UnsideOutcomes

Mental Health Data Dictionary

Introduction

What is the Mental Health Dictionary?

In November 2008, Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010.

The review produced the report <u>'Fair Society, Healthy Lives'</u> which proposed a cradle-to-grave approach to reduce inequalities, commonly referred to as the Life Course Framework. This broke down people's lives into a number of different life phases.

It concluded that, to have a significant impact on health inequalities, action needs to be taken on six policy objectives. These policy objectives are listed below against their applicable life phase and focus area:

| Policy Objective: | Life Phase: | Focus Area: |
|--|-----------------|-------------------------|
| Give every child the best start in life. | Starting Well | Pre-Natal - Pre-School |
| Enable all children, young people and adults to maximise their capabilities and have control over their lives. | Developing Well | School |
| Create fair employment and good work for all. | Working Well | Training and Employment |
| Ensure a healthy standard of living for all. | Living Well | Family |
| Create and develop healthy and sustainable places and communities. | Living Well | Community |
| Strengthen the role and impact of ill health prevention. | Ageing Well | Retirement |

Whilst the themes identified in the Life Course Framework cover all aspects of the population there is need for a range of more specific indicators for different services. This document is a dictionary created for work with people who are being supported to manage issues with mental health.

What is this data dictionary?

The measures defined in this dictionary work with a preventative model of support. One of the most effective methods of measurement, when delivering preventative services, is that of risk and protective factors. The removal of risks and the addition of protective factors provides a statistical basis for evidence of impact.

The definitions in this dictionary result from the analysis of the relevant national outcome frameworks, programmes and clinical guidelines. These have then been combined to form a single document listing all of the measures relevant to the Living Well life stage.

For each measure there is a definition (taken from one or more of the source documents), an explanation of why the measure is recorded, a description of the data that is collected and the survey point(s) at which the data is recorded. There is also a separate table showing which framework or policy records the measure.

The dictionary is separated into three areas of risk: Personal Circumstances, Lifestyle and Behaviour, and finally, Status.

Personal Circumstances - related to the factor(s) that are relevant to the support people need. Personal circumstances are non-clinical factors that are likely to have an adverse effect on health. Many of these types of risk are unchangeable or may take a long time to resolve.

For example: Social isolation is a personal circumstance. Being socially isolated can cause stress and anxiety, increased risk of misusing alcohol or substances, and increased visits to the GP or Accident and Emergency.

Lifestyle and Behavioural factors - something that increases the likelihood of a poor long-term health outcome. These will form the basis of the support provided and are able to be reduced with the right support and services. The removal of this type of risk can be achieved in a shorter period.

For example: smoking is a lifestyle and behavioural factor that increases the risk of heart, lung and respiratory disease.

Status - the result of a lifestyle and behavioural factor. The removal or reduction of these risks is likely to be a long-term outcome.

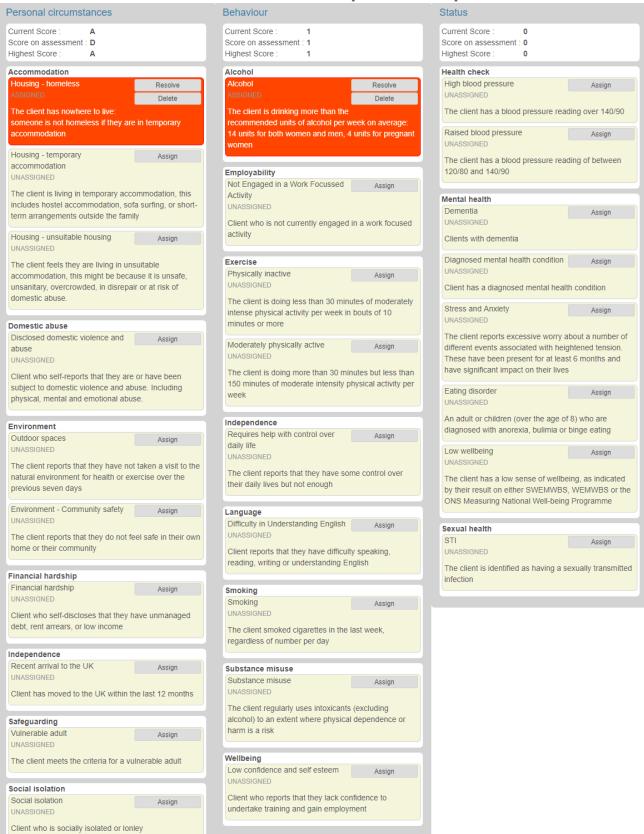
For example: A person who has been diagnosed as pre-diabetic as a result of poor lifestyle and behavioural factor(s) now has 'pre-diabetic' as a status, however the focus of support will be on the removal and reduction of the lifestyle and behaviour issues.

The data dictionary is a shared reference document that describes what should be recorded. This is because it is important that everybody who collects the data has the same understanding of what is being collected.

The measures to be recorded are taken from the following frameworks:

| Organisation: | Framework Title: |
|---|--|
| National Institute for Health and Clinical Excellence | CG127: Hypertension PH35: Diabetes Type 2 PH25: Prevention of CVD CG43: Obesity CG62 1.1.1.2 PH24 Alcohol Use Disorders CG45 Antenatal and Postnatal Mental Health CG113 Generalised Anxiety Disorders NG97 Dementia |
| Department of Health | Improving Outcomes and Supporting Transparency |
| Department of Health | CCG Improvement and Assessment Framework |
| Department of Work and Pensions | Social Justice Outcomes Framework |
| Department of Health | A framework for sexual health improvement in England |
| Department of Health | No Health Without Mental Health |
| Department of Health | Adult Social Care Outcome Framework |
| HM Government | Preventing Suicide in England |
| HM Government | Preventing Suicide in England – 2 Years On |

Mental Health - Example Risk Map



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Status Factors:

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Personal Circumstances

Personal circumstances are measures of socio-economic factors that are present in a person's life. These can be quite profound factors that are have an impact on a person's ability to manage health lifestyle choices or even to make changes that can change clinical factors.

| Measure | Disclosed domestic violence and abuse |
|-----------------------|--|
| Definition | The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological physical sexual financial emotional |
| | Where this is historic then it will be recorded if that abuse still affects the client's life presently. |
| Reason for collecting | People experiencing domestic violence and abuse may experience additional physical and mental health needs as a result of abuse. In addition, people may have additional support needs during their training and early employment. Domestic violence and abuse are safeguarding issues where children are involved. |
| Data collected | Number of people who self-report that they are or have been subject to domestic violence and abuse. |

| Outcome Framework | Reference |
|---|-----------------------------------|
| NICE Guidance | PH50 CG110 |
| Healthy Child Programme: Pregnancy and the First Five Years | <u>HCP – P17</u> <u>HCP – P45</u> |
| Public Health Outcome Framework | 1.11 |
| Social Justice Outcome Framework | <u>KI-1</u> |

| Measure | Environment - Community Safety |
|------------------------|---|
| Definition: | Adults who do not feel safe in their communities or homes: People who do not feel very or fairly safe walking alone in their local area during the day. People who do not feel very or fairly safe walking alone in their local area after dark. People who do not feel very or fairly safe being alone in their own homes at night. People who do not feel as adequately safe/as safe as they would like. People who do not feel safe at all. |
| Reason for Collecting: | Perception of safety is an important factor in helping people, particularly older people to avoid social isolation, increase activity and maintain their independence. This indicator will encourage good links between public health and other parts of local government (eg. the police) to encourage Health and Wellbeing Boards and public health professionals to consider perceptions of safety as key to improving health and well-being. |
| Data Collected: | The numbers of adults who do not feel safe in their communities or homes |
| Outcome Fra | mework: Reference: |

| Clients report that they have not spent reasonable time outdoors other than routine shopping trips or their own garden. |
|---|
| Inclusion of this indicator is recognition of the significance of accessible outdoor space as a wider determinant of public health. There is strong evidence to suggest that outdoor spaces have a beneficial impact on physical and mental well-being and cognitive function through both physical access and use. |
| Number of clients who self-report a limited time spent outdoors. |
| |

Outcome Framework:

Public Health Outcome Framework

Adult Social Care Outcome Framework

Tackling Obesities: Future Choices

<u>4A</u>

Reference

Reference:

<u>1.16</u>

| Measure | Financial Hardship | |
|---|---|--|
| Definition | The client reports that their household are on a low income wages before housing costs) Indicators are: 1. The family cannot afford a number of food and cloth 2. They claim Job Seekers Allowance, Employment Sor Income Support 3. They have required fuel costs that are above avera spend that amount, it would leave them with a residuely the fuel poverty line. 4. They have unmanaged debt; this includes rent arrespond to the fuel poverty line. | hing items support Allowance age or, were they to dual income below |
| Reason for collecting | Clients may be perceived to be in a 'benefits trap' where they are unable to earn enough to equal or exceed their current rate of benefit. Recent legislation has capped benefits resulting in increased need to obtain employment. Many clients may find the cost of training and work-focused activity difficult to manage. | |
| Data collected | Number of clients who self-disclose that they have unmana arrears or low income. | aged debt, rent |
| | | |
| Outcome Fram | ework | Reference |
| Public Health Outcomes Framework <u>1.1</u> , <u>1.17</u> | | <u>1.1, 1.17</u> |
| Social Justice Outcomes Framework KI-4 | | <u>KI-4</u> |
| Healthy Child Programme HCP – P | | <u> HCP – P17</u> |

| Measure: | Housing - Homeless |
|------------------------|---|
| Definition: | You may be legally homeless if: You've no legal right to live in accommodation anywhere in the world. You can't get into your home - eg. your landlord has locked you out. It's not reasonable to stay in your home - eg. risk of violence or abuse. You're forced to live apart from your family or people you normally live with because there's no suitable accommodation for you. You're living in very poor conditions - eg. overcrowding. If you're legally homeless, your council must provide you with help – this could range from giving advice to arranging accommodation. If amount of help they give you will depend on things like: If you became homeless through no fault of your own If you're eligible for assistance If you're in priority need |
| Reason for Collecting: | Being homeless is an indication of social risk. This has implications for financial status. |
| Data Collected: | Number of people who are homeless and not living in temporary accommodation provided by their local authority. |

| Outcome Framework: | Reference: |
|----------------------------------|--------------|
| Public Health Outcome Framework | <u>1.15i</u> |
| Social Justice Outcome Framework | <u>KI-1</u> |

| Measure: | Housing - Temporary Accommodation |
|------------------------|--|
| Definition: | Temporary accommodation includes sofa-surfing, hostel accommodation and short-term arrangements as a non-dependent. |
| Reason for Collecting: | Living in temporary accommodation is an indication of social risk. It often leads to a period of financial crisis for someone as benefits will usually be delayed. |
| Data Collected: | Number of clients who are living in temporary accommodation as defined above. |

| Outcome Framework: | Reference: |
|---|-------------------|
| Public Health Outcome Framework | <u>1.15ii</u> |
| Healthy Child Programme: Pregnancy and the First Five Years | <u> HCP - P17</u> |
| Social Justice Outcome Framework | <u>KI -1</u> |

| Measure: | Housing - Unsuitable Accommodation |
|------------------------|--|
| Definition: | Accommodation is self-declared unsuitable by the client. |
| Reason for Collecting: | Unsuitable accommodation might include housing repairs or overcrowding. Typically, this will have an adverse effect on the client and the wider family's physical and mental health. |
| Data Collected: | Does the client feel that they are living in unsuitable accommodation? This might be because it is unsafe, unsanitary, overcrowded or in disrepair. |

| Outcome Framework: | Reference: |
|--|------------------|
| Public Health Outcome Framework | <u>1.15i</u> |
| Healthy Child Programme: Pregnancy and the First Five Year | <u>HCP – P17</u> |
| Social Justice Outcome Framework | <u>KI-1</u> |

| Measure | Recent Arrival to the UK |
|-----------------------|---|
| Definition | People who moved to the UK within the previous 12 months 1. Recent migrants 2. Asylum seekers 3. Refugees |
| Reason for collecting | People who are recent migrants, asylum seekers or refugees, or who have difficulty reading or speaking English, may not make full use of health and wellbeing services. This may be because of unfamiliarity with the health service, because they find it hard to communicate with healthcare staff or because their arrival status restricts that services they can access. |
| Data collected | Number of people who moved to the UK within the previous 12 months |

| Outcome Framework: | Reference: |
|--------------------|------------|
| NICE Guidance | CG110 PH38 |

| Measure: | Social Isolation - Loneliness |
|------------------------|---|
| Definition: | An adult is considered to be socially isolated if they have no support from either a partner, family or a friend. The client reports that they do not have as much social contact as they would like. |
| Reason for Collecting: | Social isolation may be a trigger for mental ill-health problems, reduction in physical activity and the inability to access services. |
| | Social isolation is all considered an indicator for higher risk of suicide. |
| Data Collected: | Number of adults who define themselves as socially isolated or lonely. |

| Outcome Framework: | Reference: |
|--|-------------|
| Public Health Outcome Framework | <u>1.18</u> |
| Adult Social Care Outcome Framework | <u>1L</u> |
| Preventing Suicide in England | Reference |
| WHO - Preventing Suicide - A Global Imperative | Reference |

| Measure: | Vulnerable Adult | |
|------------------------|--|-------------------------|
| Definition: | Definition: A "vulnerable adult" is aged 18 or over; receives or may need community care services because of a disability, age or illness; and who is/or may be unable to take care of themselves or protect themselves against significant harm or exploitation. | |
| | "A person lacks capacity in relation to a matter if, at the mais unable to make a decision for himself (in relation to the relation of an impairment of, or disturbance in the function mind or brain." [Definition of a 'vulnerable adult' from the Mental | matter) ning of, the |
| Reason for Collecting: | Vulnerable people are at particular risk of being able to access important services that can improve their mental and physical wellbeing. | |
| | In addition, vulnerable people are at greater risk of being v abuse and violence. | ictims of |
| Data Collected: | Data Collected: Number of clients who meet the criteria for being a vulnerable adult. | |
| Outcome Fram | ework: | Reference |
| | | .= |
| Adult Social Care | Outcome Framework | <u>4B</u> |

Behavioural Factors

These are issues that increase the likelihood of a poor long-term health outcome. These will form the basis of the support provided and are able to be reduced with the right support and services. The removal of this type of risk can be achieved in a shorter period.

| | Alexi al Nicola |
|------------------------|--|
| Measure: | Alcohol Misuse |
| Definition: | Clients who regularly exceed the advised maximum amount of alcohol. For both men and women: 2 - 3 units per day (guideline: <14 units per week) |
| Reason for Collecting: | Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol can be a contributory factor to falls in older people. As the metabolic rate slows down with ageing the effect of alcohol is greater. |
| Data Collected: | The number of clients who regularly exceed the advised maximum amount of alcohol units per day. |

| Outcome Framework: | Reference: |
|---|---------------------------------------|
| NICE Guidance | CG110, CG45, CG100, PH24, CG127 |
| Public Health Outcome Framework | <u>2.1, 2.15</u> |
| Social Justice Outcome Framework | <u>KI5</u> |
| Healthy Child Programme: Pregnancy and the First Five Years | <u>HCP – P17</u> <u>HCP – P45</u> |

| Measure | Difficulty in Understanding English |
|-----------------------|--|
| Definition | Self-reported indicator whereby the client says they have difficulty with reading, writing or speaking English |
| Reason for collecting | Having a difficulty in understanding English can lead to social isolation and make it more difficult for a client to access services on their own. |
| Data collected | Number of people who self-report having difficulties with reading, writing or speaking English |

| Outcome Framework | Reference |
|---|------------------|
| NICE Guidance | CG110 CG62 |
| Healthy Child Programme: Pregnancy and the First Five Years | <u>HCP – P17</u> |
| BIS - Skills Funding Statement 2012 - 2015 | Reference |

| Measure | Low Confidence and Self-Esteem |
|-----------------------|--|
| Definition | Clients that report low self-esteem and lack confidence. |
| Reason for collecting | Low confidence and self-esteem is widely reported to be associated with low educational attainment and non-participation in training and learning affecting the ability to obtain employment and manage health conditions. Improving self-esteem and confidence supports people to increase personal responsibility and is a key element in the prevention of mental illness and increasing wellbeing. Confidence and esteem is particularly important for young people as half of all mental health problems are already present in adolescence. |
| Data collected | Number of clients who self-report a lack confidence and self-esteem in day to day life. |

| Outcome Framework: | Reference: |
|---------------------------------|------------|
| No Health Without Mental Health | Reference |
| Positive for Youth | Reference |

| Measure | Not Engaged in a Work Focused Activity |
|-----------------------|---|
| Definition | Work focused activity can encompass a range of activities that help a client obtain or retain a work position. They include, but are not restricted to: • Skills development and training |
| | Work trials Volunteering Work placement Employability and Personal Development programmes English for Speakers of Other Languages (ESOL) programmes Non-accredited courses |
| Reason for collecting | Clients who are not undertaking work focused activity are reducing their chances of obtaining or retaining employment |
| Data collected | Number of clients who are not currently engaged in a work focused activity |

| Outcome Framework | Reference |
|---------------------------------|------------------|
| No Health Without Mental Health | <u>Reference</u> |

| Measure: | Physical Activity - Moderately Physically Active |
|------------------------|---|
| Definition: | Adults (16+) doing less than 150 minutes, but more than 30 minutes, of at least moderate intensity physical activity per week in bouts of 10 minutes or more. |
| Reason for Collecting: | Increasing physical activity has the potential to improve physical and mental health, reduce the risk of developing a life limiting illness and improve life expectancy |
| Data Collected: | Number of adults doing less than 150 minutes, but more than 30 minutes, of at least moderate intensity physical activity per week in bouts of 10 minutes or more. |

| Outcome Framework: | Reference: |
|---------------------------------|-------------|
| NICE Guidance | <u>CG43</u> |
| Public Health Outcome Framework | <u>2.13</u> |
| No Health Without Mental Health | Reference |

| Measure: | Physical Activity - Inactive |
|------------------------|--|
| Definition: | Adults (16+) who do less than 30 "equivalent" minutes of moderate intensity physical activity per week in bouts of 10 minutes or more. |
| | All adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week. |
| Reason for Collecting: | Increasing physical activity has the potential to improve physical and mental health, reduce the risk of developing a life limiting illness and improve life expectancy |
| Data Collected: | Number of adults (16+) who do less than 30 "equivalent" minutes of moderate intensity physical activity per week in bouts of 10 minutes or more. |

| Outcome Framework: | Reference: |
|---------------------------------|------------------|
| NICE Guidance | PH17 CG43 |
| Public Health Outcome Framework | <u>2.13</u> |
| No Health Without Mental Health | <u>Reference</u> |

| Measure: | Requires Help with Control Over their Daily Life |
|------------------------|---|
| Definition: | Adults who report that they have some control over their daily lives, but not enough, or those who report that have no control over their daily lives. Control includes: • Meal Preparation • Shopping • Transportation • Telephone Usage • Housekeeping • Laundry • Managing Money • Taking Medications |
| Reason for Collecting: | Not being able to complete these tasks alone presents challenges to maintaining 'functional independence'. People at the end of life will often lose the ability to complete some or all of these tasks alone. |
| Data Collected: | Number of clients who report that they have some control over their daily life but not enough, or those who report they have no control over their daily life. |

| Outcome Framework: | Reference: |
|-----------------------------|------------|
| Adult Social Care Framework | <u>1B</u> |

| Measure: | Smoking |
|------------------------|---|
| Definition: | Client who smokes, regardless of number of cigarettes. Also, clients that co-habit with smokers are at increased risk of smoking related disease. |
| Reason for Collecting: | Smoking is a major cause of preventable morbidity and premature death, accounting for 79,100 deaths in England in 2011 and some 18 per cent of all deaths of adults aged 35 and over. |
| Data Collected: | Number of clients who smoke, regardless of number per day. |

| Outcome Framework: | Reference: |
|---|--------------------------------------|
| NICE Guidance | <u>CG62, PH14,</u> <u>CG127</u> |
| Public Health Outcome Framework | <u>2.3, 2.9, 2.14</u> |
| Healthy Child Programme: Pregnancy and the First Five Years | <u>HCP – P18</u> <u>HCP – P22</u> |

| Measure: | Substance Misuse |
|------------------------|---|
| Definition: | Adults who regularly use recreational drugs, misuse over-the- counter medications, misuse prescription medications or misuse volatile substances (such as solvents or inhalants) to an extent whereby physical dependence or harm is a risk. |
| Reason for Collecting: | Individuals misusing substances pose significant risks in terms of overall health and well-being, reduced life expectancy, increased blood-borne virus transmission and reduced physical and psychological health. Substance misuse can also be risk factor in increased suicide risk. |
| Data Collected: | Number of adults who report that they misuse substances. |

| Outcome Framework: | Reference: |
|---|--------------------------------------|
| NICE Guidance | <u>CG110, NG64</u> |
| Public Health Outcome Framework | <u>2.15</u> |
| Social Justice Outcome Framework | <u>KI-5</u> |
| Healthy Child Programme: Pregnancy and the First Five Years | <u>HCP – P17</u> <u>HCP – P45</u> |
| No Health Without Mental Health | Reference |
| Preventing Suicide in England | Reference |

Status

Status measures are generally more intractable issues such as clinical diagnosis or issues relating to skills and employment. These issues are likely to be heavily dependent on the resolution of things relating to healthy behaviours and socio-economic factors.

| Measure: | Dementia | |
|------------------------|--|-------------|
| Definition: | Dementia is a progressive and largely irreversible clinical sylis characterised by a widespread impairment of mental funct | |
| Reason for Collecting: | Dementia changes the way that people think and feel. This of wider health and wellbeing issues go unmet and that people to access a range of services. | |
| Data Collected: | Number of clients with dementia. | |
| | | |
| Outcome Fram | ework: | Reference: |
| NICE Guidance | | <u>NG97</u> |
| | | |

| Measure | Diagnosed with a Mental Health Condition | |
|-----------------------------|--|--------------|
| Definition | People who have a diagnosed mental health condition | า |
| Reason for collecting | Diagnosed mental health conditions can pose a risk for health and well-being as well as being a potential safe | |
| Data collected | Number of people with a diagnosed mental health cor | ndition |
| | | |
| Outcome Framework Reference | | |
| NICE Guidance | | CG45 1.1.1.1 |

Healthy Child Programme: Pregnancy and the First Five Years

<u>HCP - P17</u>

| Measure: | Eating Disorder |
|------------------------|---|
| Definition: | People who are diagnosed with either: • Anorexia: a condition in where someone refuses to eat adequate calories out of an intense and irrational fear of becoming fat. • Bulimia: a condition in where someone grossly overeats (binging) and then purges the food by vomiting or using laxatives to prevent weight gain. • Binge eating: a condition in where someone may gorge rapidly on food, but without purging. |
| Reason for Collecting: | The impact of a person's eating disorder on home and family life is often considerable, and family members may carry a heavy burden over a long period of time. |
| Data Collected: | The number people who are diagnosed with either; anorexia, bulimia or binge eating. |

| Outcome Framework: | Reference: |
|--|--------------------------------------|
| Healthy Child Programme: Pregnancy and the First Five Years | <u>HCP – P50</u> <u>HCP – P54</u> |
| NICE Guidance | NG69 |
| No Health Without Mental Health: Delivering Better Mental Health Outcomes For People Of All Ages | Reference |

| Measure: | Low Reported Wellbeing |
|------------------------|--|
| Definition: | Scoring 40 or less on the Warwick-Edinburgh Mental Well-being Scale. Scoring 16 or less on the Short Warwick-Edinburgh Mental Well-being Scale Low sense of Wellbeing. ONS Measuring National Well-being Programme. |
| Reason for Collecting: | Low sense of wellbeing is an indicator of social risk. |
| Data Collected: | Number of adults scoring 40 or less on the Warwick-Edinburgh Mental Well-being Scale. Number of people scoring 16 or less on the Short Warwick- Edinburgh Mental Well-being Scale Number of adults scoring 4 measures on ONS programme. Self-reported stress. |

| Outcome Framework: | Reference: |
|---|-------------------------|
| Public Health Outcome Framework | <u>2.23</u> <u>2.24</u> |
| Healthy Child Programme: Pregnancy and the First Five Years | <u>HCP – P17</u> |
| No Health Without Mental Health | Reference |

| Measure: | Screening - High Blood Pressure |
|------------------------|--|
| Definition: | A blood pressure reading of over 140/90. |
| Reason for Collecting: | If you have high blood pressure, it puts extra strain on your heart and blood vessels. Over time, this extra strain increases your risk of a heart attack or stroke. |
| | High blood pressure can also cause heart and kidney disease and is closely linked to some forms of dementia. |
| Data Collected: | Number of clients who have been identified as having high blood pressure. |

| Outcome Framework: | Reference: |
|--------------------|------------|
| NICE Guidance | CG127 |

| Measure: | Screening - Raised Blood Pressure |
|------------------------|--|
| Definition: | A blood pressure reading between 120/80 and 140/90. |
| Reason for Collecting: | If you have high blood pressure, it puts extra strain on your heart and blood vessels. Over time, this extra strain increases your risk of a heart attack or stroke. |
| | High blood pressure can also cause heart and kidney disease and is closely linked to some forms of dementia. |
| Data Collected: | Number of clients who have been identified as having raised blood pressure. |

| Outcome Framework: | Reference: |
|--------------------|-------------|
| NICE Guidance | <u>PH25</u> |

| Measure: | Sexually Transmitted Infections (STI) |
|------------------------|--|
| Definition: | A bacterial or viral infection acquired through sexual activity. |
| Reason for Collecting: | STI management and control protects patients from re-infection and long-term consequences of an untreated infection, and protects the wider community from onward transmissions. |
| Data Collected: | The number of people who have a bacterial or viral infection acquired through sexual activity |

| Outcome Framework: | Reference: |
|--|------------|
| Public Health Outcome Framework | 3.02.ii |
| A Framework for Sexual Health in England | FHSE - P28 |

| Measure: | Stress and Anxiety |
|------------------------|---|
| Definition: | General Anxiety Disorder can cause a change in behaviour and the way people think and feel about things, resulting in symptoms such as: Restlessness A Sense of Dread Feeling Constantly "On Edge" Difficulty Concentrating Irritability |
| Reason for Collecting: | Symptoms may cause withdrawal from social contact (seeing family and friends) to avoid feelings of worry and dread, and/or the inability to attend work. These actions can cause worry and increase a lack of self-esteem. |
| Data Collected: | Number of clients who report symptoms of general anxiety disorder. |

| Outcome Framework: | Reference: |
|---|------------------|
| NICE Guidance | <u>CG45</u> |
| Healthy Child Programme: Pregnancy and the First Five Years | <u>HCP – P17</u> |

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