



Better,
together

Public Mental Health in Suffolk

Suffolk Annual Public Health Report 2021



Better, together: Public Mental Health in Suffolk

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Introduction from Stuart, Director of Public Health

Mental Health has been the focus of the Director of Public Health's Annual Report for Suffolk several times in recent years, quite rightly given the importance of good mental health to all aspects of our lives. This year, however, is different. The strains of the pandemic have meant that the issue of mental health has been in the public consciousness like never before, and we should be encouraged that more people, from all walks of life, are now talking more openly about their mental health and wellbeing.

The Covid-19 pandemic, and the unprecedented measures required to reduce the spread of the virus, have placed extraordinary pressures, and demands on every single one of us. Some of us have lost loved ones; some have lost livelihoods. Our children lost significant face-to-face learning time. And all of us lost the support, reassurance and fun that spending time with friends, family, neighbours, and colleagues can bring. Perhaps unsurprisingly, around [1 in 5 adults in Britain experienced some form of depression](#) in the first 3 months of 2021 - that's over double the figure prior to the pandemic. Almost half of adults have reported that their wellbeing has been affected as we learn to live with Covid-19. The ongoing impact on our collective mental health and emotional wellbeing caused by loss, isolating, quarantining, home-schooling, the closure of playgroups, day centres and workplaces, and the huge uncertainty we are all living with, could do as much damage to our wellbeing in the longer term as the virus itself.

As well as the individual losses and difficulties, what we have all lived through in the last 18 months amounts to a collective trauma. Trauma is about events and their effect on our minds. By [collective trauma](#) we mean an event, or series of events (such as Covid-19) that traumatises many people within some shared time span. Acknowledging and responding to that collective trauma is important.

This report therefore recommends that we collectively remember and honour what has occurred – both the terrible losses, and the extraordinary individual and collective acts of courage and kindness made by so many to protect and support others.

And then, always with that honouring and understanding in mind, we need to think about how we can support our collective and individual wellbeing during the days, weeks, and months to come. Clearly, when people are suffering significant mental ill-health, the right services to support them at the right time are vitally important. However, services can never reach everyone, or could afford to reach everyone – and neither should we want them to, as we risk over-medicalising a natural response to an extraordinarily difficult time.

We need to understand what we can all do to support our mental wellbeing – as individuals and families, in communities, workplaces and groups, and across Suffolk as a whole. Even at the height of the pandemic, many individuals and organisations in Suffolk did things that supported our collective mental wellbeing. Many people were able to explore their local natural environment and green spaces. Lots informally 'volunteered' – supporting neighbours and family members with shopping and medical appointments, sometimes organised through local WhatsApp or Facebook groups. Combined with those people who formally volunteered, with foodbanks, charities, NHS Responders, or in vaccination centres, over 100,000 adults in Suffolk made a difference to their families, neighbours, friends, and communities during the pandemic, and by doing so, to our collective wellbeing.

This is a concept known as '**public mental health**'. We need to work together to create places and environments which support mental and emotional wellbeing. We need to encourage and challenge ourselves and the groups we are part of to do things that we know make a difference; being physically active and connecting to nature; being employers and businesses that support mental wellbeing in our workplaces; and using culture and the arts to support our recovery and wellbeing. We also need to ensure that the many vitally important groups and services which make our communities strong are supported to restart and reconnect people again.

This collective approach will support a cohesive society in Suffolk, which will help us to be ready for a post-pandemic world. This is not about cost saving or 'saving' the NHS by reducing demand – these are the right things to be doing, in and of themselves. However, no one organisation or group can achieve this on their own – the power is in us working together, with a clear shared aim of supporting and improving public mental health in Suffolk. With the right agreement, support, funding and alignment, the collective curse of the virus could potentially give way to a collective cure – notably through people overcoming the challenge as a [group](#). Only then can we start to feel better, together.

Why public mental health, and why now?

Mental health is vital to public health; mental wellbeing is profoundly important to quality of life and the capacity to cope with life's ups and downs. It is protective against physical illness, social inequalities, and unhealthy lifestyles. There are now a large number of evidence-based approaches to promoting mental wellbeing and preventing mental illness, and these are growing daily ([Faculty of Public Health](#))

Mental health is as important as physical health in terms of keeping us fit and well, and poor mental health is a core public health concern. Mental and emotional wellbeing exists on a continuum within everyone and is more than just the absence of mental ill-health.

Keeping mentally well is not only vital for individuals and families, but also for communities and the economy. The term 'public mental health' is used when thinking about these larger groups of people. Public mental health can be defined as:

'the focused actions taken to improve mental health and wellbeing, and prevent mental ill-health, by **individuals, communities and organisations**' ([Royal College of Nursing](#)).

Like public health, public mental health takes a population-based approach. Public mental health recognises that mental health is not a static state. It promotes the reduction of health inequalities and [includes](#):

- *Promoting good mental health and wellbeing across the population*
- *Preventing the development and escalation of mental distress across the population*
- *Preventing the development and escalation of mental health problems*
- *Preventing suicide and alleviating mental distress*
- *Improving the lives of people living with, struggling with, and recovering from, mental ill-health*

It is important to recognise that for some individuals and families within Suffolk, the pandemic has led to beneficial changes. Some people have enjoyed being able to spend more time with family at home and for some, such as those who find social interaction more challenging, different ways of working has been welcomed. Many people volunteered across Suffolk prior to Covid-19, supporting a wide range of local activities. However, over 340,000 hours of volunteer time was given during the pandemic in Suffolk, making a positive difference to the mental wellbeing of both those who received support and to those who gave it. This included 1 in 3 people who were volunteering for the first time and has led to 78% of volunteers saying that they planned to continue helping those in need when lockdown ended. More broadly, however, Covid-19 has placed enormous stress on the mental health of individuals, communities, and organisations within Suffolk.

'The risks to people's health go beyond the direct harm caused by the virus...Pandemic restrictions also affected people's mental health through reduced social interaction, changing work conditions and loss of work and income. By September 2020, a fifth of the population had experienced a sustained deterioration in their mental health. Women, younger people, the unemployed and those facing financial hardship have fared the worst ([The Health Foundation](#)).'

A sustained deterioration in the mental health of a fifth of the population, coupled with the particularly strong impact on the mental health of particular groups within that population is unprecedented, and goes beyond anything commissioned mental health services for individuals can address.

Therefore, the time to focus on improving *public mental health* is **now**. This report considers how we do that by focusing on what creates the best environment for, and the factors that protect or support good public mental health. Our challenge is to collectively understand and build on these.

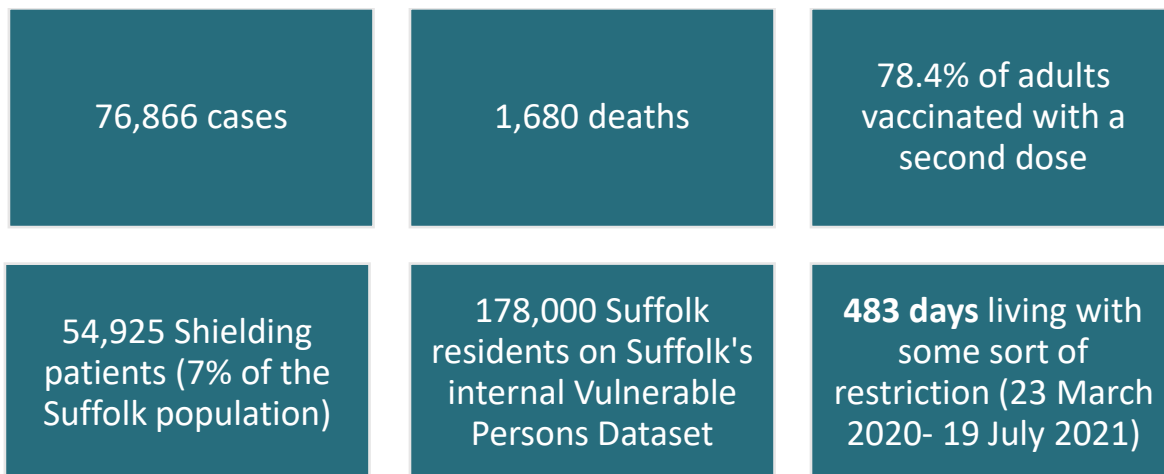
What do we know about public mental health and Covid-19?

Globally, [2021 research](#) indicates the extent of the impact of Covid-19 on mental health remains largely unknown. However, initial findings indicate a 27.6% increase in major depressive disorders and a 25.6% increase in anxiety disorders, affecting both men and women across the lifecycle. This equates to 53.2m additional major depressive disorder cases, and 76.2m additional anxiety cases across the world.

Suffolk data:

In exploring public mental health in the context of the pandemic, it is important to understand more about the mental health of people in Suffolk, and about the local impact of Covid-19. This can help us identify actions and target our resources most effectively.

At the time of writing, Covid-19 has had the following impact in Suffolk:

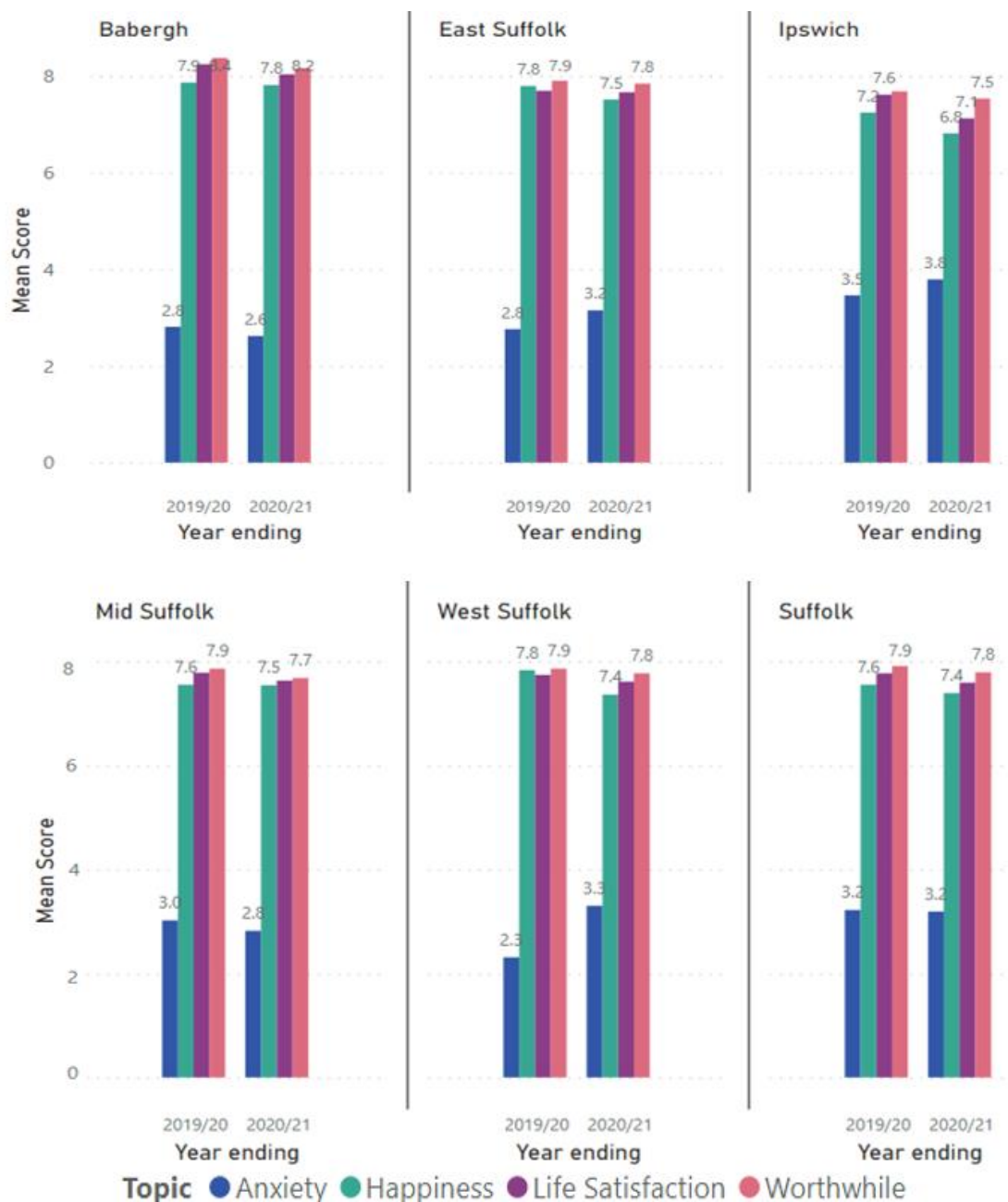


Sources: [Suffolk CoronaWatch](#), Suffolk County Council Vulnerable Persons Dataset, [Gov.uk](#), [Coronavirus Shielded Patient List open data set](#)

- Whilst Suffolk's Covid-19 case rate has usually been lower than regional and national rates, the impact of the virus has still been significant. Very sadly, over 1,600 people in Suffolk have lost their lives to Covid-19 so far. There are also at least, a further 275 deaths which are highly likely to have been due to the disease, but which happened before widespread testing and diagnosis were available.
- Whilst vaccination rates are generally high, there are still pockets of lower vaccine uptake in certain communities in Suffolk, especially those with increased levels of deprivation, or more diverse populations.
- Whilst national shielding data indicates that just under 55,000 individuals were 'extremely clinically vulnerable' and had to remain in their homes for many months, sometimes completely alone, locally collated data examining wider circumstances suggests that nearly 178,000 individuals in Suffolk may have become more clinically, socially, or financially vulnerable during Covid-19.
- Covid-19 has had a disproportionate impact on certain groups, both globally, nationally and within Suffolk. Those aged over 65; women; those classed as overweight / obese; and those in lower socio-economic groups have been particularly badly affected either by the disease itself, or by the measures taken to control the disease. Covid-19 has exacerbated and widened inequalities, to the detriment of those already facing disadvantage.
- Many people's working lives have also been severely unsettled by the pandemic, including instances of abuse and violence towards frontline employees. The [Royal College of Midwives](#) reports that a shocking 70% of midwives experienced abuse from pregnant women, their partners and families, due to changes to attendance rules during the pandemic. Other healthcare staff experienced [physical assault](#). Workers in [retail](#), hospitality and [tourism](#) have also reported many instances of abuse from members of the public during the pandemic, and all these experiences will have had a negative effect on wellbeing at work. Parallel

to this, in other industries, the experience of having to work from home, either alone or while supporting remote learning, or of being made completely redundant from work, will also have damaged many people’s emotional wellbeing. The furlough scheme helped to keep 122,700 people in Suffolk in employment during Covid-19, but with furlough ending in September 2021, some of these employments may also end, which will be stressful for many.

- All these factors help to explain why mental health and wellbeing has declined in Suffolk during the past 18 months. Data from the Office for National Statistics reports that population measures of life satisfaction, feeling worthwhile, happiness, and anxiety all worsened in Suffolk during 2020, particularly within Ipswich. In Ipswich average scores for all these measures are now below the national averages. This may be due to Ipswich having a younger and more diverse population, with more younger parents, and more workers in retail, health, and care; all groups that have reported particular difficulties with getting their needs met during the pandemic.



Source: [ONS \(2021\)](#). You can view these charts and more on our [online dashboard](#).

In 2019, the Co-op produced a [community wellbeing index](#) which explores community wellbeing in smaller areas than districts and boroughs based on three pillars: **people, relationships, and place**. These are all interconnected and have sub themes within them:



[The Co-op define community wellbeing](#) as: “a collective feeling of leading a ‘good life’, shared and created by people and organisations. Community wellbeing is more than the sum of people’s individual wellbeing; it is the relationships between people and with place”.

The idea of leading a ‘good life’, mirrors some of the measures the ONS use in terms of feeling worthwhile, life satisfaction and happiness.

Higher scores for these 9 theme areas all contribute to an overall higher community wellbeing index score.

You can [view the scores for your area online on the COOP website](#)

Source: [Co-op community wellbeing index](#)

The concept of community wellbeing is very much a focus in Suffolk. For example, the Emotional Wellbeing in the Community Group (EWIC) was initially set up as a response to Covid-19. The group’s focus was to provide evidence-based population level information, advice, and guidance on how to improve and maintain wellbeing that was accessible for all. The work is not about interventions or services, but population wide prevention and emotional wellbeing.

Some examples of the work of the Group to promote population wellbeing during the pandemic include:

- The [Suffolk Says Thanks campaign](#). This is a way to promote gratitude and gratefulness and a deeper appreciation of people, environments, and people around. This was key during the first lockdown, having been identified as a significant factor in the decline in wellbeing of the population of Suffolk through Suffolk Mind’s Emotional Needs Audit (see below).
- Using a national evidenced based population wellbeing tool ‘[5 ways of wellbeing](#)’ (Give, Connect, Be Active, Learn, Take Notice), and Suffolk’s local evidence based wellbeing training programme, ‘[Suffolk’s Needs Met](#)’, which includes the use of the ‘Emotional Needs Audit’, to undertaken work which has included several campaigns, webinars, school toolkits and an ‘Arts, Libraries and Museums Wellbeing Programme’.
- Helping people to understand what they are missing in order to feel better (through the emotional needs audit), encouraging all groups to practice gratitude, and providing ideas on how to utilise the 5 Ways to Wellbeing tool.

More examples of work done by many groups and organisations across Suffolk during the pandemic which have all contributed to improving collective emotional wellbeing and local public mental health can be found within [our case studies](#).

The ‘Suffolk’s Needs Met’ wellbeing training described above has been developed by [Suffolk Mind](#). Suffolk Mind has also been carrying out extensive online research during the pandemic to better understand the reasons underpinning the changes in population wellbeing. This has been done using the [Emotional Needs Audit](#) which asks individuals to rate how well each of [12 emotional needs](#) are currently being met.

At the level of individuals, during August 2021 the Suffolk Mind data shows:

- Wellbeing in Suffolk fell dramatically at the beginning of lockdown 1 (March 2020), and continued falling until June 2021, when in theory, restrictions started lifting for the final time. From June there was an increase in overall wellbeing, largely due to increases in how well needs for 'security' and 'control' were met.
- There was also a decrease in wellbeing following 'freedom day' on the 19th of July 2021. This was driven by decreases in how well needs for 'close relationships', 'emotional connection' and 'receiving attention' were met. This could be because life became increasingly busy, and we didn't have as much time with our loved ones as we had become used to during COVID-19 restrictions and periods of lockdown. It's also likely that social restrictions took a toll on our relationships with friends and family, which we didn't fully appreciate until we were back to 'normal'. Additionally, there's the possibility that small frictions have arisen between people who are still living cautiously since restrictions lifted, and those who are fully embracing the increasing freedoms.
- However, there was also a large increase in how well the population met its need for 'achievement' since 'freedom day'. This fits with the theory that individuals are busier, perhaps with work or hobbies, and are spending less time at home with those they are closest to.
- When individuals were asked what had become more difficult in their environments as a direct result of the pandemic, the most frequently cited response was 'relationships'. This is likely because the pandemic has changed many of our relationships profoundly; we have either been intensely and suddenly with people much more than usual; or we have not been able to see them at all; or we have had to keep our distance and/or been prevented from physical touch. Many have been either isolated or lonely, or overwhelmed with no privacy. Additionally, face coverings 'mask' our facial expressions and muffle speech, making communication and connection more difficult, and communicating with people online via Zoom or other electronic platforms needs a whole different set of skills that we have needed to develop. Some have found this easier than others.

There are also specific impacts on certain groups within the Suffolk population. These include:

- Those who are not working, are younger or a minority sexuality or gender are less likely to be well. People aged 18-24 have experienced the biggest decrease in how well met their needs are over the last year.
- Minority sexualities and genders report being particularly negatively affected by their lack of community involvement during the pandemic, suggesting that community involvement is more fundamental to their wellbeing than it is to the average respondent.
- The groups that are meeting their needs the best, on average, are older individuals who are retired and widowed. These groups are more likely to be meeting their needs for 'control', 'security' and 'status' than the average respondent. With their working lives largely behind them, it is likely that these individuals are less affected by the concerns of younger individuals.
- Those working in construction, finance and banking are meeting their needs relatively well; largely because their needs for 'achievement' and 'meaning and purpose' are well met. This suggests that these professional groups have been able to get on with their work throughout the pandemic, and are not currently, or perhaps have never, experienced much difficulty in continuing to work.
- Those who are 'stay at home parents', working in 'retail and wholesale', and in 'transport and logistics' are meeting their emotional needs less well. This is largely down to how well, or not, they are meeting their needs for 'privacy', 'meaning' and 'purpose and value'.
- Individuals working in government, IT and healthcare have experienced big decreases in their wellbeing over the last year. They are arguably the three industries that have played the biggest and most direct part in pandemic response.
- Respondents in healthcare have also often been working in dangerous situations, trying to meet a huge increase in very severe need and demand for care, with restricted resources. They have experienced decreases in how well their need for 'community' and 'receiving attention' are met, suggesting that their personal relationships may have suffered as a result. They are also reporting a decrease in their sense of 'meaning and purpose', suggesting that many of them may be experiencing burnout or disillusionment.

As the population of Ipswich is younger, more diverse, and includes more people working in retail, health, and care, than some other areas of Suffolk, this data may go some way towards explaining why wellbeing in Ipswich has declined to a greater extent than in other areas of Suffolk, as reported by the ONS above.

Suffolk Mind report that the quality of people's sleep in Suffolk has been greatly impacted during the pandemic. The number of people reporting that they do not feel rested after sleep has increased from a third to two-thirds and is not improving. [Good quality sleep is vital for health](#) – with regular poor sleep increasing the risk of serious medical conditions, including coronary heart disease, obesity and diabetes, and shortening life expectancy. Suffolk Mind and the EWIC group are launching a campaign to improve sleep in Suffolk in 2022.

With this understanding of Public Mental Health, and the impact of Covid-19 on public mental health in Suffolk, it is clear to see how Covid-19 has been a source of 'collective trauma'.

What is collective trauma and why does it matter now?

We don't yet know the full impacts of Covid-19 on the Suffolk population, and we won't know them for some time to come. However, numerous bodies, including the [Centre for Mental Health](#), the [Local Government Association \(LGA\)](#), [The Kings Fund](#), and The [British Medical Association \(BMA\)](#) are already recognising that some people will experience trauma due to Covid-19.

Trauma is defined as harmful experiences or life-threatening events that can have lasting impacts on mental, physical, emotional and/or social wellbeing. It doesn't need to come from what we tend to perceive as shocks, such as accidents, natural disasters, or conflict, and it doesn't need to be proportional to the scale of an event. Trauma may manifest in many ways and is part of a normal human response to major stress or difficulty. Whilst some people won't require help or support to manage trauma, some may experience a response so severe it can lead to Post Traumatic Stress Disorder (PTSD). A [range of harmful outcomes](#) can result from experiencing trauma, including depression, anxiety, reduced coping abilities, grief and loss from bereavement and domestic abuse.

Suffolk Mind assert that trauma is often missed as a cause of mental ill health in individuals. There is a need across Suffolk for the system to be more aware/informed about trauma and how to consider the effect on people in different circumstances. Trauma also needs to be recognised as a barrier to meeting emotional needs and must be treated effectively for people to improve their wellbeing. This will be vital for both individual and collective trauma.

Collective trauma refers to the psychological upheaval that is shared by a group of people who all experience an event, such as the Covid-19 pandemic. This type of trauma can affect groups of people of any size, including entire nations or societies. [Collective trauma](#) can affect not only the people directly involved, but also future generations, by undermining fundamental feelings of security. It can have far-reaching societal effects as well as political implications. Acknowledging and responding to the collective trauma caused by Covid-19 is therefore important, as part of recognising what has happened in all our lives in Suffolk. The pandemic has been particularly traumatic for many as it brings together multiple different stressful events and feelings (loss, fear, isolation, financial impacts, illness, mortality, helplessness) which can combine and interact to create a "[multiple whammy](#)". People may be able to withstand one or two stressful events and retain reasonably good mental health, but not the multiple combined impacts many have experienced over many months during the pandemic.

Being part of a community where you feel valued, have a sense of belonging, and where you have strong positive relationships with a diverse range of people is all part of being in a [cohesive community](#). [Research](#) is underway about the impacts of Covid-19 on community cohesion, but initial [reports](#) suggest that the pandemic has challenged the strength of it in many areas, and will go on doing so as we learn to live with the virus. Whilst Covid-19 has brought us together in many ways, it has also been divisive (for example isolation, mask-wearing, individual choices about vaccination). The strength of social cohesion prior to the pandemic is likely to be a strong predictor of recovery. This is backed up by the Suffolk Mind research that shows the emotional need for community has been the hardest hit during the pandemic and for a prolonged period. Focusing efforts on enabling people to get this need met will have the biggest impact on future wellbeing.

[The Local Government Association \(LGA\)](#) have produced a summary table of the possible impacts of Covid-19 on public mental health at a population level – these all arise from the collective trauma caused by the pandemic:

Impact	Description
Short-term impacts	<ul style="list-style-type: none"> • Anxiety caused by concerns about outbreak and possible illness. • Loneliness caused by self-isolation and social distancing. • Stress caused by adjusting to new routines, financial and employment insecurity. • Depression caused by lack of activity or exercise, loss of normal routine, increased caring role.
Medium- term impacts (2 years)	<ul style="list-style-type: none"> • Post-traumatic stress caused by impact of outbreak. • Depression caused by loneliness and isolation. • Increased risk of suicide and self-harm. • Relationship breakdown.
Long-term impacts	<ul style="list-style-type: none"> • Grief caused by bereavement. • Reoccurrence of previous mental health problems. • Support people to return to normality and/or prepare for further waves of infections. • Worsening of other health and wellbeing inequalities <p>For children and young people:</p> <ul style="list-style-type: none"> • Developmental and behavioural issues arising due to isolation or social distancing at key developmental milestones. • Development of mental health disorders because of the stress.

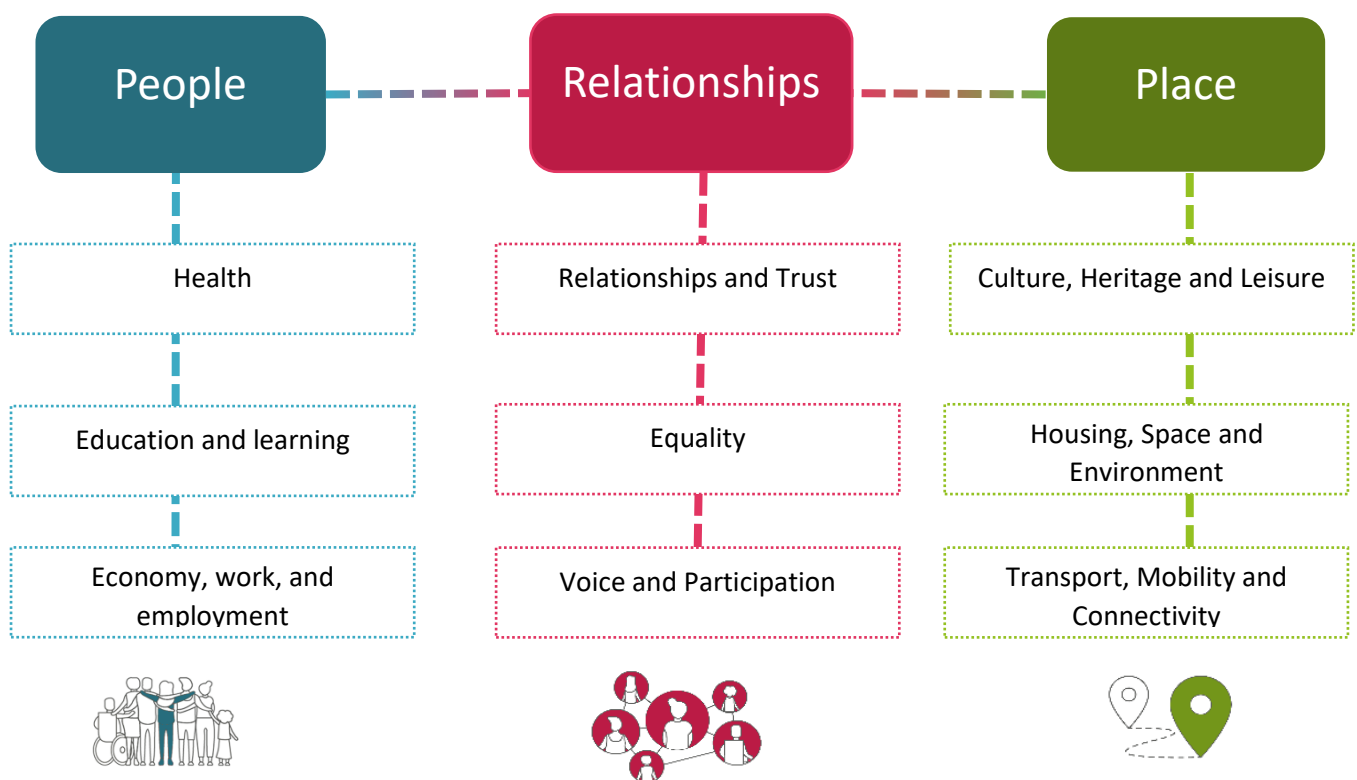
While not all the effects of the collective trauma from Covid-19 are currently known, to achieve the best possible recovery from their impact, we will need to develop a clear, long-term, plan. This plan must respond to the collective trauma we have experienced; promote inclusive and collective healing; and enable as many protective factors to reach as many people and communities in Suffolk as possible.



What are the key 'protective factors' which promote good public mental health and prevent mental ill health?

So-called 'protective factors' are **'individual or environmental characteristics, conditions, or behaviours that reduce the effects of stressful life events'**. Where protective factors exist, the impact of individual or collective trauma may be mitigated to some extent - the individual and the community are more likely to return to a state of good emotional wellbeing, or good public mental health, and to return to that state more quickly.

As mentioned earlier, the Co-op's [community wellbeing index](#) explores community wellbeing in small areas based on three pillars, **people**, **relationships**, and **place**, which are set out below - [you can find local data online for each area in Suffolk](#). These pillars are also a good way of describing the **'protective factors' for good public mental health**. If all these things are available to, and working well for, individuals and communities in Suffolk, at a population level, they will help to us all to mitigate the lasting traumatic effects of the pandemic.



Source: [Co-op community wellbeing index](#)

Similarly, Suffolk Mind's [Emotional Needs Audit](#) looks at underlying contributory factors encompassing:

- **Relationships**
- **Access to nature or the outdoors**
- **Work and/or career situation**
- **Hobbies and/or interests**
- **Financial situation**
- **Caring responsibilities**
- **Working environment**
- **Community involvement**
- **Substance use (e.g. recreational drugs, alcohol or smoking)**
- **Physical health**
- **Technology**

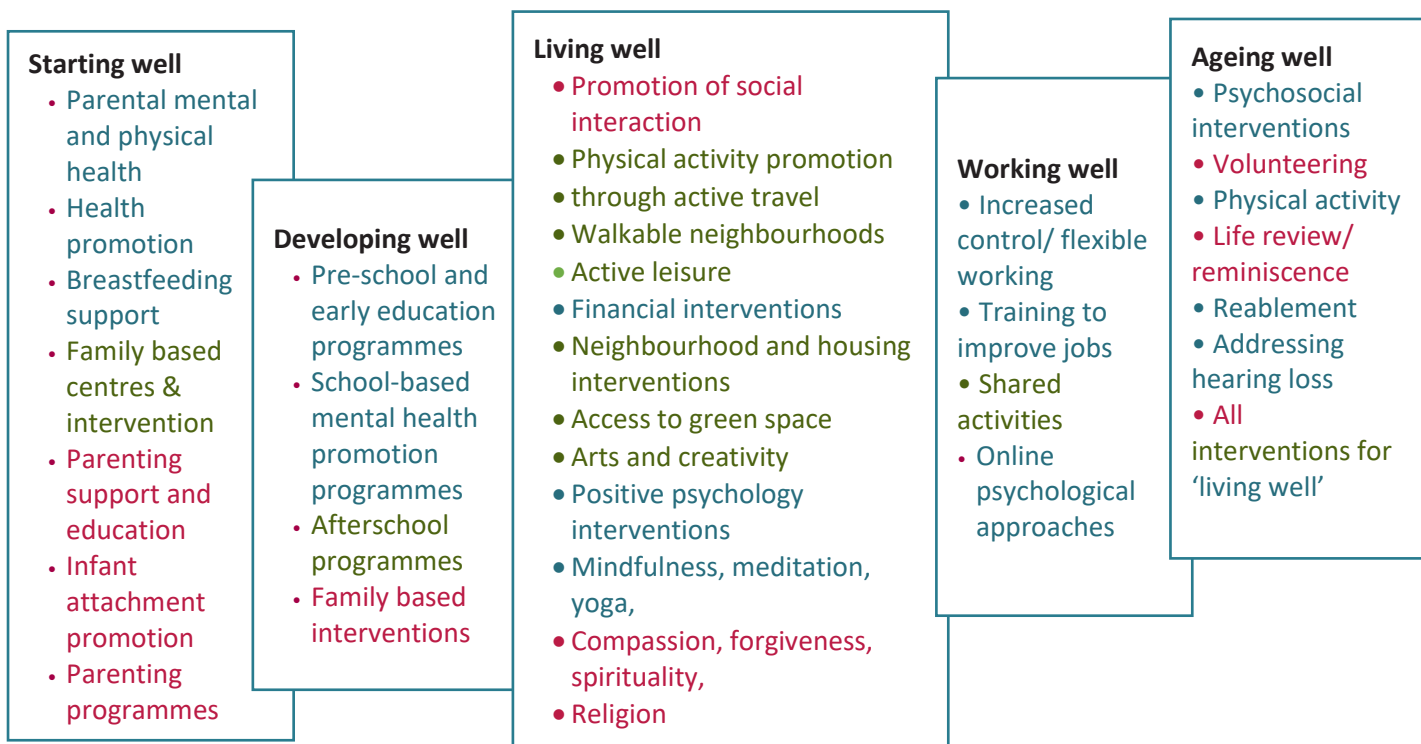
Some aspects of both the Co-op and Suffolk Mind framework may seem obvious – when considering the theme of ‘people’, factors such as good general health; children’s social and emotional wellbeing and educational attainment; employment levels; and the extent to which people adopt behaviours which are damaging to health, such as smoking, are all important.



However, [the evidence base](#) also points to less obvious protective factors. So, under the theme of ‘people’, [sleep is very important](#); and under ‘relationships’, protective factors such as the absence of bullying; taking action to help others; having compassion for ourselves; showing gratitude; and having autonomy to act also support good mental wellbeing. When looking at the theme of ‘place’, the environment in which people live, and the leisure opportunities available to them matter hugely - but so too does the presence of cultural and artistic community assets.

These protective factors all increase an individual’s ability to avoid risks or hazards and promote the social and emotional competence needed to thrive in all aspects of life, now and in the future. Different protective factors may be particularly important at different stages of peoples’ lives, but there are protective factors which are relevant at every age.

The figure below, which draws from the evidence base provided by the Royal Society for Public Health in their report on [Public mental health: Evidence, practice and commissioning](#), gives some examples of how different protective factors for good public mental health apply at different times within the lifecourse – the colours link to the pillars of **people, relationships, and place**, as set out in the Co-op model.

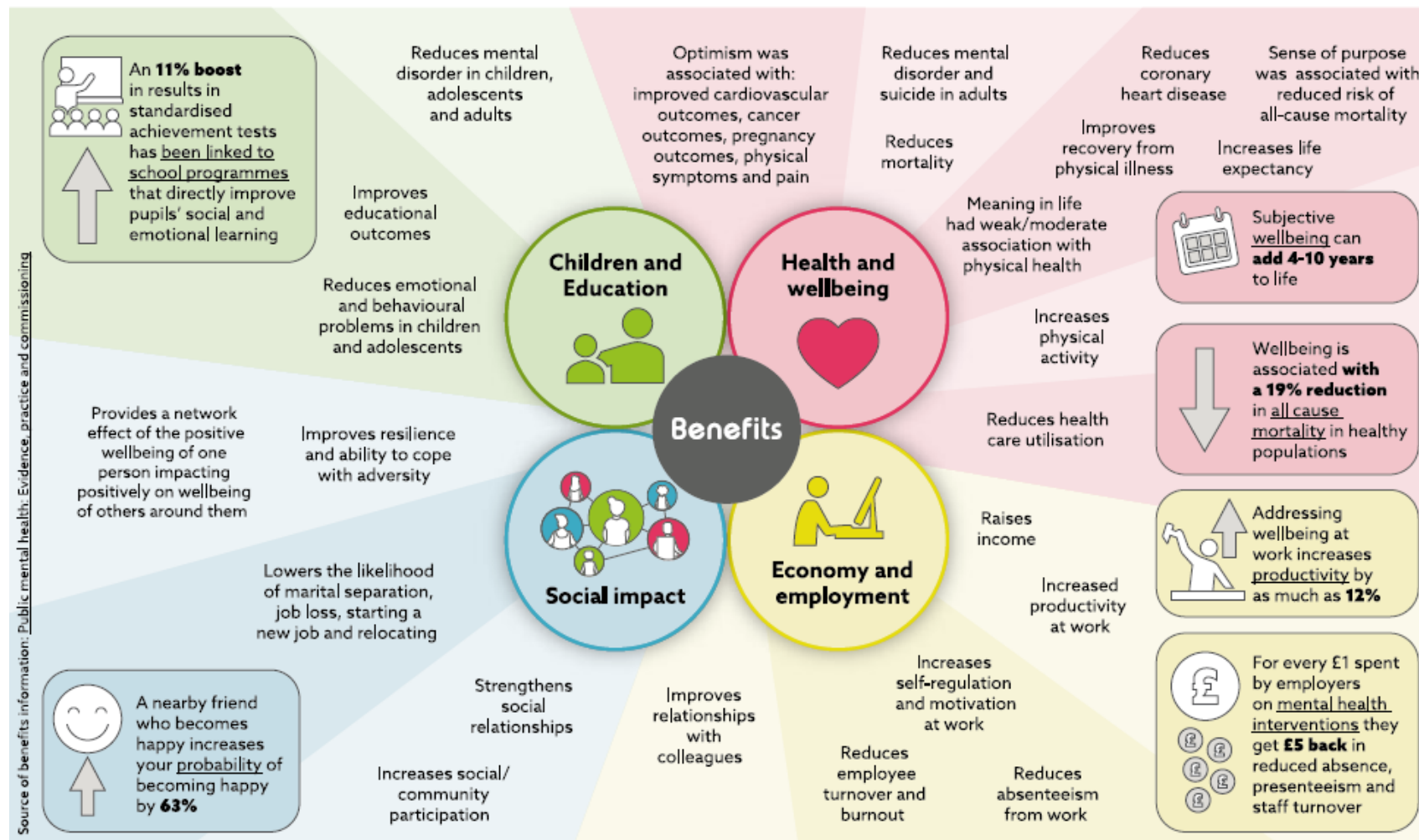


This report has referred to the need for a clear, long-term, plan to help everyone in Suffolk respond to the collective trauma we have experienced in the best possible way. This should promote inclusive and collective healing and enable the key protective factors for good mental wellbeing to reach as many people and communities in Suffolk as possible. We propose that this plan is based on the Co-op model and develops actions based on the key protective pillars of people, relationships, and place, and their underlying factors of health; education and learning; economy, work, and employment; relationships and trust; equality; voice and participation; culture, heritage and leisure; housing, space and environment; and transport, connectivity and mobility. The Co-op model frames our thinking and strategic approach. However, it is recognised that we must also look at more local data and approaches (such as Suffolk’s Needs Met) to support our local planning and subsequent actions.

What are the benefits of improving public mental health?

The positive impacts of preventing mental-ill health and promoting mental wellbeing using public mental health approaches, is almost impossible to understate.

The benefits of improving public mental health



You can view this resource online with interactive links: www.healthysuffolk.org.uk/JSNA

www.healthysuffolk.org.uk/jsna

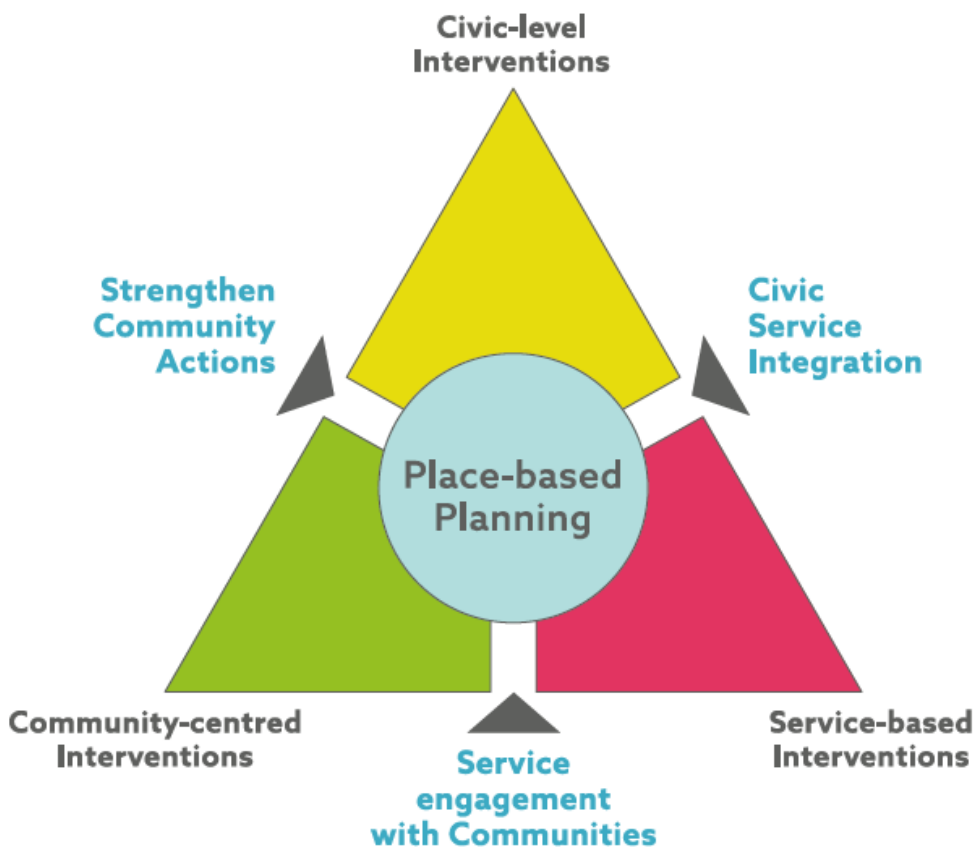
How will we achieve these benefits in Suffolk?

The [Population Intervention Triangle](#) can be used to help shape our thinking around improving public mental health in Suffolk. The triangle describes the three main levels of intervention which can lead to population level change and shows how these relate to each other. Interventions can occur at the:

- civic level (for example, ensuring that public policy is ‘healthy’ using legislation, taxation and regulation to make it easier for people to make healthy choices, or by adopting a formal Health in All Policies approach);
- community level (for example, working with schools, neighbourhoods, workplaces and groups with other common interests, culture, or religion to empower people to become involved in improving their health and wellbeing); and
- service level (for example, commissioning and providing high quality evidence-based services for individuals which benefit whole populations when delivered at the appropriate scale).

When these elements are all implemented consistently over time at ‘place level’, they can reduce health inequalities and improve public mental health.

Components of the Population Interventions Triangle



For example, a holistic strategy to reduce the harm to health caused by smoking will have components of:

- civic interventions, for example preventing smoking in public spaces and clamping down on illegal tobacco sales
- community interventions to support local campaigns and the introduction of smoking policies in workplaces, schools, and leisure facilities; and
- service based interventions such as effective smoking cessation services with easy access through community venues.

Similarly, an effective strategy to improve public mental health would include interventions at civic, community and service levels which support the protective factors of people, relationships, and place.

Public Health England (PHE) (Now the UK Health Security Agency/UKHSA) describe how such effective place-based planning depends on:

- quality characteristics such as strong leadership
- effective partnership working
- joint vision and credible strategies
- driving measurable change bringing the impact of the individual segments together

These are all key in achieving real change and improvement in mental health at a population level and we as a Suffolk 'system' of statutory and non-statutory partners must collectively use all our levers to maximise the protective factors which support public mental health. To do this, this report proposes that the work to improve public mental health in Suffolk, which is strategic, complex and requires long-term focus, should be **led by the multi-agency Suffolk Health and Wellbeing Board**. Having the Board take this leadership role will support public mental health, and medium and longer term Covid-19 recovery in all our communities in a co-ordinated way. The Health and Wellbeing Board will draw on and support the excellent work already being undertaken by the Emotional Wellbeing in the Community (EWIC) group and will explicitly link into the wider work on recovery from Covid-19 in Suffolk.

Population mental health and wellbeing can also be promoted through the systematic review of wider policies that span across different sectors, such as health, social care, public health, local authorities, voluntary, education, employers, and the criminal justice system. This report therefore recommends that, led by the Health and Wellbeing Board, Suffolk statutory and non-statutory partners consider adopting a clear 'public mental health in all policies' approach. This is where every policy decision is systematically reviewed to assess whether it is likely to support better mental health in Suffolk, and if not, whether adjustments can be made to better align to better positive public mental health outcomes.

While some of the protective factors which support good public mental health can be taken forward with little or no resource, ***we can't commit to improving all aspects of population mental health unless we invest in it. This investment needs to be through a shared vision, shared commitment but also having resources available to implement changes.*** This report therefore recommends that a dedicated fund (the Suffolk Public Mental Health Fund) for improving Public Mental Health should be created, under the strategic direction of the Suffolk Health and Wellbeing Board, specifically to support and enable the protective factors for good public mental health, and to act as catalyst for action

Led by the Suffolk Health and Wellbeing Board, and catalysed by the Suffolk Public Mental Health Fund, this report recommends that ***a clear plan be developed to promote good public mental health in Suffolk***, founded in the protective pillars of **people, relationships, and place**. This plan will include working with businesses in Suffolk on supporting employees through good line management; and an ambitious set of actions to get people moving, enjoying the outside, and connecting through activities and exercise, which will aim to counteract the damage done by the need to stay at home for enforced periods during lockdown. The plan will be developed and overseen by the Suffolk Health and Wellbeing Board.

The overall population impact of these public mental health interventions depends on the extent of their coverage, and the outcomes they achieve. To assess whether our approach to improving public mental health in Suffolk is working, this report further recommends that the Suffolk system develops robust approaches to the measurement and evaluation of public mental health in Suffolk, building on the excellent work already done, and to use these approaches over time to assess progress.

Conclusion

The Covid-19 pandemic has brought challenges on a scale unseen since the Second World War. Every single person in Suffolk has had their life disrupted to some degree, and while the vaccines are currently doing a good job of protecting the majority of us from serious illness, the longer-term impacts on mental health and emotional wellbeing continue to evolve.

The report argues that those impacts may be as damaging and long-lasting as the physical effects of the virus – but that there are things we can do, as individuals, as families, as groups, as communities and as a county to try and mitigate them and protect and promote good public mental health in Suffolk now and for the future. Ensuring that the Suffolk ‘system’ works collectively to enhance public mental health is key; as is aligned policy and decision-making, and funds with which to implement our plans. All these elements form part of the recommendations of this report.

If we all take the chance to learn how to protect public mental health; think about how to strengthen those factors in our own lives, and through our friendships, families, volunteering, activities, sports, hobbies, and work; and prioritise emotional wellbeing alongside economic recovery, the people of Suffolk stand the strongest chance of getting **Better, together**.

Recommendations

1. Suffolk Health and Wellbeing Board should prioritise and take strategic leadership for public mental health on behalf of the wider system.
2. All organisations public and private should focus on improving public mental health through a [‘mental health in all policies’](#) approach and consider how they can use all their levers to the maximise protective factors which support emotional wellbeing in communities/staff and residents.
3. A cross system group focused on public mental health – reporting into the Health and Wellbeing Board should be developed to build a clear plan over the short medium- and longer-term.
4. A dedicated Suffolk Public Mental Health Fund should be created to support and enable the protective factors for good public mental health in all our communities – acting as catalyst for action.
5. The Suffolk system should agree a shared approach to remembering and honouring both the losses, and the many acts of kindness, support, and courage, which have occurred in Suffolk during the pandemic. The Board should also support communities across Suffolk to remember and honour events at local level, as part of our collective response to the trauma brought by Covid-19.
6. A robust approach to the measurement and evaluation of public mental health in Suffolk should be developed, building on the excellent local work already done, to enable the evaluation of the interventions and approaches taken.



What's happened since the 2020 Annual Public Health Report?

Suffolk 2020 Public Health Report 'A Time to Change: Working Towards Better Health for All' [Annual Public Health Report 2020 - Healthy Suffolk](#) was highlighted in the national Association of Directors of Public Health Annual Report Celebration. The report was commended for its innovative approach to using an online platform to deliver content alongside a well-presented easy to read version.

The report focused on Health Inequalities, described what this can look like for the people of Suffolk and used data, evidence, and people's voices to create the narrative. It also set out a Commitment to Change and called on people in Suffolk to:

- put health inequalities at the heart of what we do
- build in active community participation
- improve local data
- measure and review progress

- East Suffolk Council's Community Intervention Team, utilising the Contain Outbreak Management Fund, have created effective relationships with communities that are experiencing hardship during the Covid-19 Pandemic. They are working with car washes, houses of multiple occupation, homeless people, pregnant women, Big Issue sellers, food outlets and delivery drivers to increase access to financial support, food and advice for health issues.
- Ipswich Borough Council have employed a Multi-Ethnic Social Prescriber whose role is to understand the social prescribing need for ethnic minority groups and to provide relevant support.

- All organisations are creating mechanisms to review and monitor what health inequalities mean for them and many have developed structural schemes to measure success. Examples are the Race Equality Action Plan being implemented by Suffolk County Council and a Health Inequalities process in Great Yarmouth and Waveney CCG which has integrated the APHR 2020 Health Inequalities toolkit into their priority planning.

- Supported by Healthwatch, co-production is becoming core business for all Health and Wellbeing organisations, including Public Health who will be developing community conversations about healthy behaviours.
- Ipswich and East Suffolk Clinical Commissioning Group (CCG) have regular #Whatarewemissing community conversations which have informed many pieces of work over 2021, including having greater representation of multi-ethnic communities within their governing structures and work priority areas.

- Suffolk and North East Essex Integrated Care System produced scripts about how to record accurate ethnicity data for administrators booking people into Covid-19 vaccinations. Better recording of ethnicity data has allowed Suffolk to find out which groups require extra help with getting their jobs.
- West Suffolk Alliance are using population level data to make decisions about how they support communities including Abbeycroft Leisure and West Suffolk Hospital working together to provide physical activity programmes for people with long term health conditions.

The actions that many organisations in Suffolk have taken in 2021 demonstrate commitment to tackling health inequalities and examples for each recommendation are given above:

Over the year partners have come together with public health to also develop a suite of resources which describe ways of working that can reduce health inequalities and ensure that a culture of putting health inequalities at the heart of what we do continues. The resources include a set of webinars about: co-production; asset-based approaches; recording ethnicity data; equality impact assessments; and unconscious bias.

These can be used as individual items or as integral parts of a health inequalities toolkit. Together these will be curated into an interactive page for use over the next 12 months [Our Commitment to Change - Healthy Suffolk](#).

Glossary and acronyms

Glossary

5 ways to wellbeing: Evidence suggests there are 5 steps people can take to improve your mental health and wellbeing. Trying these things could help you feel more positive and able to get the most out of life.

Collective trauma: An event, or series of events (such as Covid-19) that traumatises many people within some shared time span. Acknowledging and responding to collective trauma is important.

Co-op Community Wellbeing Index: The Index gives an insight into what's important to people in a local community. From the quality of education, housing affordability, and public transport – to the amount of green space and the number of community centres in an area.

Population Intervention Triangle: This brings together a number of important constituent elements which together form the main elements of effective place-based working. Core to this are civic-level, community-centred and service-based

Public mental health: The focused actions taken to improve mental health and wellbeing, and prevent mental ill-health, by individuals, communities and organisations'.

Suffolk's Needs Met: Gives individuals an understanding of what it means to be emotionally healthy, why it is important and how emotional health supports physical health. Most of all, Suffolk's Needs Met is about us working together to create emotionally healthy places to enjoy living and working in.

Acronyms

CCG: Clinical Commissioning Group

EWIC: Emotional Wellbeing in the Community Group

LGA: Local Government Association

LSOA: Lower Super Output Area

NHS: National Health Service

PHE: Public Health England

PTSD: Post Traumatic Stress Disorder

UKHSA: UK Health Security Agency