

# Mental health contacts and premature mortality - 2020 to 2024

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v 1.1 03/09/2025



# Methodology



All cause, premature mortality rates for patients in contact with mental health services.

Patients in contact with mental health services is used as a proxy for adults with a diagnosis of SMI. It has not been possible to link SMI registers in primary care records with the mortality data for this analysis. Also, diagnosis fields in the mental health services dataset (MHSDS) are not well populated and so it was not possible to identify SMI patients in this way.

Instead, CPFT analysts have reviewed the service descriptions in the MHSDS and those deemed not to relate to SMI have been excluded: Community Rehabilitation; Psychological Therapy (non IAPT); Young Onset Dementia; Paediatric Liaison; Looked After Children; Asylum Service; MH in Education; Rough Sleeping; Epilepsy; Specialist Parenting; Enhanced Care in Care Homes.

Rates are directly age standardised for patients aged under 74 per 100,000. The numerator used is a count of distinct NHS numbers whose death was registered in the calendar years 2020 to 2024 where there was contact with mental health services in the twelve months preceding death. The denominator used is a count of distinct NHS numbers for each year in the period 2020 to 2024 for those in contact with mental health services.

The premature mortality rates for patients in contact with mental health services have been compared to premature mortality rates in the general population.

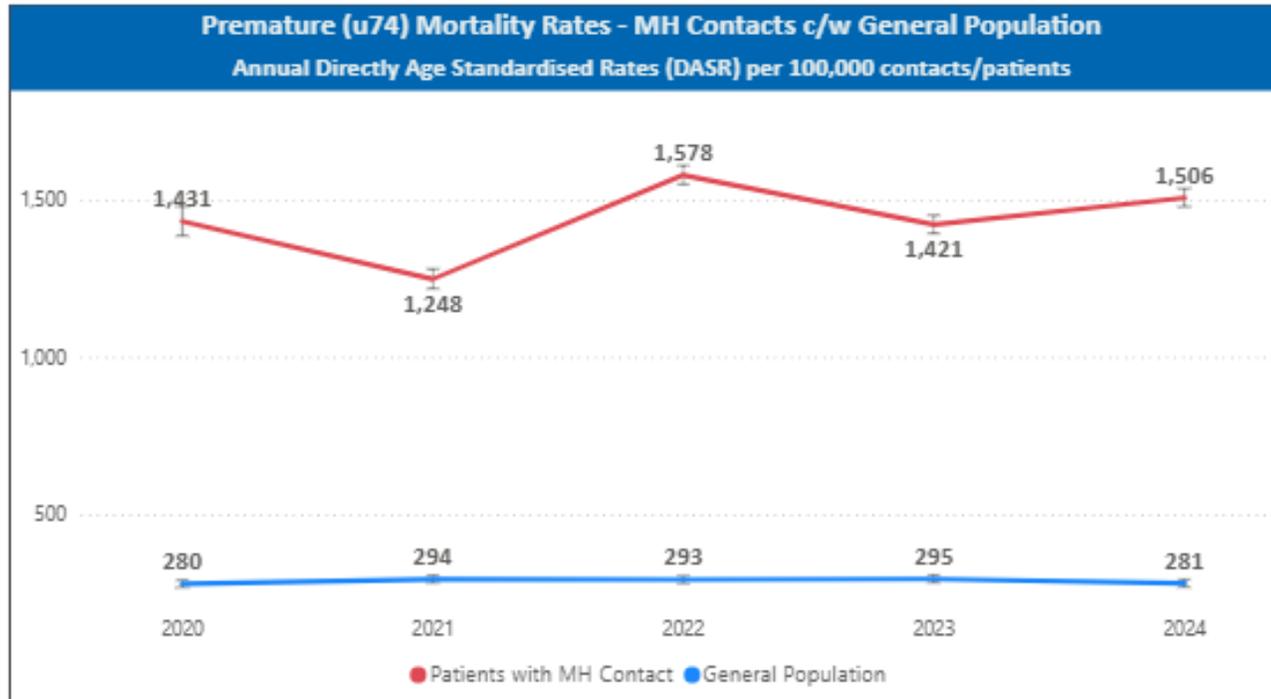
|             | Mental Health Premature Mortality Rates  | General Population Premature Mortality Rates |
|-------------|--|--|
| Numerator   | count of patients in contact with mental health services in the twelve months preceding premature death. | number of premature deaths                   |
| Denominator | count of patients in contact with mental health services   | mid year population estimates                |



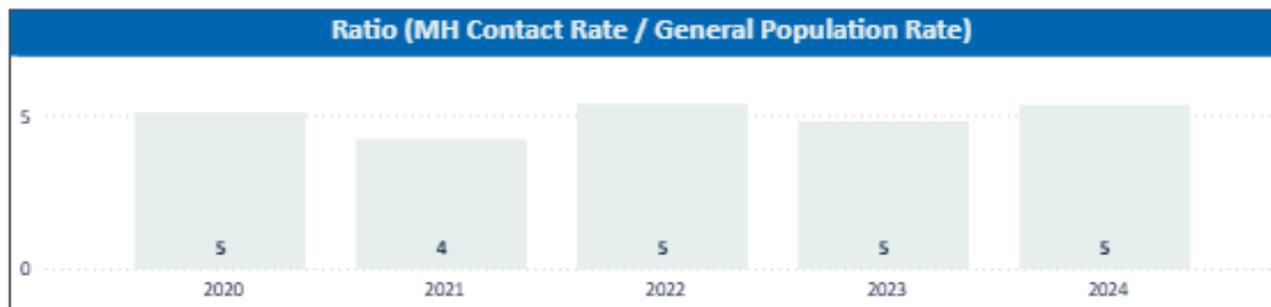
# Metadata

- Mental Health (MH) contacts at CPFT are defined as the count of distinct NHS numbers from MHSDS Contacts dataset in the period 01-Jan-2020 to 31-Dec-2024.
- Includes all MH services except: Community Rehabilitation; Psychological Therapy (non IAPT); Young Onset Dementia; Paediatric Liaison; Looked After Children; Asylum Service; MH in Education; Rough Sleeping; Epilepsy; Specialist Parenting; Enhanced Care in Care Homes.
- MH deaths are included if there is a contact within 12 months of the date of death registration.
- The numbers and rates are calculated for the Cambridgeshire and Peterborough (C and P) ICS registered population.
- Lower tier local authority is based on postcode location of patients GP practice.
- Population denominator for registered population rates are GP registered populations (Jan'20 to Jan'24) from NHS Digital. [Patients Registered at a GP Practice - NHS England Digital](#)
- Local deprivation quintiles are based on proxy practice IMD 2019 deprivation scores.

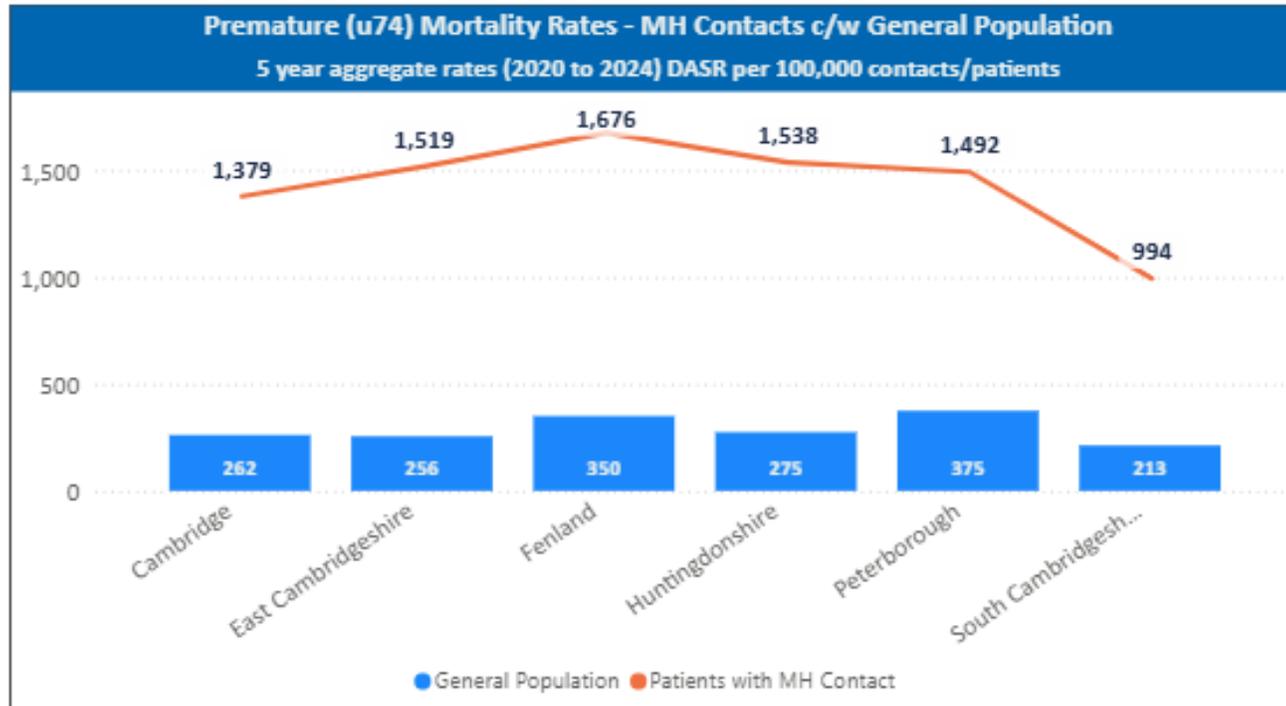
# Cambridgeshire and Peterborough (C&P) premature mortality rates - patients in contact with mental health services compared with the general population.



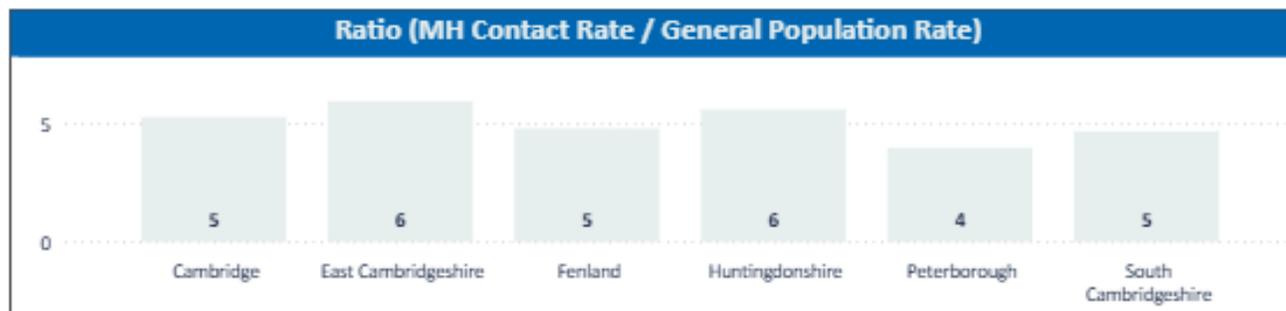
- Premature mortality rates are five times higher for patients in contact with Mental Health services when compared to the premature mortality rate in the general population.
- The rates for those in contact with MH services have been consistently higher over the last five years.



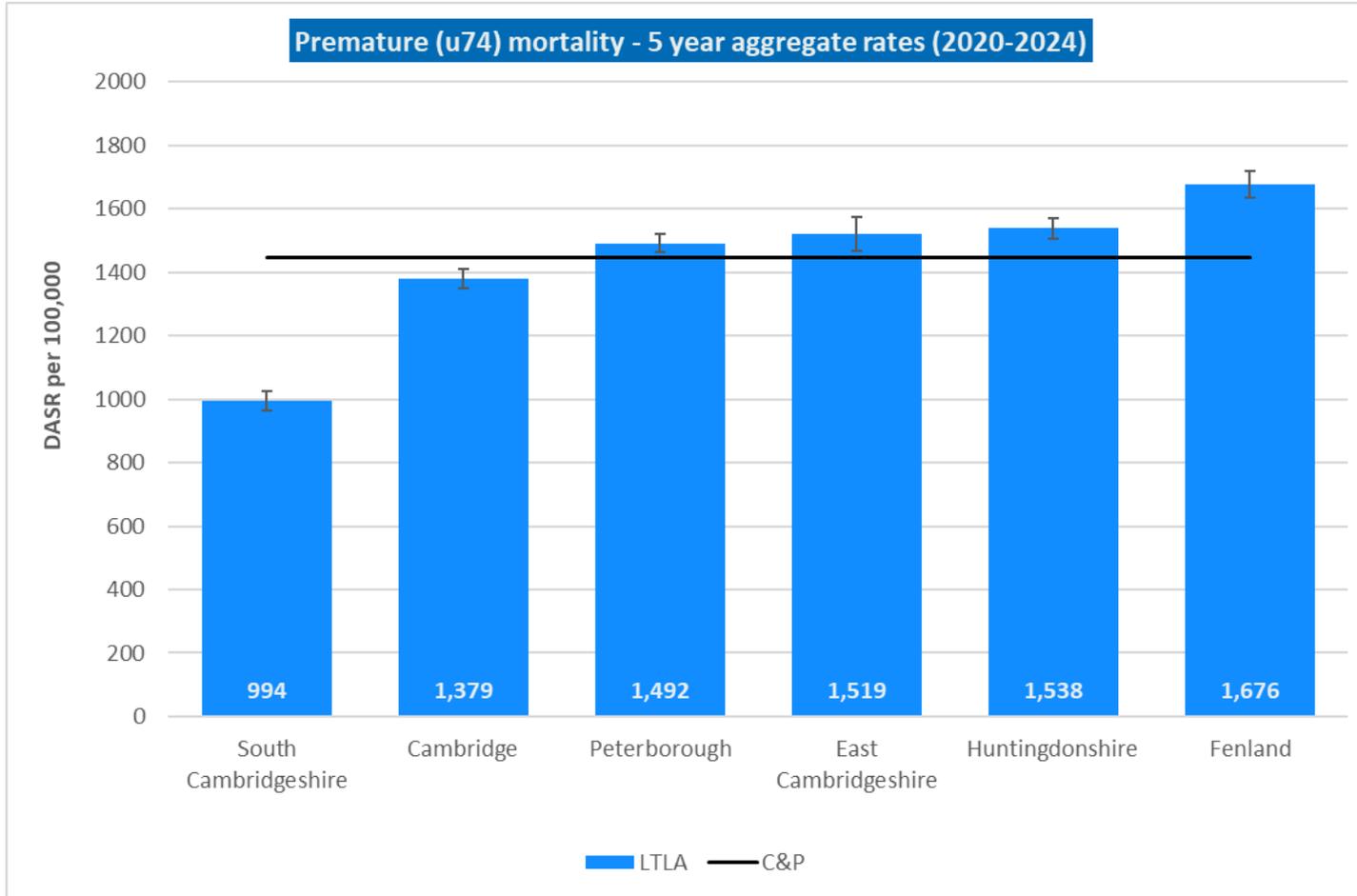
# C&P premature mortality rates - patients in contact with mental health services compared with the general population by lower tier local authority (LTLA).



- The gap in premature rates between those in contact with MH services and the general population, ranges from four times higher in Peterborough to six times in East Cambridgeshire and Huntingdonshire.

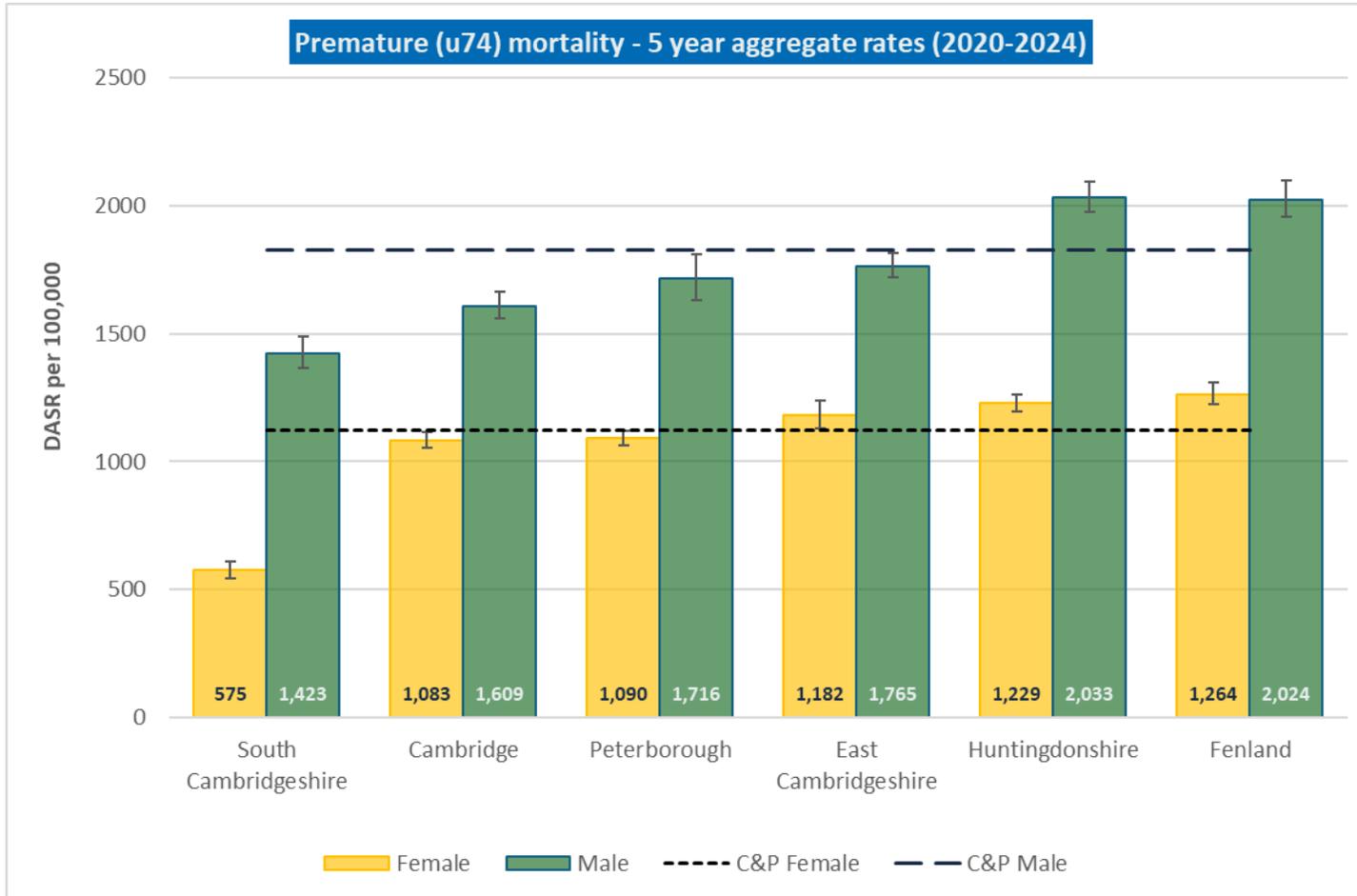


# C&P premature mortality rates for patients in contact with mental health services by lower tier local authority (LTLA).



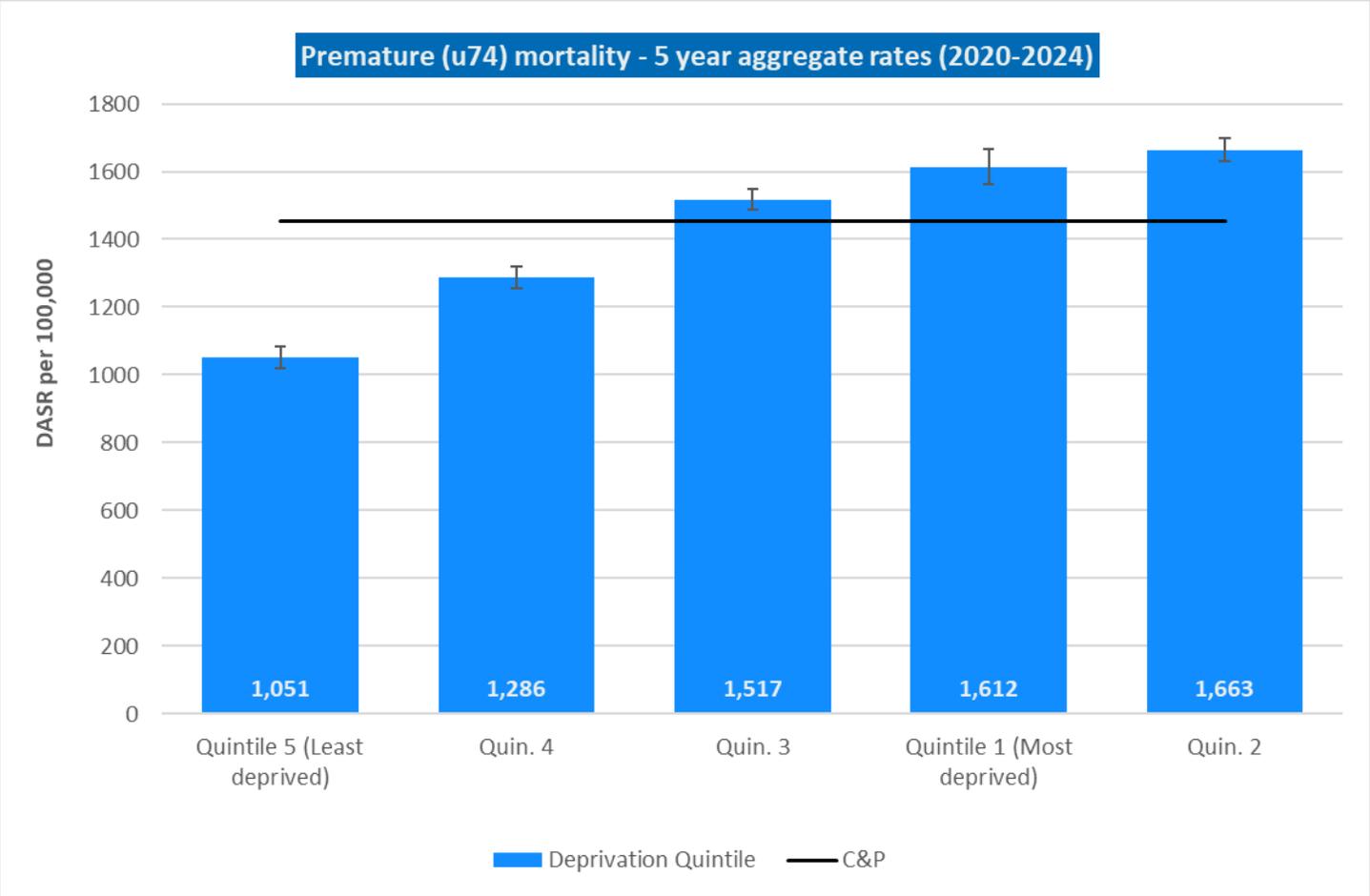
- The rates are statistically significantly higher than the C&P average in Fenland; Huntingdonshire; East Cambridgeshire and Peterborough.
- Fenland has the highest rate at 1,676 per 100,000.
- South Cambridgeshire has the lowest rate at 994 per 100,000.

# C&P premature mortality rates for patients in contact with mental health services by lower tier local authority (LTLA) and gender.



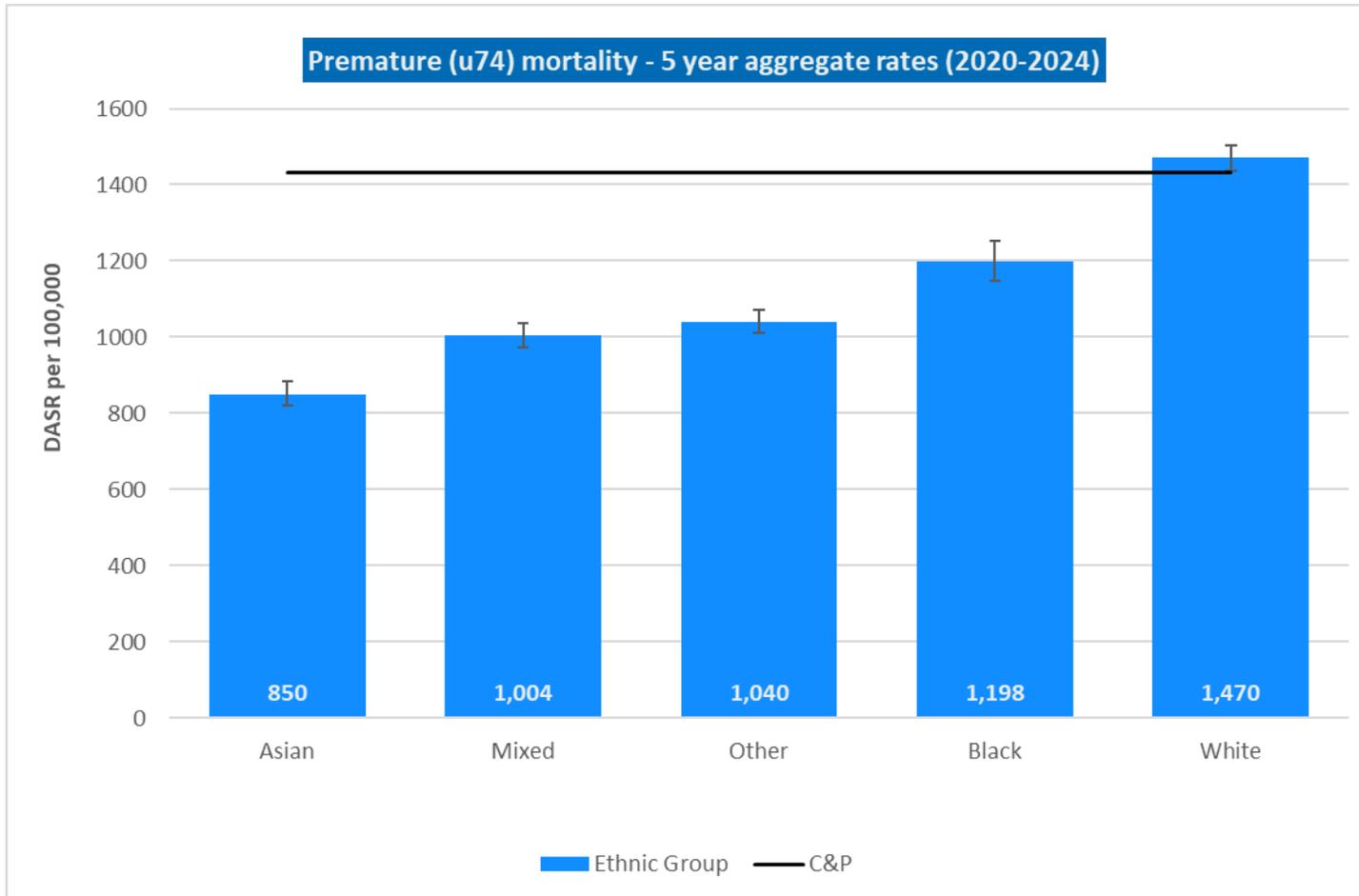
- The rates are statistically significantly higher than the C&P average in Fenland and Huntingdonshire for both men and women.
- Rates are statistically higher for men than women in all LTLAs.

# C&P premature mortality rates for patients in contact with mental health services by deprivation quintile.



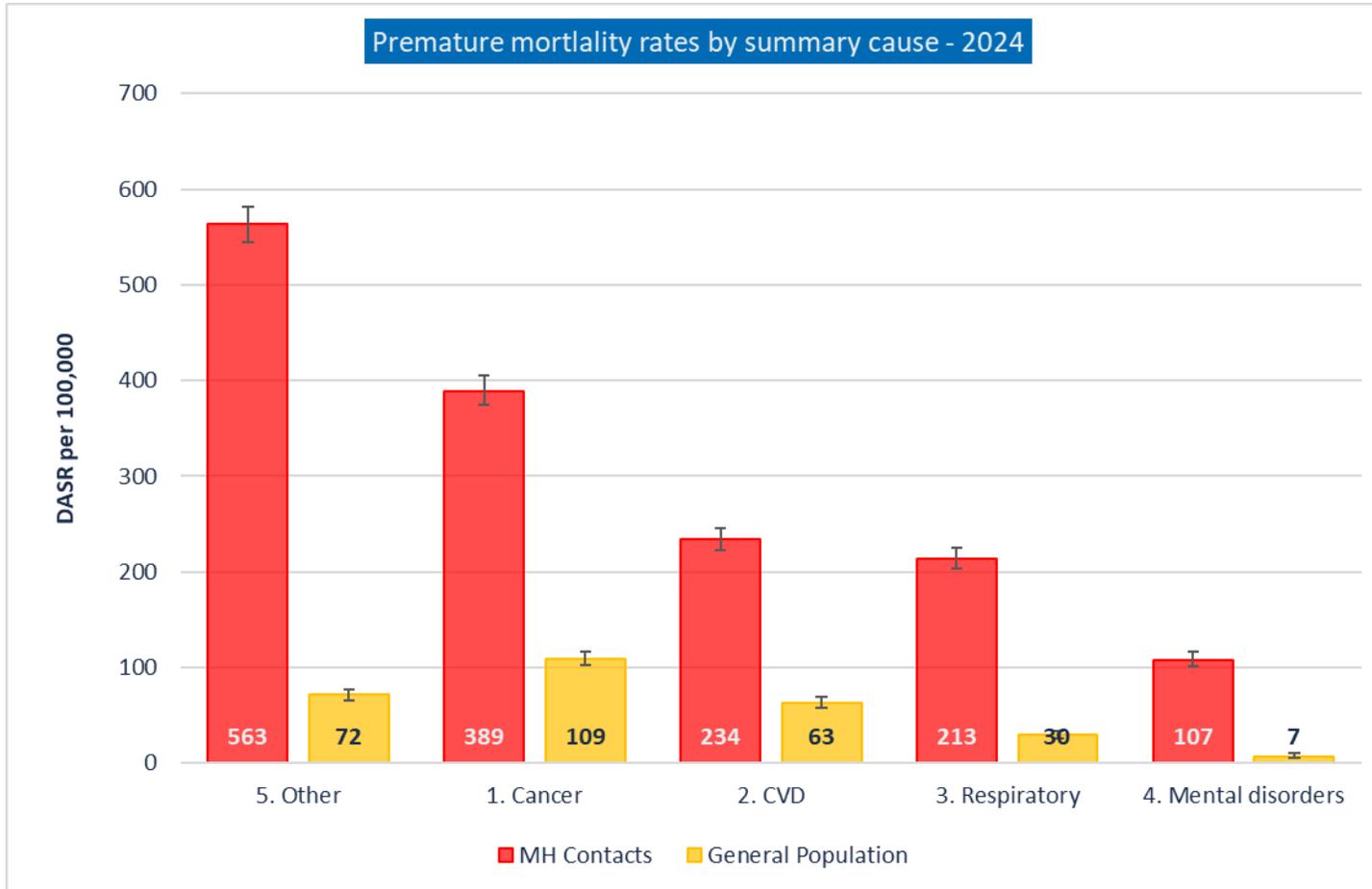
- The rates are statistically significantly higher than the C&P average in the more deprived quintiles.

# C&P premature mortality rates for patients in contact with mental health services by ethnic group.



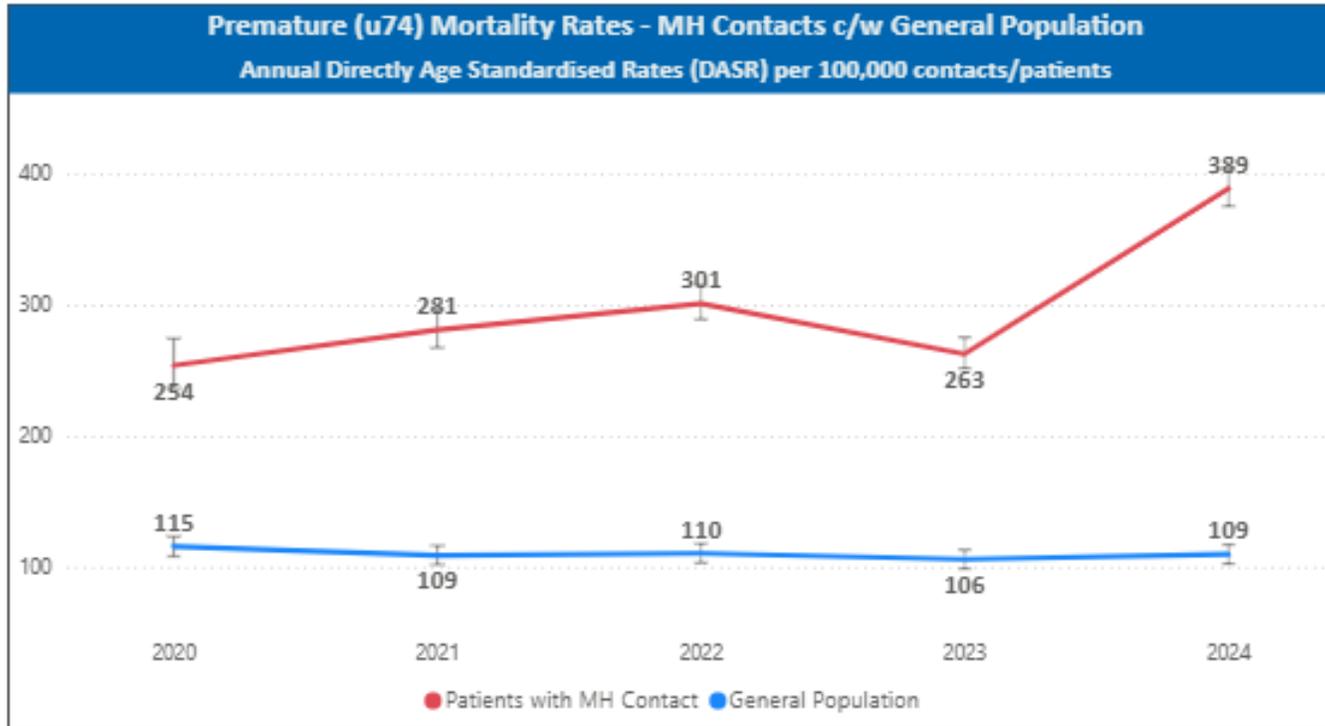
- Patients with a White ethnic group have a significantly higher premature mortality rate.
- 8% of patients in contact with mental health services have their ethnic group recorded as 'not known' or 'not stated'.
- Patients with an ethnic group of 'not known' or 'not stated' have been excluded from the rate calculations by ethnicity.

# C&P premature mortality rates by summary cause - patients in contact with mental health services compared with the general population.



- Rates are higher for those in contact with mental health services, for all summary causes when compared to the general population.
- For the MH cohort, the highest mortality rates are for Other causes.
- Other causes are predominantly ‘External causes’, including: Accidents and Intentional Self Harm.
- Mental disorders are predominantly ‘Dementia and Alzheimer’s’.

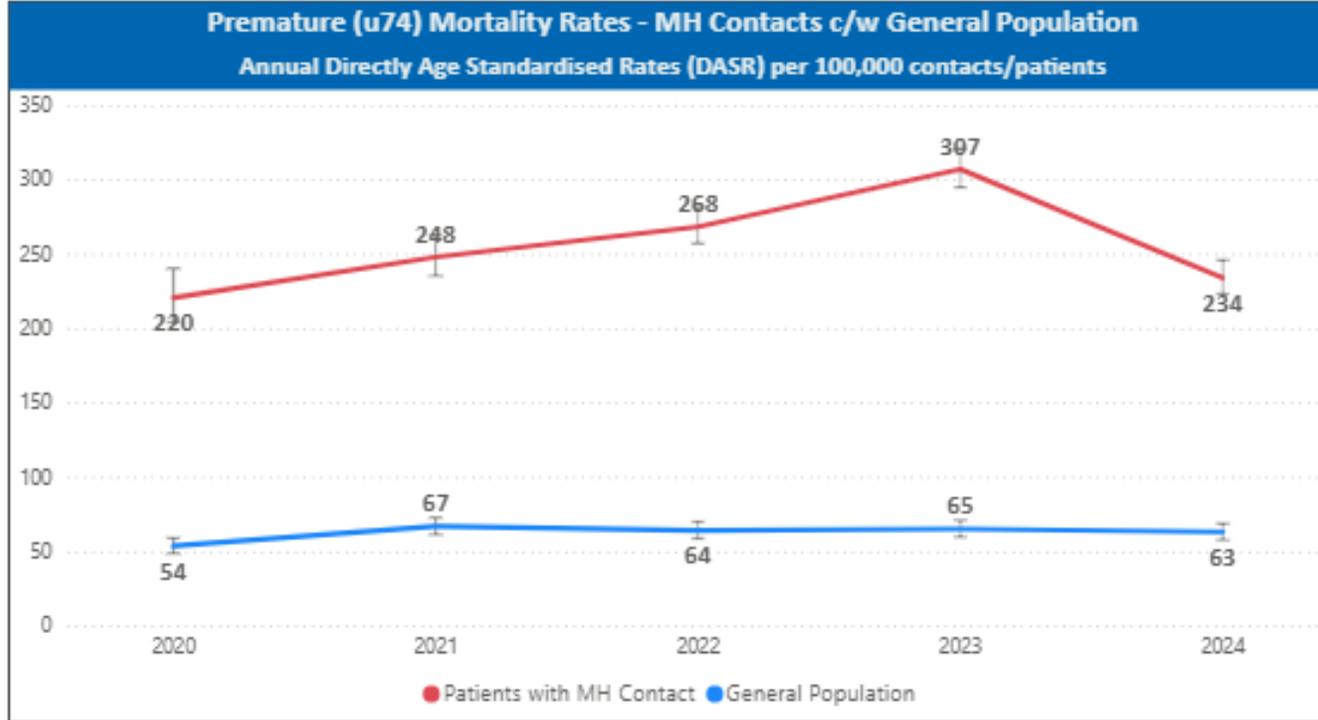
# C&P directly age standardised premature mortality rates - cancer



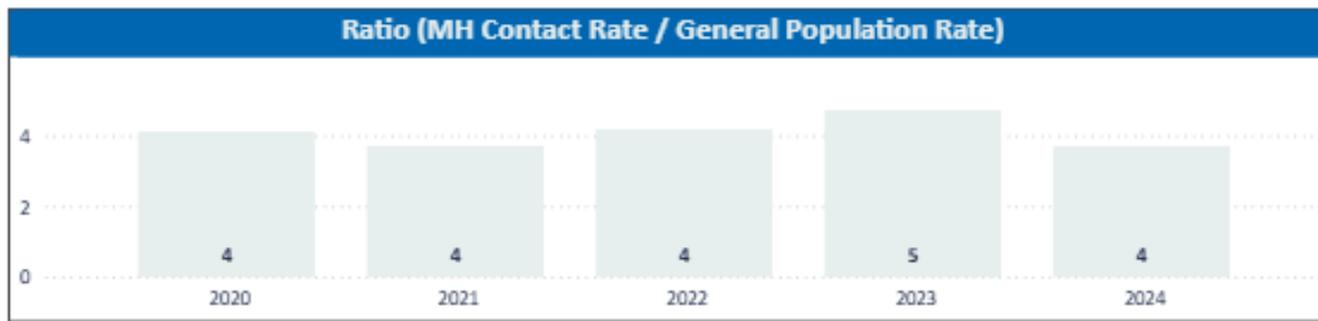
- In 2024, premature cancer mortality rates are four times higher for patients in contact with Mental Health services when compared to the premature cancer mortality rate in the general population.



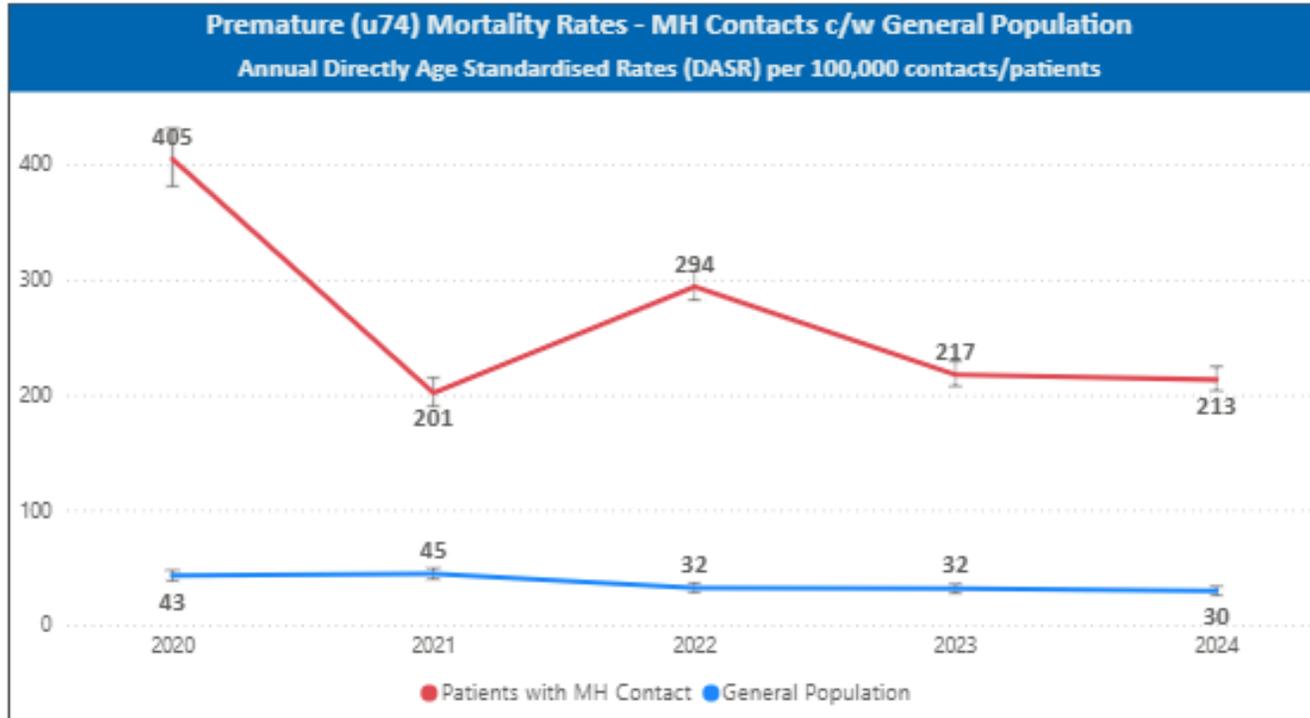
# C&P directly age standardised premature mortality rates - CVD



- In 2024, premature CVD mortality rates are four times higher for patients in contact with Mental Health services when compared to the premature CVD mortality rate in the general population.



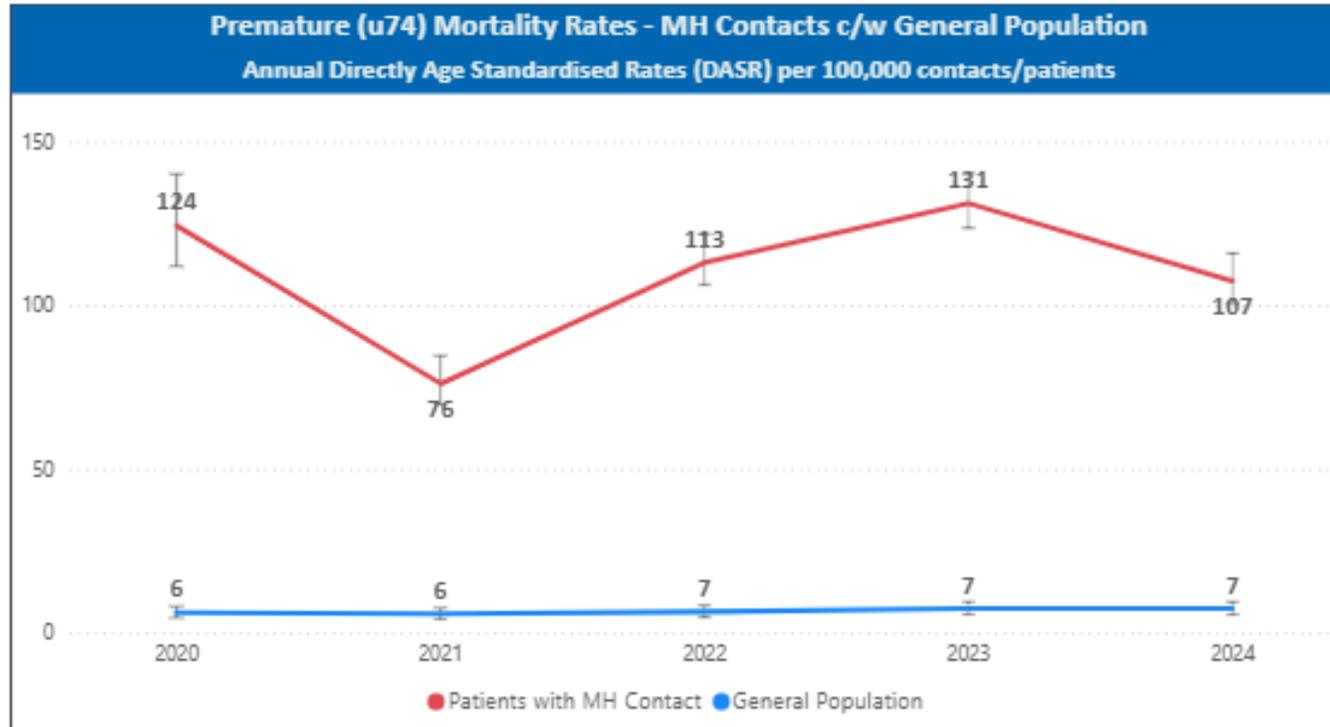
# C&P directly age standardised premature mortality rates – respiratory disease



- In 2024, premature respiratory mortality rates are seven times higher for patients in contact with Mental Health services when compared to the premature respiratory mortality rate in the general population.



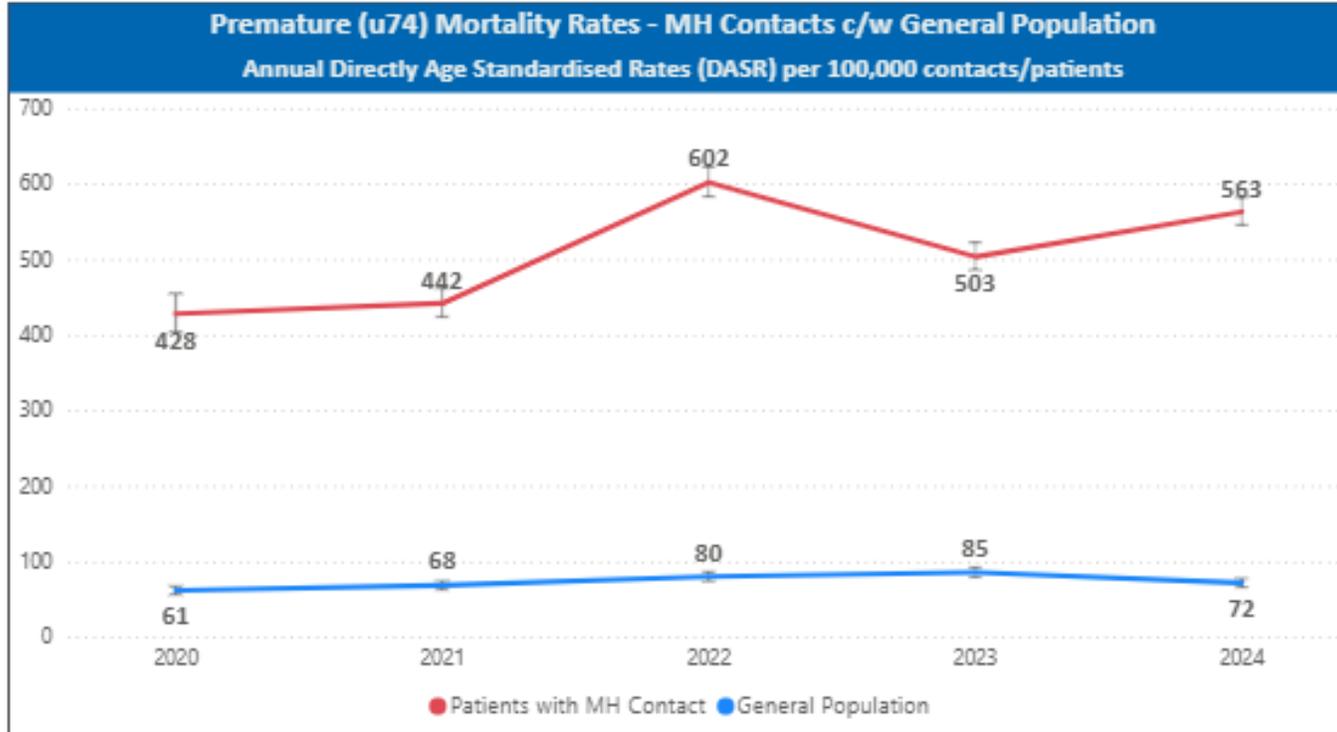
# C&P directly age standardised premature mortality rates – mental disorders



- In 2024, premature mortality rates from mental disorders are fourteen times higher for patients in contact with Mental Health services when compared to the premature mortality rate from mental disorders in the general population.
- Mental disorders are predominantly ‘Dementia and Alzheimer’s’.



# C&P directly age standardised premature mortality rates – other causes



- In 2024, premature mortality rates from other causes are eight times higher for patients in contact with Mental Health services when compared to the premature mortality rate from other causes in the general population.
- Other causes are predominantly 'External causes', including: Accidents and Intentional Self Harm.



# Key Points:



Premature mortality rates are **5 times higher** for patients in contact with Mental Health services when compared to the premature mortality rate in the general population.

## Lower Tier Local Authorities

Rates are higher than average in **Fenland; Huntingdonshire; East Cambridgeshire** and **Peterborough**.

**Cambridge** and **South Cambridgeshire** have lower than average rates.

Rates for those in contact with MH services are **4 times higher** than in the general population in **Peterborough** and **6 times higher** in **East Cambridgeshire** and **Huntingdonshire**.

## Gender

Rates are statistically higher for men than women in all LTLAs.

Rates are significantly higher than the C&P average in **Fenland** and **Huntingdonshire** for both **men and women**.

## Cause of death

Rates are higher for those in contact with mental health services, for **all summary causes** when compared to the general population.

For those in contact with mental health services, the highest mortality rates are for **Other causes**.

**Other causes** are predominantly **External causes** including **Accidents and Intentional Self Harm**.

## Deprivation

Rates are significantly higher than the C&P average in the **more deprived** quintiles.

## Ethnicity

**White ethnic groups** have a significantly higher premature mortality rate.

**8%** of patients in contact with mental health services have their ethnic group recorded as **not known** or **not stated**.