



Office for Health
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Spotlight: New data on estimated prevalence of SMI in England

Simran Sandhu – Programme Manager
Cam Lugton – Programme Lead
Gabi Price – Head of Intelligence

Mental Health Intelligence Team (MHIT), 1 June 2026

Thank you for joining us, the webinar will begin shortly

This webinar is being recorded



Housekeeping



Please stay on mute unless you are speaking.



Please feel free to either raise a hand or use the Q&A function during the webinar to ask questions or provide comments.



This webinar will be recorded, and we will share the recording and slides with you





Overview of the webinar:

1. Welcome and Introduction to the webinar (1pm) – Simran Sandhu
2. Overview of the new data and report on SMI prevalence (1.10pm) – Cam Lugton
3. Data on SMI prevalence in the Adult Mental Health and Wellbeing Profile (1.30pm) – Gabi Price
4. Discussion, comments and Q&A (1.45pm)
5. Close (2pm)

What is new?

- In April we published [four new indicators in the Adult Mental Health and Wellbeing Profile](#) on estimated SMI prevalence by condition breakdown, and an accompanying report
- This is the first time we have estimated prevalence by SMI condition breakdown at a local level
- This new data will support ICBs and local planners to deliver more targeted commissioning plans for people with SMI





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Modelled prevalence estimates for severe mental illness (schizophrenia, bipolar disorder, other psychosis)

Mental Health Intelligence Team:

Jianhe Peng, Lanre Segilola, Sue Foster, Gabi Price, Cam Lugton

Published – 8th April 2026

What is the work?

Where is the work?

Why did we do the work?



The indicators:

- Model-based estimated prevalence of severe mental illness (SMI):
 - Model-based estimated prevalence of schizophrenia
 - Model-based estimated prevalence of bipolar disorder
 - Model-based estimated prevalence of other psychosis

The report:

- Estimated prevalence of severe mental illness in England (Official Statistic)



Estimated prevalence of severe mental illness in England: report

Published 8 April 2026

Applies to England

Contents

[Introduction](#)

[Summary of findings](#)

[About these modelled estimates](#)

[Main findings and interpretation](#)

[Variation in prevalence by sex, age, ethnicity and deprivation](#)

[Comparison to other intelligence on SMI or condition group prevalence](#)

[Guidance on how to use these findings](#)

[Methodology](#)

[Future updates of the prevalence estimates](#)

[Limitations of the study](#)

[Acknowledgements](#)

Introduction

The Office of Health Improvement and Disparities (OHID), part of the Department of Health and Social Care (DHSC), in collaboration with NHS England, has developed local modelled prevalence estimates for severe mental illness (SMI) in England. Prevalence estimates for the SMI condition groups (schizophrenia, bipolar disorder and other psychosis) are also included. It is the first time that local level estimates have been produced for the SMI condition groups.

These prevalence estimates have been derived using people aged 14 and over identified as having an SMI on 30 September 2023 (the index date). These cases were identified in the Clinical Practice Research Datalink (CPRD) Aurum database, which holds anonymised record level primary care data.

Due to data availability and time for analysis, estimates have been produced for 2023, and these are presented in this report.

All local level prevalence figures are available in the [Adult mental health and wellbeing profile](#) on Fingertips.

estimated prevalence of severe mental illness in England report

adult mental health and wellbeing profile

Adult mental health and wellbeing ▾

Geography

Search area

▶ [Your area lists](#)

Data view ▾

Area profiles

Topic ▾

Identification of need

Severe mental illness

Model-based estimated prevalence of severe mental illness	New data	2023	551,259	1.16%
Model-based estimated prevalence of severe mental illness (Schizophrenia)	New data	2023	177,979	0.38%
Model-based estimated prevalence of severe mental illness (Bipolar disorder)	New data	2023	200,542	0.42%
Model-based estimated prevalence of severe mental illness (Other psychosis)	New data	2023	172,259	0.36%

Why SMI is important?

The group of conditions referred to as SMI relates to people with [psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired](#).

People with SMI experience some of the widest health inequalities in England. NHS England's [guidance for integrated care systems](#) highlights that their life expectancy is 15 to 20 years shorter than that of the general population, and that the gap is widening.

To ensure that both the mental and wider health needs of people living with SMI are adequately supported, data on the local prevalence of SMI (including breakdown of individual condition groups) is essential.

This data on local prevalence enables planning, commissioning and delivering services that meet local needs of people across England.



Should we still use the term SMI?

This report presents prevalence estimates for 3 mental health condition groups - schizophrenia, bipolar disorder, and other psychosis, both separately and combined as SMI.

NHSE have for some time moving towards 'people with severe and enduring mental health problems'

The SMI MSF has the working definition of a wider group increasingly recognised as 'adults and older adults whose lives are severely impacted by mental health problems'

It includes, but is not limited to, people with: SMI, complex post traumatic stress disorder, personality disorder and those who experience complex emotional needs, eating disorders, severe manifestations of common mental health problems, and co-existing frailty, neurodevelopmental conditions and addiction.





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How did we derive the modelled estimates?

Defining the SMI prevalence estimate

- **The indicators** – for England, each ICB and UTLA, and NHS and statistical regions - an estimate of the % (and number) of people aged 14 and over with SMI (and condition groups).
- **Prevalence** – 2023 (index date, 30 September 2023) – but this is lifetime prevalence because evidence of SMI is looked for at any time in the individual's medical records history up to the index date.
- **The numerator** – people aged 14 and over with evidence of SMI at any point in their available medical history up to the index date - Derived from CPRD (explain)
- **The denominator** – all people aged 14 and over from Census 2021 (including sex, age, ethnicity and deprivation)



Approach used to develop the prevalence estimates (1)

Prevalence estimates are derived from an analysis of primary care records from the Clinical Practice Research Database (CPRD), which includes records for around 25% of England's population.

People were included in the analysis if their medical records were of sufficient quality for research and as of 30 September 2023, they were alive, aged 14 years or older, and registered as a permanent patient with an active GP practice in England submitting to CPRD Aurum

Around 150,000 people aged 14 years and over were identified as cases up to 30 September 2023 (the index date) based on evidence of a record for:

- diagnosis of schizophrenia, bipolar disorder or other psychosis
- lithium treatment for bipolar disorder in the last 6 months
- other treatment (excluding pharmacological) for SMI in the last 6 months
- significant symptoms of SMI in the last 12 months

In this analysis the condition groups are mutually exclusive, meaning estimates are derived on the basis that each individual with SMI will be recorded in one condition group only.



Approach used to develop the prevalence estimates (2)

SMI (and condition group) prevalence estimates were modelled using multivariable logistic regression (a method that determines how multiple variables simultaneously influence the likelihood of a health event or outcome).

The method was used to derive prevalence for the CPRD cases disaggregated into 200 strata. This means prevalence estimates for all combinations of the following groups:

- sex (female or male)
- age (14 to 24 years, 25 to 34 years, 35 to 64 years, and 65 years and over)
- broad ethnic group (Asian, Black, Mixed, White and Other)
- area deprivation (quintiles from 1 (most deprived) to 5 (least deprived))

The prevalence percentage for each of these strata were then applied to the same strata in the England, regional, integrated care board (ICB) and UTLA populations. These 200 strata were then aggregated to provide model estimates of number of cases and prevalence percentage for each area.



Examples of 'cells' of prevalence

Sex	Age	Ethnicity	Deprivation		Sex	Age	Ethnicity	Deprivation
female	14 - 24	Asian	quintile 1		female	14 - 24	Black	quintile 1
female	14 - 24	Asian	quintile 2		female	14 - 24	Black	quintile 2
female	14 - 24	Asian	quintile 3		female	14 - 24	Black	quintile 3
female	14 - 24	Asian	quintile 4		female	14 - 24	Black	quintile 4
female	14 - 24	Asian	quintile 5		female	14 - 24	Black	quintile 5
female	25 - 34	Asian	quintile 1		female	25 - 34	Black	quintile 1
female	25 - 34	Asian	quintile 2		female	25 - 34	Black	quintile 2
female	25 - 34	Asian	quintile 3		female	25 - 34	Black	quintile 3
female	25 - 34	Asian	quintile 4		female	25 - 34	Black	quintile 4
female	25 - 34	Asian	quintile 5		female	25 - 34	Black	quintile 5
male	14 - 24	Asian	quintile 1		male	14 - 24	Black	quintile 1
male	14 - 24	Asian	quintile 2		male	14 - 24	Black	quintile 2
male	14 - 24	Asian	quintile 3		male	14 - 24	Black	quintile 3
male	14 - 24	Asian	quintile 4		male	14 - 24	Black	quintile 4
male	14 - 24	Asian	quintile 5		male	14 - 24	Black	quintile 5

200 'cells' of prevalence

12 million records, at least 1,500 per 'cell'

150,000 SMI cases, spread across 200 cells



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Variation in identified cases

Figure 7: SMI (and condition group) prevalence (%) in CPRD by sex, 2023

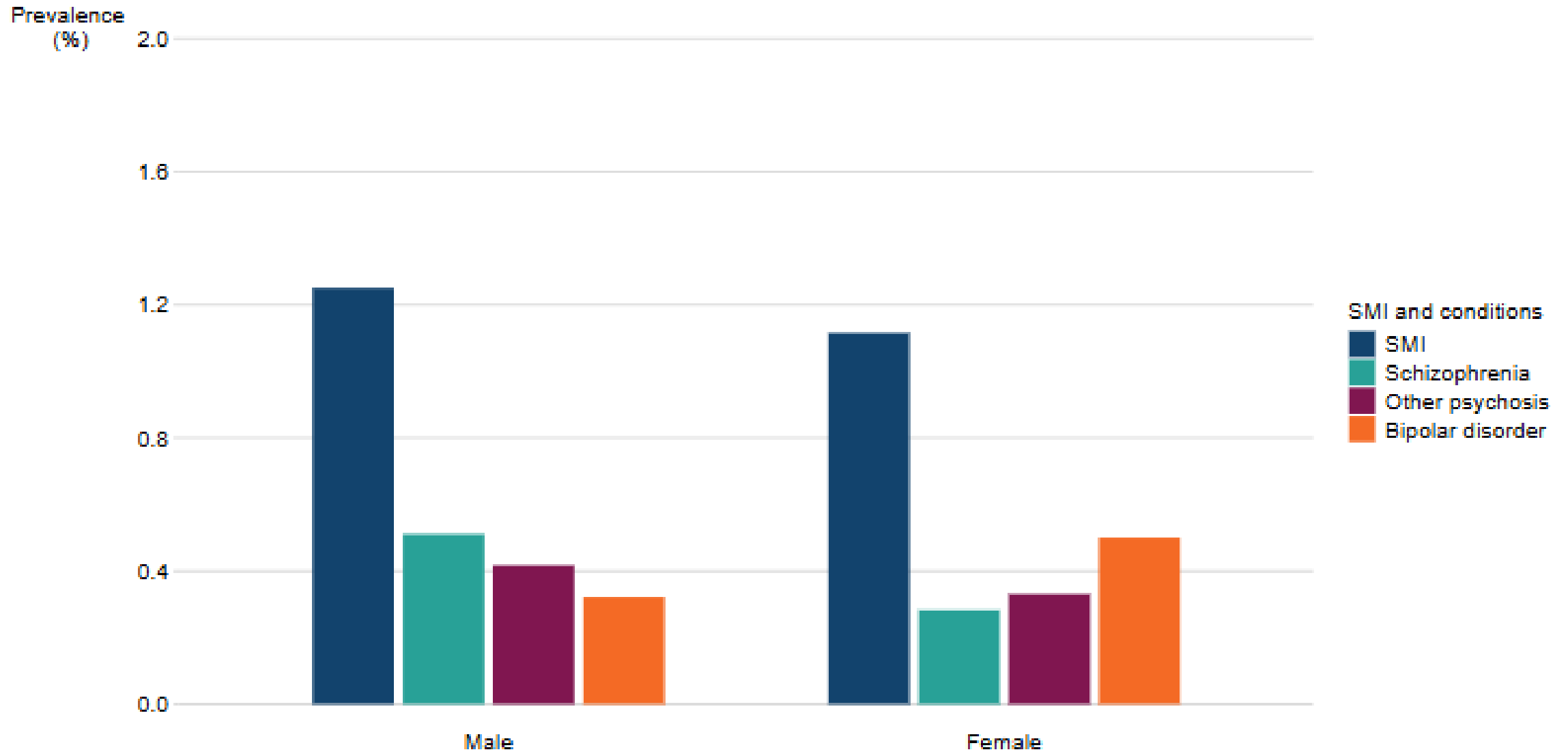


Figure 8: SMI (and condition group) prevalence (%) in CPRD by age group, 2023

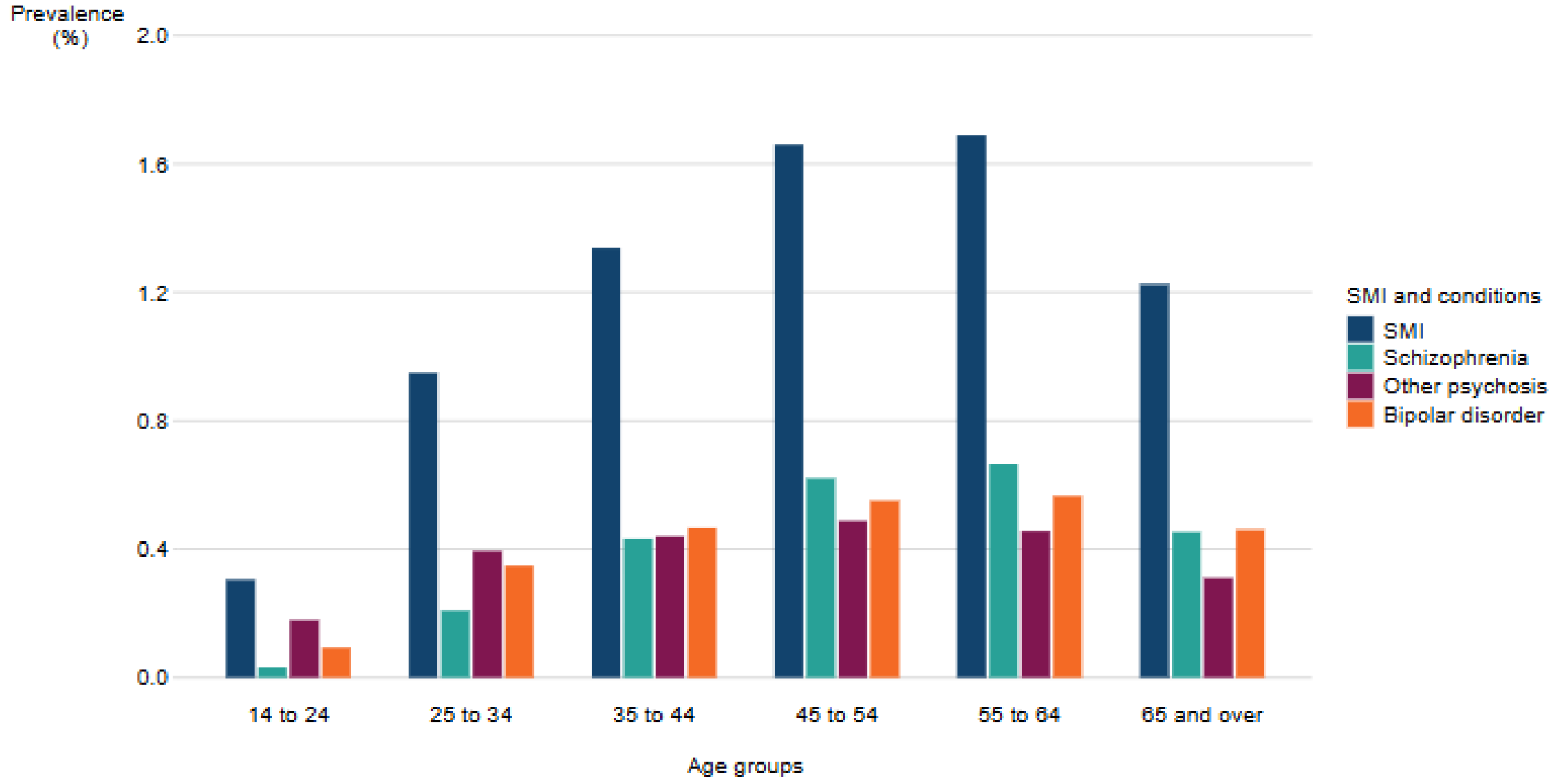


Figure 9: SMI (and condition group) prevalence (%) in CPRD by ethnic group, 2023

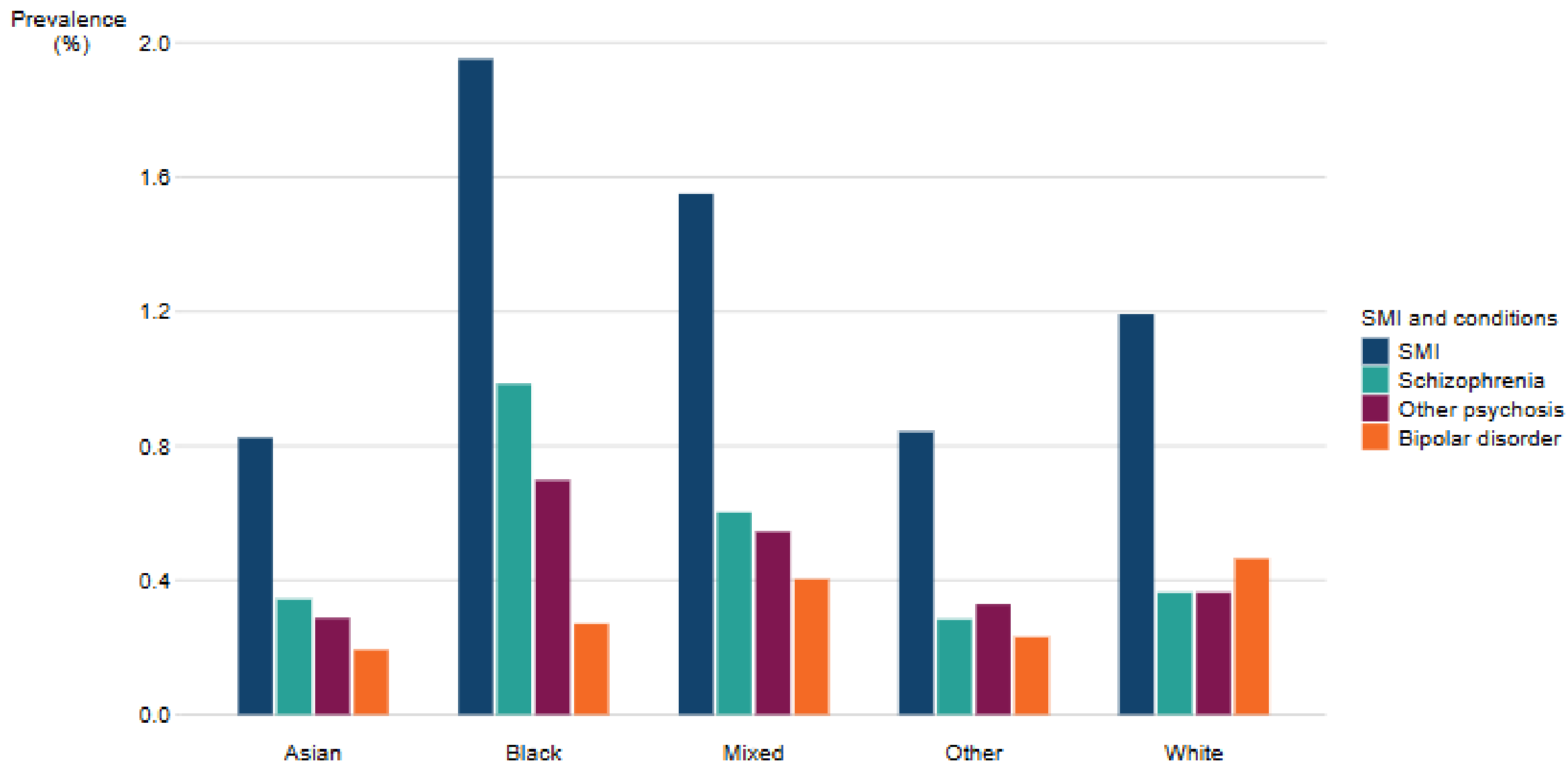
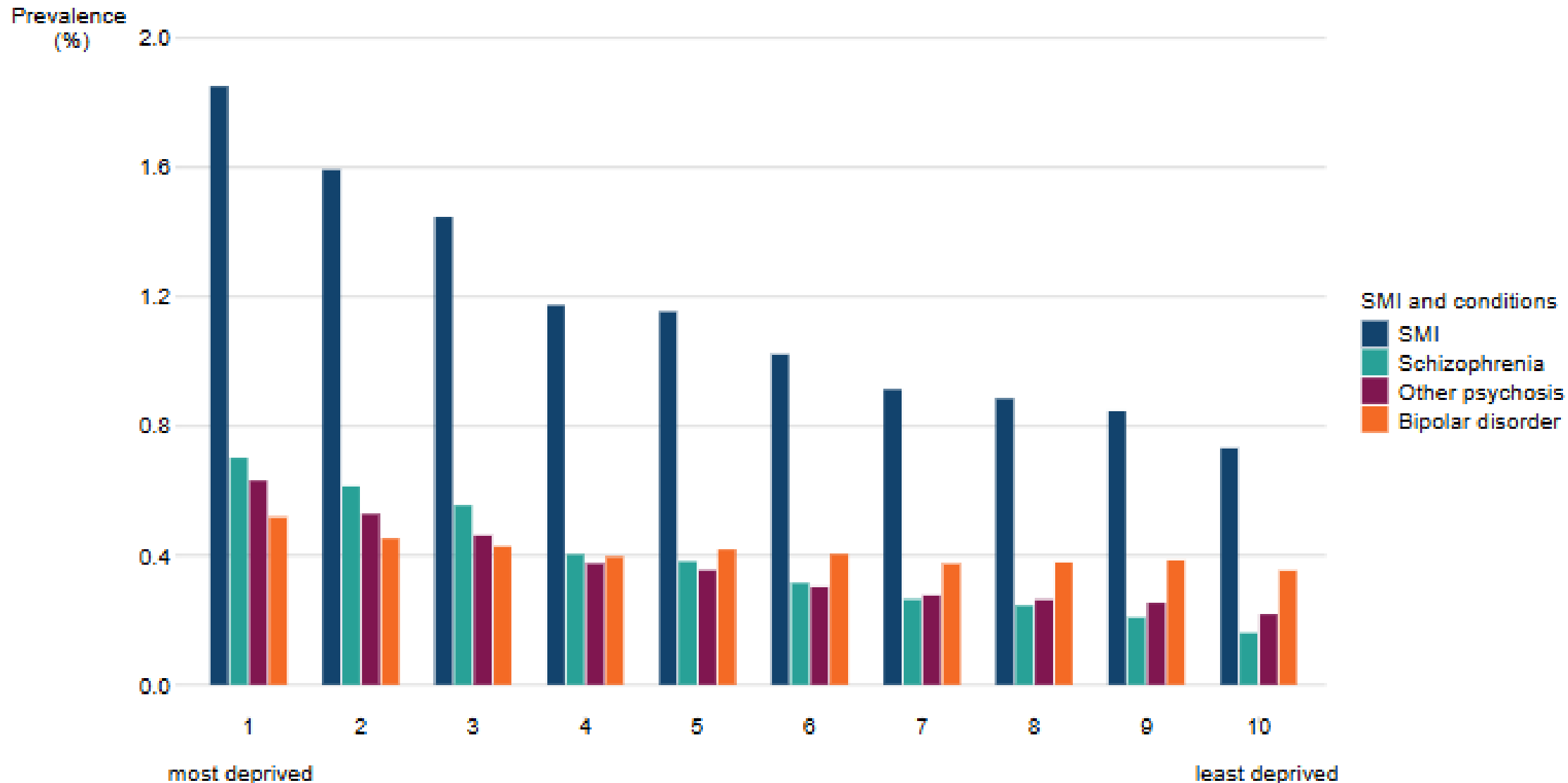


Figure 10: SMI condition prevalence (%) in CPRD by area deprivation decile, 2023





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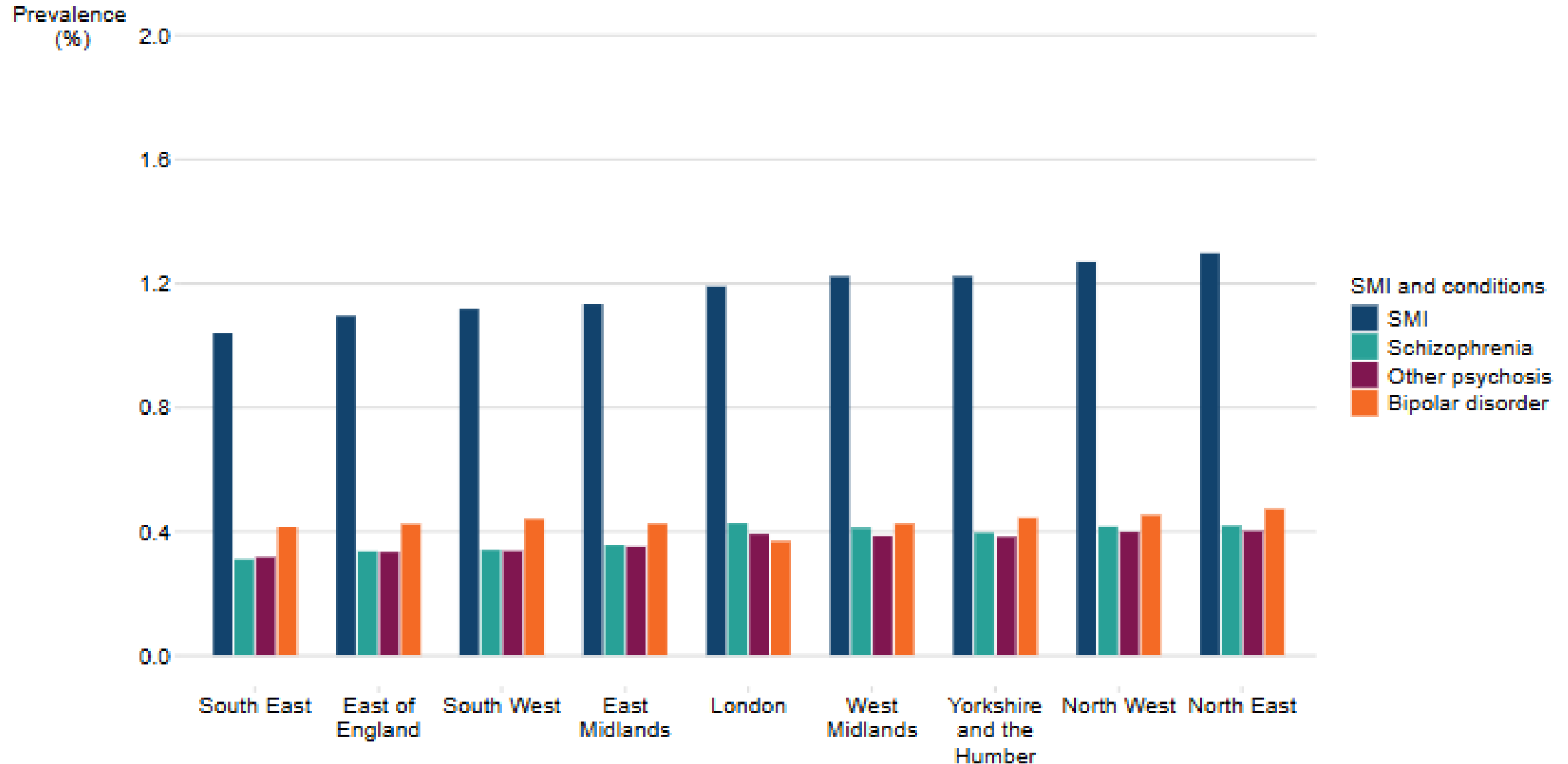
Results

Modelled SMI (and condition group) prevalence in England

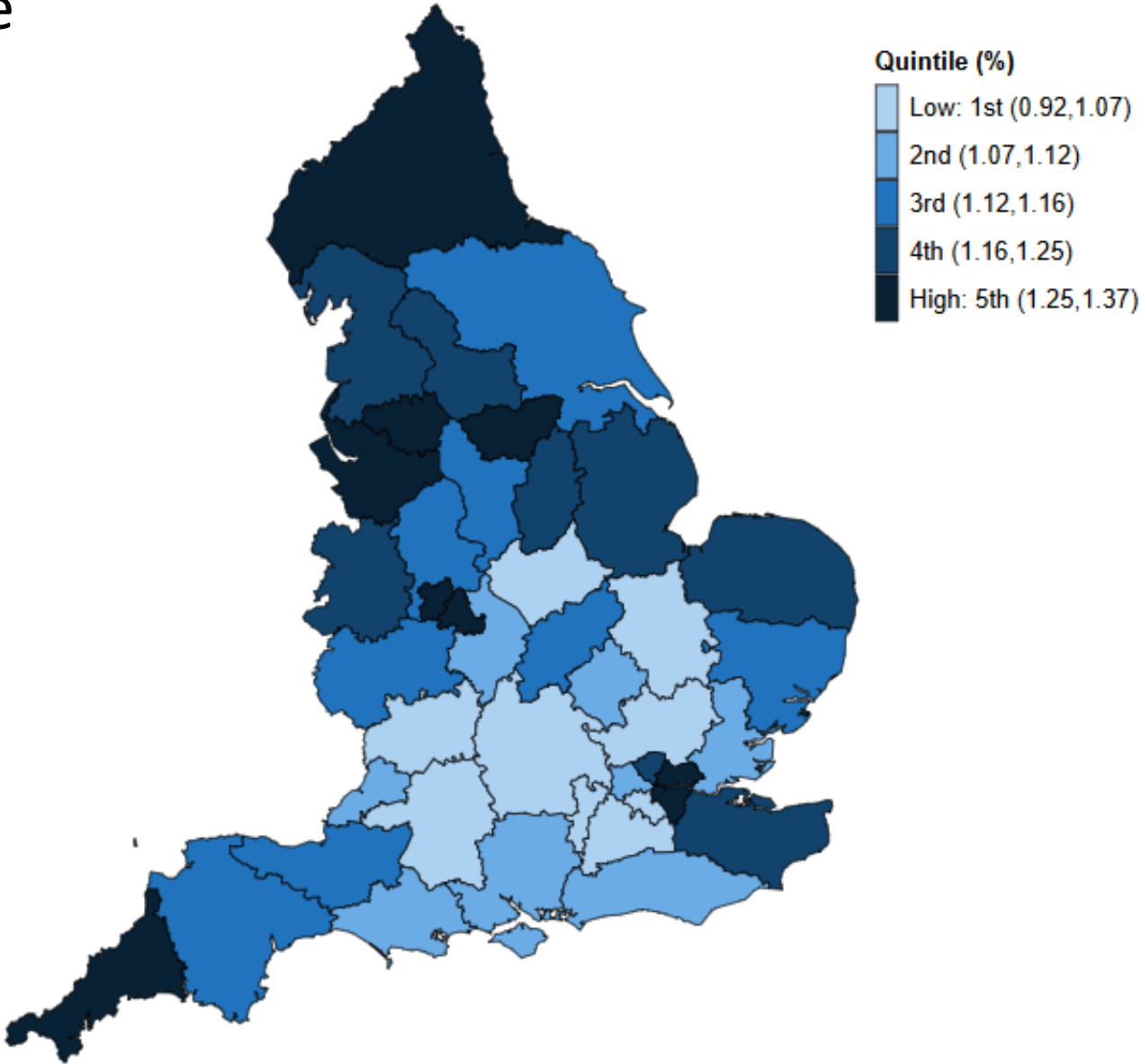
Condition group	Estimated prevalence % England	Estimated number of people 14 and over affected
SMI	1.16	551,259
Schizophrenia	0.38	177,979
Bipolar disorder	0.42	200,542
Other psychosis	0.36	172,259

Geographical breakdown	SMI	Schizophrenia	Bipolar disorder	Other psychosis
UTLA	0.82% to 1.58%	0.21% to 0.62%	0.29% to 0.53%	0.25% to 0.52%
ICB	0.92% to 1.37%	0.25% to 0.49%	0.34% to 0.48%	0.28% to 0.44%
Statistical region	1.04% to 1.30%	0.31% to 0.43%	0.37% to 0.47%	0.32% to 0.40%
NHS region	1.04% to 1.27%	0.31% to 0.43%	0.37% to 0.45%	0.32% to 0.40%

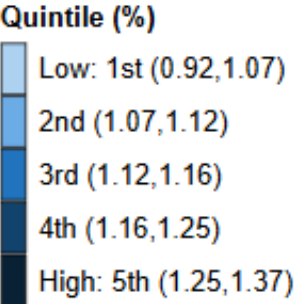
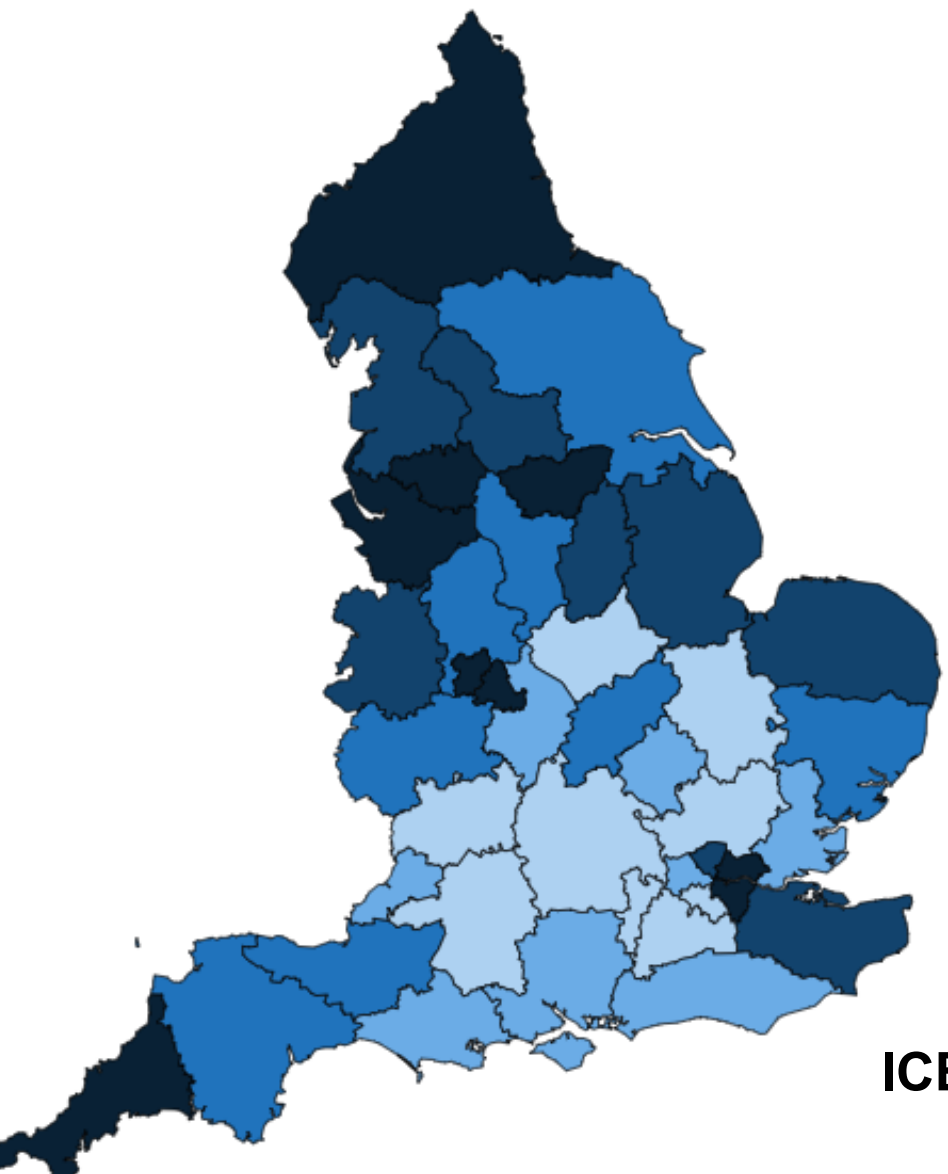
Figure 6: model-based estimates of SMI (and condition group) prevalence (%) in England by statistical regions, 2023



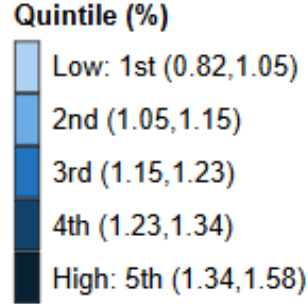
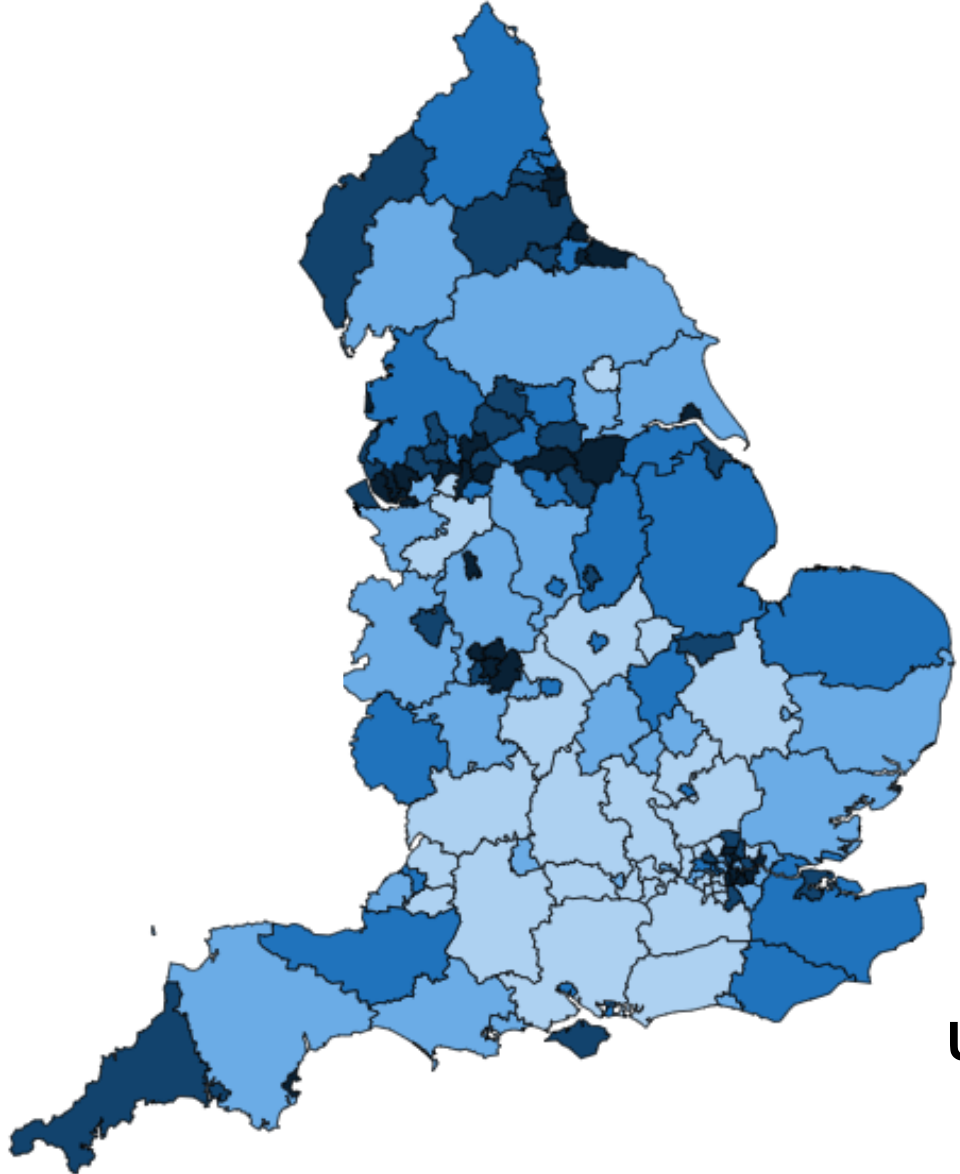
Variation in SMI prevalence in England by ICB, 2023



SMI prevalence in England by ICB and UTLA, 2023



ICB



UTLA

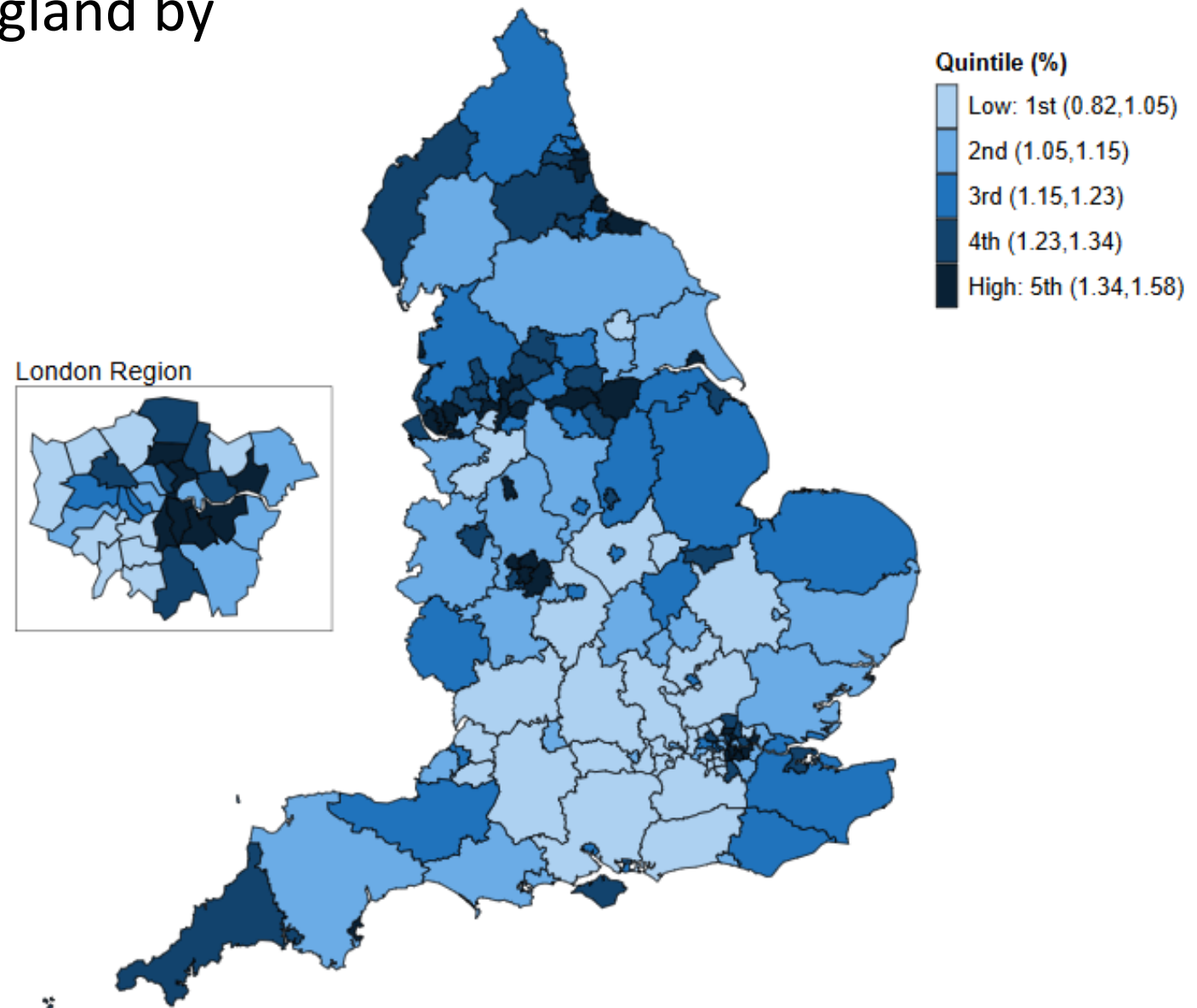
Variation in SMI prevalence in England by UTLA, 2023

Evidence of higher rates in the north

Evidence of higher rates in urban populations

Some evidence of higher rates in coastal deprived areas

Some evidence of higher rates in the regions compared to the centre



UTLAs with highest and lowest modelled SMI prevalence, 2023

Highest UTLAs	Estimated prevalence (%)	Estimated patient numbers	Lowest UTLAs	Estimated prevalence (%)	Estimated patient numbers
Blackpool	1.58	1,890	Wokingham	0.82	1,196
Knowsley	1.55	1,986	Windsor and Maidenhead	0.87	1,111
Barking and Dagenham	1.54	2,605	Kingston upon Thames	0.88	1,229
Hackney and CoL	1.50	3,358	York	0.89	1,567
Lewisham	1.49	3,702	Richmond upon Thames	0.89	1,436
Sandwell	1.47	4,061	Rutland	0.90	318
Kingston upon Hull	1.46	3,206	Harrow	0.90	1,952
Liverpool	1.45	5,972	Surrey	0.91	9,135
Haringey	1.44	3,188	Buckinghamshire	0.91	4,174
South Tyneside	1.43	1,784	Bracknell Forest	0.91	943

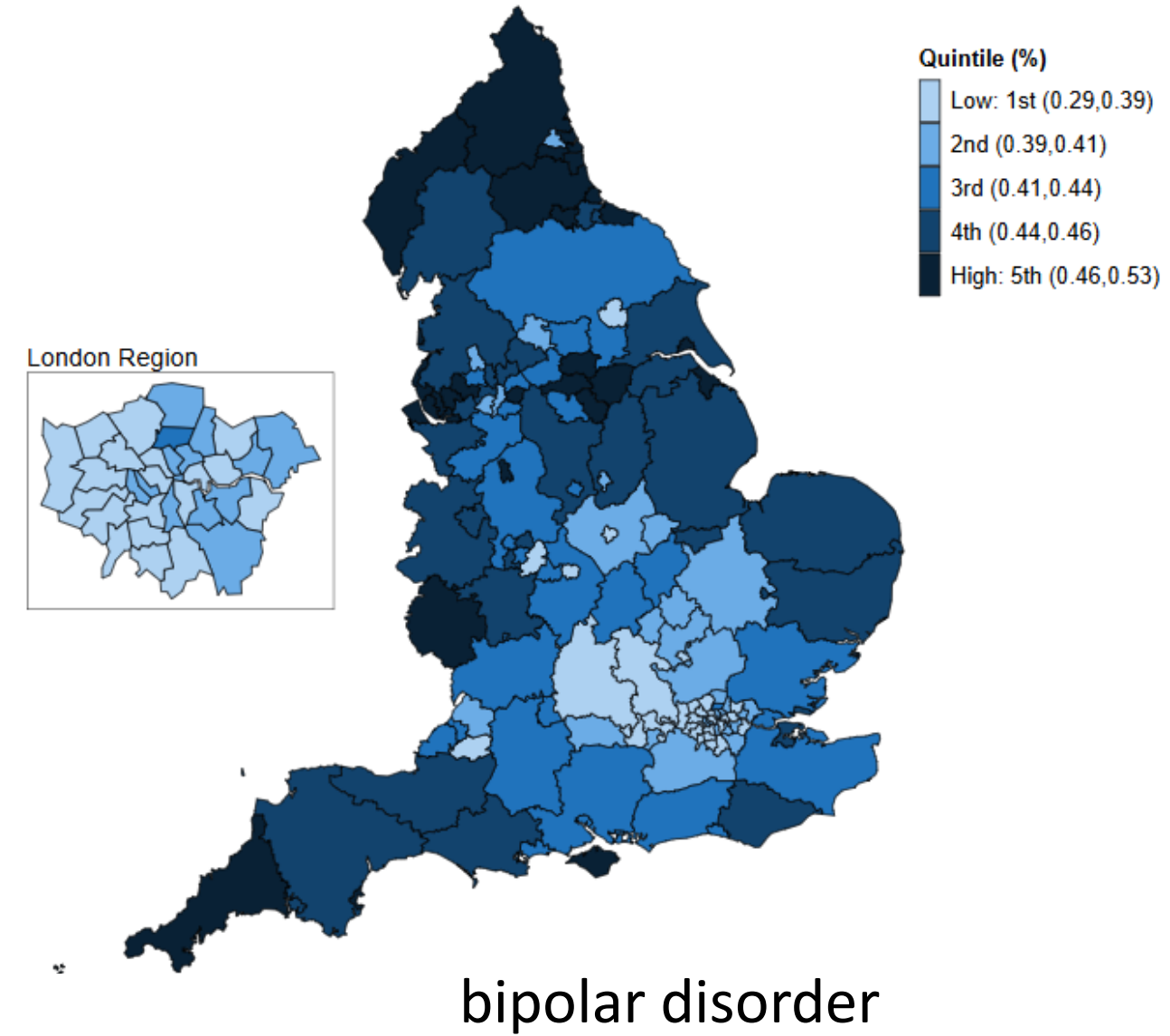
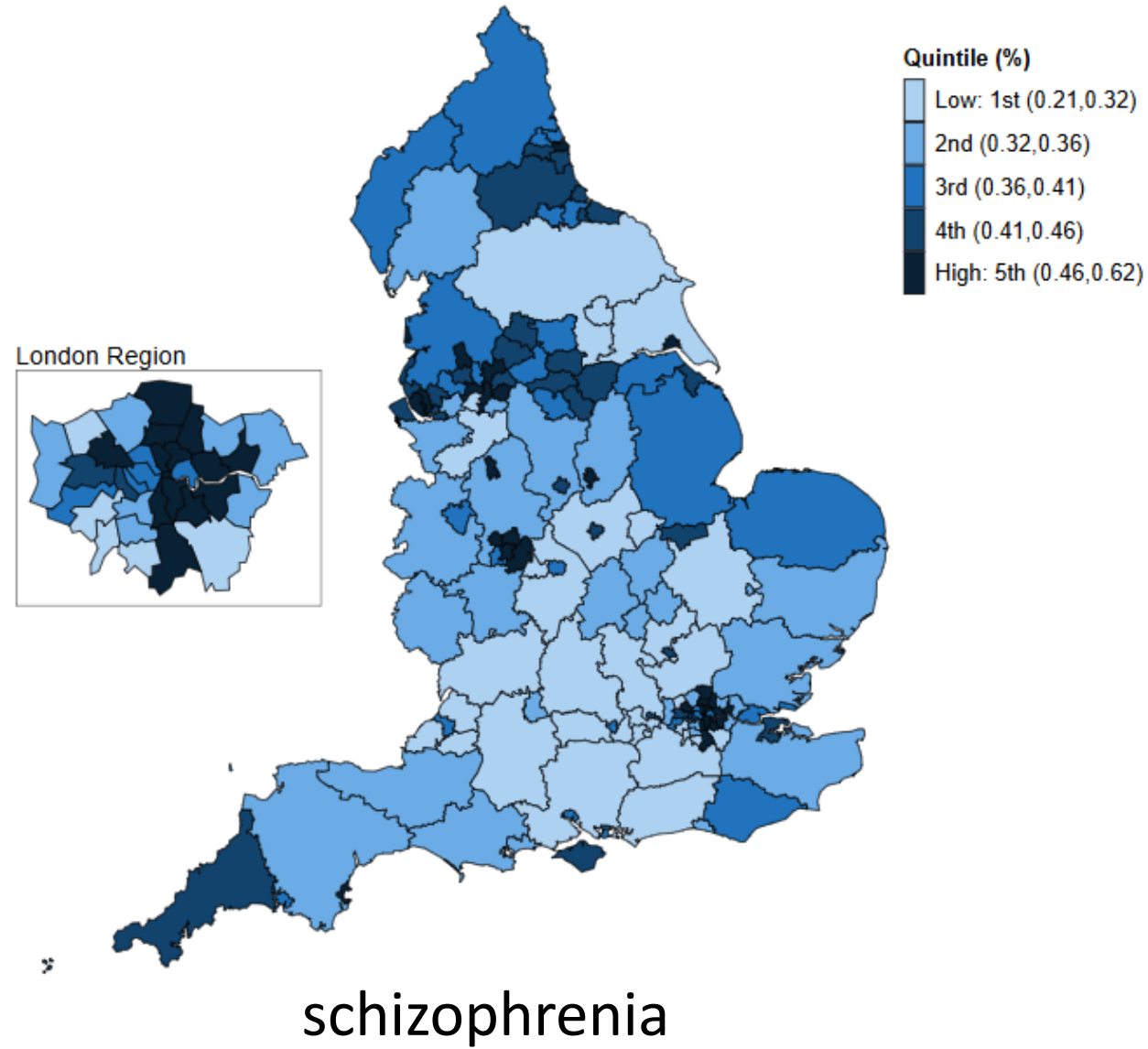


UTLAs with highest and lowest modelled SMI prevalence, 2023

Schizophrenia		Other psychosis		Bipolar disorder	
Highest UTLAs	Estimated prevalence % (and numbers)	Highest UTLAs	Estimated prevalence % (and numbers)	Highest UTLAs	Estimated prevalence % (and numbers)
Barking and Dagenham	0.62 (1,045)	Barking and Dagenham	0.52 (883)	Knowsley	0.53 (684)
Lewisham	0.58 (1,442)	Hackney and CoL	0.52 (1,160)	Blackpool	0.53 (636)
Hackney and CoL	0.57 (1,278)	Lewisham	0.50 (1,236)	South Tyneside	0.51 (633)
Sandwell	0.56 (1,542)	Blackpool	0.50 (591)	Halton	0.51 (541)
Blackpool	0.55 (654)	Knowsley	0.49 (628)	Barnsley	0.50 (1,035)
Haringey	0.54 (1,202)	Manchester	0.48 (2,189)	Hartlepool	0.50 (388)
Wolverhampton	0.53 (1,143)	Sandwell	0.48 (1,331)	St. Helens	0.50 (779)
Southwark	0.53 (1,386)	Haringey	0.48 (1,067)	Torbay	0.50 (601)
Birmingham	0.53 (4,855)	Liverpool	0.48 (1,964)	Sunderland	0.50 (1,155)
Newham	0.53 (1,499)	Lambeth	0.47 (1,304)	Redcar and Cleveland	0.50 (574)



Variation in schizophrenia and bipolar disorder prevalence in England by UTLA, 2023





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**Credible ranges (often referred to as
Confidence intervals)**

Credible intervals (CrIs)

The local prevalence proportions would usually be accompanied by CrIs produced (using simulation) to take account of the uncertainty around the derived estimates.

They are not presented in this report because the very large underlying population would result in intervals that are extremely narrow, implying a degree of precision that is not warranted given the model is applied to local (UTLA and ICB) populations.

The absence of CrIs should not be taken to indicate the estimates are exact.





Comparison to other SMI prevalence estimates:

- Adult psychiatric morbidity survey (APMS) 2023/24
- Quality and Outcomes Framework (QOF) mental health register

APMS 2023/24

Prevalence of psychotic disorder in the past year was 0.4% (95% confidence interval (CI) 0.2, 0.7) in 2023 to 2024. This rate was similar to 0.7% (CI 0.4, 1.1) in 2014 and 0.4% (CI 0.3, 0.6) in 2007.

However, conclusions about breakdown or trends should be treated with caution considering the numbers of confirmed cases were low (23 adults in 2007, 26 in 2014 and 16 in 2023 to 2024).

The prevalence of adults who **screened positive for bipolar disorder** in 2023/24 was 1.9% (CIs 1.5% and 2.4%), which was similar to 2014 (2.0%).

This population is approximately 5 times larger than the CPRD based estimates. However, APMS 2023 to 2024 also reports that one in 6 (17.8%) adults who screened positive reported that they had been diagnosed with bipolar disorder by a professional.

QOF mental Health register 2023/24

For the QOF mental health register, when converted to the population aged 14 and over, the prevalence is 1.13%, slightly less than the CPRD based modelled estimate (1.16%).

There is a greater variation based on QOF than for the modelled estimates. The QOF prevalence range at UTLA level is 0.72% to 1.87%, whereas for the CPRD analysis it is 0.82% to 1.58%.

For some UTLAs the modelled estimates are higher and for others QOF rates are higher.

For estimates of SMI both these modelled estimates and QOF reporting offer value. Separate Schizophrenia, Bipolar disorder and other psychosis estimates are only available from this analysis.



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End

Handover to Gabi



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Estimated prevalence of SMI in the ‘Adult mental health and wellbeing’ profile

Gabi Price, Head of Intelligence - Mental Health Intelligence Team

Overview

To provide an overview of:

- how to access the modelled estimates for SMI and condition groups in the profile
 - how to use different data views of these estimates
 - how to use the estimates with other indicators in the profile
-



Accessing the indicators in mental health profiles in Fingertips

1. [Adult mental health and wellbeing](#)

Severe mental illness				
Model-based estimated prevalence of severe mental illness New data	2023	551,259		1.16%
Model-based estimated prevalence of severe mental illness (Schizophrenia) New data	2023	177,979		0.38%
Model-based estimated prevalence of severe mental illness (Bipolar disorder) New data	2023	200,542		0.42%
Model-based estimated prevalence of severe mental illness (Other psychosis) New data	2023	172,259		0.36%

Other mental health profiles

2. [Perinatal, children and young people's mental health](#)

3. [Suicide prevention](#)

Department of Health & Social Care
Fingertips | Public health profiles

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Public health profiles

1.

[Adult mental health and wellbeing](#)
Data on identification of need, associated factors, services use and outcomes for adult mental health and wellbeing.

[AMR local indicators - produced by the UKHSA](#)
Data on antimicrobial prescribing, resistance and healthcare associated infections.

[Cancer Services](#)
Data on cancer services, including diagnostic services, screening, urgent suspected cancer referrals, emergency presentations and hospital admissions.

[Child and Maternal Health](#)
Data on pregnancy, birth, maternity and the health of children and young people.

[Diabetes](#)
Data on the prevalence and determinants of diabetes, patient treatment and care and diabetes related complications.

[Inequality Tools](#)
A suite of tools to examine health inequalities at England and local level.

[Liver Disease Profiles](#)
Data on liver disease and related factors, including mortality and hospital admissions.

[Local health, public health data for small geographic areas](#)
Data on demographic factors, wider determinants of health and health outcomes, published at a more granular level (MSOA).

[Musculoskeletal health profile](#)
Data on a range of musculoskeletal conditions and the related risk factors.

[NHS Health Check](#)
Data on the delivery of the NHS Health Check programme.

[Palliative and End of Life Care Profiles](#)
Data on end of life care, including place and underlying cause of death.

[Public Health Outcomes Framework](#)
Data on a range of topics relevant to the improvement of healthy life expectancy and the reduction of health disparities between communities.

[Sexual and Reproductive Health Profiles](#)
Data on a range of topics, including teenage pregnancy, abortions, contraception, HIV, sexually transmitted infections and sexual offences.

[Suicide Prevention](#)
Data on suicide, related risk factors and service contacts among groups at increased risk.

[Vision](#)
Data on eye health, including risk factors, outpatient vision attendances and procedures as well as sight loss outcomes.
- [Perinatal, children and young people's mental health](#)
Data on identification of need, factors affecting mental health, and services and outcomes for perinatal, children and young people's mental health.
2.

[Respiratory disease](#)
Data on the prevalence of and mortality from respiratory diseases, including COPD, asthma, pneumonia and bronchiolitis.

[Smoking Profile](#)
Data on the extent of smoking, tobacco related harm, and measures being taken to reduce this harm at a local level.

[TB Strategy Monitoring Indicators](#)
Data on TB incidence and monitoring.

[Wider Determinants of Health](#)
Data on a range of social, economic and environmental factors which impact on people's health.
3.

[Alcohol Profile](#)
Data on alcohol and alcohol related conditions, including mortality and hospital admissions.

[Atlas of Variation](#)
Downloadable reports on variation in healthcare, health outcomes and risk factors.

[Cardiovascular Disease](#)
Data on cardiovascular and cardiovascular related conditions, including heart disease, stroke, diabetes and kidney disease.

[Dementia Profile](#)
Data on the provision of care for people with dementia.

[Health Protection](#)
Data on a range of infections and related interventions, including vaccination coverage.

[Learning Disability Profiles](#)
Data on the health and care of people with learning disabilities.

[Local Authority Health Profiles](#)
Data on the health of the population in each local authority in England.

[Mortality Profile](#)
Data on mortality from different conditions, including trends and preventable mortality.

[National General Practice Profiles](#)
Data on patient demographics, satisfaction with GP services, prevalence of common conditions and general practice achievement results.

[Obesity, physical activity and nutrition](#)
Data is presented to help understand and monitor the patterns and trends in adult and child obesity, physical activity, and nutrition at national, regional, and local levels in England.



SMI prevalence in the 'Adult mental health and wellbeing' profile

[Home](#) > [Public health profiles](#) > [Adult mental health and wellbeing](#)

Adult mental health and wellbeing

The aim of this profile is to improve the availability and accessibility of information and intelligence around adult mental health and wellbeing. The profile provides an overview across multiple geographies in England to support planning and commissioning of local services.

Profile structure

The indicators in the profiles are grouped into topics, including:

- key indicators
- identification of need
- factors affecting mental health
- wellbeing
- services and access
- quality and outcomes

A number of geographies are available with which to view each indicator and these include:

- England
- integrated care boards (ICBs)
- NHS regions
- counties and unitary authorities (UAs)
- regions

Adult mental health and wellbeing ▾

Geography

Search area

Search for area [▶ Your area lists](#)

Area type

Counties & UAs ▾

Select area type

- Counties & UAs
- England
- ICBs
- NHS regions
- Regions (statistical)

Group type

Regions (statistical) ▾

Select group type

- England
- Regions (statistical)
- Combined authorities
- Depriv. deciles (IMD2025, 4/23)
- Depriv. deciles (IMD2019, 4/23)

Topic ▲

Key indicators

- All Available
- Key indicators
- Identification of need
- Factors affecting mental health
- Wellbeing
- Services and access
- Quality and outcomes

Indicator

Period	Recent Trend	Count	Value	North West Value	England Value	Worst/ Lowest	Range	Best/ Highest

5 geographies available

Use 'Group by' for a more focused presentation

Estimates available within 2 topics
Key indicators - a selection of important indicators from across other topics
Identification of need - a topic focused on incidence, prevalence and other measures of need

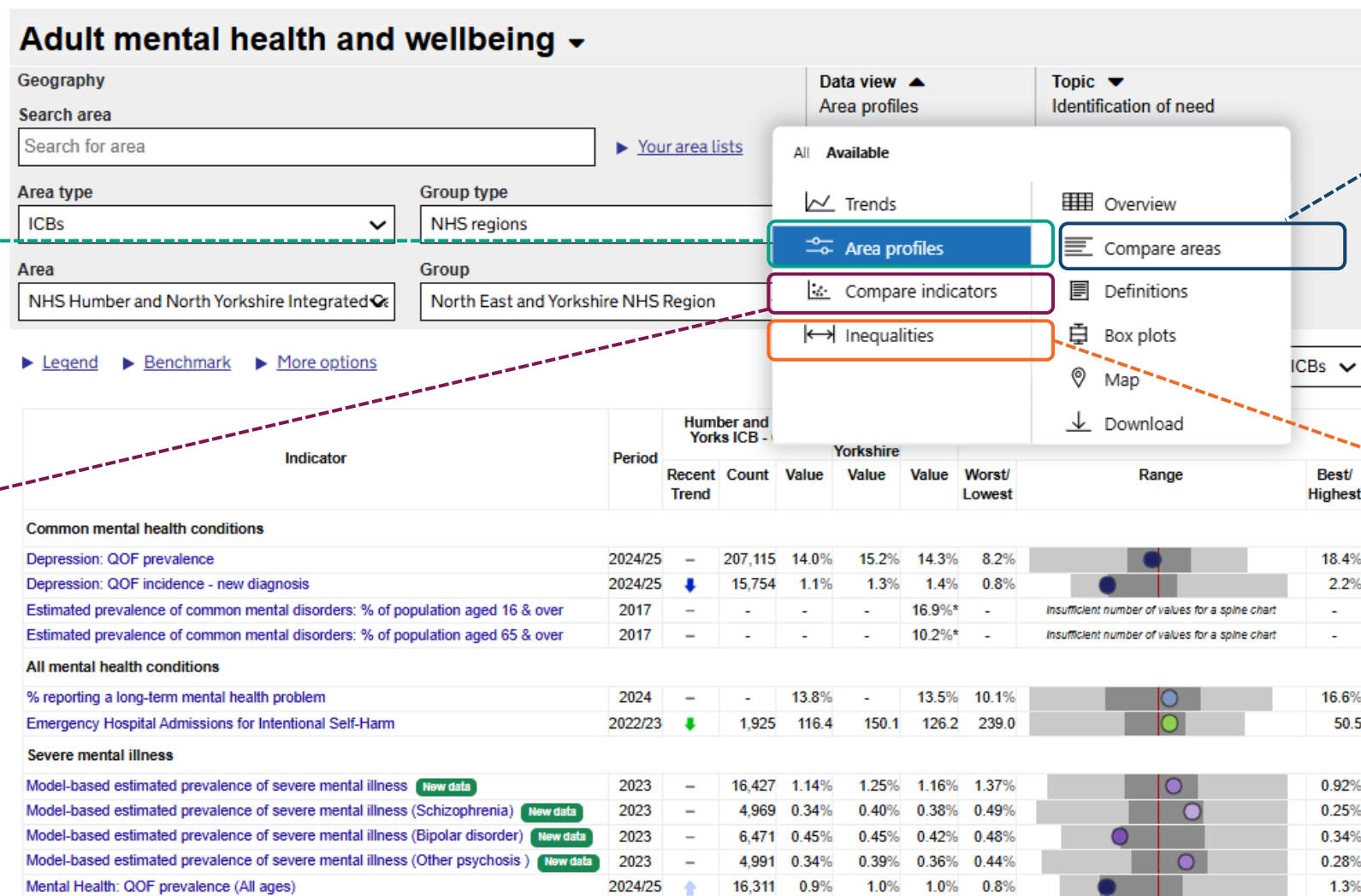
Using different data views

Presents a range of indicators across a topic using a 'spine chart' by comparing area's position to England's average and all other areas

Presents all areas within England, a region or nearest statistical neighbours

Allows a comparison between 2 indicators from across topics within the profile

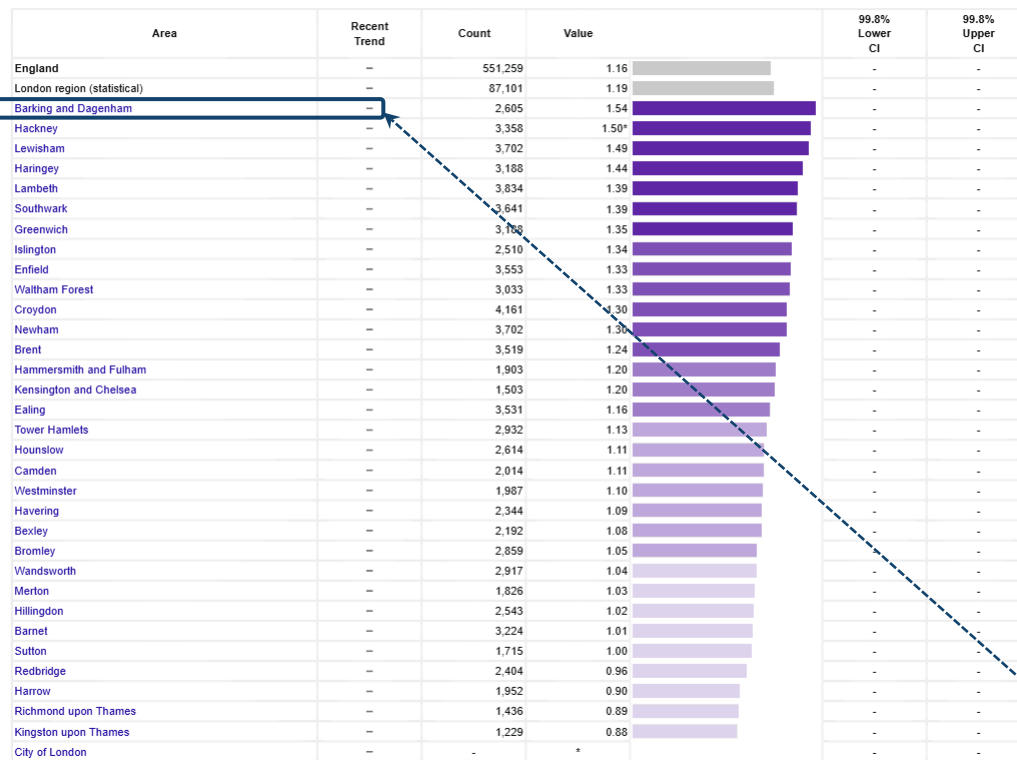
Allows understanding of inequalities within an area



Compare areas across indicators

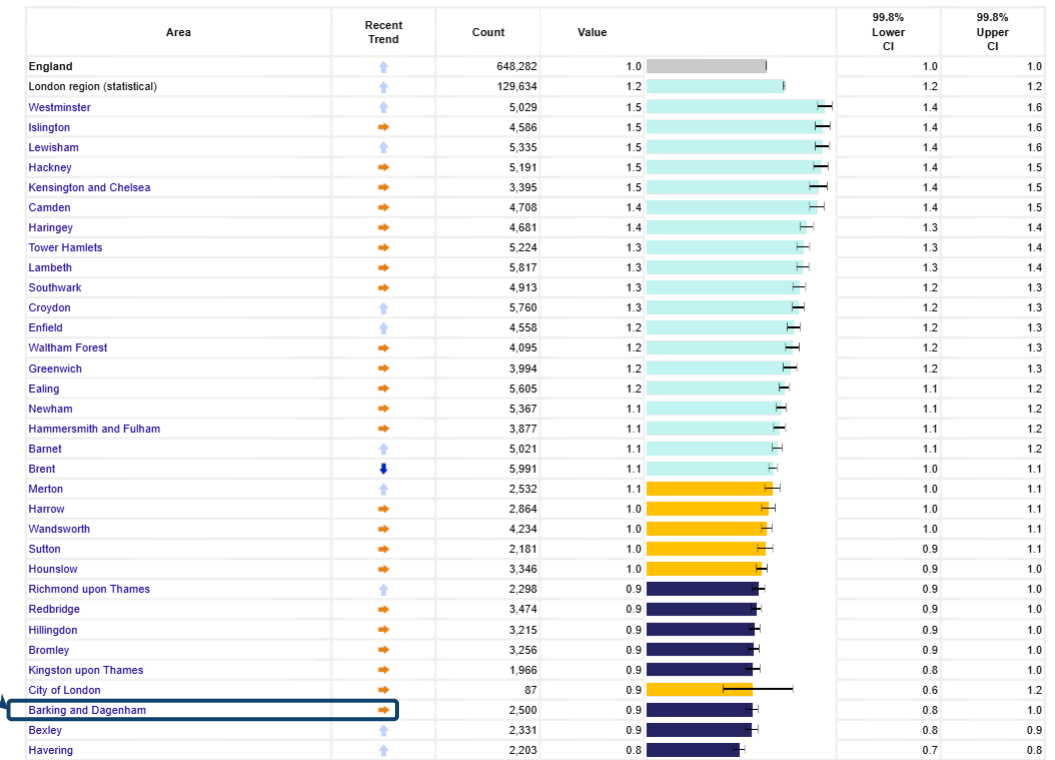
Model-based estimated prevalence of severe mental illness **New data** 2023

Proportion - %



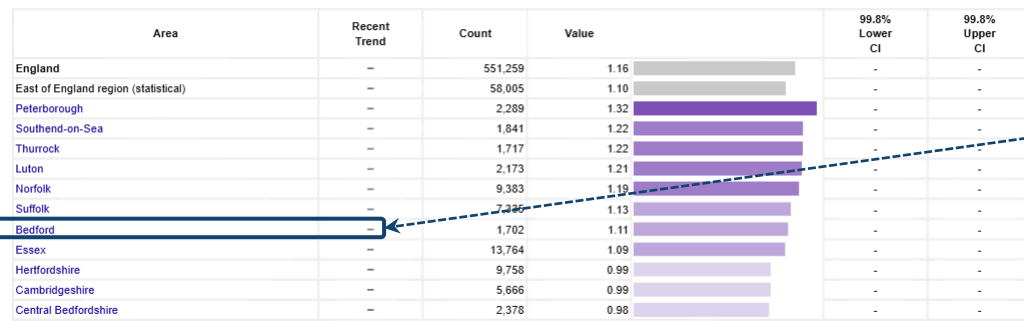
Mental Health - QOF prevalence (All ages) 2024/25

Proportion - %



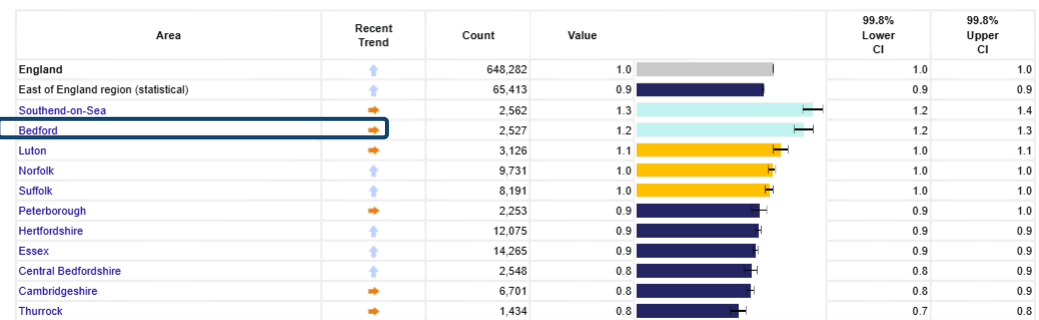
Model-based estimated prevalence of severe mental illness **New data** 2023

Proportion - %



Mental Health - QOF prevalence (All ages) 2024/25

Proportion - %



Using indicators across the topics

IMPORTANT [Read the latest updates on the new public health data service](#)

Home > [Public health profiles](#) > [Adult mental health and wellbeing](#) > [Data](#)

Adult mental health and wellbeing

Geography

Search area
 [Your area lists](#)

Area type:
 Group type:

Area:
 Group:

Data view
 Area profiles

Topic ▲

Identification of need

All Available

- Key indicators
- Identification of need
- Factors affecting mental health
- Wellbeing
- Services and access
- Quality and outcomes

Geography ▼

Nearest statistic

[Nearest statistics](#)

Select a topic of interest

[Legend](#) | [Benchmark](#) | [More options](#)

Indicator	Period	Bedford				England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest	
Common mental health conditions									
Depression: QOF prevalence	2024/25	—	22,321	13.9%	14.3%	7.1%		23.5%	
Depression: QOF incidence - new diagnosis New data	2024/25	↓	1,748	1.1%	1.4%	0.6%		3.8%	
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	—	21,391	15.9%*	16.9%*	24.4%		11.6%	
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017	—	2,850	9.8%*	10.2%*	14.6%		7.3%	
Depression and anxiety among social care users: % of social care users ⚠	2018/19	—	-	51.7%	50.5%	63.6%		41.9%	
All mental health conditions									
Emergency Hospital Admissions for Intentional Self-Harm	2023/24	↓	190	97.9	117.0	342.5		36.1	
Severe mental illness									
Model-based estimated prevalence of severe mental illness New data	2023	—	1,702	1.11%	1.16%	1.58%		0.82%	
Model-based estimated prevalence of severe mental illness (Schizophrenia) New data	2023	—	551	0.36%	0.38%	0.82%		0.21%	
Model-based estimated prevalence of severe mental illness (Bipolar disorder) New data	2023	—	620	0.41%	0.42%	0.53%		0.29%	
Model-based estimated prevalence of severe mental illness (Other psychosis) New data	2023	—	530	0.35%	0.36%	0.52%		0.25%	
Mental Health: QOF prevalence (All ages)	2024/25	→	2,527	1.2%	1.0%	0.6%		1.7%	
People in prison who have a mental illness or a significant mental illness	2018/19	—	-	-	7.35%	-	insufficient number of values for a spine chart	-	
Low personal wellbeing									
Self reported wellbeing: people with a low satisfaction score	2022/23	—	-	4.8%	5.6%	12.5%		1.9%	
Self reported wellbeing: people with a low worthwhile score	2022/23	—	-	7.4%	4.4%	9.8%		1.6%	
Self reported wellbeing: people with a low happiness score	2022/23	—	-	8.9%	8.9%	17.1%		3.5%	
Self reported wellbeing: people with a high anxiety score	2022/23	—	-	26.4%	23.3%	33.8%		10.4%	

Using indicators across the topics

'Identification of need' topic

'Quality and outcomes' topic

Indicator	Period	Bark & Dag				England			
		Recent Trend	Count	Value	Value	Worst/Lowest	Range	Best/Highest	
Common mental health conditions									
Depression: QOF prevalence	2024/25	—	19,582	9.4%	14.3%	7.1%			23
Depression: QOF incidence - new diagnosis New data	2024/25	↑	2,401	1.2%	1.4%	0.6%			3
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	—	34,276	22.4%*	16.9%*	24.4%			11
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017	—	2,727	13.8%*	10.2%*	14.6%			7
Depression and anxiety among social care users: % of social care users !	2018/19	—	-	51.9%	50.5%	63.6%			41
All mental health conditions									
Emergency Hospital Admissions for Intentional Self-Harm	2023/24	↓	105	43.7	117.0	342.5			3
Severe mental illness									
Model-based estimated prevalence of severe mental illness New data	2023	—	2,605	1.54%	1.16%	1.58%			0.8
Model-based estimated prevalence of severe mental illness (Schizophrenia) New data	2023	—	1,045	0.62%	0.38%	0.62%			0.2
Model-based estimated prevalence of severe mental illness (Bipolar disorder) New data	2023	—	675	0.40%	0.42%	0.53%			0.2
Model-based estimated prevalence of severe mental illness (Other psychosis) New data	2023	—	883	0.52%	0.36%	0.52%			0.2
Mental Health: QOF prevalence (All ages)	2024/25	→	2,500	0.9%	1.0%	0.6%			1
People in prison who have a mental illness or a significant mental illness	2018/19	—	-	-	7.35%	-	insufficient number of values for a spine chart		
Low personal wellbeing									
Self reported wellbeing: people with a low satisfaction score	2022/23	—	-	3.4%	5.6%	12.5%			1
Self reported wellbeing: people with a low worthwhile score	2022/23	—	-	2.7%	4.4%	9.8%			1
Self reported wellbeing: people with a low happiness score	2022/23	—	-	6.2%	8.9%	17.1%			3
Self reported wellbeing: people with a high anxiety score	2022/23	—	-	23.2%	23.3%	33.8%			10

Indicator	Period	Bark & Dag				England			
		Recent Trend	Count	Value	Value	Worst/Lowest	Range	Best/Highest	
Primary care									
Patients with severe mental health issues having a comprehensive care plan (denominator incl. PCAs) New data	2024/25	↑	1,741	76.7%	71.9%	15.8%			88.5%
Newly diagnosed patients with depression who had a review 10-56 days after diagnosis (denominator incl. PCAs) New data	2024/25	↑	1,440	71.0%	64.7%	14.6%			76.2%
Record of a BP check in the last 12 months for patients on the MH register (denominator incl. PCAs) New data	2024/25	↑	1,918	84.5%	83.4%	75.5%			92.1%
Employment and housing									
Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate (aged 16 to 64)	2020/21	—	-	56.2	66.1	76.0			47.7
The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64)	2022/23	—	-	67.8%	65.3%	43.4%			87.3%
Adults in contact with secondary mental health services who live in stable and appropriate accommodation	2020/21	—	-	85.0%	58.0%	5.0%			86.0%
Tobacco, alcohol and drugs									
Smoking cessation support and treatment offered to patients with certain conditions (denominator incl. PCAs) New data	2024/25	↑	-	96.4%	94.2%	83.4%			97.7%
Smoking prevalence in adults with a long-term mental health condition (aged 18 and over) - current smokers (GPPS) (old method)	2022/23	—	-	22.5%	25.1%	43.6%			15.3%
Successful completion of alcohol treatment	2024/25	→	113	36.9%	34.6%	20.0%			58.4%
Successful completion of drug treatment: opiate users	2024/25	→	23	6.7%	5.3%	2.1%			12.0%
Successful completion of drug treatment: non opiate users	2024/25	→	132	33.6%	29.1%	15.0%			49.3%
Mortality									
Premature mortality in adults with severe mental illness (SMI)	2021-23	—	395	131.1	110.8	232.5			55.2
Excess under 75 mortality rate in adults with severe mental illness (SMI)	2021-23	—	-	265.2%	383.7%	644.7%			158.6%
Premature mortality due to cardiovascular diseases in adults with severe mental illness (SMI)	2021-23	—	90	31.2	20.4	47.6			8.2
Premature mortality due to cancer in adults with severe mental illness (SMI)	2021-23	—	65	22.1	20.5	49.6			10.6
Premature mortality due to liver disease in adults with severe mental illness (SMI)	2021-23	—	20	5.3	8.9	19.8			3.6
Premature mortality due to respiratory disease in adults with severe mental illness (SMI)	2021-23	—	45	17.3	11.1	32.8			3.3
Excess under 75 mortality rate due to cardiovascular disease in adults with severe mental illness (SMI)	2021-23	—	-	228.1%	290.3%	623.1%			113.7%
Excess under 75 mortality rate due to cancer in adults with severe mental illness (SMI)	2021-23	—	-	76.4%	129.5%	366.2%			50.4%
Excess under 75 mortality rate due to liver disease in adults with severe mental illness (SMI)	2021-23	—	-	224.8%	555.9%	1,640.0%			224.8%
Excess under 75 mortality rate due to respiratory disease in adults with severe mental illness (SMI)	2021-23	—	-	415.1%	519.7%	1,059.1%			178.7%
Suicide rate	2022-24	—	27	4.9	10.9	20.2			4.6

'Services and access' topic

Indicator	Period	Bark & Dag				England			
		Recent Trend	Count	Value	Value	Worst/Lowest	Range	Best/Highest	
Secondary care									
New referrals to secondary mental health services, per 100,000 (All ages)	2022/23	↑	16,065	7,781	8,117	4,108			
Attended contacts with community and outpatient mental health services, per 100,000 (All ages)	2022/23	→	89,715	44,454	32,170	9,208			
Inpatient stays in secondary mental health services, per 100,000 (All ages)	2022/23	→	500	242	204	468			
Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow)	2023/24	→	-	39.9	62.8	170.5			
Alcohol and drug treatment									
The proportion of clients entering alcohol treatment identified as having a mental health treatment need, who were receiving treatment for their mental health. New data	2024/25	→	-	73.6%	84.0%	57.6%			
The proportion of clients entering drug treatment identified as having a mental health treatment need, who were receiving treatment for their mental health. New data	2024/25	→	-	66.8%	74.7%	48.0%			
Hospital admissions for drug-related mental and behavioural disorders	2023/24	→	-	24.1	7.7	35.1			
Hospital admissions where drug-related mental and behavioural disorders were a factor	2023/24	→	-	170.2	180.9	622.1			
Hospital admissions for poisoning by drug misuse	2023/24	→	-	12.1	17.5	50.6			

Indicator	Period	Bark & Dag				England			
		Recent Trend	Count	Value	Value	Worst/Lowest	Range	Best/Highest	
Example of 'Area profile' for Barking and Dagenham									
Premature mortality in adults with severe mental illness (SMI)	2021-23	—	395	131.1	110.8	232.5			55.2
Excess under 75 mortality rate in adults with severe mental illness (SMI)	2021-23	—	-	265.2%	383.7%	644.7%			158.6%
Premature mortality due to cardiovascular diseases in adults with severe mental illness (SMI)	2021-23	—	90	31.2	20.4	47.6			8.2
Premature mortality due to cancer in adults with severe mental illness (SMI)	2021-23	—	65	22.1	20.5	49.6			10.6
Premature mortality due to liver disease in adults with severe mental illness (SMI)	2021-23	—	20	5.3	8.9	19.8			3.6
Premature mortality due to respiratory disease in adults with severe mental illness (SMI)	2021-23	—	45	17.3	11.1	32.8			3.3
Excess under 75 mortality rate due to cardiovascular disease in adults with severe mental illness (SMI)	2021-23	—	-	228.1%	290.3%	623.1%			113.7%
Excess under 75 mortality rate due to cancer in adults with severe mental illness (SMI)	2021-23	—	-	76.4%	129.5%	366.2%			50.4%
Excess under 75 mortality rate due to liver disease in adults with severe mental illness (SMI)	2021-23	—	-	224.8%	555.9%	1,640.0%			224.8%
Excess under 75 mortality rate due to respiratory disease in adults with severe mental illness (SMI)	2021-23	—	-	415.1%	519.7%	1,059.1%			178.7%
Suicide rate	2022-24	—	27	4.9	10.9	20.2			4.6

Example of 'Area profile' for Barking and Dagenham

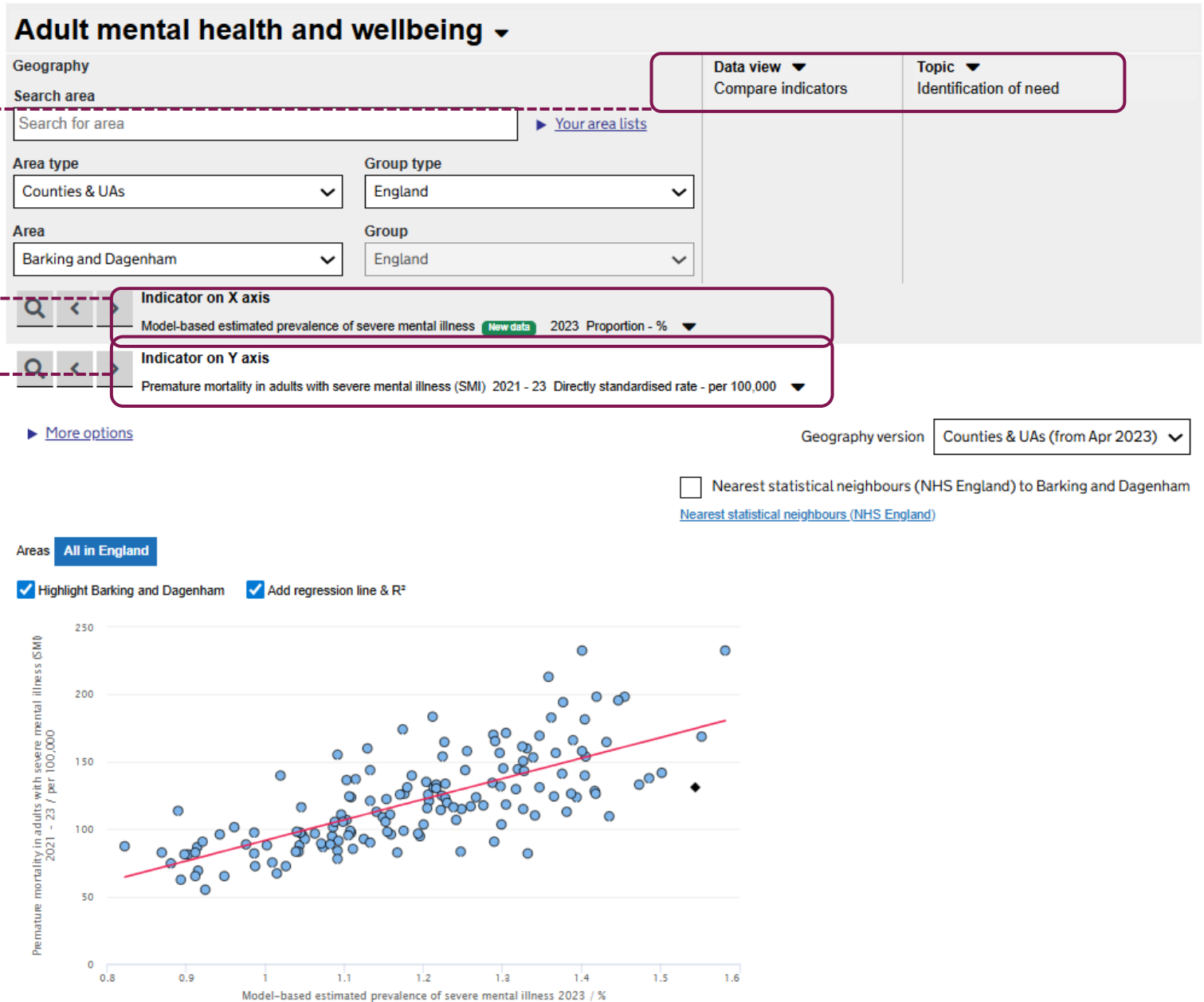


Comparing 2 indicators

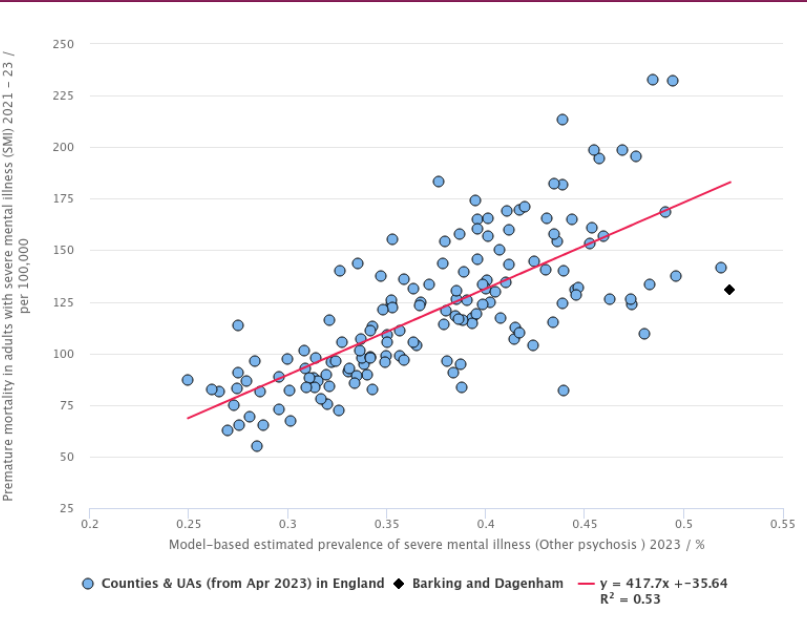
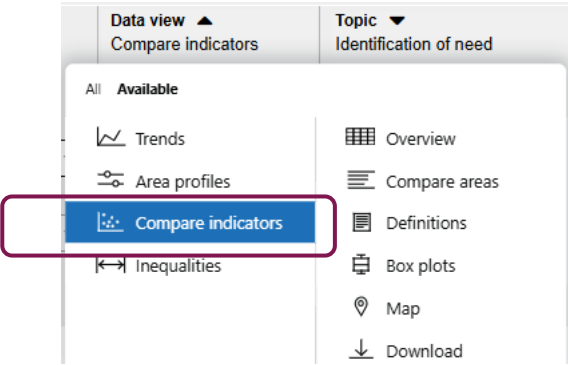
Using 'Compare indicators' data view
select 'Identification of need' topic

Find the SMI prevalence indicator of
interest

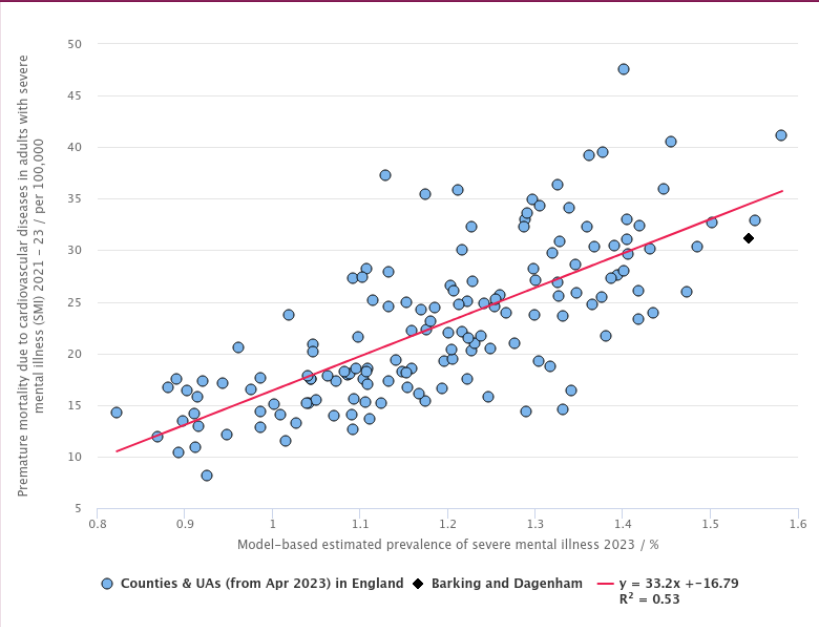
Select another indicator of interest
from across other topics



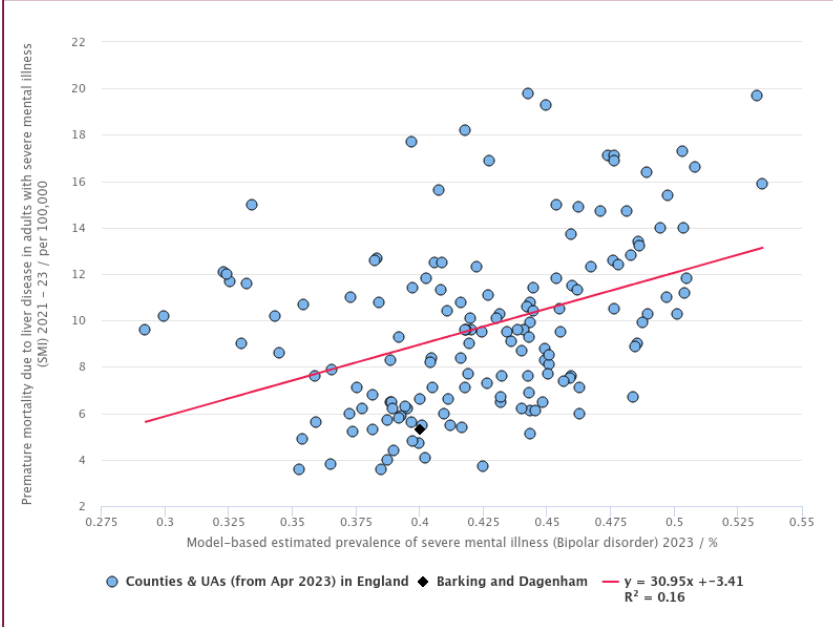
Comparing 2 indicators



❖ Prevalence of **‘other psychosis’** shows the **strongest association** with **premature mortality** in adults with SMI

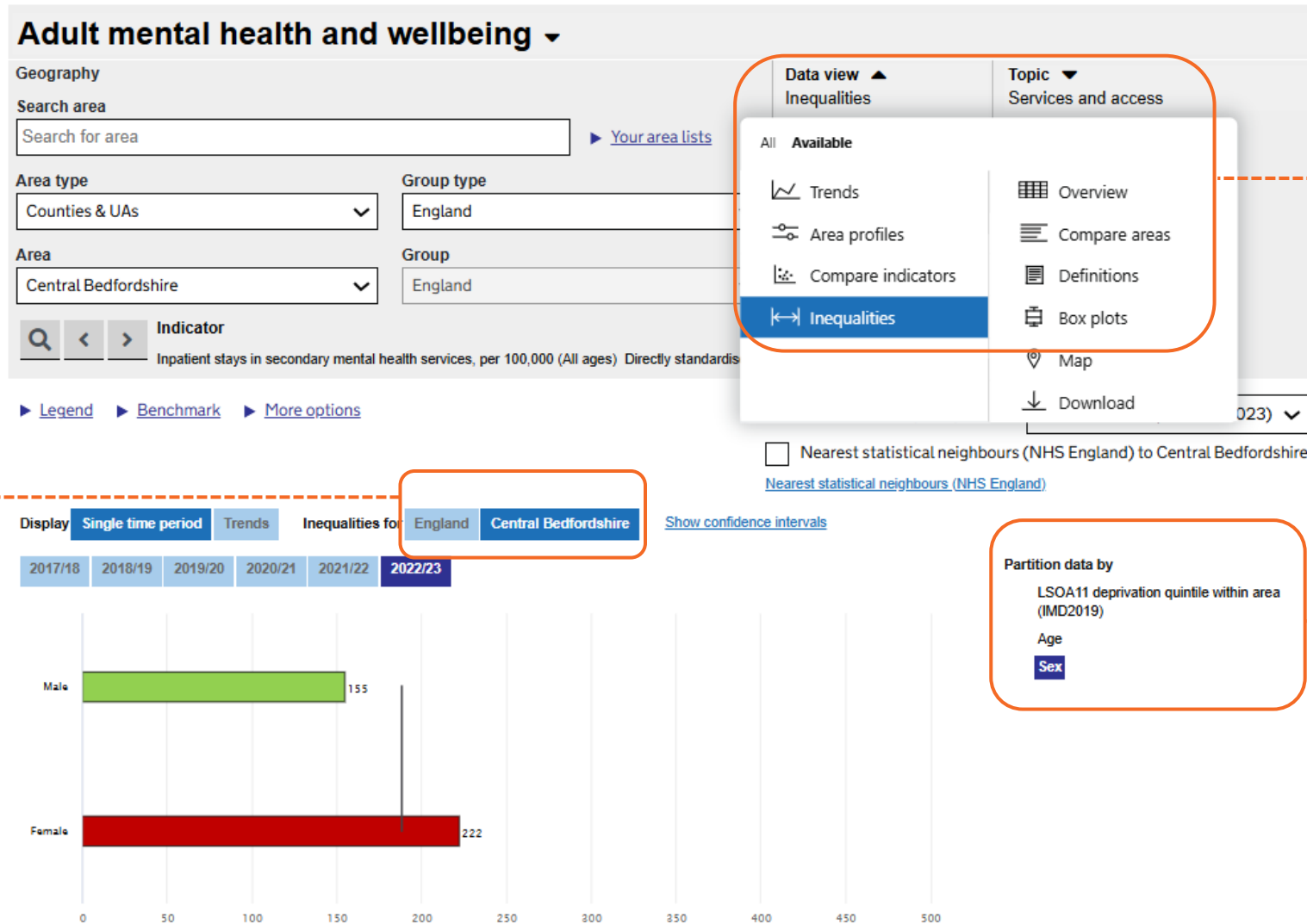


❖ Prevalence of **‘SMI’** shows the **strongest association** with **premature mortality due to CVD** in adults with SMI



❖ Prevalence of **‘bipolar disorder’** shows **only an association** with **premature mortality due to liver disease** in adults with SMI

Using 'Inequalities' data view



Using 'Inequalities' data view select topic of interest

Select between 'England' or 'sub-national area'

Select inequality breakdown



Using 'Inequalities' data view

Data view ▲ Inequalities

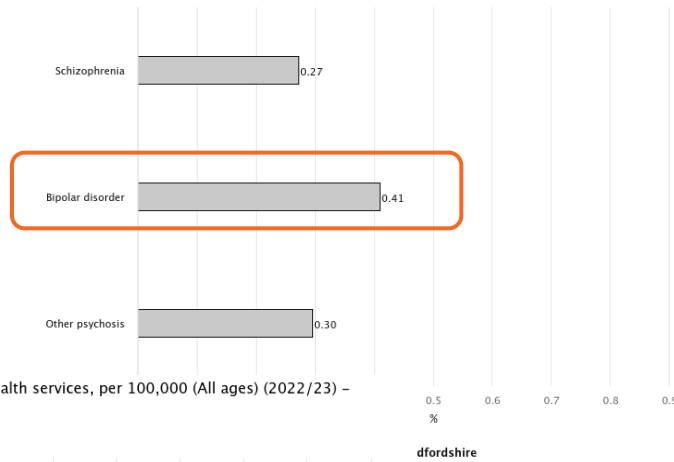
Topic ▼ Identification of need

All Available

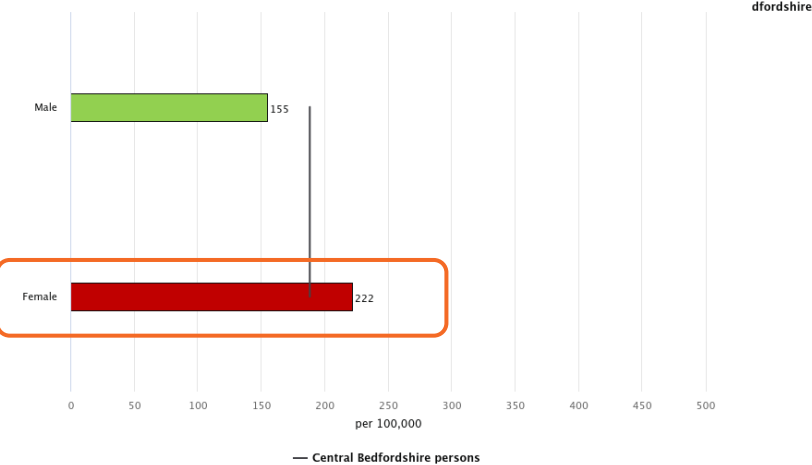
- Trends
- Area profiles
- Compare indicators
- Inequalities**

- Overview
- Compare areas
- Definitions
- Box plots
- Map
- Download

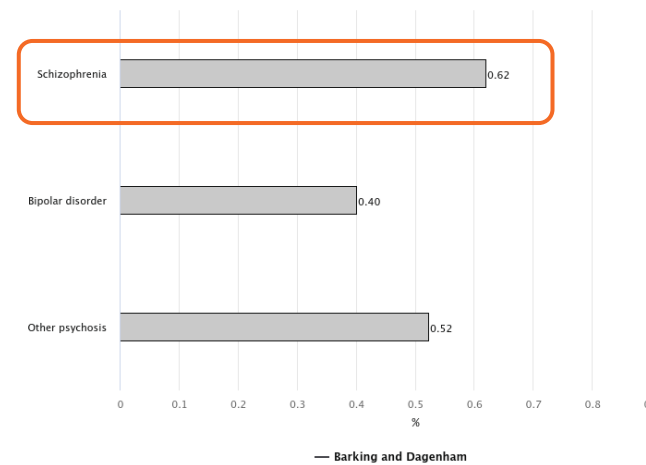
Model-based estimated prevalence of severe mental illness (2023) - Central Bedfordshire, Severe mental illnesses



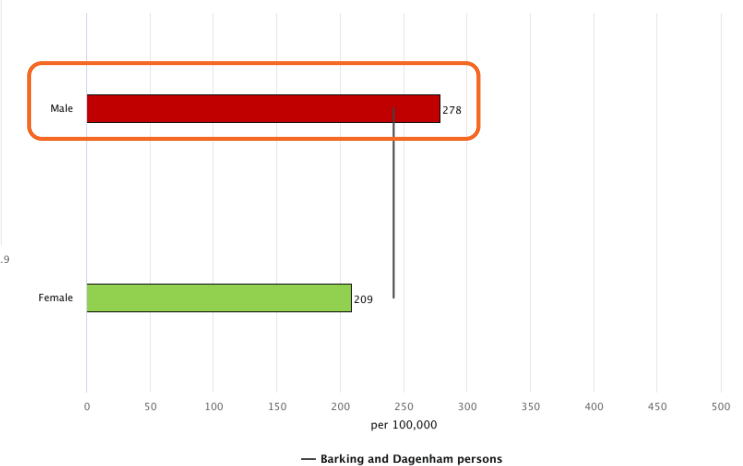
Inpatient stays in secondary mental health services, per 100,000 (All ages) (2022/23) - Central Bedfordshire, Sex



Model-based estimated prevalence of severe mental illness (2023) - Barking and Dagenham, Severe mental illnesses



Inpatient stays in secondary mental health services, per 100,000 (All ages) (2022/23) - Barking and Dagenham, Sex



- 'Bipolar disorder' is the most prevalent SMI condition in Central Bedfordshire
- This area has also significantly higher rates of MH inpatient stays in females, where the prevalence is also highest

- 'Schizophrenia' is the most prevalent SMI condition in Barking and Dagenham
- This area has also significantly higher rates of MH inpatient stays in males, where the prevalence is also highest





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Questions and Discussion



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Thank you for attending

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