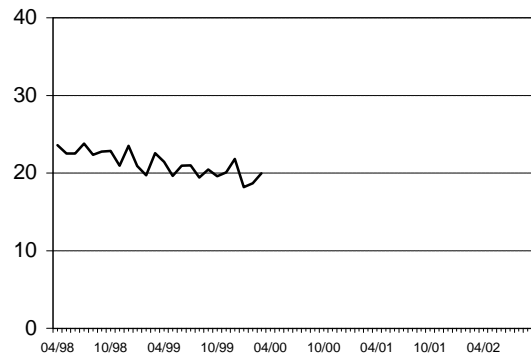
Trent Region



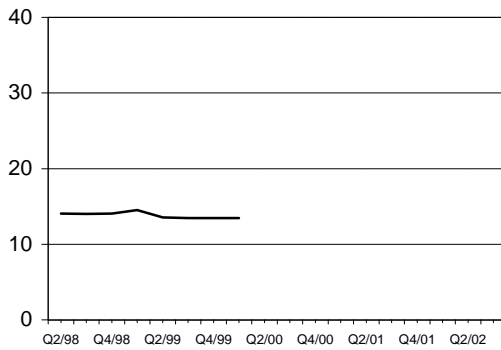
Barnsley HA



Doncaster HA

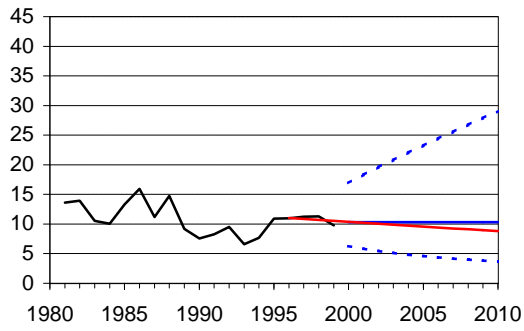


Rotherham HA

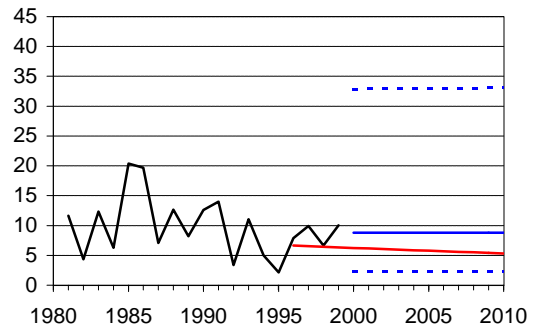


— Annual DDD/STAR-PU
 — HIMP Target (where appropriate)

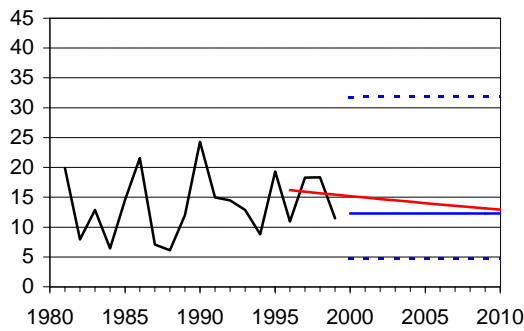
Barnsley East PCG



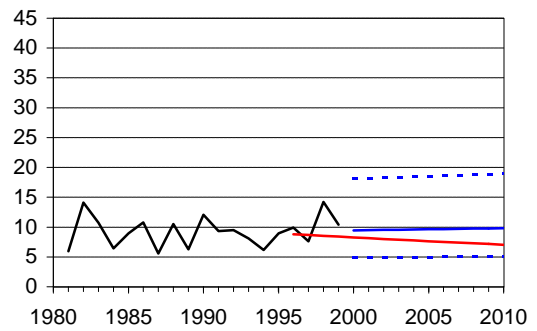
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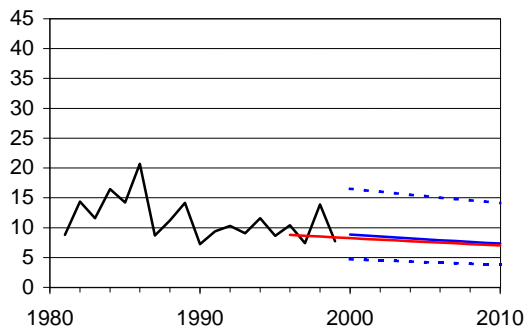
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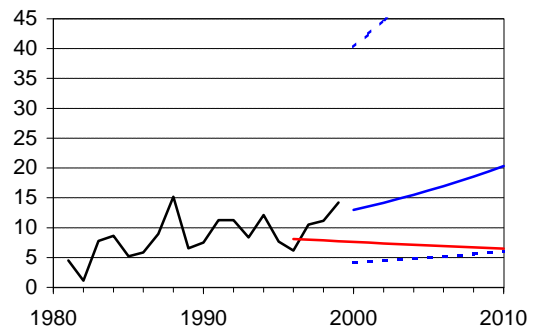
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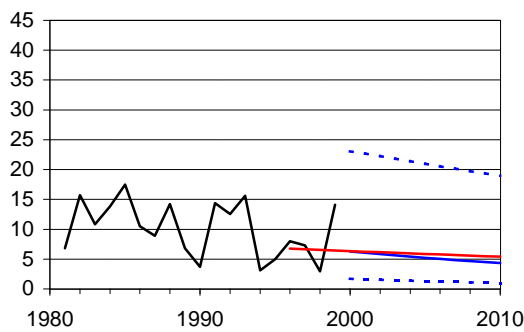
Doncaster West PCG



Rother Valley PCG



Rotherham PCG



Wentworth PCG

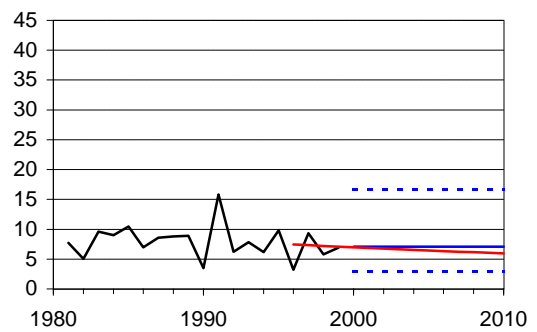


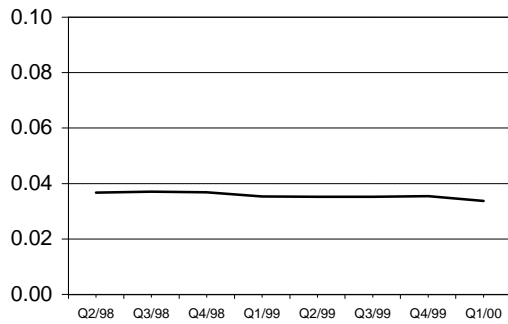
Figure 5.4 - Prescription rates for Co-proxamol

Items per patient

Target: Doncaster: Reduce prescribing of Co-proxamol to the national average by 2003

Source: Prescription Pricing Authority

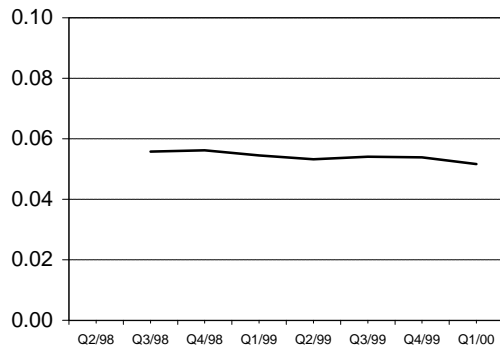
England & Wales



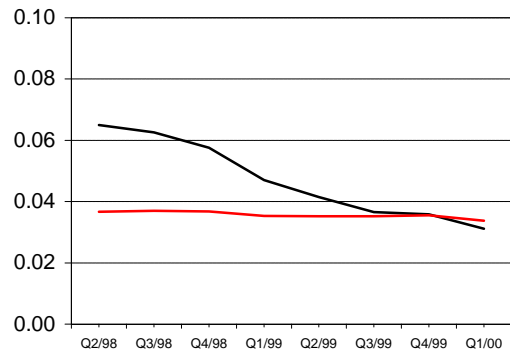
Trent Region

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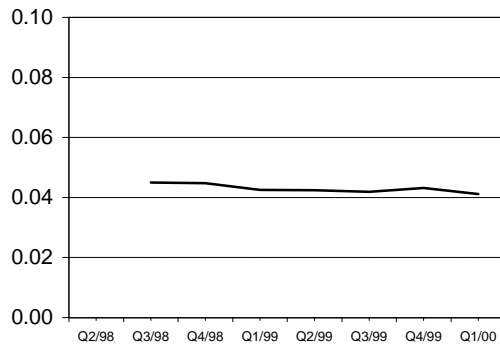
Barnsley HA



Doncaster HA

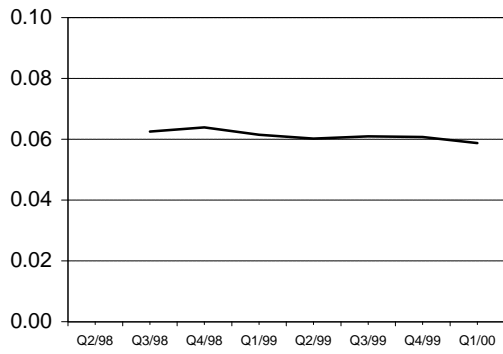


Rotherham HA

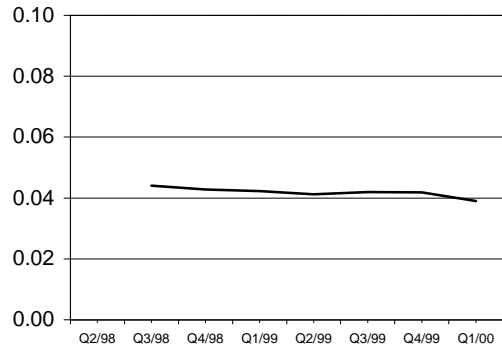


— Items/PU
 — HImP Target (where appropriate)

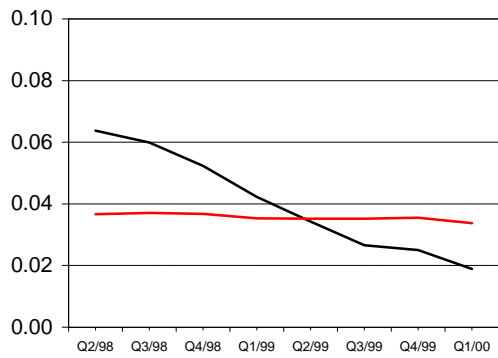
Barnsley East PCG



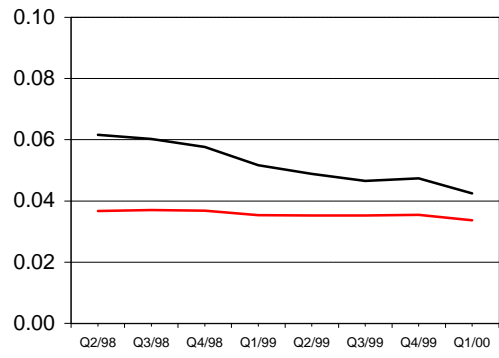
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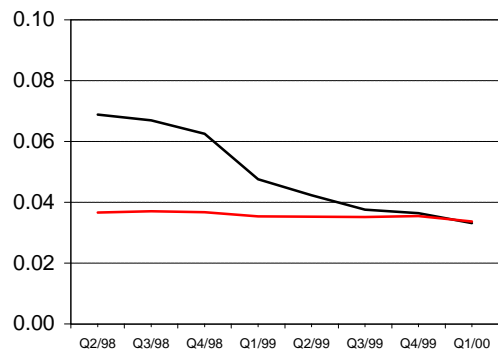
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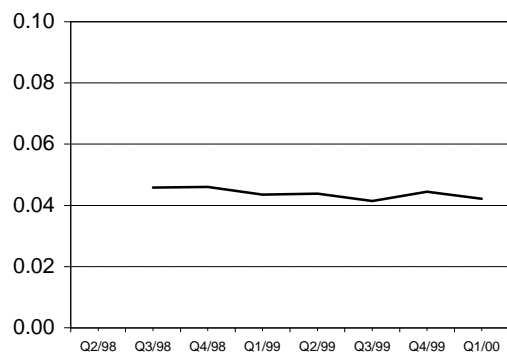
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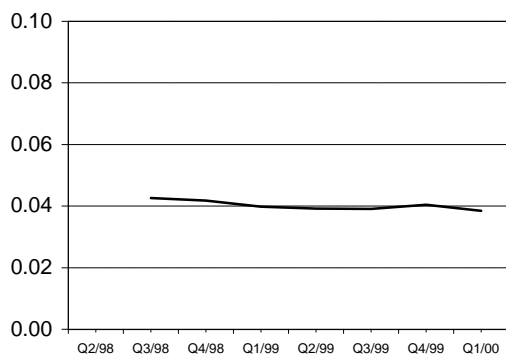
Doncaster West PCG



Rother Valley PCG



Rotherham PCG



Wentworth PCG

