

Projections of Need in Bracknell Forest 2015 to 2030

Adults 18-64

CONTENTS

Population by Age.....	1
Mental Health Problems.....	2
Drug & Alcohol.....	3
Personal Care.....	4
Moderate or Serious Physical Disability	5
Learning Disability	6

POPULATION BY AGE

Population aged 18-64, projected to 2030

	2015	2020	2025	2030
People aged 18-24	8,900	8,400	8,600	9,600
People aged 25-34	16,500	17,100	17,000	16,400
People aged 35-44	17,700	17,600	18,000	18,400
People aged 45-54	18,300	18,100	17,400	17,400
People aged 55-64	13,300	15,500	16,900	16,600
Total population aged 18-64	74,700	76,700	77,900	78,400
Total population - all ages	118,500	124,300	129,400	133,500

Figures may not sum due to rounding

Notes

Figures are taken from Office for National Statistics (ONS) subnational population projections by persons, males and females, by single year of age. The latest subnational population projections available for England, published 29 May 2014, are full 2012-based and project forward the population from 2012 to 2037.

Long-term subnational population projections are an indication of the future trends in population by age and sex over the next 25 years. They are trend-based projections, which means assumptions for future levels of births, deaths and migration are based on observed levels mainly over the previous five years. They show what the population will be if recent trends continue.

The projections do not take into account any policy changes that have not yet occurred, nor those that have not yet had an impact on observed trends.

MENTAL HEALTH PROBLEMS

People aged 18-64 predicted to have a mental health problem, by gender, projected to 2030

	2015	2020	2025	2030
People aged 18-64 predicted to have a common mental disorder	12,016	12,318	12,485	12,606
People aged 18-64 predicted to have a borderline personality disorder	336	344	349	352
People aged 18-64 predicted to have antisocial personality disorder	262	269	274	277
People aged 18-64 predicted to have psychotic disorder	299	306	310	313
People aged 18-64 predicted to have 2 or more psychiatric disorders	5,378	5,514	5,592	5,649

Figures may not sum due to rounding

Notes

This table is based on the report *Adult psychiatric morbidity in England, 2007: Results of a household survey*, published by the Health and Social Care Information Centre in 2009. **Common mental disorders (CMDs)** are mental conditions that cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. They comprise different types of depression and anxiety, and include obsessive compulsive disorder. The report found that 19.7% of women and 12.5% of men surveyed met the diagnostic criteria for at least one CMD. **Personality disorders** are longstanding, ingrained distortions of personality that interfere with the ability to make and sustain relationships. Antisocial personality disorder (ASPD) and borderline personality disorder (BPD) are two types with particular public and mental health policy relevance. **Psychoses** are disorders that produce disturbances in thinking and perception severe enough to distort perception of reality. The main types are schizophrenia and affective psychosis, such as bi-polar disorder. The overall prevalence of psychotic disorder was found to be 0.4% (0.3% of men, 0.5% of women). In both men and women the highest prevalence was observed in those aged 35 to 44 years (0.7% and 1.1% respectively). The age standardised prevalence of psychotic disorder was significantly higher among black men (3.1%) than men from other ethnic groups (0.2% of white men, no cases observed among men in the South Asian or 'other' ethnic group). There was no significant variation by ethnicity among women. **Psychiatric comorbidity** - or meeting the diagnostic criteria for two or more psychiatric disorders - is known to be associated with increased severity of symptoms, longer duration, greater functional disability and increased use of health services. Disorders included the most common mental disorders (namely anxiety and depressive disorders) as well as: psychotic disorder; antisocial and borderline personality disorders; eating disorder; posttraumatic stress disorder (PTSD); attention deficit hyperactivity disorder (ADHD); alcohol and drug dependency; and problem behaviours such as problem gambling and suicide attempts. Just under a quarter of adults (23.0%) met the criteria or screened positive for at least one of the psychiatric conditions under study.

DRUG & ALCOHOL

People aged 18-64 predicted to have a drug or alcohol problem, by gender, projected to 2030

	2015	2020	2025	2030
Males aged 18-64 predicted to have alcohol dependence	3,262	3,349	3,410	3,454
Females aged 18-64 predicted to have alcohol dependence	1,228	1,257	1,270	1,280
Total population aged 18-64 predicted to have alcohol dependence	4,490	4,607	4,681	4,734
Males aged 18-64 predicted to be dependent on drugs	1,688	1,733	1,764	1,787
Females aged 18-64 predicted to be dependent on drugs	856	876	885	892
Total population aged 18-64 predicted to be dependent on drugs	2,543	2,609	2,649	2,679

Figures may not sum due to rounding

Notes

The report *Adult psychiatric morbidity in England, 2007: Results of a household survey*, published by the Health and Social Care Information Centre in 2009, provides prevalence rates for both alcohol and drug dependence.

Alcohol dependence is a cluster of behavioural, cognitive, and physiological phenomena that typically include a strong desire to consume alcohol, and difficulties in controlling drinking. It should be noted that a survey of the household population such as this is likely to under-represent dependent adults, who are more likely to be homeless or in an institutional setting. Moreover, problem drinkers who do live in private households may, like problem drug users, be less available, able or willing to participate in surveys.

Drug misuse has been defined as the use of a substance for purposes not consistent with legal or medical guidelines. In a small proportion of users, this may lead to dependence, a cluster of behavioural, cognitive, and physiological phenomena, such as a sense of need or dependence, impaired capacity to control substance-taking behaviour and persistent use despite evidence of harm. The United Kingdom has one of the highest rates of illicit drug use in the developed world.

PERSONAL CARE

People aged 18-64 predicted to have a moderate or serious personal care disability, projected to 2030

	2015	2020	2025	2030
People aged 18-24 predicted to have a moderate personal care disability	53	50	52	58
People aged 18-24 predicted to have a serious personal care disability	36	34	34	38
People aged 25-34 predicted to have a moderate personal care disability	231	239	238	230
People aged 25-34 predicted to have a serious personal care disability	66	68	68	66
People aged 35-44 predicted to have a moderate personal care disability	513	510	522	534
People aged 35-44 predicted to have a serious personal care disability	106	106	108	110
People aged 45-54 predicted to have a moderate personal care disability	897	887	853	853
People aged 45-54 predicted to have a serious personal care disability	201	199	191	191
People aged 55-64 predicted to have a moderate personal care disability	1,170	1,364	1,487	1,461
People aged 55-64 predicted to have a serious personal care disability	226	264	287	282
Total population aged 18-64 predicted to have a moderate or serious personal care disability	3,500	3,721	3,841	3,822

Figures may not sum due to rounding

Notes

This table is based on the prevalence data on adults with physical disabilities requiring personal care by age and sex in the Health Survey for England, 2001. These include: getting in and out of bed, getting in and out of a chair, dressing, washing, feeding, and use of the toilet. A moderate personal care disability means the task can be performed with some difficulty; a severe personal care disability means that the task requires someone else to help.

MODERATE OR SERIOUS PHYSICAL DISABILITY

People aged 18-64 predicted to have a moderate or serious physical disability, by age.

	2015	2020	2025	2030
People aged 18-24 with a moderate physical disability	365	344	353	394
People aged 25-34 with a moderate physical disability	693	718	714	689
People aged 35-44 with a moderate physical disability	991	986	1,008	1,030
People aged 45-54 with a moderate physical disability	1,775	1,756	1,688	1,688
People aged 55-64 with a moderate physical disability	1,982	2,309	2,518	2,473
Total aged 18-64 with a moderate physical disability	5,806	6,113	6,280	6,274
People aged 18-24 with a serious physical disability	71	67	69	77
People aged 25-34 with a serious physical disability	66	68	68	66
People aged 35-44 with a serious physical disability	301	299	306	313
People aged 45-54 with a serious physical disability	494	489	470	470
People aged 55-64 with a serious physical disability	771	899	980	963
Total aged 18-64 with a serious physical disability	1,704	1,823	1,893	1,888

Figures may not sum due to rounding

NOTES

This table is based on the prevalence data for moderate and serious disability by age and sex included in the Health Survey for England, 2001.

LEARNING DISABILITY

People aged 18-64 predicted to have a learning disability, by age

	2014	2015	2020	2025	2030
People aged 18-24 predicted to have a learning disability	133,825	133,097	124,985	123,946	136,443
People aged 25-34 predicted to have a learning disability	185,214	186,347	191,723	189,170	180,744
People aged 35-44 predicted to have a learning disability	173,719	173,362	176,144	186,685	192,394
People aged 45-54 predicted to have a learning disability	177,564	178,905	173,998	163,921	166,871
People aged 55-64 predicted to have a learning disability	138,051	139,735	156,810	168,172	163,028
Total population aged 18-64 predicted to have a learning disability	808,373	811,445	823,660	831,894	839,480

Figures may not sum due to rounding

Notes:

These predictions are based on prevalence rates in a report by Eric Emerson and Chris Hatton of the Institute for Health Research, Lancaster University, entitled Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England, June 2004. The authors take the prevalence base rates and adjust these rates to take account of ethnicity (i.e. the increased prevalence of learning disabilities in South Asian communities) and of mortality (i.e. both increased survival rates of young people with severe and complex disabilities and reduced mortality among older adults with learning disabilities). Therefore, figures are based on an estimate of prevalence across the national population; locally this will produce an over-estimate in communities with a low South Asian community, and an under-estimate in communities with a high South Asian community.