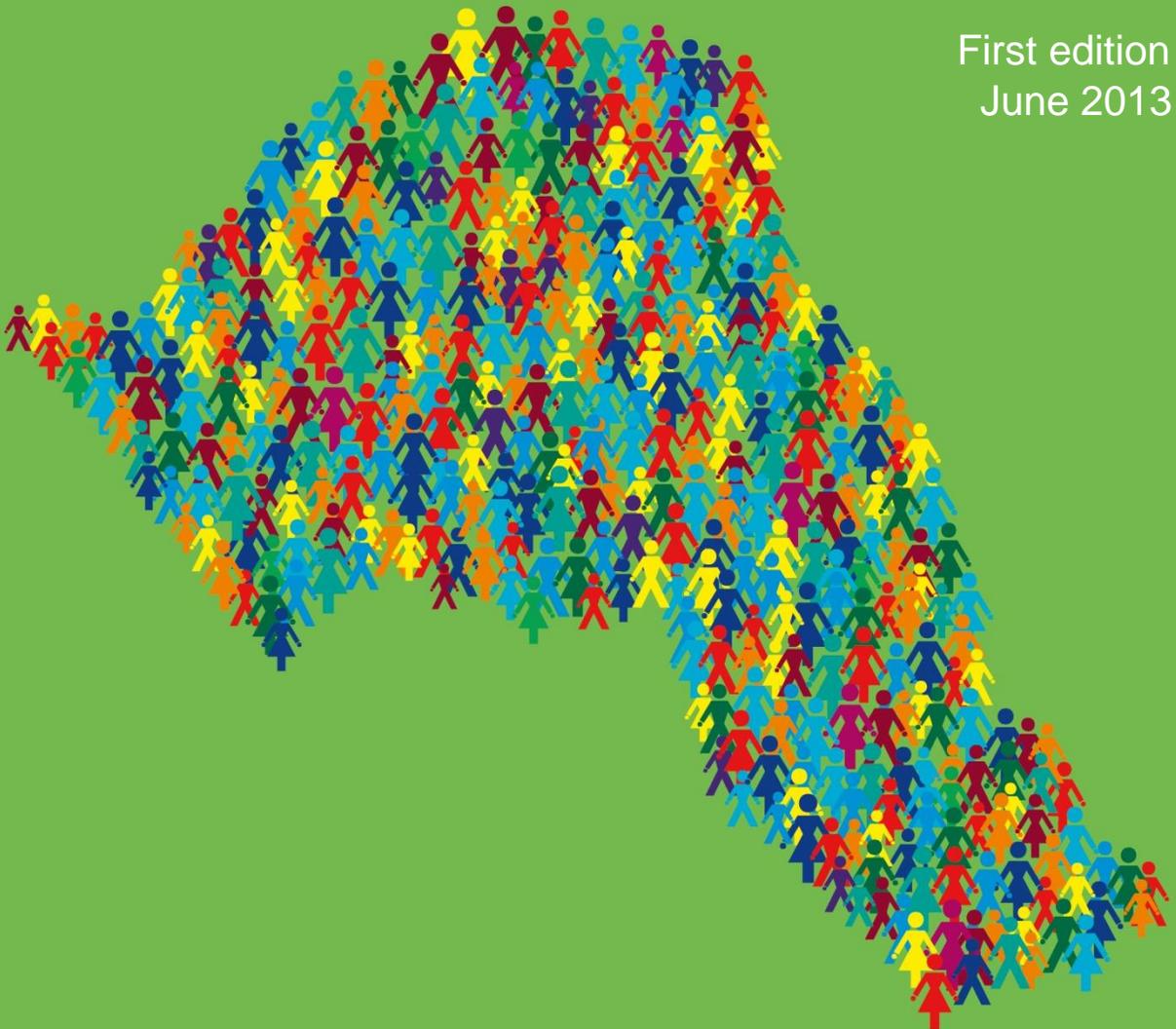# CAMDEN PROFILE
PUBLIC HEALTH INTELLIGENCE

Mental Health: Serious Mental Illness

First edition
June 2013

About this profile

PURPOSE

This public health intelligence profile describes the trends and patterns in the prevalence of diagnosed serious mental illness in people aged 18 and over in Camden.

This work will support and inform:
- London Borough of Camden Councillors and public health teams
- Camden's clinical commissioning group;
- Individual general practices in Camden

CONTENTS

FURTHER INFORMATION AND FEEDBACK

This profile was created by Ester Romeri (Public Health Information Officer) and Colin Sumpter (Public Health Information Officer) with review by Dalina Vekinis (Senior Public Health Information Analyst).

We would like to thank Jane Brett-Jones (Public Health Strategist in Mental Health) for her input and assistance with this profile.

For further information, please contact Ester Romeri.

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We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please do contact us with your ideas.

Recommendations and key messages

OVERVIEW & RECOMMENDATIONS

1. **Ensure care pathways related to serious mental illness, take long term conditions and lifestyle factors in to account.** People with serious mental illness are at higher risk of physical ill-health than the general population. Within Camden higher rates of obesity and smoking are seen in people with serious mental illness compared to the general population. An unhealthy lifestyle contributes to poorer health outcomes. Developing specific pathways for care that focus on lifestyle changes and preventing and managing long term conditions will help provide better health outcomes.

2. **As reported elsewhere[1], black ethnicities (and in particular black men) account for the highest prevalence of serious mental illness when compared to other ethnic groups in Camden.** Further increasing awareness among professionals of the risk of a serious mental illness in this group might benefit people diagnosed with those conditions.

3. **Documented care plans.** Around 310 (10%) out of an eligible 3,107 people with a serious mental illness in Camden did not have a comprehensive care plan documented. This is slightly more than the national average (7%).

4. **Care review.** Around 20% of people with a serious mental illness in Camden were excluded as exception reported patients from their review of blood glucose and cervical screening.

KEY MESSAGES

Prevalence of diagnosed psychotic disorders in context

- In 2012, there were 3,400 people recorded on QOF registers for serious mental illness in Camden. Camden's crude diagnosed prevalence (1.3%) was significantly higher than the London and England averages, and the third highest across England.

- Around 25% of people aged 18 and over diagnosed with a serious mental illness in Camden have a bipolar disorder. The remaining 75% are diagnosed with psychoses (including schizophrenia).

Breakdown of Camden prevalence

- This profile focuses on people with serious mental illness recorded in Camden's Public Health GP dataset. There were fewer than 5 people aged under 18 recorded with a diagnosis of a serious mental illness in Camden. The majority of the analysis in this report therefore focuses on adults aged 18 and over.

- In 2012, there were 3,171 people aged 18 and over and over with serious mental illness registered with Camden's GP practices. This number differs from the number recorded on QOF registers because of the time and method of data extraction and coding from the two different sources; Public Health GP and QOF datasets. (For more detail see the 'Understanding the data' section). Also, two GP practices (St. Philips medical Centre and Camden Health Improvement practises) were not included in the Public Health GP dataset.

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1 Joint Strategic Needs Assessment: Camden's Report 2012 to 2013

Recommendations and key messages

KEY MESSAGES (cont)

- The number of adults with a serious mental illness varies by practice, from 12 registered with the Matthewman to 391 registered with the James Wigg Group Practice. Adjusted for the age structure of the population, the prevalence of serious mental illness within Camden is significantly higher than expected for nine practices and significantly lower for eleven.

- The average age of adults at diagnosis in Camden is 37 years, This means, on average, people diagnosed with a serious mental illness have had the diagnosis for 12 years. Around half of adults have had a diagnosis for more than 10 years, whilst a quarter have been diagnosed for less than 5 years.

- Serious mental illness affects a greater proportion of men than women aged 18 and over (1.8% compared to 1.3%). The prevalence of diagnosed serious mental illness increases in people aged 35 years and over, with 45-54 year olds experiencing the highest prevalence. A significantly higher than average prevalence of serious mental illness is recorded amongst black men and women than other ethnicities. The highest recorded prevalence is 4.8% in black men and 2.7% in black women. Prevalence is also higher in the most deprived areas (2.2%).

- There were 197 new diagnoses of serious mental illness in 2012. Men had significantly higher incidence rate for psychoses (including schizophrenia) compared to women; equating to 9 and 5 in every 10,000 people being newly diagnosed for men and women respectively.

Long term conditions

- People diagnosed with a serious mental illness have a significantly higher prevalence of all long term conditions (except for atrial fibrillation) when compared to Camden's general population aged 18 and over.

- Compared to the general population, people with bipolar disorders are almost 5 times more likely to have depression (almost 4 times for people diagnosed with psychoses including schizophrenia); 3.7 times more likely to have COPD; and 3.1 times more likely to have strokes/ TIAs.

- Depression is the most commonly diagnosed long term condition among adults with a psychosis (including schizophrenia); 49% (1,178). This is followed by hypertension, diagnosed in 18% (430) and diabetes in 12% (297).

- In terms of the number of long term conditions, people with serious mental illness experience similar comorbidity to the general population with long term conditions.

Recommendations and key messages

KEY MESSAGES (cont)

Data recording and risk factor screening[1]

- People with serious mental illness are more likely to have their smoking status, alcohol consumption and BMI recorded than the general population.

- Levels of blood pressure recording are higher in people with serious mental illness than the general population. There is variation in the recording of blood pressure across GP practices (59% to 97%) with two significantly lower than the Camden average.

- Where recorded, adults with serious mental illness are significantly more likely to be smokers: 39% of people diagnosed with a bipolar disorder and 48% with psychoses (including schizophrenia) smoke, compared to 20% of the general population.

- People with psychoses (including schizophrenia) are significantly more likely to be obese (29% compared to 11% of the general population) and significantly less likely to be high risk drinkers (10%) than people with bipolar disorders (11%) and the general population (8%).

Care plans and review

- About 10% (310) of people with a serious mental illness did not have a comprehensive care plan (QOF indicator MH10).

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1 These are all QOF requirements

How to use these analyses

It is important to bear in mind the following when looking at this profile (or any other public health intelligence products):

– **It is the <u>variation</u> that is important**

In this profile, it is the variation between Camden GP practices that should be the main point of reflection rather than average achievement. It is the *unexplained variation* (defined as: *variation in the utilisation of health care services that cannot be explained by differences in patient populations or patient preferences*) as this can highlight areas for potential improvements. For example, it may highlight under- or over- use of some interventions and services, or it may identify the use of lower value or less effective activities.

The data alone cannot tell us whether or not there are good and valid reasons for the variation. It only highlights areas for further investigation and reflection. A perfectly valid outcome of investigations is that the variation is as expected. However, to improve the quality of care and population health outcomes in Camden, a better understanding of reasons behind the variation at a GP practice level with clear identification of areas for improvement is needed.

– **Reaching 100% achievement**

The graphs may show 100% on their y-axis (vertical) but there is no expectation that 100% will be (ever be) achieved for the vast majority of indicators. Some patients do not wish to have the intervention and for other patients interventions may be unsuitable. Again, it is about the variation between different GP practices, not an expectation of reaching 100% achievement.

It is possible to benchmark against the achievements in Camden with Islington deprived boroughs (i.e. with similar health needs), to give an indication of realistic level of achievement for specific indicators across the whole population and a Camden position.

– **Populations not individuals**

Epidemiology is about the health of the population, not the individual. In this profile this is either all of Camden's registered population or a GP practice population. It includes everyone registered on GP lists at the end of September 2012, whether they attend the practice regularly or not, or never at all.

– **Beware of small numbers**

Some of the graphs have small numbers in them. They have been left in so that all GP practices can see what is happening in their practice (according to the data). In these cases, the wide 95% confidence intervals will signify the uncertainty around the percentages, but be careful when interpreting them.

– **Problems with coding and/or data extraction**

There were some specific problems with data extractions from some GP practices for particular variables and these have been noted on the relevant graphs. If after review of the data, any GP practices think there are other problems with coding or data extraction, we will investigate and will amend publications as appropriate: publichealth.intelligence@islington.gov.uk

Data source and methodology

Camden GP PH Dataset

- Much of the epidemiological analysis in this profile has been undertaken using an anonymised patient-level dataset from GP practices in Camden. The GP Dataset was extracted in September 2012.

- The dataset includes key information on demographics (including language and ethnicity), behavioural and clinical risk factors, key conditions, details on the control and management of conditions, key medications, and interventions.

- This unique resource means that for the first time in Camden, it is possible to undertake in depth epidemiological analysis of primary care data for public health purposes, strengthening evidence based decision making within the borough at all levels.

QOF Data

- The profile also includes information on prevalence and review of care recorded on QOF registers.

- Discrepancies in numbers when comparing information from QOF and the Public Health GP datasets are due to the method of extraction and coding of disease conditions. Data from the Public Health GP dataset are recorded using Read codes and the date of extraction can vary across GP practices. Data from QOF is published by the Health and Social Care Information Centre (NHS IC).

Case definitions for serious mental illness

- The serious mental illness QOF includes read codes for schizophrenia, bipolar affective disorder and other psychoses (Table 1). Following consultation with the HIAG it was decided to report on (1) psychoses (including schizophrenia) and (2) bipolar disorders as schizophrenia may be under-diagnosed and instead coded as psychosis. Bipolar was well coded. Specific codes were extracted to determine a diagnosis of serious mental illness aligned with those published in national QOF guidance. These are published on: www.pcc-cic.org.uk

Table 1: QOF serious mental illness read codes for psychoses (including schizophrenia) and bipolar disorders

READ CODES	DISEASE / DESCRIPTION
Psychoses (including schizophrenia)	
E1124	Single major depressive episode, severe, with psychosis
E1134	Recurrent major depressive episodes, severe, with psychosis
E11y% exc E11y2	Other and unspecified manic-depressive psychoses
E11z	Other and unspecified affective psychoses
E11z0	Unspecified affective psychoses NOS
E11zz	Other affective psychosis NOS
E12%	Paranoid states
E13% exc E135	Other nonorganic psychoses
Eu323	Severe depressive episode with psychotic symptoms
Eu328	Major depression, severe with psychotic symptoms
Eu333	Recurrent depressive disorder, current episode severe with psychotic symptoms
E10%	Schizophrenic disorders
E2122	Schizotypal personality
Eu2%	Schizophrenia, schizotypal and delusional disorders
Bipolar	
E110%	Manic disorder, single episode
E111%	Recurrent manic episodes
E114-E117z	Bipolar Affective Disorder
Eu30%	Manic episode
Eu31%	Bipolar affective disorder

Understanding the data

95% confidence intervals (95% CI)

- Percentages and standardised ratios are reported with 95% confidence intervals. These quantify imprecision in the estimate.
- The imprecision is influenced by the random occurrences that are inherent in life.
- By comparing the 95% CIs around estimates or a target, we can say whether statistically, there are differences or not in the estimates we are observing, identifying which areas to focus on.

## Indirectly standardised prevalence ratios (IDSR)

Why is it used?

- These ratios are the number of people diagnosed with each condition, relative to the number of events expected if the practice had the same disease profile and age structure as the Camden average.
- By using the standardised ratios, any differences in disease prevalence because of differences in age structures are taken into account. This allows for direct comparisons to be made (robustly) between practices with different population age structures.

Interpreting the values

- The Camden average is always 100. If the IDSR is over 100, it means that the practice had a higher than expected prevalence of the condition compared to Camden (and this was not due to the practice having an older population, for example). If the IDSR is less than 100, it means the practice had a lower than expected prevalence.
- The size of the IDSR tells how different a practice is from Camden. For example, an IDSR of 150 for a practice show that prevalence is 50% higher than the Camden average. Conversely, an IDSR of 60 indicates that the practice was 40% lower than the Camden average.

Indirectly age standardised ratio of people diagnosed with serious mental illness, by GP practice, Camden's registered population aged 18 and over, September 2012
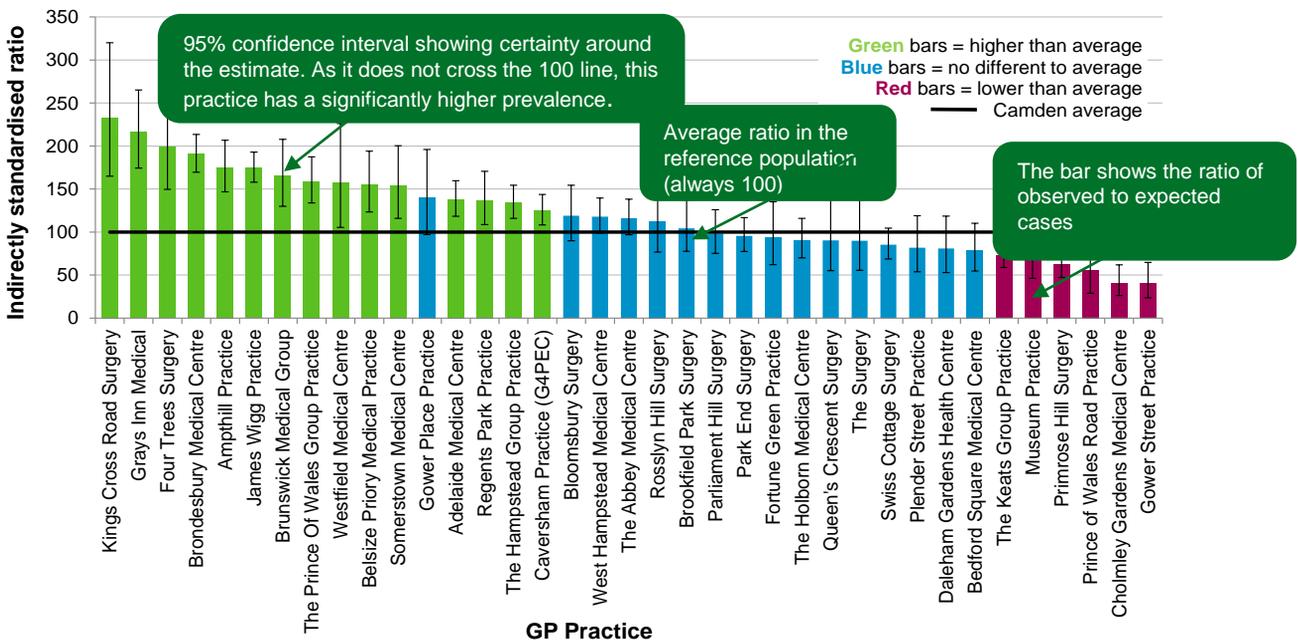

Source: Camden's GP PH dataset, 2012
Note: St. Philips Medical Centre and Camden Health Improvement Practice are excluded

PREVALENCE OF DIAGNOSED SERIOUS MENTAL ILLNESS

This section describes the prevalence of serious mental illness, split by psychoses (including schizophrenia) and bipolar disorders. With the exception of QOF data, the analysis is based on people aged 18 and over.

London Boroughs: crude prevalence (QOF data: all ages)

Prevalence of people diagnosed with serious mental illness, all ages, London Boroughs, 2011/12
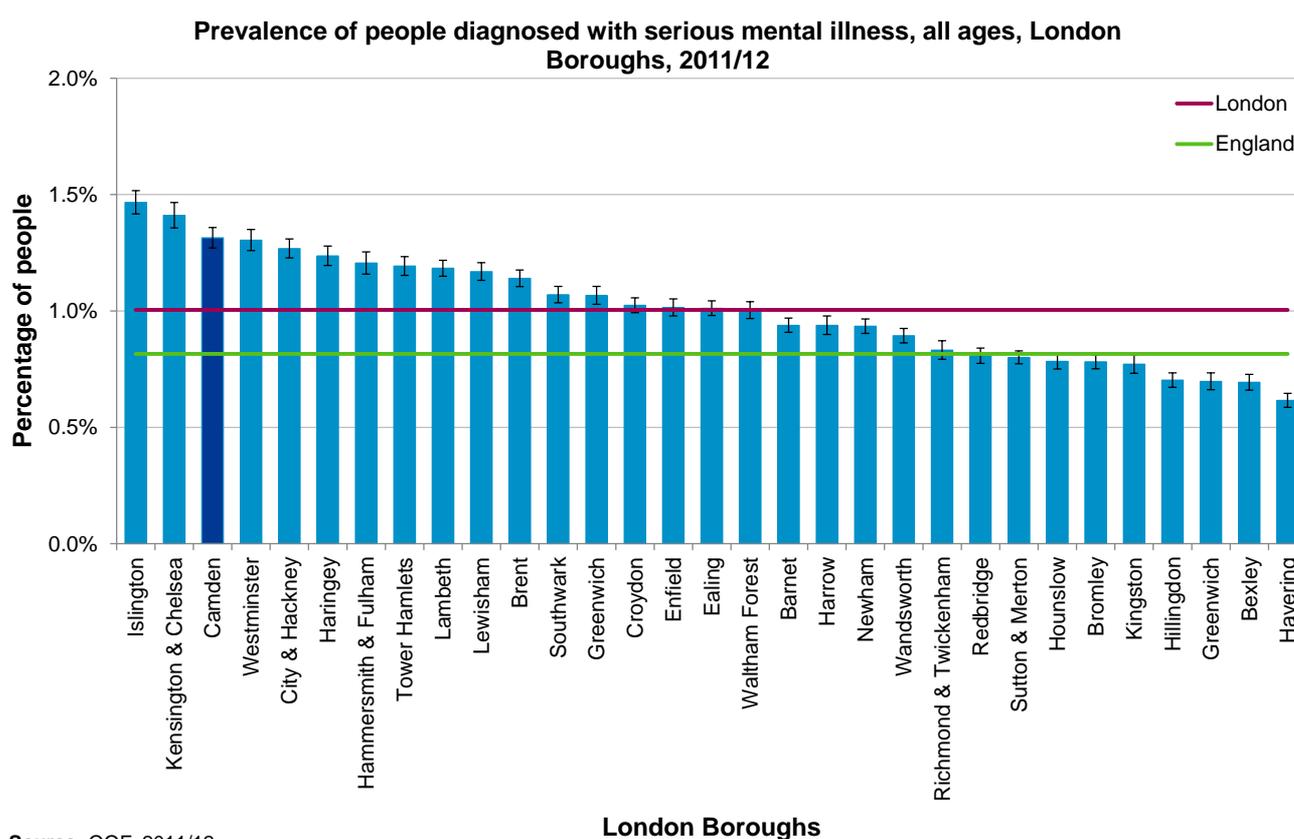
- 3,400 people in Camden were recorded as being diagnosed with a serious mental illness in the 2011/12 Quality and Outcomes Framework (QOF).

- Camden has the third highest prevalence (1.3%) of people diagnosed with a serious mental illness, and is significantly higher than the London and England averages.

Source: QOF, 2011/12

![NHS Camden logo]

![Camden logo]

Camden: crude prevalence

Prevalence of people diagnosed with serious mental illness, split by bipolar disorder and psychoses (including schizophrenia), Camden's registered population aged 18 and over, September 2012
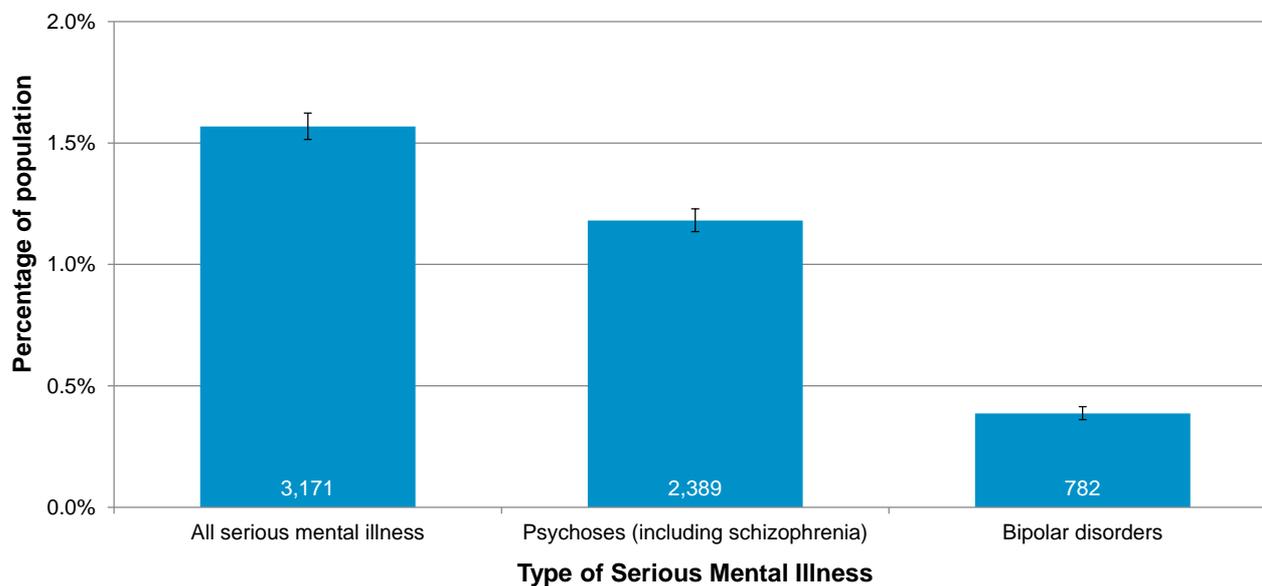

Note: Numbers on bars indicate the number of people diagnosed with a serious mental illness
Source: Camden's GP PH Dataset, 2012

- A diagnosis of a serious mental illness was recorded for 1.6% (3,171) of people aged 18 and over in Camden's GP practices.

- The majority, 2,389 (75%), were diagnosed with psychoses (including schizophrenia). The remaining 782 (25%) were diagnosed with a bipolar disorder.

- Different methods and timing of data extraction and the exclusion of two GP practices resulted in 229 fewer people with a diagnosis of a serious mental illness in the Camden GP PH dataset compared to the QOF.

- More information on the data extraction is given in the Data Source and Methodology section (page 6).

![NHS Camden logo]

![Camden logo]

Differences by localities

Indirectly standardised ratio of people diagnosed with serious mental illness, by GP localities, Camden's registered population aged 18 and over, September 2012
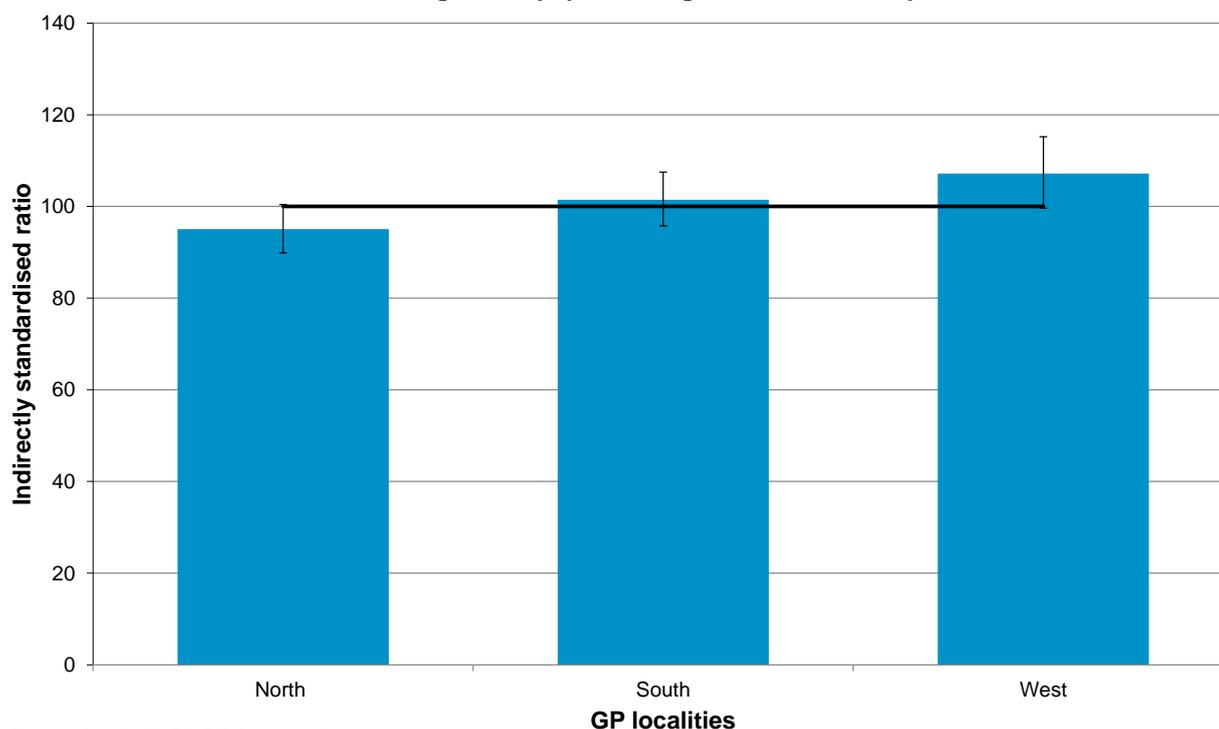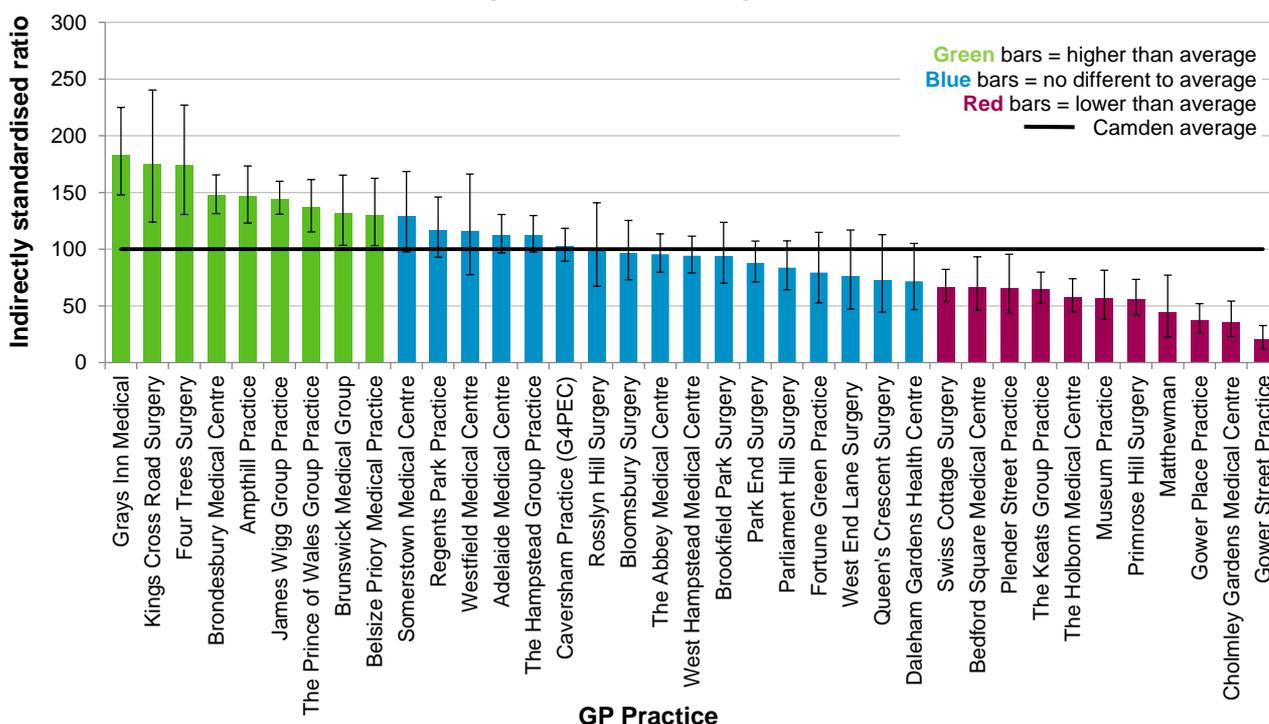

Source: Camden's GP PH dataset, 2012

- The diagnosed prevalence of serious mental illness does not differ significantly by localities.

Camden GP practices: indirectly standardised ratio (serious mental illness)

Indirectly age standardised ratio of people diagnosed with serious mental illness, by GP practice, Camden's registered population aged 18 and over, September 2012

Green bars = higher than average
Blue bars = no different to average
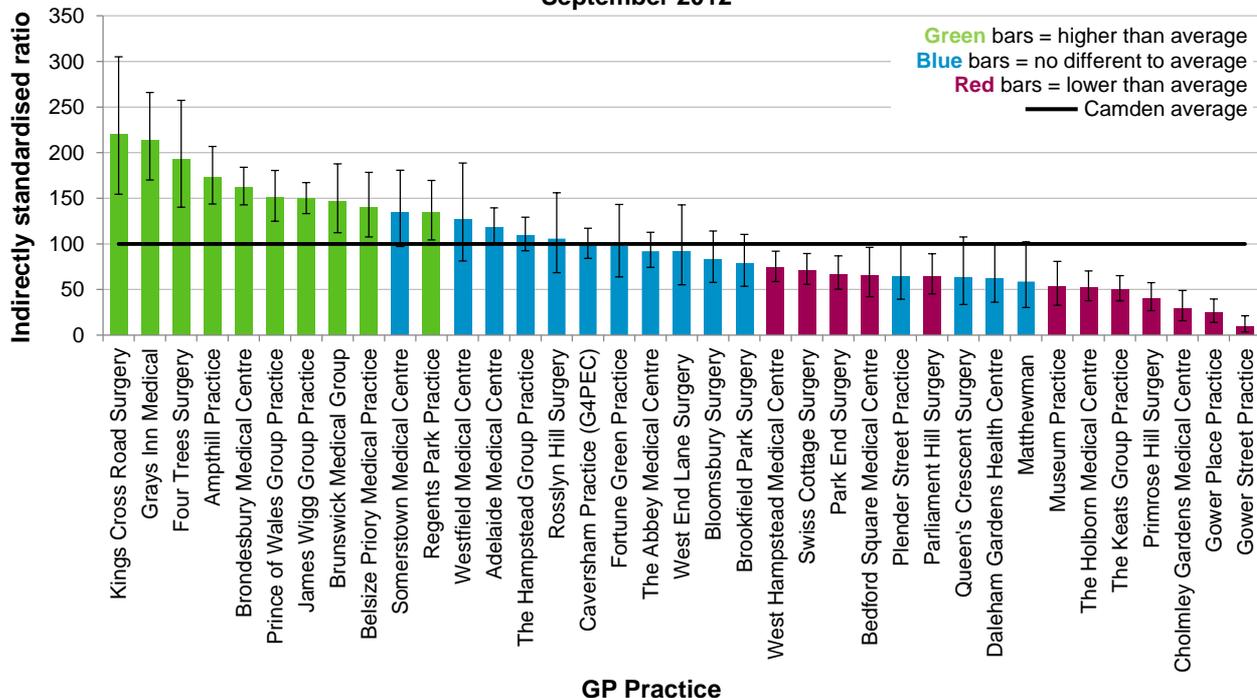Red bars = lower than average
— Camden average

Source: Camden's GP PH dataset, 2012
Note: St. Philips Medical Centre and Camden Health Improvement Practice are excluded

- Adjusted for the age structure of the population, prevalence of serious mental illness varies by GP practice.

- Nine GP practices have a prevalence ratio significantly higher than the Camden average. Eleven practices have significantly lower prevalence.

- Variation between practices may be due to differences in population characteristics and/ or diagnosis and recording practices.

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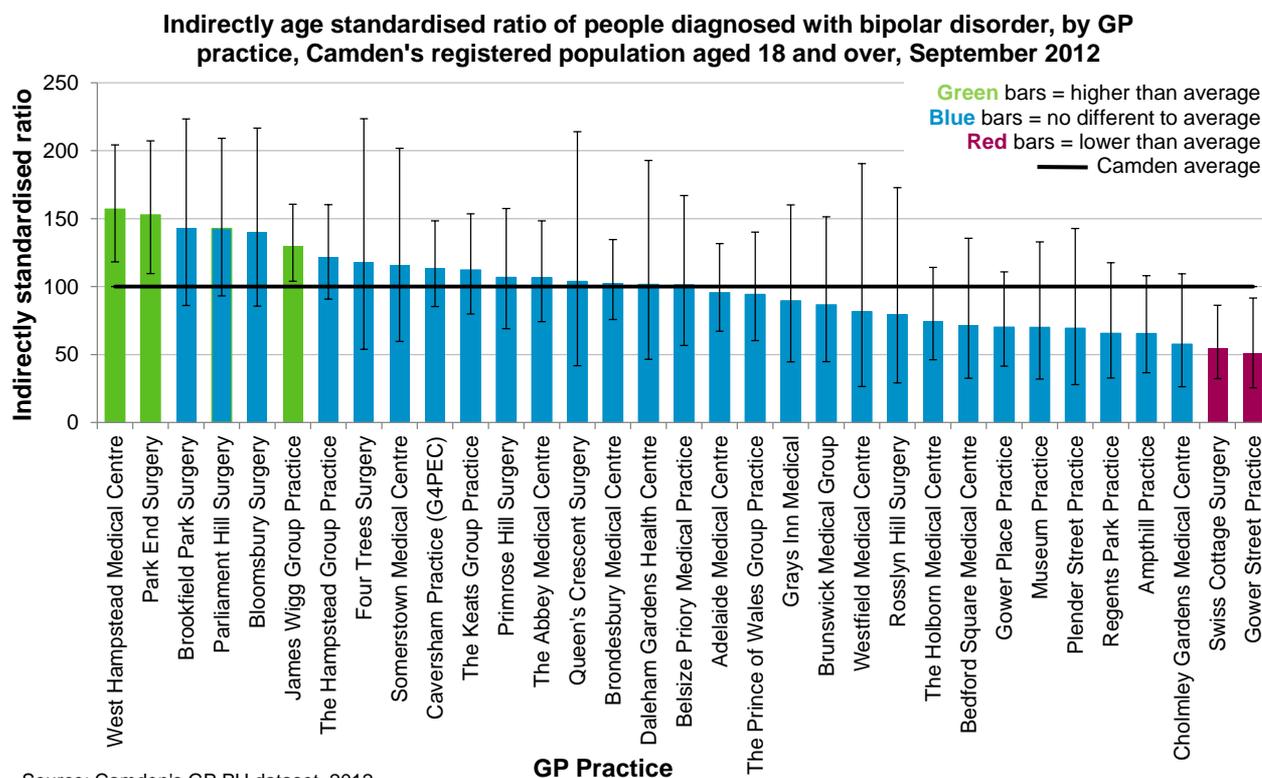# Camden GP practices: indirectly standardised ratio (psychoses, including schizophrenia)

Indirectly age standardised ratio of people diagnosed with psychoses (including schizophrenia), by GP practice, Camden's registered population aged 18 and over, September 2012

Green bars = higher than average
Blue bars = no different to average
Red bars = lower than average
— Camden average

Source: Camden's GP PH dataset, 2012
Note: St. Philips Medical Centre and Camden Health Improvement Practice are excluded

- Adjusted for the age structure of the population, prevalence of psychoses (including schizophrenia) varies by GP practice.

- Ten GP practices have a prevalence ratio significantly higher than the Camden average. Twelve practices have a significantly lower prevalence.

- Variation between practices may be due to differences in population characteristics and/ or diagnosis and recording practices.

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Camden GP practices: indirectly standardised ratio (bipolar disorder)

Indirectly age standardised ratio of people diagnosed with bipolar disorder, by GP practice, Camden's registered population aged 18 and over, September 2012

Green bars = higher than average
Blue bars = no different to average
Red bars = lower than average
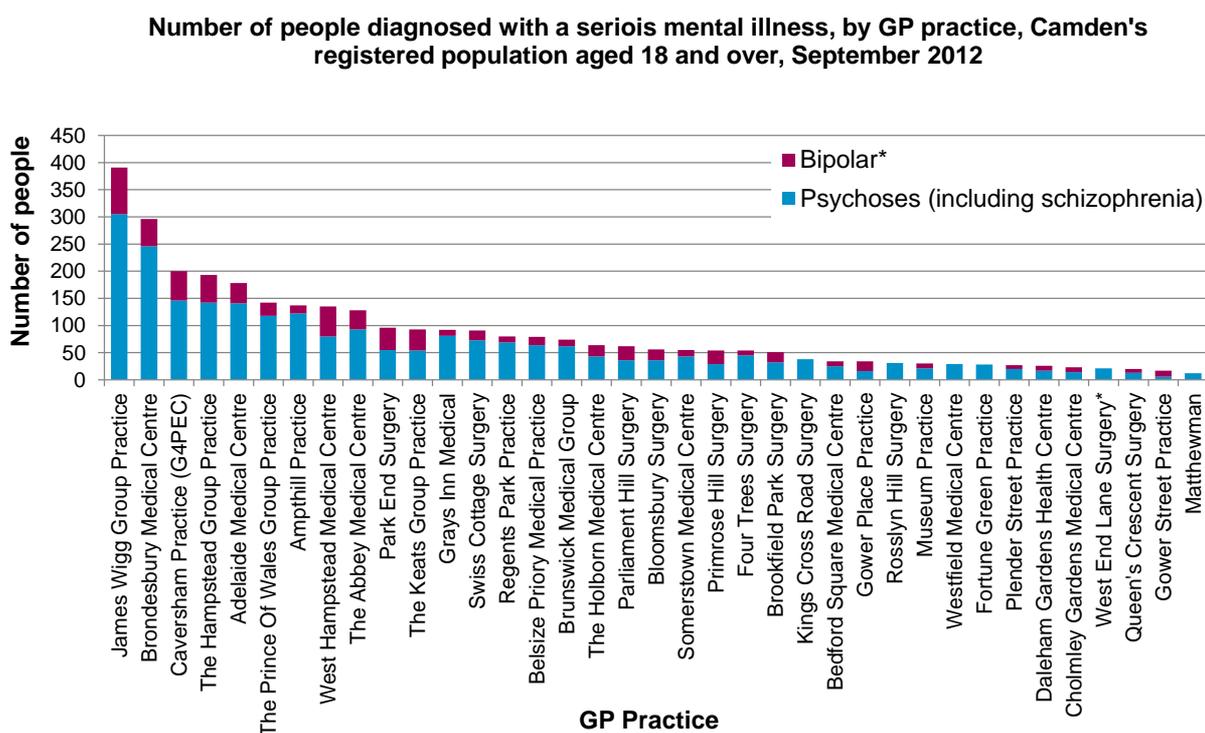— Camden average

Source: Camden's GP PH dataset, 2012
Note: St. Philips Medical Centre and Camden Health Improvement Practice are excluded. Four additional GP practices have been excluded due to identifiable patient numbers (<5)

- Adjusted for the age structure of the population, prevalence of bipolar disorders varies by GP practice.

- Three practices have a prevalence ratio significantly higher than the Camden average. Two practices have a significantly lower prevalence.

- Variation between practices may be due to differences in population characteristics and/ or diagnosis and recording practices.

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Camden GP practices: numbers recorded

Number of people diagnosed with a serieis mental illness, by GP practice, Camden's registered population aged 18 and over, September 2012

- Bipolar*
- Psychoses (including schizophrenia)

Source: Camden's GP PH Dataset, 2012
* Five practices (asterisked) have less than 6 people diagnosed with a bipolar disorder. The number displayed for these practices indicates the number of people diagnosed with any psychotic disorder (i.e. the numbers of bipolar and psychoses (including schizoprenia) have been combined).

- The number of patients registered with a serious mental illness aged 18 and over varies by practice, from 12 to 391 at James Wigg Group Practice.

- Of these patients the number registered with psychoses (including schizophrenia) ranges from 6 to 305 (James Wigg Group Practice), whilst the number registered with a bipolar disorder ranges from less than 5 to 86.

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BREAKDOWN OF SERIOUS MENTAL ILLNESS DIAGNOSES BY DEMOGRAPHIC FACTORS

This section describes the demographic characteristics of people with serious mental illness in terms of age, sex, ethnicity and deprivation.

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NHS Camden

Camden

Years since diagnosis

Years since diagnosis in people diagnosed with serious mental illness, Camden's registered population aged 18 and over, September 2012
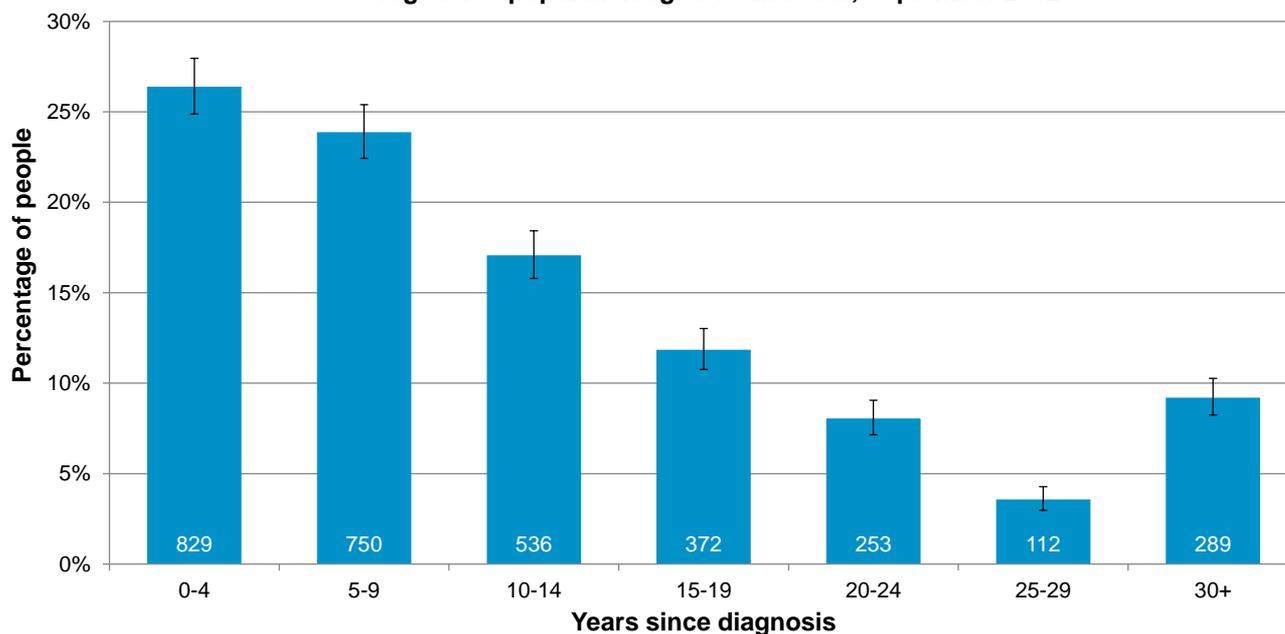

- Around a quarter (26%) of people aged 18 and over with a serious mental illness were diagnosed 4 years ago or less (from September 2012).

- Around half (50%) have been diagnosed with a psychotic disorder for 10 years or more.

- The average number of years since diagnosis across Camden is 12.

- The average age at diagnosis is 37 years.

Note: Numbers on bars indicate the number of people diagnosed with a serious mental illness.
30 diagnoses have no date recorded
Source: Camden's GP PH Dataset, 2012

Differences by age and sex

Prevalence of people diagnosed with serious mental illness by age and sex, Camden's registered population aged 18 and over, September 2012
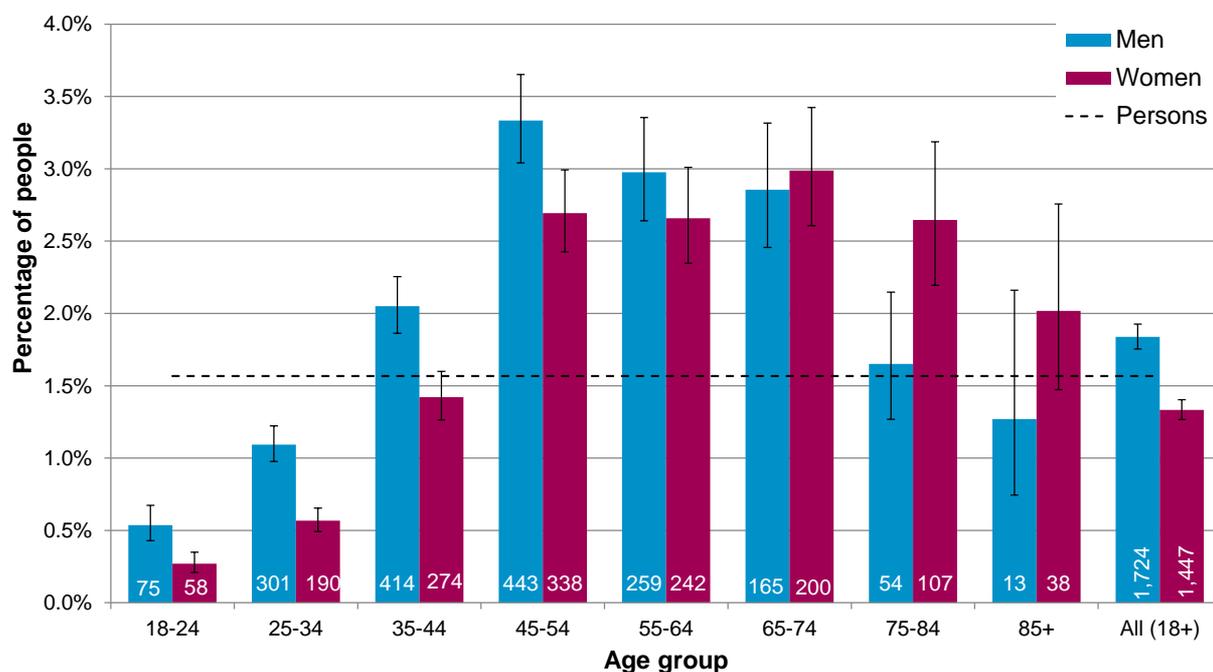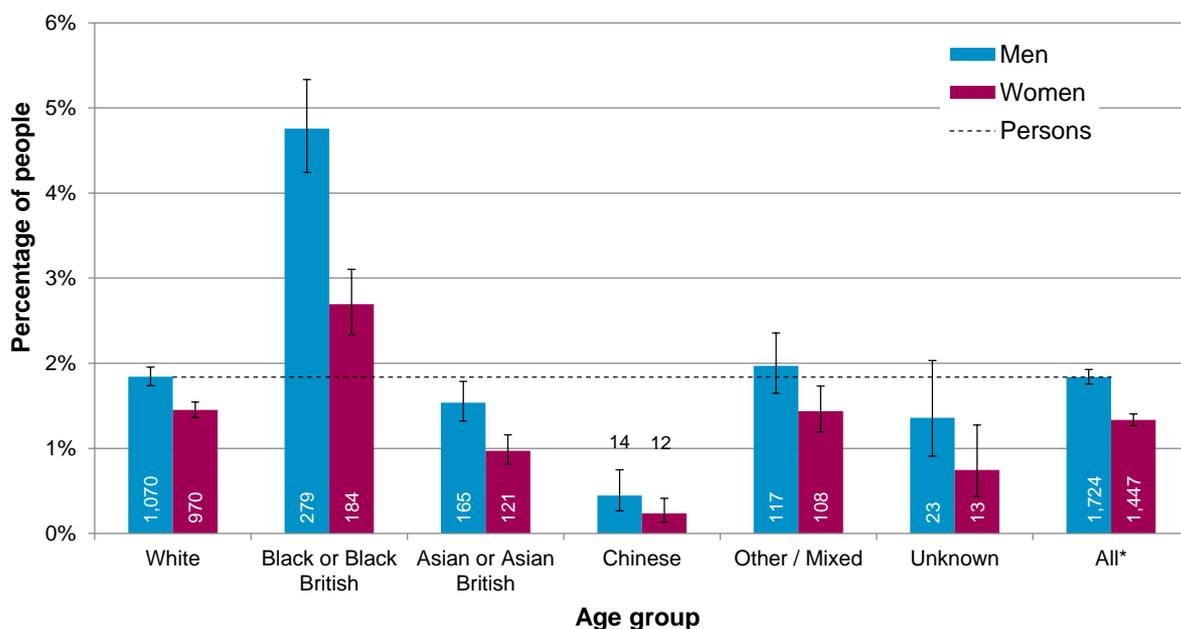

Note: Numbers on bars indicate the number of people diagnosed with a serious mental illness
Source: Camden's GP PH Dataset, 2012

- The prevalence of serious mental illness increases in people aged 35 years and over, with the highest prevalence (3.3%) seen in people aged 45-54 years.

- On average, serious mental illness is more prevalent in men (1.8%) than women (1.3%) between the ages of 18 to 54 years.

- Women have statistically significantly higher prevalence of serious mental illness between the ages of 45 to 84 (compared to all women), whilst prevalence is statistically significantly higher in men between the ages of 35 to 54.

Differences by ethnic group

Prevalence of people diagnosed with serious mental illness by age and sex, Camden's registered population aged 18 and over, September 2012

Note: Numbers on bars indicate the number of people diagnosed with a serious mental illness
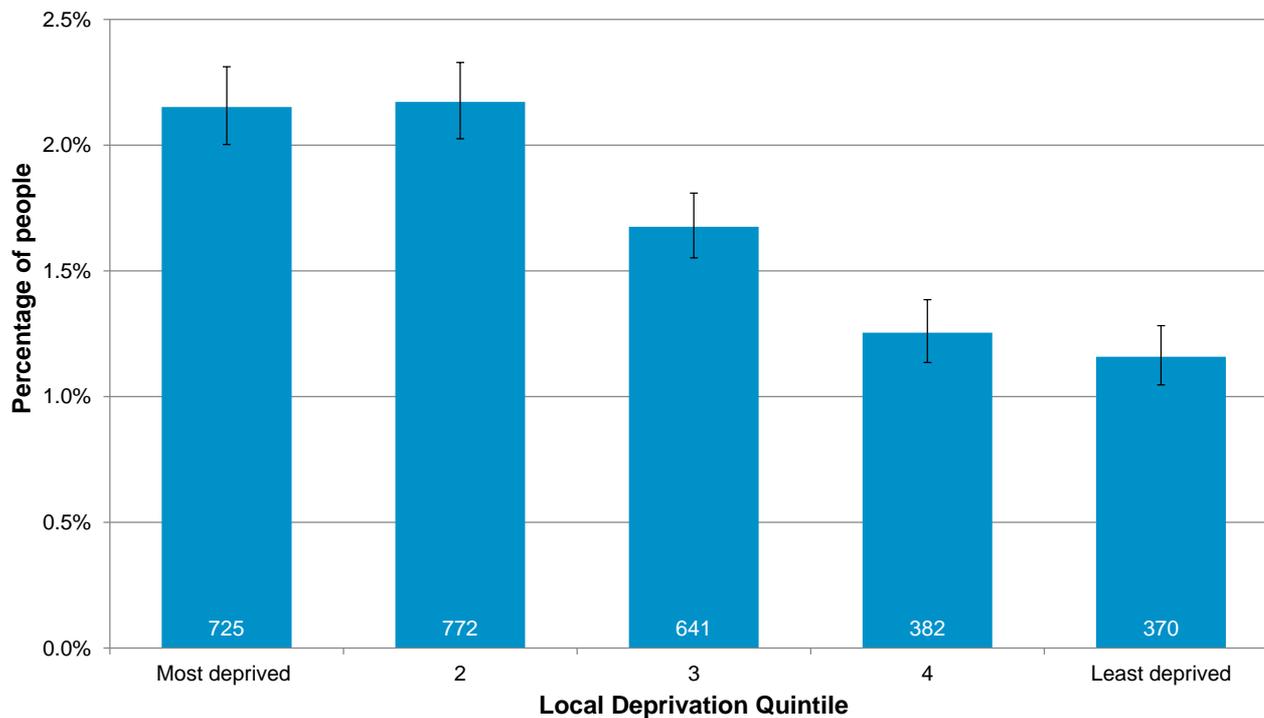Source: Camden's GP PH Dataset, 2012
* Includes those with ethnicity unknown

- A significantly higher than average prevalence of serious mental illness is recorded amongst black men and women than other ethnicities. The highest recorded prevalence is 4.8% in black men and 2.7% in black women.

Differences by local deprivation

Percentage of people with serious mental illness by local deprivation quintile, Camden's registered and resident population aged 18 and over, September 2012
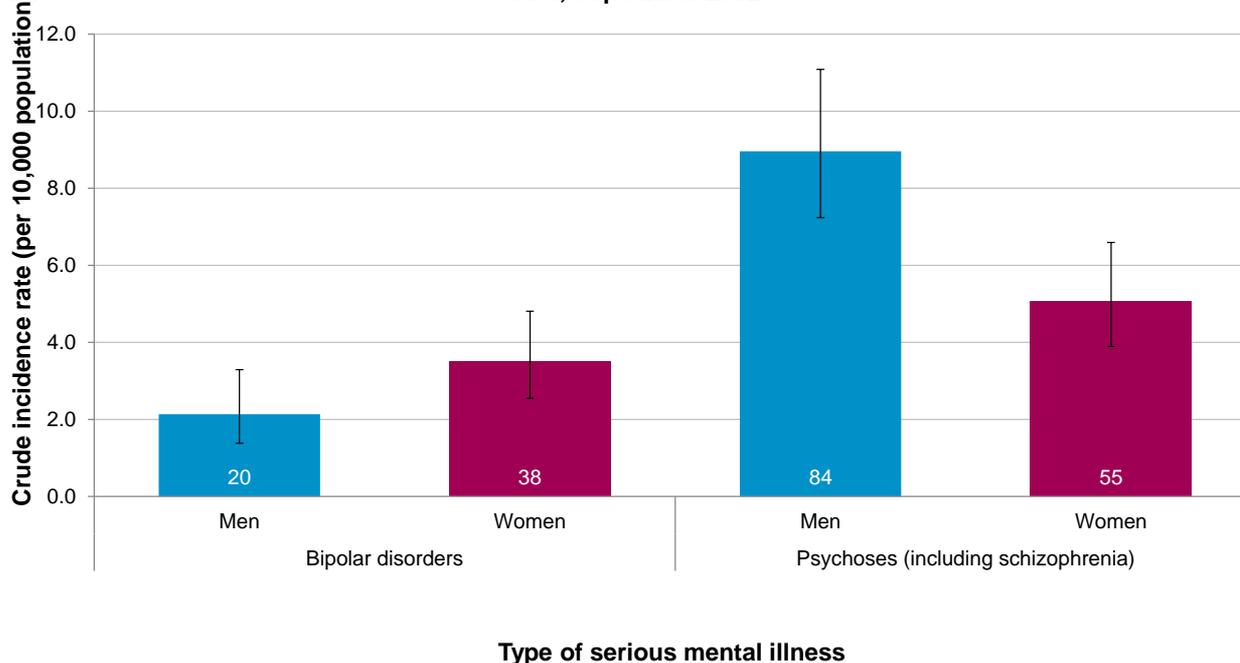

Source: Camden's GP PH Dataset, 2012
Note: 281 people living outside Camden or with no deprivation score were excluded

- The percentage of people with a serious mental illness is almost 83% higher in the most deprived quintile (2.2%) compared to the least (1.2%).

New diagnoses by sex

Crude incidence of diagnosed serious mental illness (patient diagnosed with a serious mental illness in 2011/12), by sex, Camden's registered population aged 18 years and over, September 2012

Notes: Numbers on bars indicate the number of people diagnosed with a serious mental illness
Source: Camden's GP PH dataset, 2012

- 58 people aged 18 and over were newly diagnosed with a bipolar disorder and 139 with psychoses (including schizophrenia) in 2012.

- Men had a significantly higher incidence rate for psychoses (including schizophrenia) compared to women (9.0 and 5.1 per 10,000 respectively).
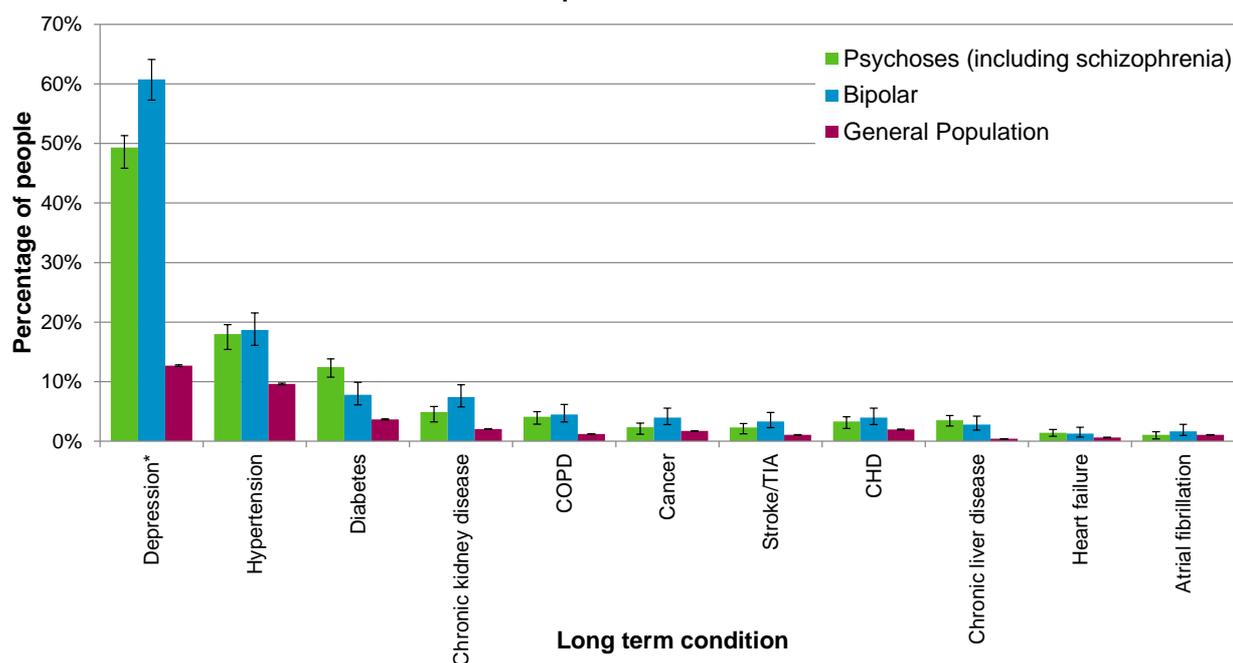
SERIOUS MENTAL ILLNESS AND LONG TERM CONDITIONS

This section looks at comorbidity, in terms of long term conditions, of people with serious mental illness.

Long term conditions: crude prevalence

Prevalence of long term conditions among people diagnosed with serious mental illness compared to Camden's registered population aged 18 and over, September 2012

Legend:
- Psychoses (including schizophrenia)
- Bipolar
- General Population

Y-axis: Percentage of people

X-axis (Long term condition): Depression*, Hypertension, Diabetes, Chronic kidney disease, COPD, Cancer, Stroke/TIA, CHD, Chronic liver disease, Heart failure, Atrial fibrillation
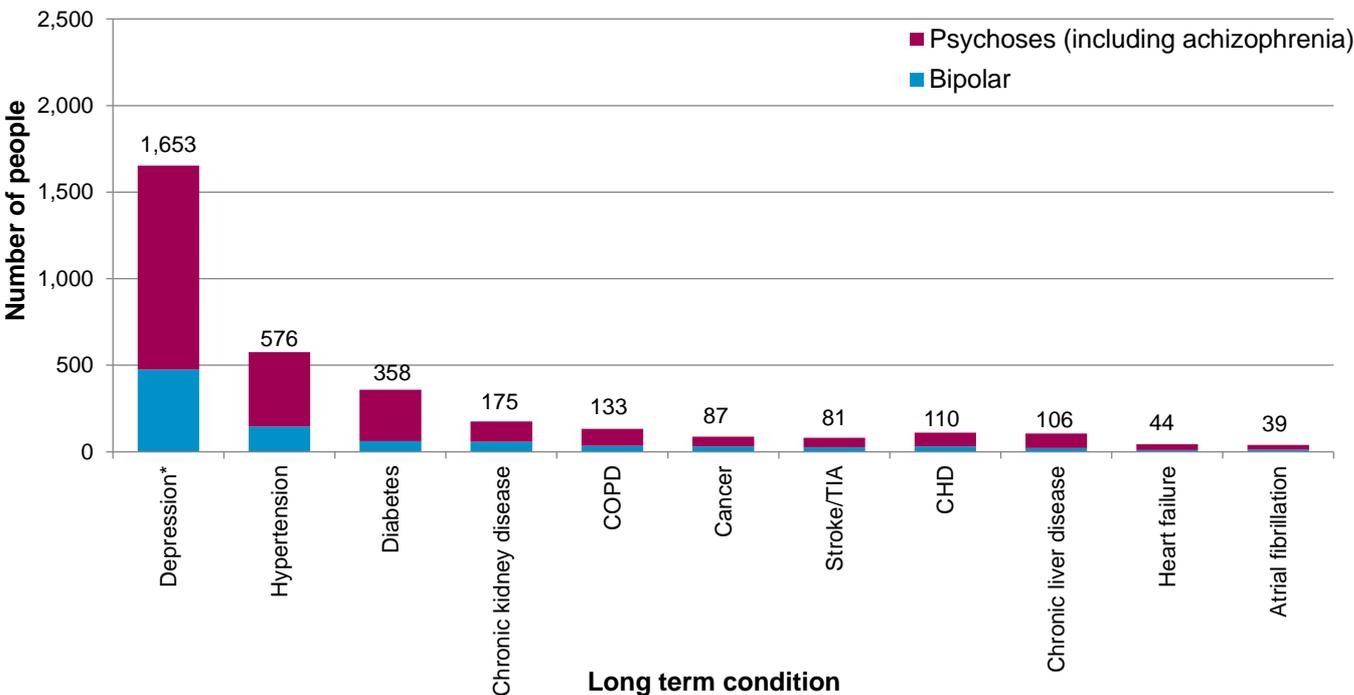
* Includes chronic depression
Source: Camden's GP PH Dataset, 2012

- The prevalence of most long term conditions shown are significantly higher in people with serious mental illness compared to the general population (excluding atrial fibrillation).

- Depression is the most common long term condition (49%) in people with psychoses (including schizophrenia) . This is followed by hypertension (18%) and diabetes (12%).

- Compared to the general population people with a bipolar disorder are:
  - Almost 5 times more likely to have depression (about 4 times for people diagnosed with psychoses including schizophrenia)
  - 3.7 times more likely to have COPD
  - 3.1 times more likely to have stroke/TIA.

![NHS Camden logo]

![Camden logo]

Long term conditions: numbers recorded

Number of other long term conditions in people diagnosed with serious mental illness, Camden's registered population aged 18 and over, September 2012

Legend:
- ■ Psychoses (including achizophrenia)
- ■ Bipolar

Y-axis: Number of people (0 to 2,500)

Values above bars:
- Depression*: 1,653
- Hypertension: 576
- Diabetes: 358
- Chronic kidney disease: 175
- COPD: 133
- Cancer: 87
- Stroke/TIA: 81
- CHD: 110
- Chronic liver disease: 106
- Heart failure: 44
- Atrial fibrillation: 39
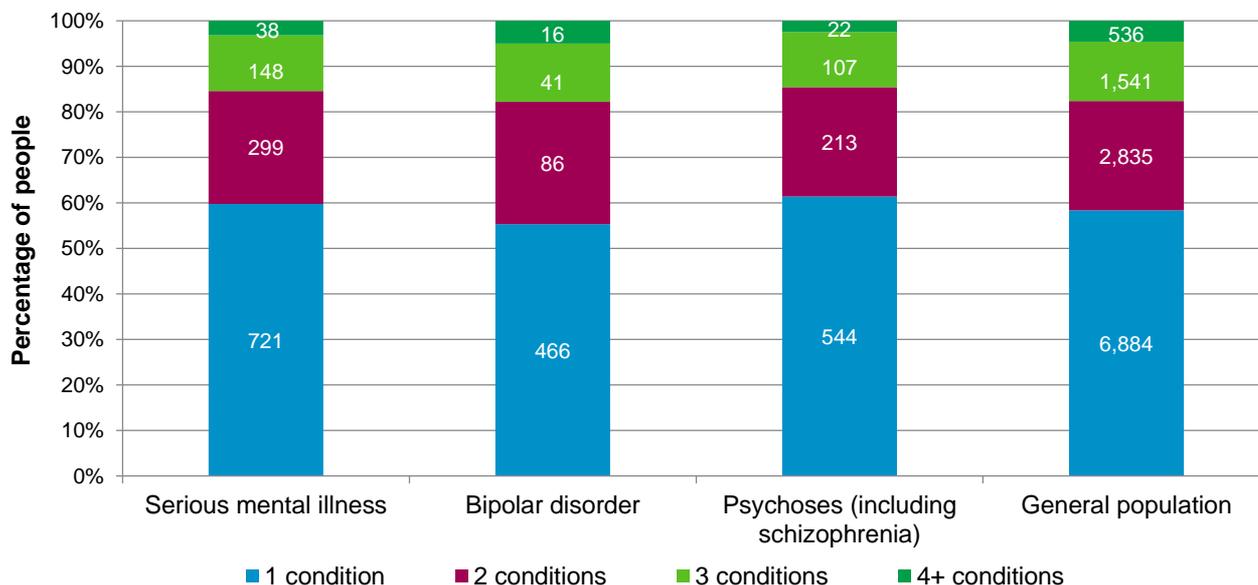
X-axis: Long term condition

* includes chronic depression
Note: people might be counted twice due to comorbidities.
Source: Camden's GP PH dataset, 2012

- 1,653 people diagnosed with a serious mental illness also have a diagnosis of depression. Of these, 468 have chronic depression (a diagnosis of depression plus on anti-depressants for two or more years).

- Hypertension has been diagnosed for 576 people with a serious mental illness and diabetes has been diagnosed for 358.

![NHS Camden logo]

![Camden logo]

Comorbidity

Percentage of people diagnosed with serious mental illness, by number of long term conditions, compared to Camden's registered population aged 18 and over with a diagnosed long term condition, September 2012

Y-axis: Percentage of people (0% to 100%)

Data in bars:

Category	1 condition	2 conditions	3 conditions	4+ conditions
Serious mental illness	721	299	148	38
Bipolar disorder	466	86	41	16
Psychoses (including schizophrenia)	544	213	107	22
General population	6,884	2,835	1,541	536

Legend:
- ■ 1 condition
- ■ 2 conditions
- ■ 3 conditions
- ■ 4+ conditions

Note: Long term conditions (LTC) include high pressure, chronic kidney diseases, CHD, cancer, stroke/TIA, COPD, atrial fibrillation, dementia, chronic depression, serious mental illness and chronic liver disease. Numbers on bars indicate the number of people diagnosed with a serious mental illness and with one or more than one condition.

Camden's GP PH Dataset, 2012

- When compared to the general population with a long term condition, people with serious mental illness have similar comorbidity in terms of the number of long term conditions.
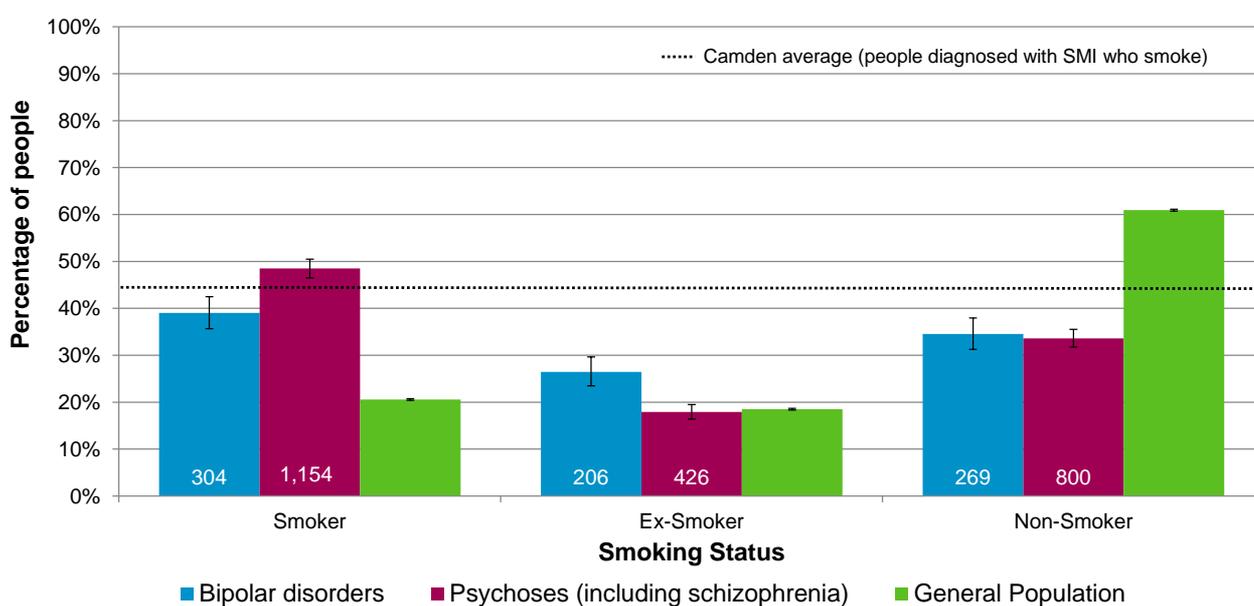
DATA RECORDING AND RISK FACTOR SCREENING

This section compares the smoking status, alcohol consumption, body mass index and blood pressure recording of people with serious mental illness to the general population.

Smoking status

Smoking status in people diagnosed with serious mental illness and with a smoking status recorded, compared to Camden's registered population, aged 18 and over, September 2012

······ Camden average (people diagnosed with SMI who smoke)

Percentage of people

Bipolar disorders numbers: 304 (Smoker), 206 (Ex-Smoker), 269 (Non-Smoker)
Psychoses numbers: 1,154 (Smoker), 426 (Ex-Smoker), 800 (Non-Smoker)

Smoking Status

■ Bipolar disorders ■ Psychoses (including schizophrenia) ■ General Population

Notes: Numbers on bars indicate the number of people diagnosed with a serious mental illness
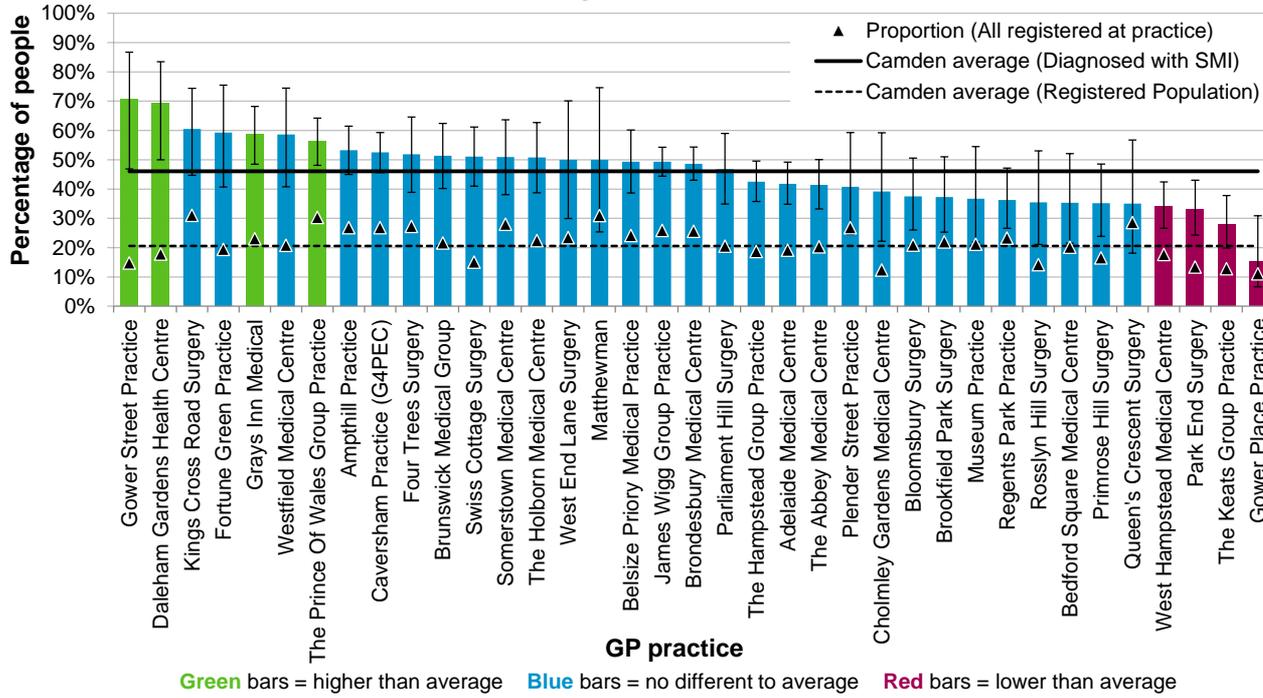Source: Camden's GP PH Dataset, 2012

- People diagnosed with serious mental illness are twice as likely to be smokers than the general population aged 18 and over (of those with a smoking status recorded).

- 39% of people diagnosed with a bipolar disorder and 48% with psychoses (including schizophrenia) are smokers, compared to 21% of the general population aged 18 and over.

Camden GP practices: smokers

Prevalence of smoking in people diagnosed with serious mental illness and with a smoking status recorded, by GP practice, compared to Camden's registered population aged 18 and over, September 2012


Green bars = higher than average   Blue bars = no different to average   Red bars = lower than average

Source: Camden's GP PH dataset, 2012

- The prevalence of smoking in people diagnosed with a serious mental illness ranges from 11% to 71% across GP practice for Camden.

- This compares to a range of 11% to 33% and an average of 22% among the general population aged 18 and over.

- The prevalence is significantly higher than the Camden average for people diagnosed with a serious mental illness for three practices and significantly lower for four.

Alcohol consumption

Alcohol consumption in people diagnosed with a serious mental illness and with an alcohol consumption recorded, compared to Camden's registered population aged 18 and over, September 2012

Camden's GP PH Dataset, 2012
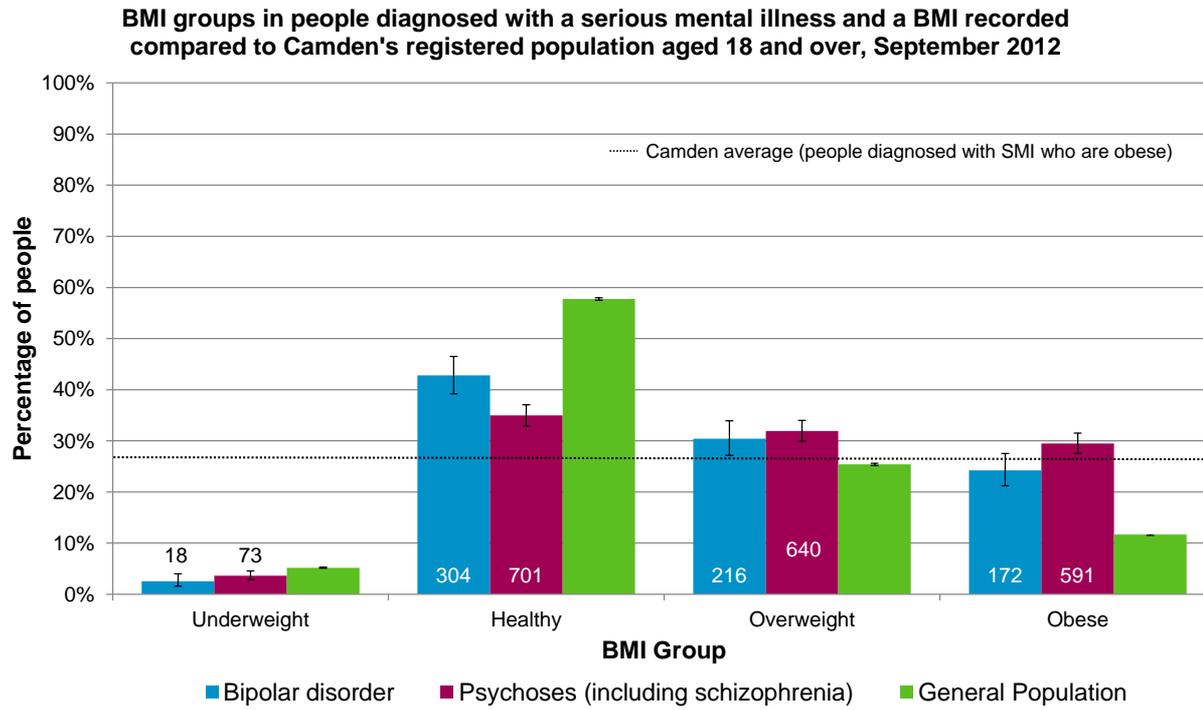Note: Information on alcohol consumption was not well recorded
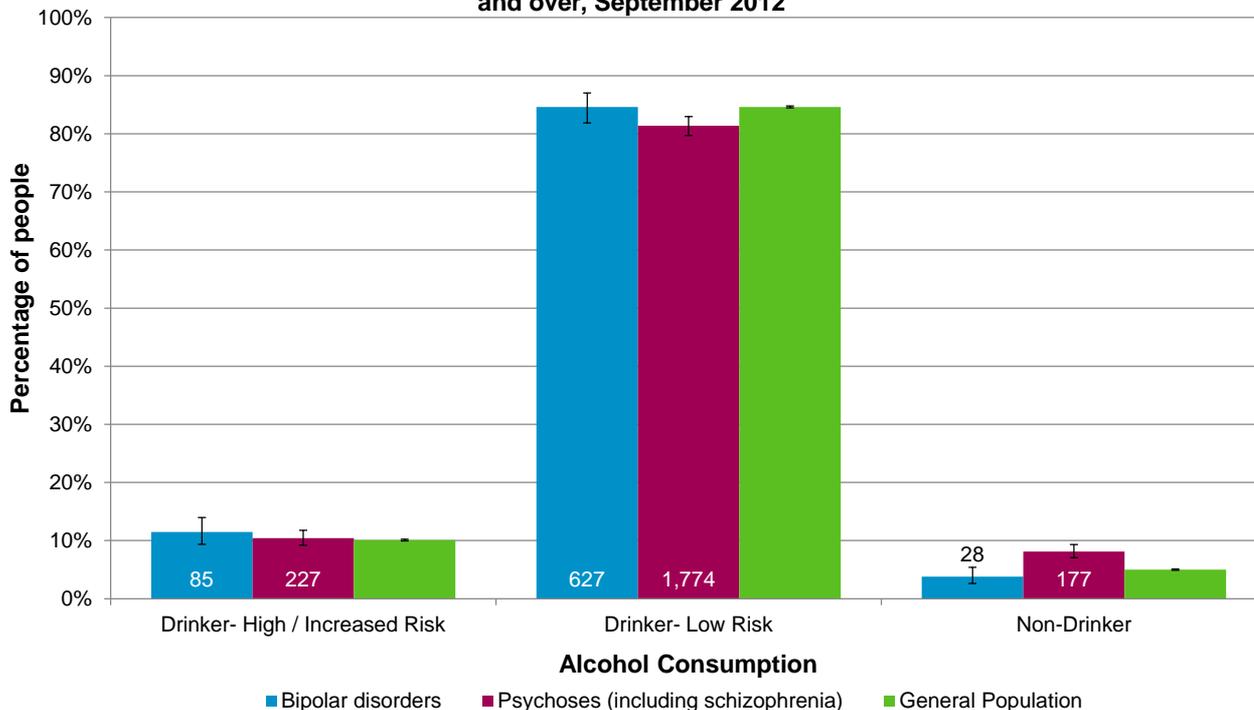
- People with bipolar disorders are more likely to be non-drinkers than people with psychoses (including schizophrenia).

- 8% of people with a serious mental illness and 20% of the general population aged 18 and over do not have alcohol consumption recorded (data not shown).

Body Mass Index

BMI groups in people diagnosed with a serious mental illness and a BMI recorded compared to Camden's registered population aged 18 and over, September 2012

.... Camden average (people diagnosed with SMI who are obese)

Legend: ■ Bipolar disorder   ■ Psychoses (including schizophrenia)   ■ General Population

Numbers on bars: Underweight: 18, 73; Healthy: 304, 701; Overweight: 216, 640; Obese: 172, 591

Notes: Numbers on bars indicate the number of people diagnosed with a serious mental illness
Camden's GP PH Dataset, 2012

- People diagnosed with a serious mental illness are almost three times as likely to be obese compared to the general population aged 18 and over

- 24% (172) of people diagnosed with a bipolar disorder and 29% (591) of people with psychoses (including schizophrenia) are obese compared to 13% of the general population aged 18 and over.

- 14% of people with a serious mental illness and 20% of the general population aged 18 and over do not have their BMI recorded (data not shown).

Camden GP practices: Obesity

Prevalence of obesity in people diagnosed with a serious mental illness and with a BMI recorded, by GP practice, compared to Camden's registered population aged 18 and over, September 2012

▲ Proportion (All registered at practice)
— Camden average (Diagnosed with SMI)
---- Camden average (Registered Population)

Green bars = higher than average   **Blue** bars = no different to average   **Red** bars = lower than average

Note: 4 practices with no BMI data were excluded from the analysis
**Source:** Camden's GP PH dataset, 2012

- The prevalence of obesity in people diagnosed with a serious mental illness ranges from 13% to 58% across GP practices, with an average of 28% for Camden.

- This compares to a range from 3% to 22% and an average of 13% among the general population aged 18 and over.

Blood pressure recording

Proportion of people diagnosed with a serious mental illness who have a blood pressure recording in the previous 15 months, compared to Camden's registered population aged 18 and over, September 2012
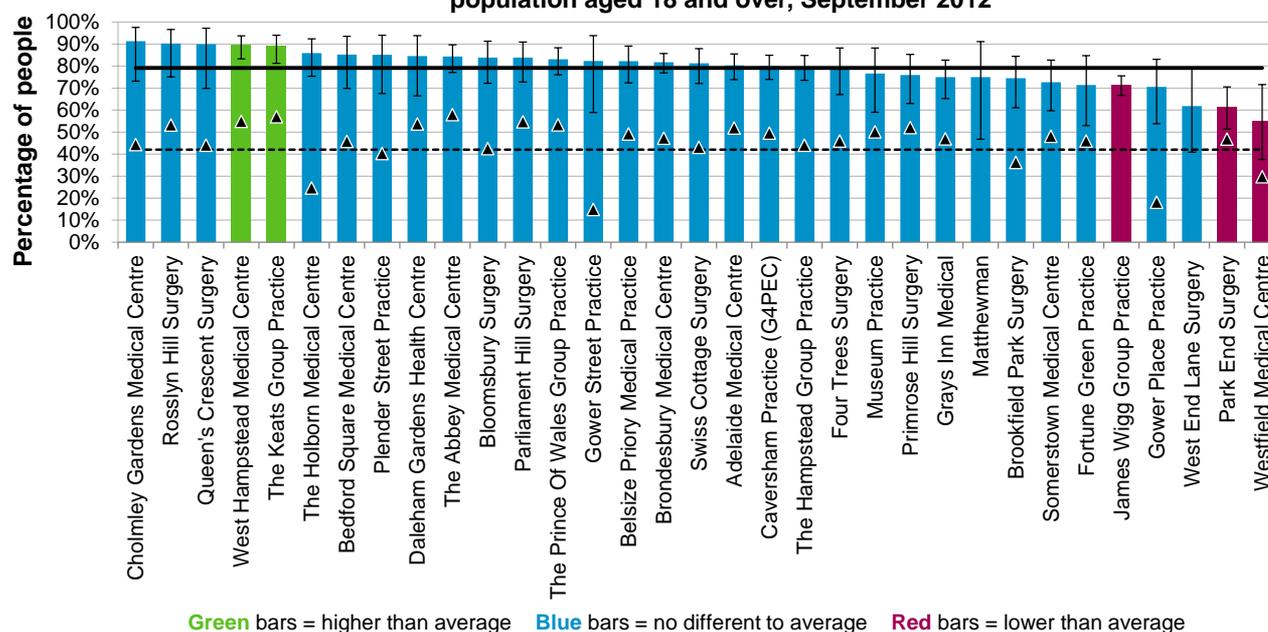

Notes: Numbers on bars indicate the number of people diagnosed with a serious mental illness
Source: Camden's GP PH Dataset, 2012
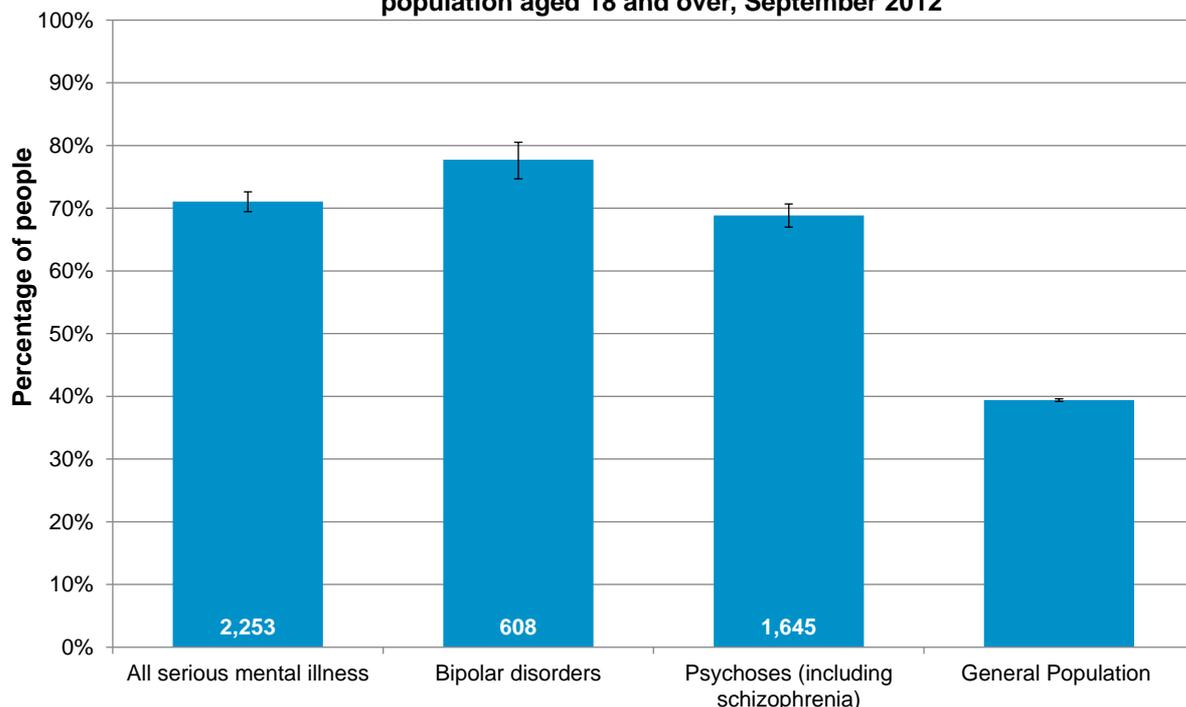
- The proportion of people with a serious mental illness who had their blood pressure recorded during the past 15 months, is significantly higher than the general population aged 18 and over.

Camden GP practices: blood pressure recording

Proportion of people with a serious mental illness who have a blood pressure reading taken in the previous 15 months, by GP Practice, compared to Camden's registered population aged 18 and over, September 2012

Green bars = higher than average   **Blue** bars = no different to average   **Red** bars = lower than average

▲ Proportion (All registered at practice) ——— Camden average (Diagnosed with SMI) - - - - Camden average (Registered Population)

Source: Camden's GP PH dataset, 2012
Note: Four practices (14,493 people) with less than 5 people with SMI and a BP recorded in the last 15 months were excluded from the analysis

- The percentage of people diagnosed with a serious mental illness who have had a blood pressure reading in the past 15 months ranges from 53% to 91% across GP practices, with an average of 79% for Camden.

- This compares to a range from 15% to 58% and an average of 42% among the general population aged 18 and over.

CARE PLANS AND REVIEW

This section presents seven mental health QOF indicators at GP practice level covering the period 2011/12.

Camden GP practices: care plans (QOF: MH10)

The percentage of patients with psychotic disorders who have a comprehensive care plan documented in the records agreed between individuals, their family and/or carers as appropriate, by GP practice, Camden's registered population, all ages, 2011/12
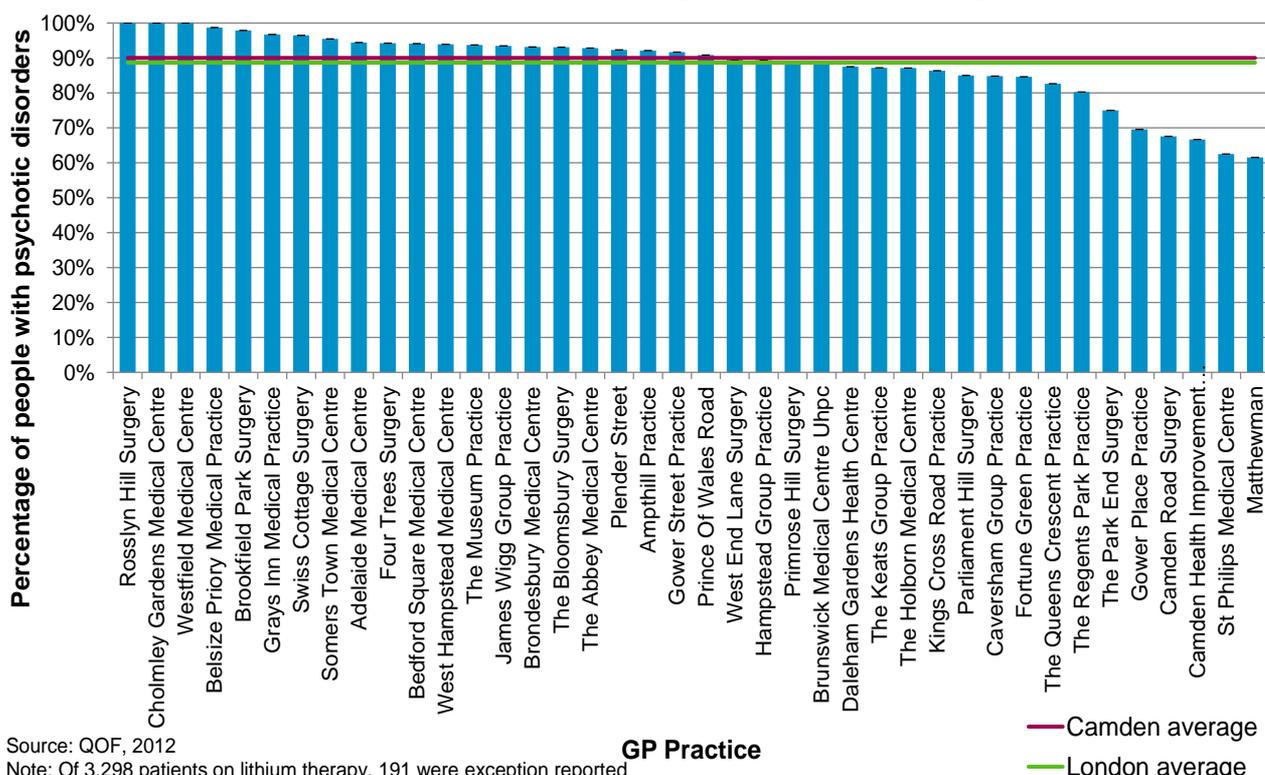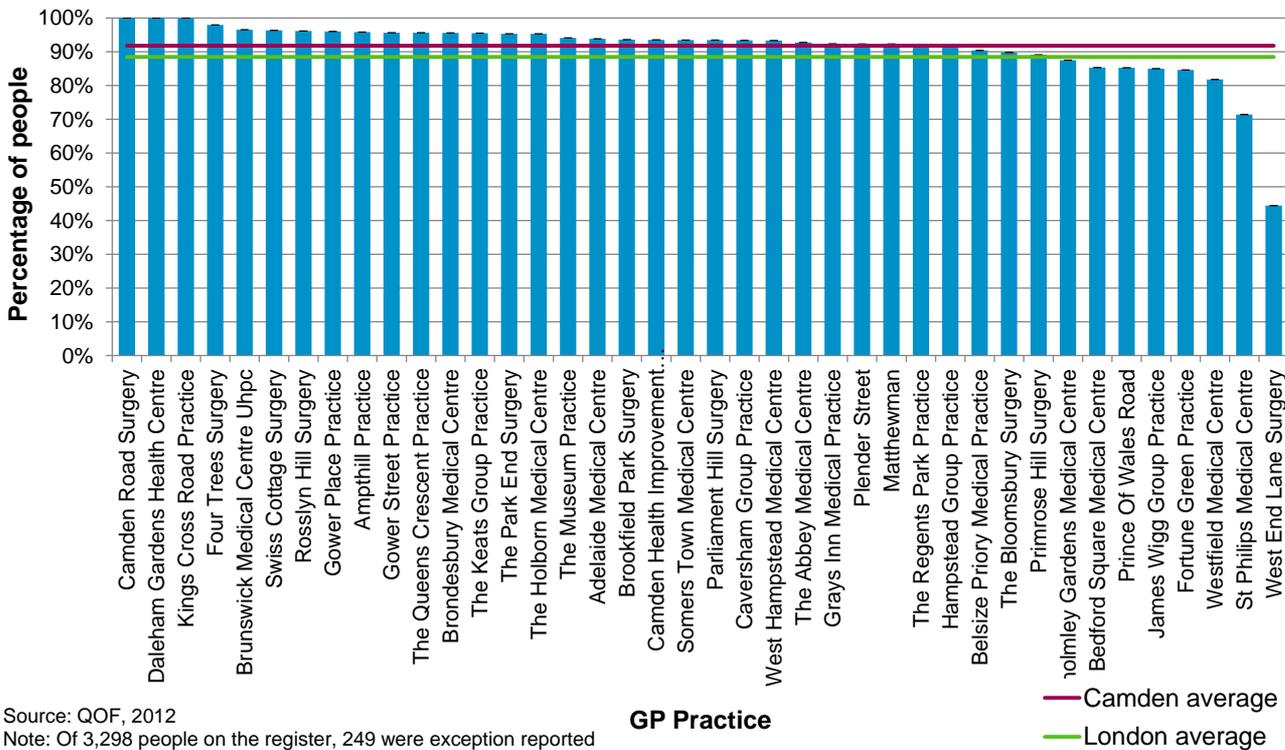

Source: QOF, 2012
Note: Of 3,298 patients on lithium therapy, 191 were exception reported

—— Camden average
—— London average

- 310 (10%) out of an eligible 3,107 people with a serious mental illness in Camden did not have a comprehensive care plan documented in the records, agreed between individuals, their family and/or carers as appropriate.

- The percentage of people with a care plan varies across GP practices in Camden from 62% to 100%, with an average of 90% for Camden.

Camden GP practices: review of care (QOF Alcohol: MH11)

The percentage of patients with serious mental illness who have a record of alcohol consumption in the preceding 15 months, by GP practice, Camden's registered population, all ages, 2011/12
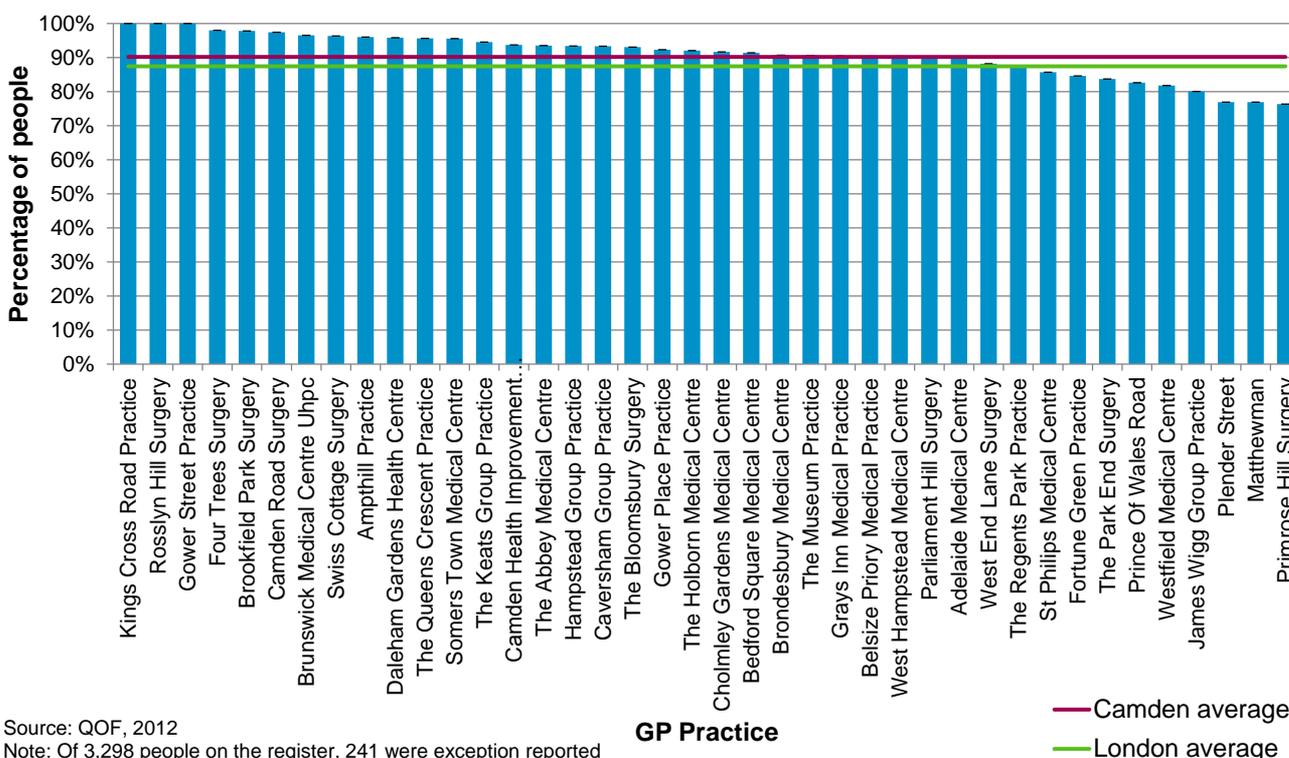

Source: QOF, 2012
Note: Of 3,298 people on the register, 249 were exception reported

— Camden average
— London average

- 250 (8%) out of an eligible 3,049 people with a serious mental illness in Camden did not have their alcohol consumption reviewed in the previous 15 months.

- The percentage of people with a serious mental illness who had their alcohol consumption reviewed in the previous 15 months varies across GP practices in Camden from 44% to 100%, with an average of 92% for Camden.

Camden GP practices: review of care (QOF BMI: MH12)

The percentage of patients with serious mental illness who have a record of BMI in the preceding 15 months, by GP practice, Camden's registered population, all ages, 2011/12
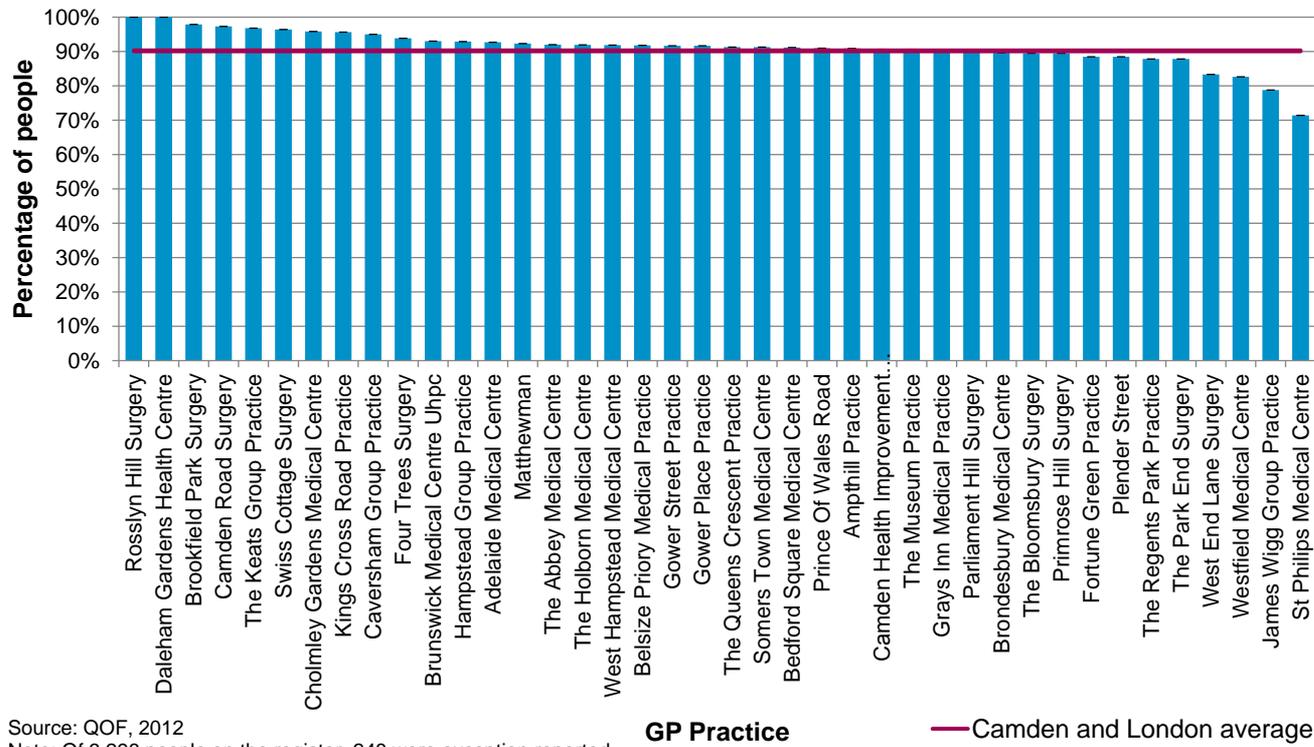

Source: QOF, 2012
Note: Of 3,298 people on the register, 241 were exception reported

— Camden average
— London average

- 299 (10%) out of an eligible 3,057 people with a serious mental illness in Camden did not have their BMI reviewed in the previous 15 months.

- The percentage of people with a serious mental illness who had their BMI reviewed in the previous 15 months varies across GP practices in Camden from 76% to 100%, with an average of 90% for Camden.

Camden GP practices: review of care (QOF BP: MH13)

The percentage of patients with serious mental illness who have a record of blood pressure in the preceding 15 months, by GP practice, Camden's registered population, all ages, 2011/12
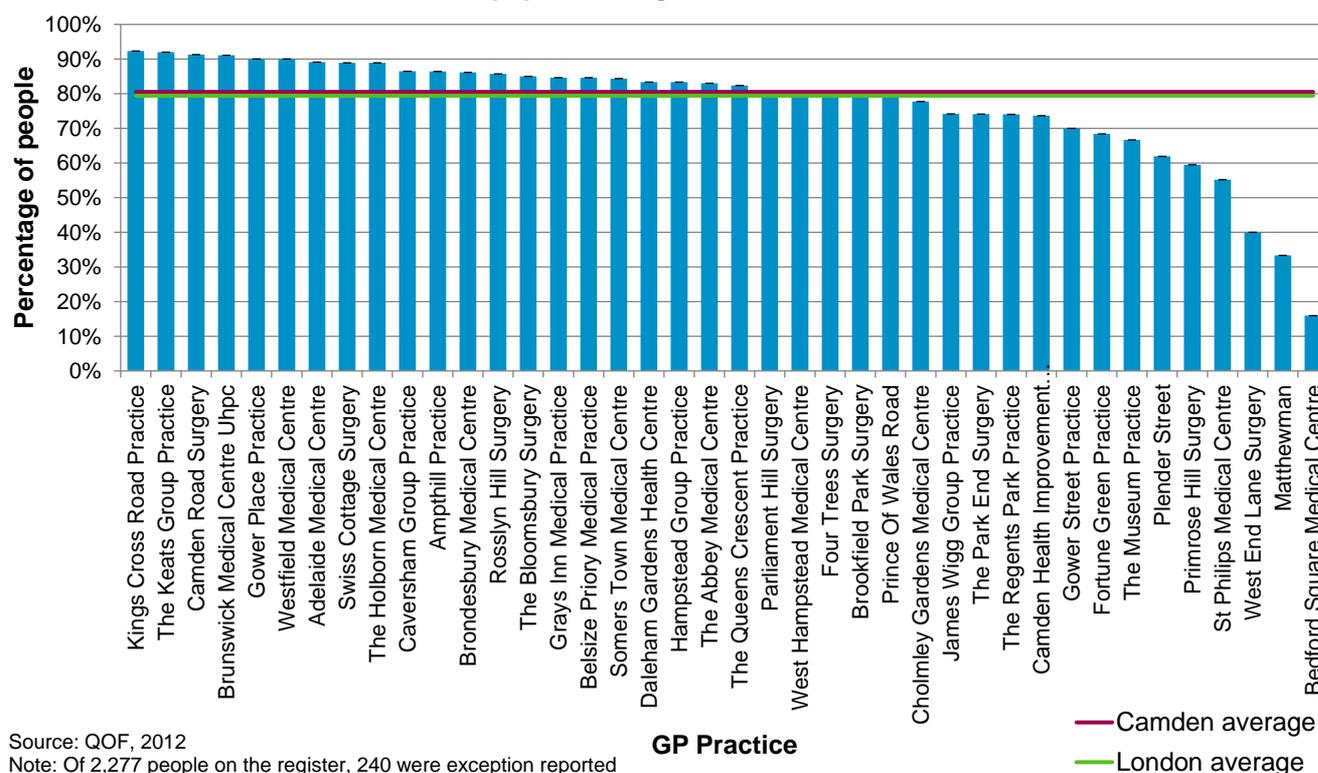

Source: QOF, 2012
Note: Of 3,298 people on the register, 248 were exception reported

GP Practice — Camden and London average

- 296 (10%) out of an eligible 3,050 people with a serious mental illness in Camden did not have their BP reviewed in the previous 15 months.

- The percentage of people with a serious mental illness who had their BP reviewed in the previous 15 months varies across GP practices in Camden from 71% to 100%, with an average of 90% for Camden.

Camden GP practices: review of care (QOF cholesterol : MH14)

The percentage of patients with serious mental illness who have a record of total cholesterol:hdl ratio in the preceding 15 months, by GP practice, Camden's registered population, age 40+, 2011/12

Source: QOF, 2012
Note: Of 2,277 people on the register, 240 were exception reported

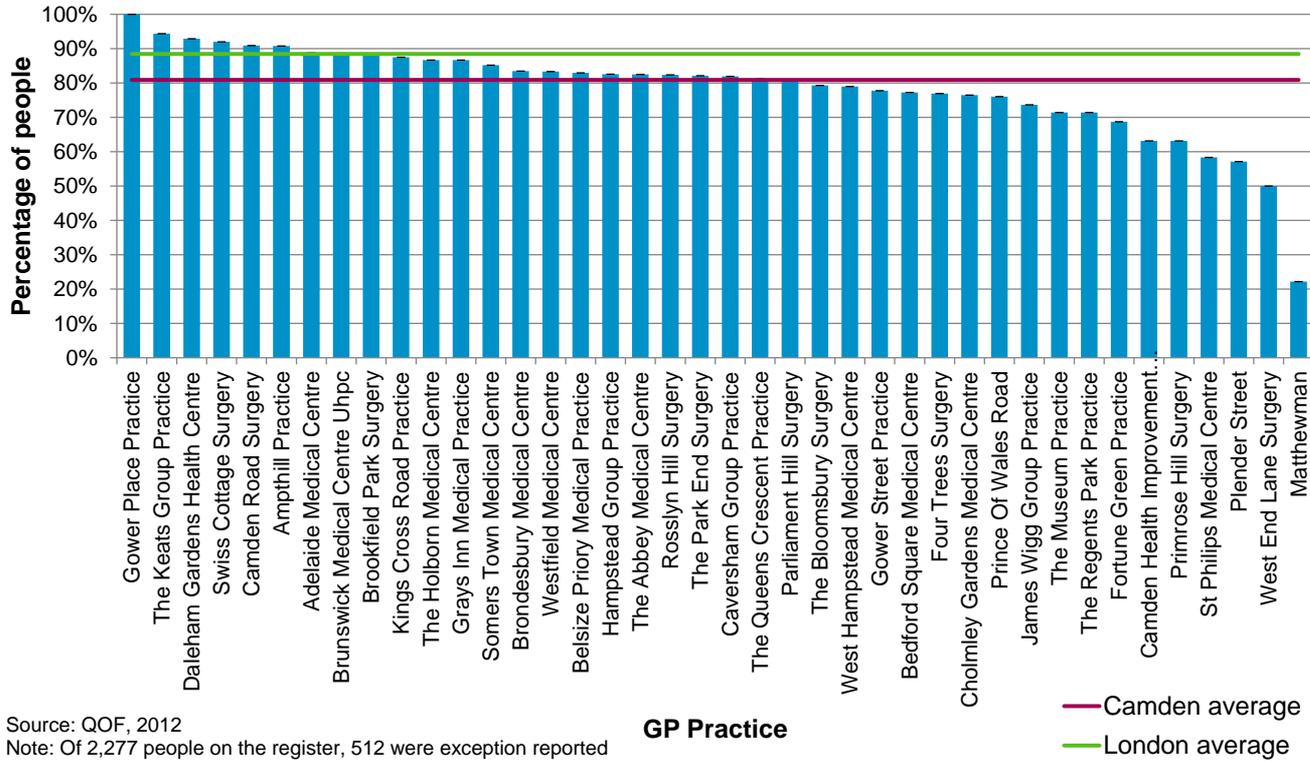GP Practice — Camden average — London average

- 397 (19%) out of an eligible 2,037 people with a serious mental illness did not have their cholesterol reviewed in the previous 15 months.

- The percentage of people with a serious mental illness who had their cholesterol reviewed in the previous 15 months varies across GP practices in Camden from 16% to 92%, with an average of 81% for Camden.

Camden GP practices: review of care (QOF blood glucose : MH15)

The percentage of patients with serious mental illness who have a record of blood glucose level in the preceding 15 months, by GP practice, Camden's registered population, age 40+, 2011/12

Source: QOF, 2012
Note: Of 2,277 people on the register, 512 were exception reported

- 337 (19%) out of an eligible 1,765 people with a serious mental illness in Camden did not have their blood glucose reviewed in the previous 15 months.

- The percentage of people with a serious mental illness who had their blood glucose reviewed in the previous 15 months varies across GP practices in Islington from 22% to 100%, with an average of 81% for Camden.

Camden GP practices: review of care (QOF cervical screening : MH16)

The percentage of patients with serious mental illness whose notes record that a cervical screening test has been performed in the preceding 5 years, by GP practice, Camden's registered population, women age 25 to 64, 2011/12

Source: QOF, 2012
Note: Of 1,078 women age 25 to 64 on the register, 199 were exception reported
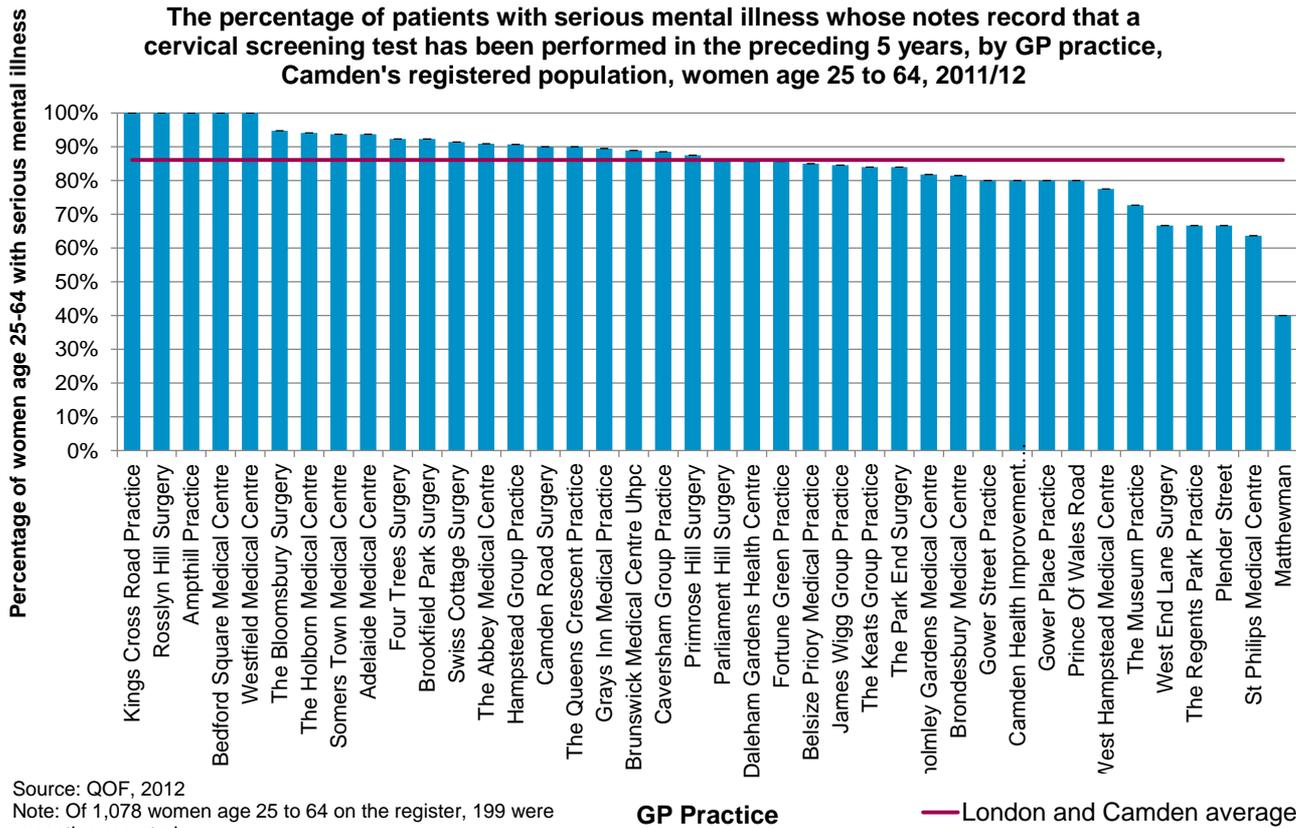
- 122 (14%) out of an eligible 879 people with a serious mental illness did not have their cervical screening reviewed in the previous 15 months.

- The percentage of people with a serious mental illness who had their cervical screening reviewed in the previous 15 months varies across GP practices in Camden from 40% to 100%, with an average of 86% for Camden.

About Public Health Intelligence

Public health intelligence is a specialist area of public health. Trained analysts use a variety of statistical and epidemiological methods to collate, analyse and interpret data to provide an evidence-base and inform decision-making at all levels. Camden and Islington's Public Health Intelligence team undertake epidemiological analysis on a wide range of data sources.

FURTHER INFORMATION & FEEDBACK

This profile has been created by Camden and Islington's Public Health Intelligence team. For further information please contact Ester Romeri.

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We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please contact us with your ideas.

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