



# Mental Health Needs Assessment

## Summary slide deck

May 2026

## Why this MHNA exists

- MHNA was last completed in 2022 – a lot has changed since then!
- This needs assessment covers mental health needs across the lifecourse including: children and young people’s mental health, perinatal mental health, adult mental health
- Covers prevalence, inequalities, system pressures, access to services, and lived experience
- **Mental health is a major and growing public health issue within Suffolk**
  - Rising need across age groups
  - Persistent inequalities
  - Outcomes not matching lower service use within the county

## What we mean by “need”

A public health definition of need is:

- The gap between the health status of a population and an agreed standard or expectation, identified through four complementary lenses: expert-defined needs (normative), individually perceived needs (felt), needs demonstrated through help-seeking behaviour (expressed), and needs revealed by comparing one population group with another (comparative)



Source: [Faculty of Public Health](#) (2016)

# Suffolk at a glance – mental health burden

## Mental ill health affects a substantial proportion of Suffolk's population

14.8% of Suffolk adults have a depression diagnosis according to GP records in 2024/25

1.0% of Suffolk registered patients on GP registers have diagnoses of schizophrenia, bipolar affective disorder or other psychoses in 2024/25


3.8% of school pupils in Suffolk have social, emotional and mental health needs in 2024/25

There were 440 hospital admissions as a result of self-harm for 10-24 year olds in Suffolk in 2023/24, producing a rate per 100,000 statistically significantly higher than England

The estimated prevalence of perinatal mental health conditions in Suffolk in 2019 was 26.2%

## Headlines | Mental health in Suffolk

Mental ill health affects a substantial proportion of Suffolk's population across the lifecycle, with marked inequalities by deprivation, age and complexity of need

Adults	Children, Young People (CYP) and Families	Inequalities and Place
<p>High prevalence, poorer outcomes for those with the greatest need</p>	<p>Growing need and crisis-level pressure</p>	<p>Need is not evenly distributed</p>
<p><b>Common mental disorders</b></p> <p>High prevalence of depression and anxiety, particularly in working-age adults and more deprived communities</p>	<ul style="list-style-type: none"> <li>Suffolk above England and among highest peer areas for CYP needing specialist mental health support</li> <li>15-19 year olds: 1 in 9 flagged with a mental health condition</li> <li>Highest rate of emergency self-harm admissions in the East of England</li> </ul>	<ul style="list-style-type: none"> <li>Higher need in more deprived communities</li> <li>Elevated risk in coastal and urban areas</li> <li>Worse outcomes despite lower recorded service use</li> </ul>
<p><b>Older adults (65+)</b></p> <p>Around 1 in 4 identified with a mental health condition</p>	<p><b>Children in Care</b></p> <p>Around 4 in 10 have emotional wellbeing concerns</p>	<p><b>Indices of Deprivation: Mental health indicator by Suffolk LSOA in 2025</b></p> 
<p><b>Severe Mental Illness (SMI)</b></p> <p>Nearly 5x higher risk of dying before age 75 compared with the general population</p> <p>Suffolk statistically significantly worse than England (excess under 75 mortality rate in adults with severe mental illness, 2021-23)</p>	<p><b>Families and intergenerational need</b></p> <p>Social work assessments (2024/25)</p> <ul style="list-style-type: none"> <li>24% identify mental health concerns about the child</li> <li>44% identify mental health concerns about a parent</li> </ul>	
<p>Poor physical health, delayed access and unmet need drive inequalities for people with SMI</p>	<p>Mental health need often affects whole families, not individuals in isolation</p>	

### Access and System Pressure

#### Access, demand and capacity

- Specialist CYP services:** demand exceeds capacity; long waits increase crisis risk
- Care-experienced pathways:** sustained pressure on trauma-informed provision
- Talking therapies:** most seen within standards, but significant numbers wait longer
- Adult social care:** rising number supported primarily for mental health needs

#### Key message

Lower service use masks significant unmet need. Improving outcomes in Suffolk requires earlier identification, integrated physical and mental healthcare, and targeted action to reduce inequalities - particularly for people with severe mental illness, young people in crisis, and families facing multiple disadvantages

# Inequality is the defining feature

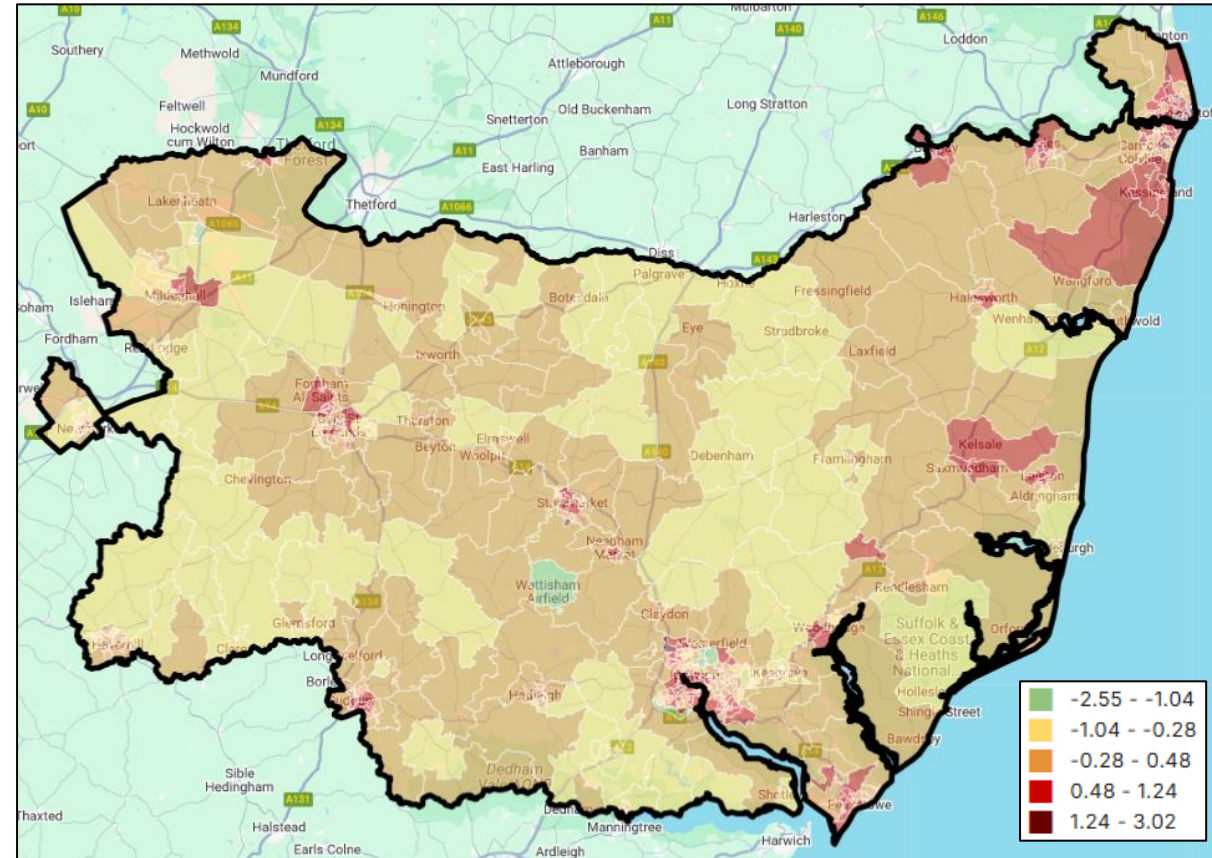
## Mental health need follows a strong social gradient

### Data reveals distinct mental health patterns in Suffolk:

- Coastal areas such as Lowestoft and Felixstowe have higher need scores
- Urban centres such as Ipswich and Haverhill also report elevated needs
- Rural western and central regions exhibit better mental health outcomes

This variation likely reflects socioeconomic factors, service access, and local challenges, with 8 of the 10 highest-need LSOA areas located along the coast, with 5 in Lowestoft alone

Figure 1. Indices of Deprivation 2025: Mental health indicator, Suffolk Lower Layer Super Output Areas (LSOAs)



Source: [Local Insight](#) (2025)

# Key headline findings

## What stands out most from the MHNA

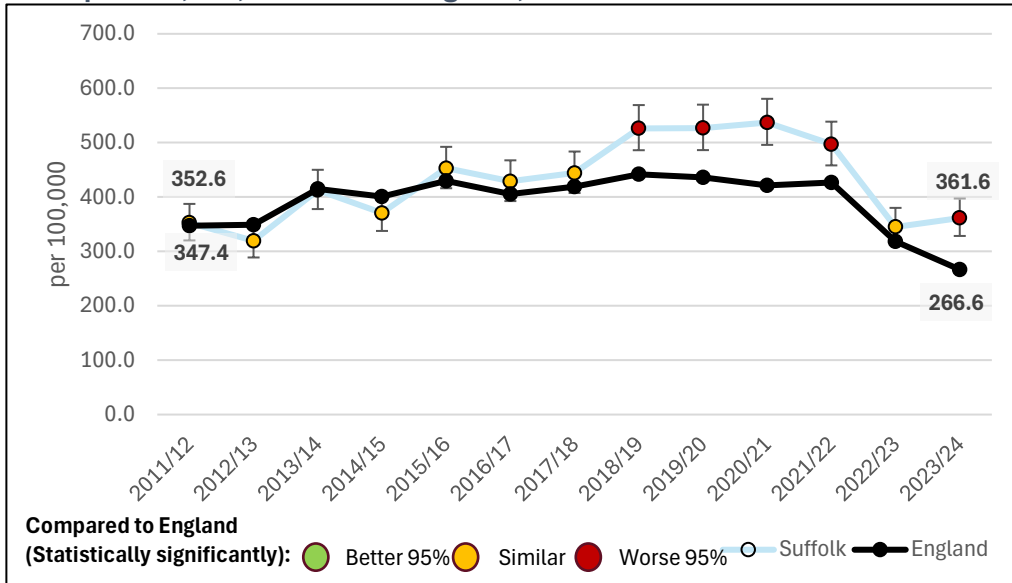
Excess premature mortality in adults with severe mental illness

High and sustained crisis/self-harm in CYP and young adults

Inequalities masked by low recorded service use

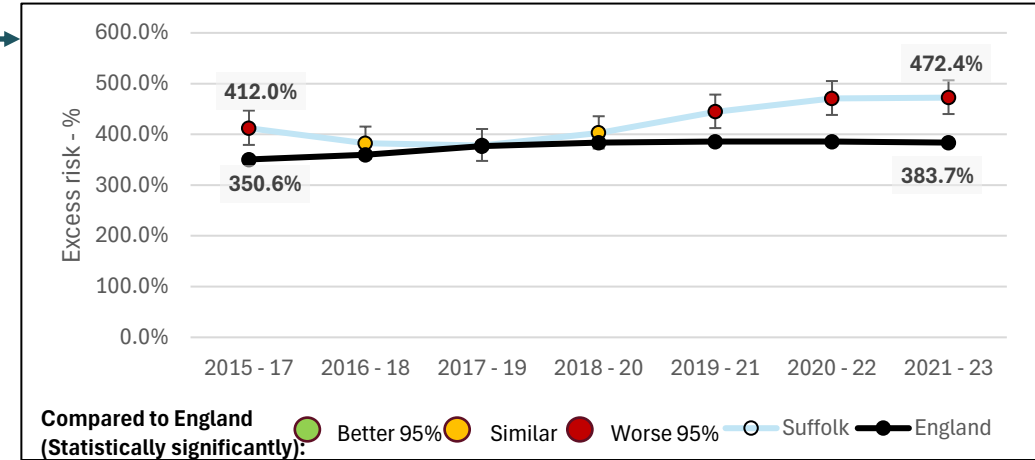
Strong intergenerational mental health need

**Figure 3. Hospital admissions as a result of self-harm (10 to 24 years), rate per 100,000, Suffolk and England, 2011/12 to 2023/24**



Source: [Office for Health Improvement and Disparities](#) (2025)

**Figure 2. Excess under 75 mortality rate in adults with severe mental illness (SMI), Suffolk and England, 2015-17 to 2021-23**



Source: [Office for Health Improvement and Disparities](#) (2025)

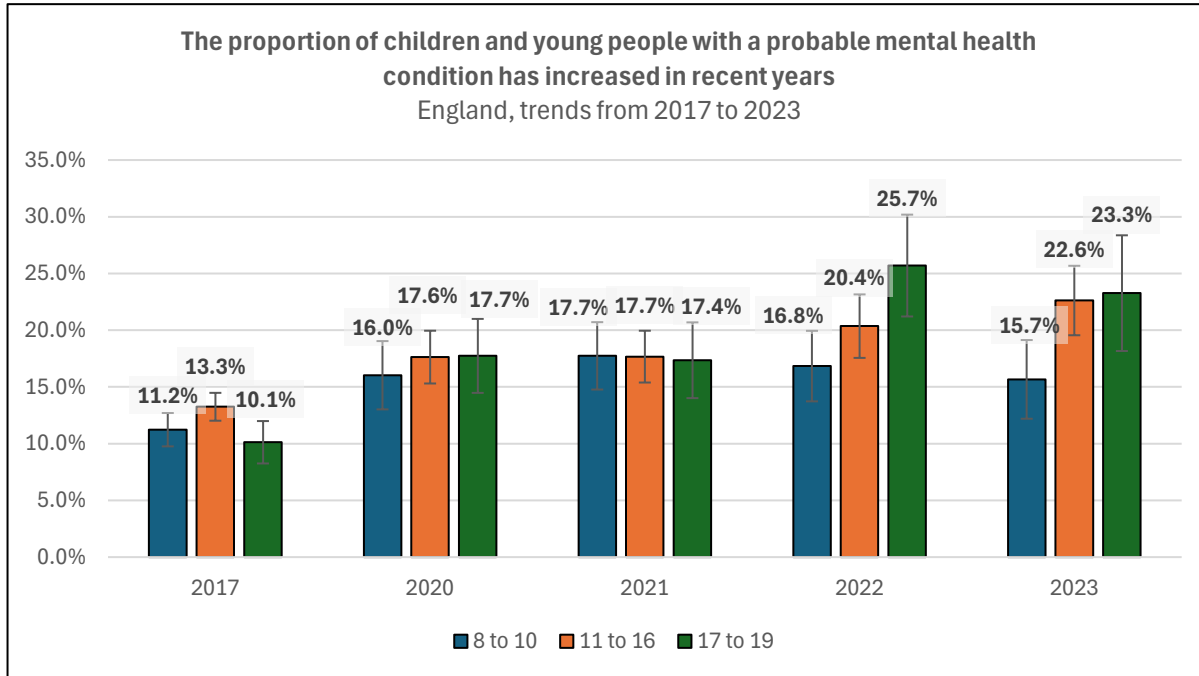
**Table 1. Factors identified at the end of social care assessments by local authority, children in need, Suffolk, East of England, England, 2025**

	Mental health: concerns about child		Mental health: concerns about parent		Mental health: concerns about other person	
	No.	%	No.	%	No.	%
England	90,400	17.6%	171,780	33.5%	23,600	4.6%
East of England	7,040	19.9%	14,200	40.2%	1,590	4.5%
Suffolk	1,075	24.0%	1,989	44.4%	220	4.9%

# Children and young people – scale of need

## Mental health need among CYP is high and increasing

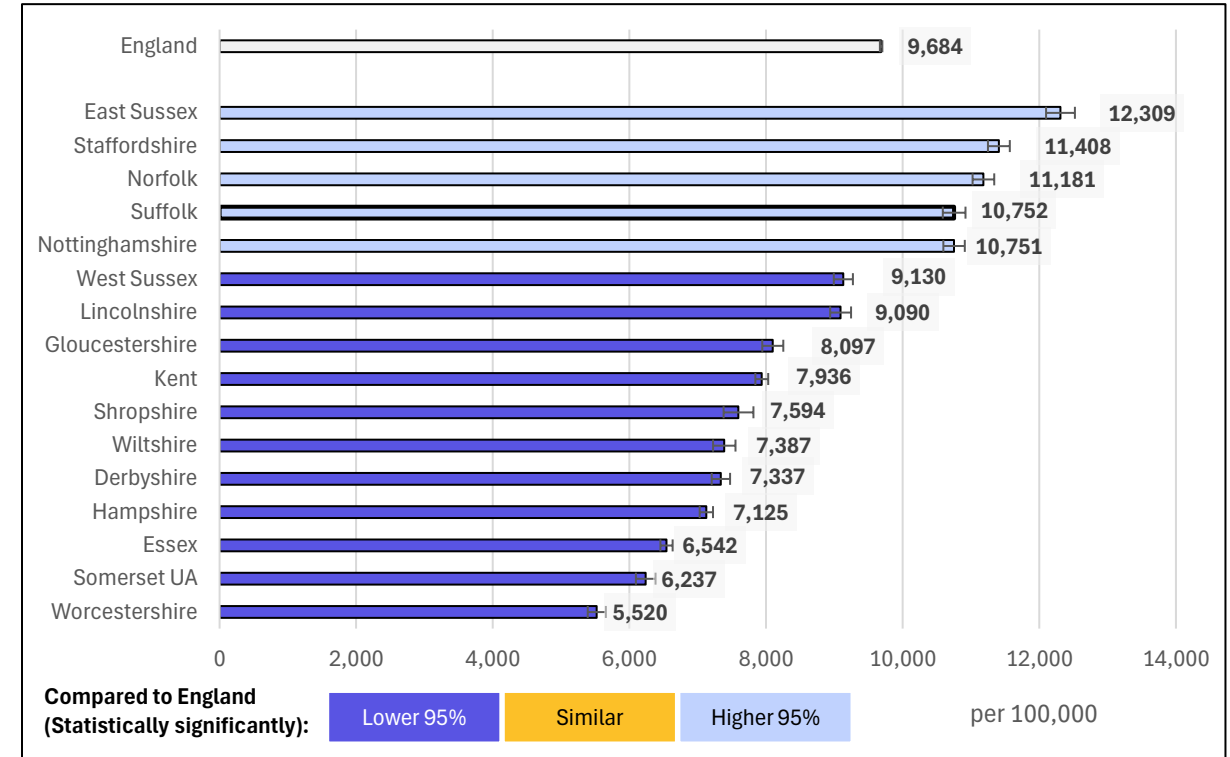
Figure 4. Proportion of children and young people with a probable mental health condition in England, trend from 2017 to 2023



Source: NHS Digital, [Children and Young People’s Mental Health in England 2023](#), Table 1.2

Probable mental disorders for children and young people across England are increasing between 2017 to 2023 across multiple age groups

Figure 5. New referrals to secondary mental health services per 100,000 (<18 yrs), Suffolk and NHS England peers, 2022/23



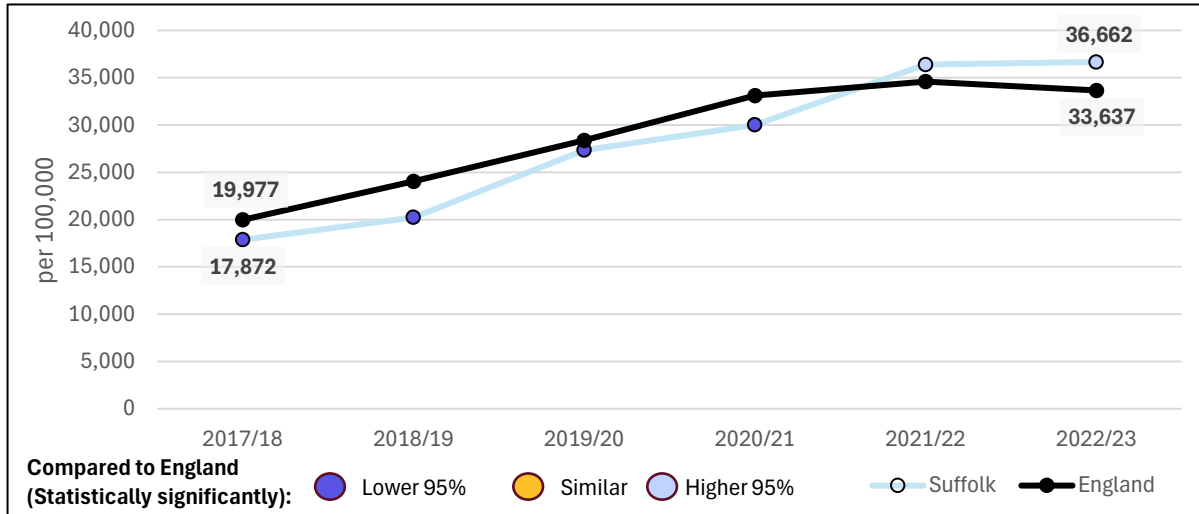
Source: [Office for Health Improvement and Disparities](#) (2025)

Suffolk has a statistically significantly higher rate of new referrals to secondary mental health services per 100,000 for young people aged under 18 compared to England and many NHS peer areas

# Children and young people – pressure on services

## Demand for specialist support has risen sharply

Figure 6. Attended contacts with community and outpatient mental health services per 100,000 (<18 yrs), Suffolk and England, 2017/18-22/23



Source: [Office for Health Improvement and Disparities](#) (2025)

Referral rates to secondary mental health services provide a measure of demand and help assess whether local service capacity can meet the mental health needs of the population

Suffolk has experienced **substantial increases in referral rates for children and young people under 18 to secondary mental health services over the past six years**. The rate **more than doubled** from 5,174 per 100,000 in 2017/18 (7,580 referrals) to a high of 13,651 per 100,000 in 2021/22 (20,325 referrals)

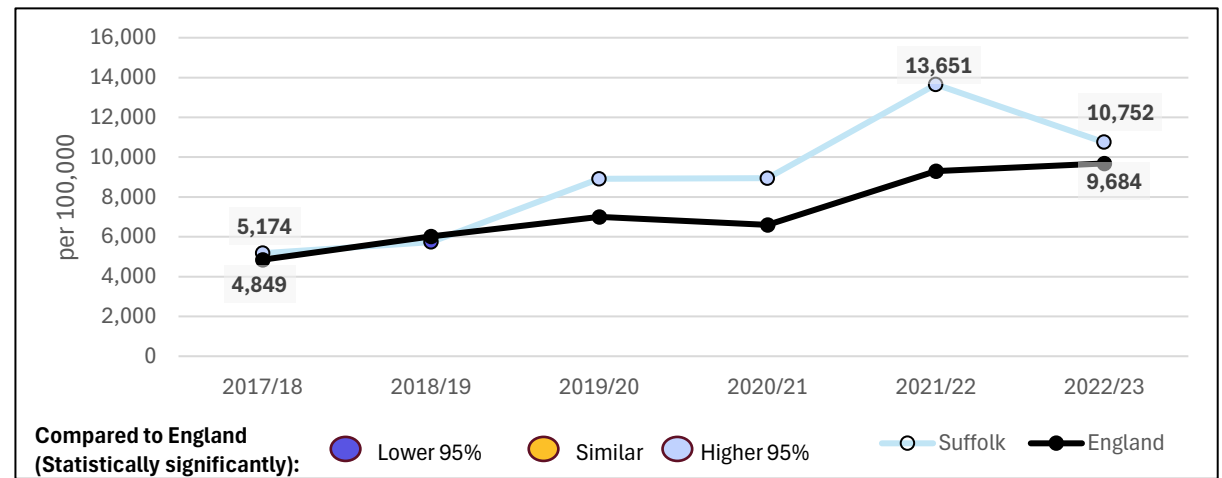
This indicator measures the rate of attended contacts with secondary mental health services in community and outpatient settings. It reflects ongoing service activity rather than unique individuals, as one person can have multiple contacts within a year

This rate provides insight into the level of mental health service demand in the county, and whether current service provisions can meet population need

The rate of attended contacts with **community and outpatient mental health services per 100,000 for under 18s in Suffolk was previously statistically significantly lower compared to England**

In 2021/22 and 2022/23 Suffolk is now statistically significantly higher compared to England. The rate of attended contacts in Suffolk has also more than doubled since 2017/18

Figure 7. New referrals to secondary mental health services per 100,000, Suffolk and England (<18 yrs), 2017/18 to 2022/23

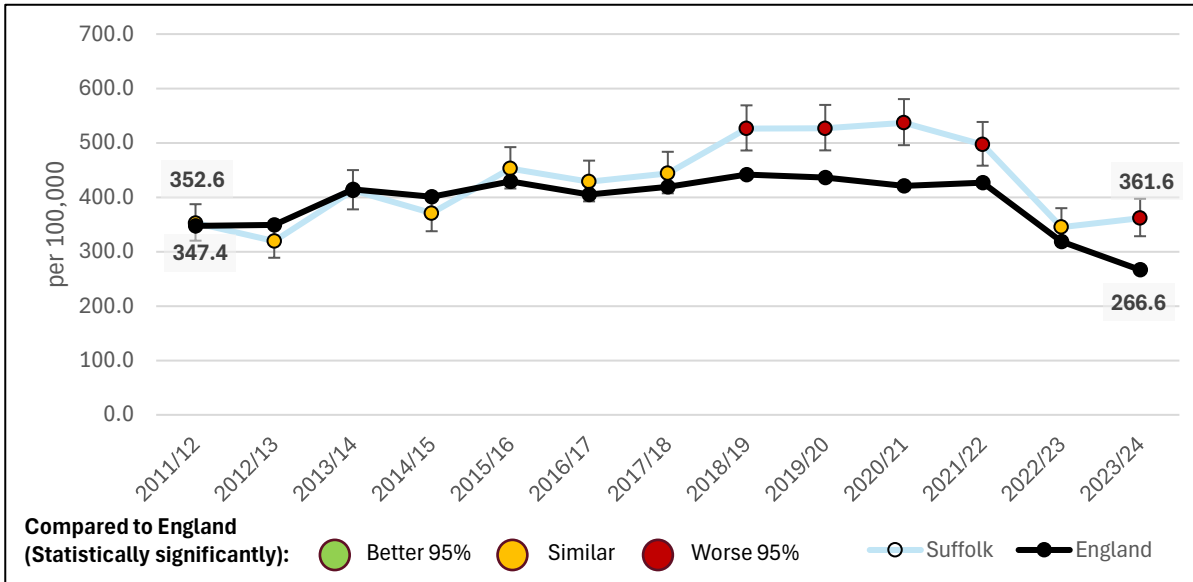


Source: [Office for Health Improvement and Disparities](#) (2025)

# Children and young people – crisis and self-harm

## Crisis-level need remains a major concern

Figure 8. Hospital admissions as a result of self-harm (10 to 24 years), rate per 100,000, Suffolk and England, 2011/12 to 2023/24

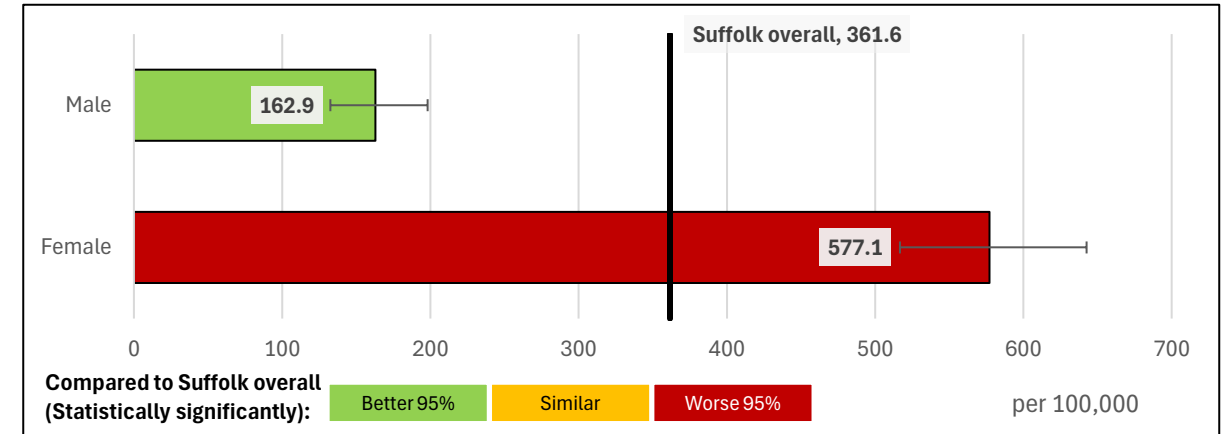


Source: [Office for Health Improvement and Disparities](#) (2025)

In 2023/24, young people aged 10-24 years accounted for 440 of Suffolk's 1,135 total self-harm admissions - 39% of all cases, despite representing a much smaller proportion of the population

Between 2011/12 and 2021/22, Suffolk experienced an upward trend in self-harm admission rates among 10-24 year olds - rates increased from 352.6 per 100,000 in 2011/12 to a high of 536.9 per 100,000 in 2020/21

Figure 9. Hospital admissions as a result of self-harm (10 to 24 years), rate per 100,000, Suffolk males and females, 2023/24



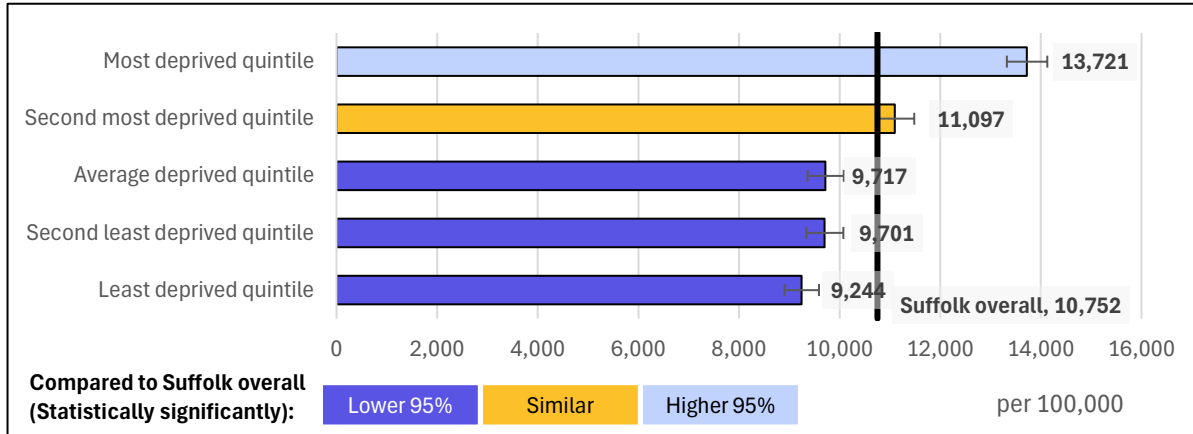
Source: [Office for Health Improvement and Disparities](#) (2025)

In 2023/24 in Suffolk, young females had a self-harm admission rate of 577.1 per 100,000 (340 admissions), over three times higher than males at 162.9 per 100,000 (100 admissions). The female rate was 60% above the overall rate, while the male rate was 55% below it

# Children and young people – inequality and vulnerability

## Need is not evenly distributed

Figure 10. New referrals to secondary mental health services per 100,000 (<18 yrs), Suffolk LSOA11 deprivation quintiles (IMD2019), 2022/23

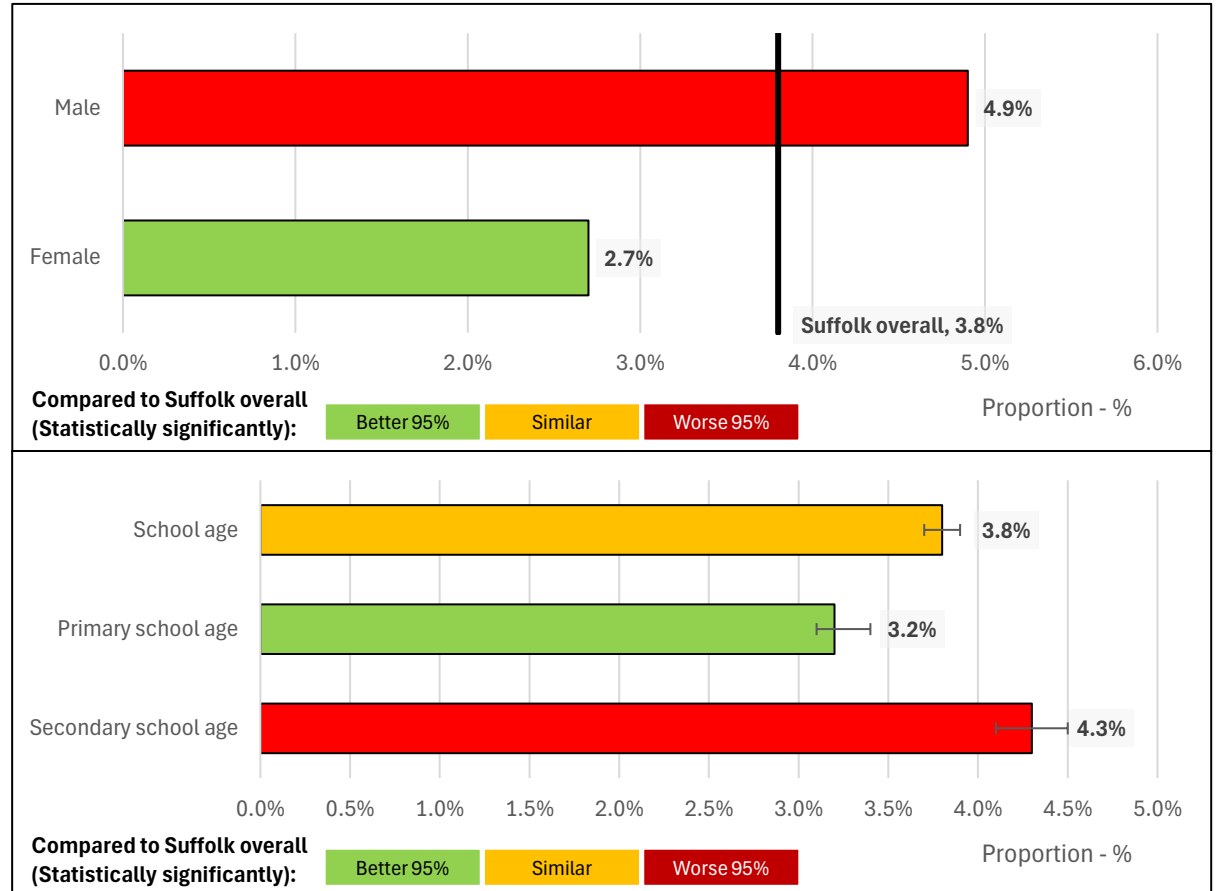


Source: [Office for Health Improvement and Disparities](#) (2026)

New referral rates for specialist mental health support were **highest among children and young people in Suffolk's most deprived areas** (13,721 per 100,000) and decreased steadily in less deprived areas

Furthermore, a higher proportion of **male Suffolk school pupils have Social, Emotional and Mental Health (SEMH) needs** compared to females in 2024/25. The percentage of school pupils with **SEMH needs is also highest in secondary school** (4.3%) compared to primary school (3.2%) in Suffolk in 2024/25

Figure 11. School pupils with social, emotional and mental health needs, males and females, and age group, compared to Suffolk overall, 2024/25



Source: [Office for Health Improvement and Disparities](#) (2026)

# Early life matters (prevention)

## Early relationships shape lifelong mental health

Secure parent–infant relationships reduce lifetime risk of anxiety/depression (building resilience and promoting long-term wellbeing)

Strong return on investment (modelling suggests a **strong social return on investment: between £6 and £10 saved for every £1 invested**, with potential lifetime benefits of over **£40,000 per child**)



**Why babies' first relationships matter:** The value of Parent-Infant relationships in the UK

Parliamentary briefing

February 2026

# Adults – common mental health conditions

## Common mental disorders are widespread and persistent

For Suffolk and North East Essex ICB, recorded mental health need increases through early and mid-adulthood:

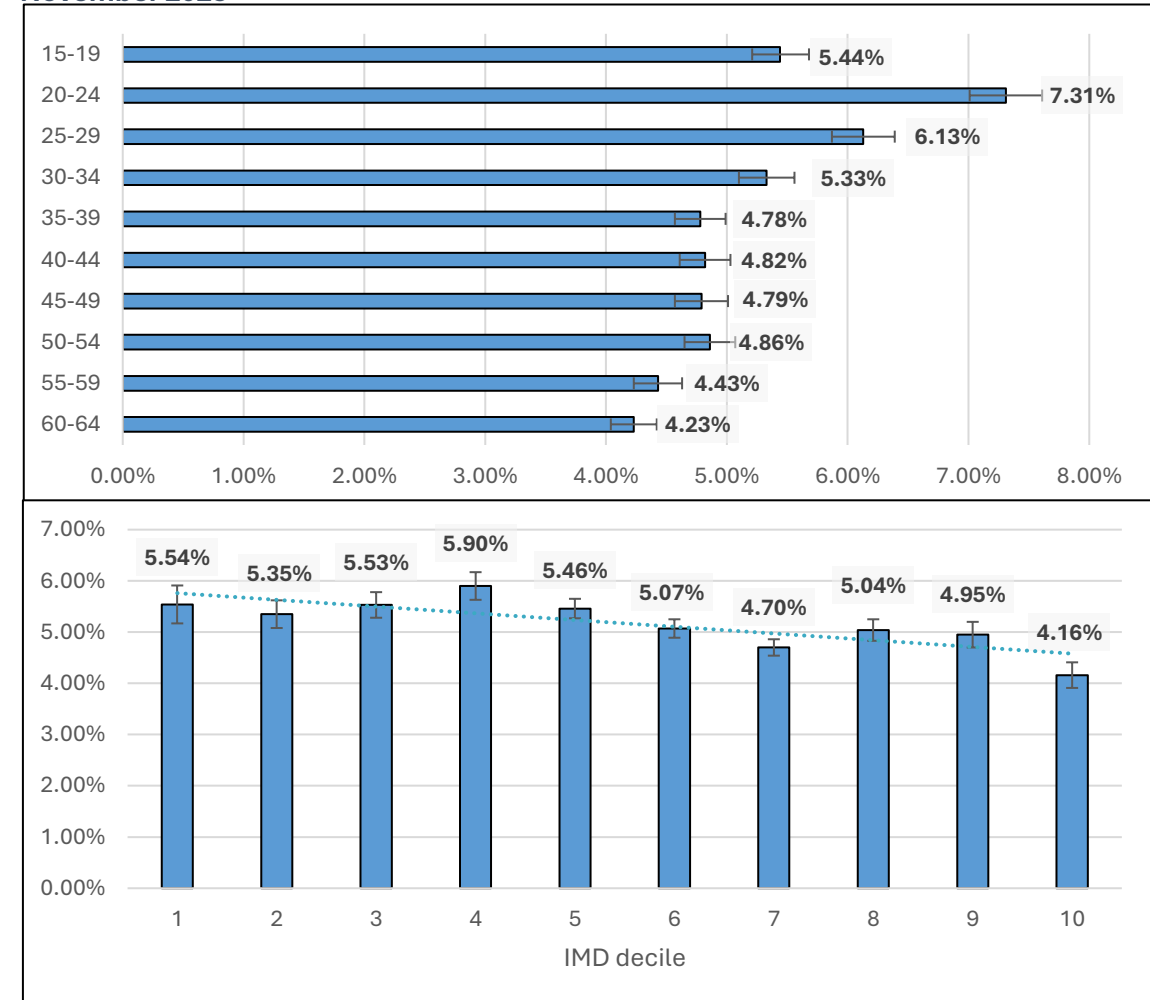
- Prevalence is highest at **7.31%** among **20–24 year olds** and **6.14%** of **25-29 year olds**

- Levels remain statistically similar between the ages of 35-39 (4.8%) to 60-64 (4.2%)

- Adults living in the **most deprived areas have higher recorded prevalence** (5.54% in IMD decile 1, highest in IMD decile 4 at 5.90%)

- Prevalence steadily decreases with lower deprivation, falling to 4.16% in the least deprived decile

Figure 12. Suffolk and North East Essex ICB Population Health Management data: New Mental health flag: Yes, by age groups, and by IMD decile, 12 months until 30<sup>th</sup> November 2025



Source: Optum Pathfinder (2026)

# Severe Mental Illness (SMI) – outcomes matter

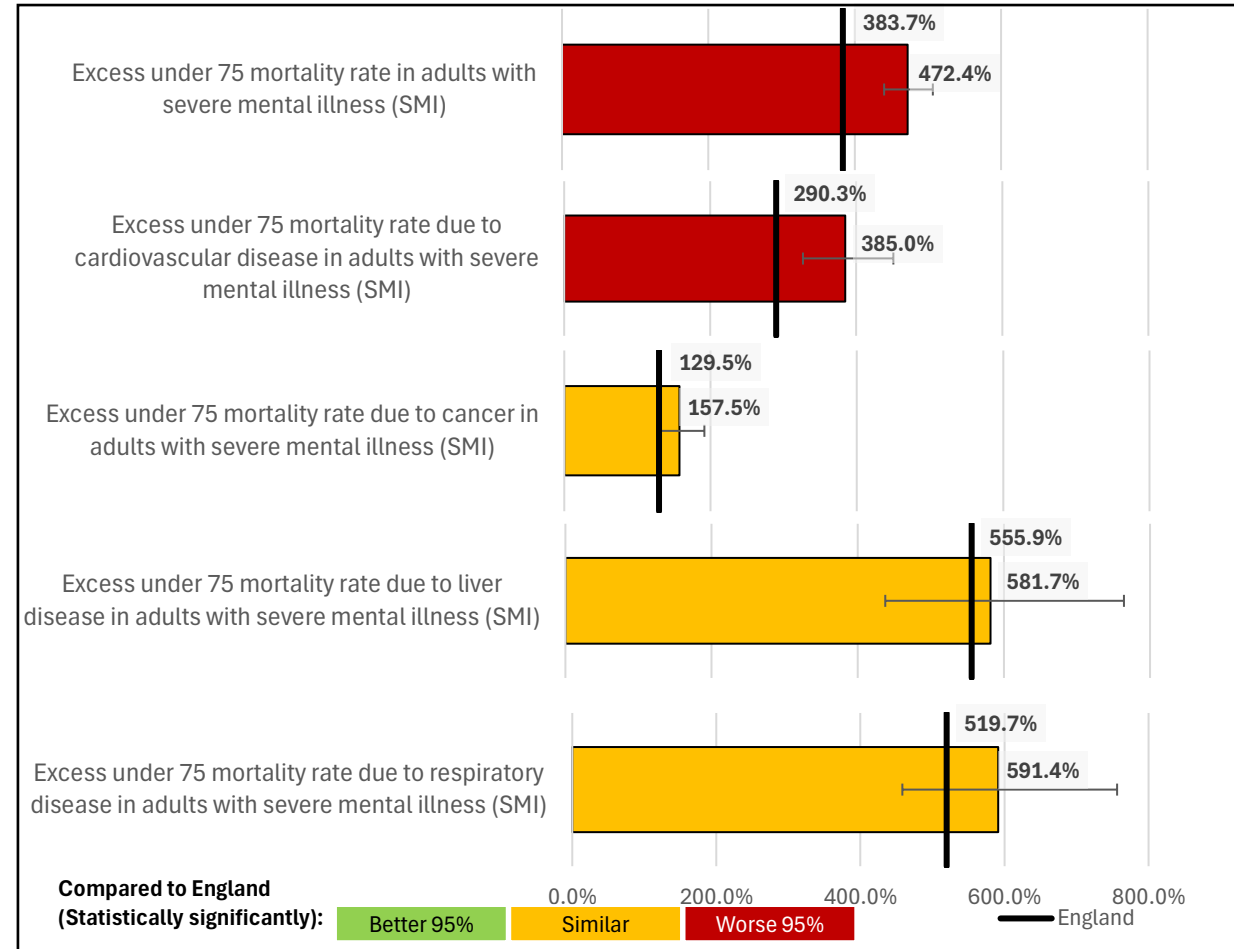
## People with SMI experience profoundly poorer outcomes

From 2019-21 to 2021-23, Suffolk's excess under-75 mortality in adults with SMI was statistically significantly higher than the England average

The greatest disparities were seen in liver and respiratory diseases, with excess deaths over 580%, reflecting issues such as smoking, substance misuse, and delayed treatment in this group

The higher excess mortality rate highlights a cardiovascular health gap in Suffolk between adults with and without SMI, likely due to good general population health contrasted with ongoing risks like smoking, medication side effects, and limited preventive care for those with SMI

Figure 14. Excess under 75 mortality rate in adults with severe mental illness (SMI), due to cardiovascular disease, cancer, liver disease, respiratory diseases, Suffolk and England, 2021-23

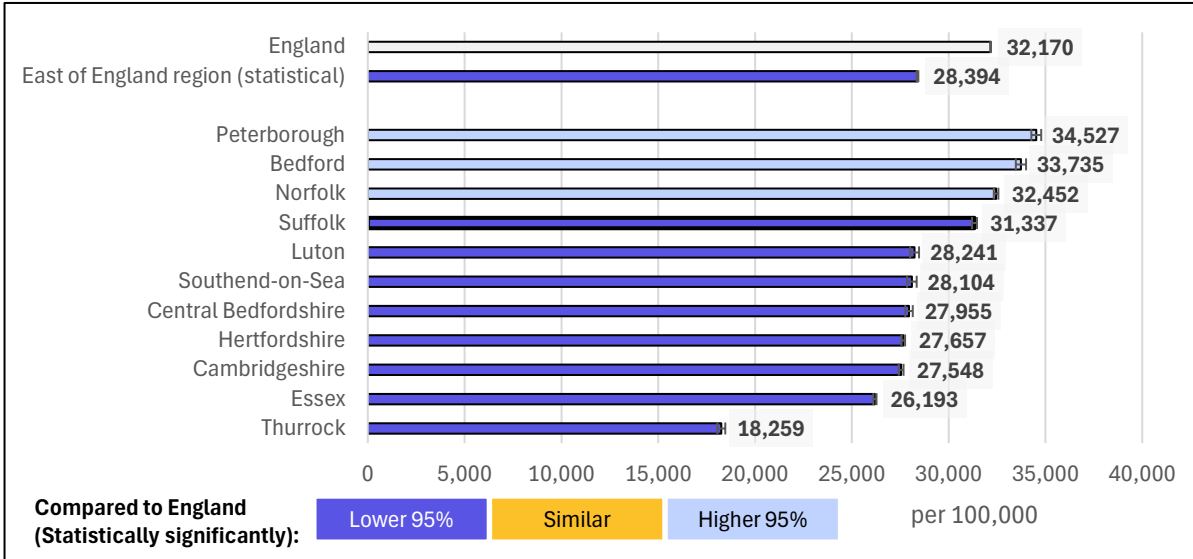


Source: [Office for Health Improvement and Disparities](#) (2025)

# Unmet need despite “low use”

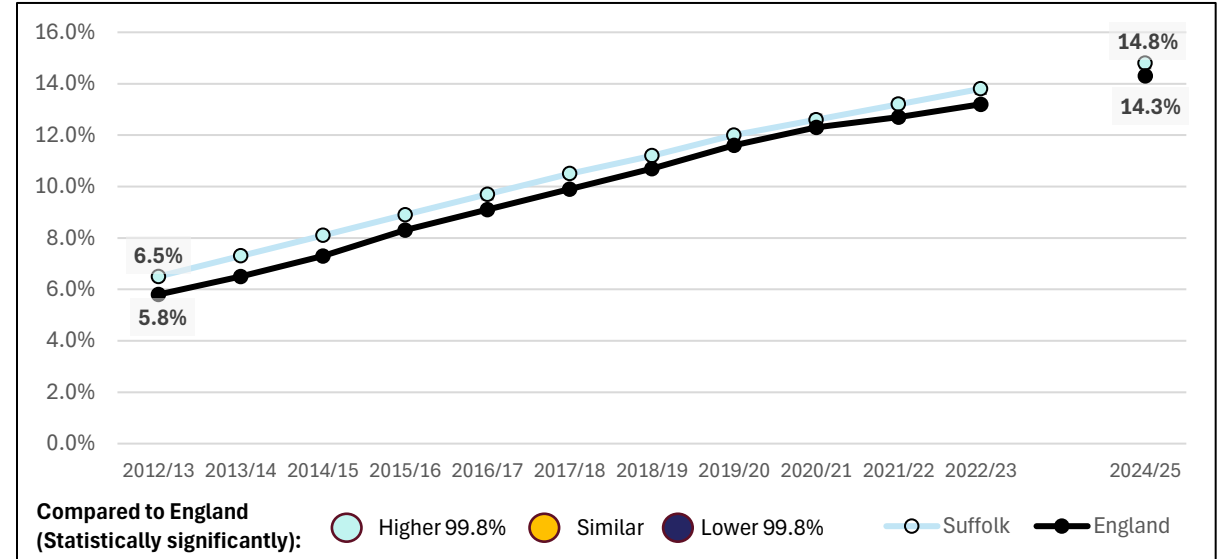
## Lower recorded service use does not equal lower need

Figure 15. Attended contacts with community and outpatient mental health services, per 100,000 (All ages), Suffolk and East of England region neighbours, 2022/23



Source: [Office for Health Improvement and Disparities](#) (2025)

Figure 16. Depression: Quality outcomes framework prevalence (18+ yrs), Suffolk and England, 2013/14 to 2024/25



Source: [Office for Health Improvement and Disparities](#) (2025)

Suffolk's rate in 2022/23 at **31,337 per 100,000** (for 238,375 total attended contacts with community and outpatient mental health services) was statistically significantly lower than the England value at 32,170 per 100,000

While Suffolk has a statistically significantly lower rate of contacts with community and outpatient mental health services per 100,000 compared to England, **the prevalence of GP registered patients in Suffolk with a depression diagnosis has more than doubled between 2012/13 to 2024/25**

And as seen previously, **Suffolk's excess under 75 mortality rate in adults with severe mental illness (SMI) is statistically significantly higher than the England figure**

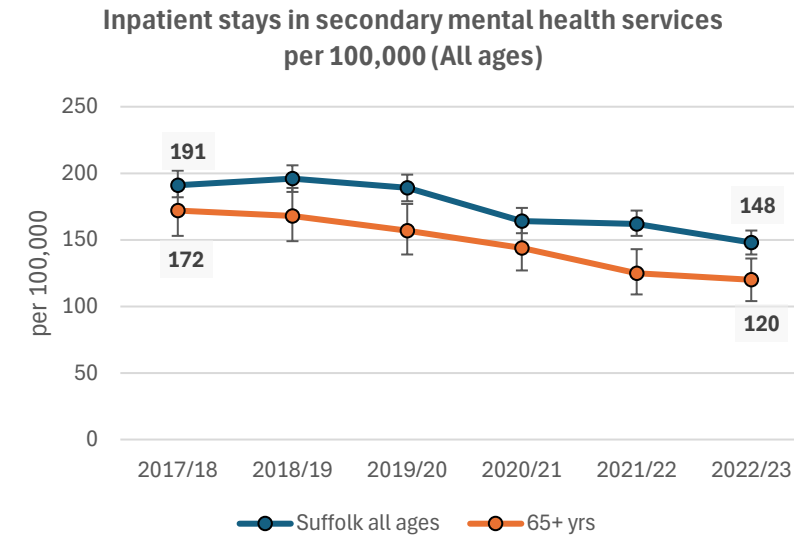
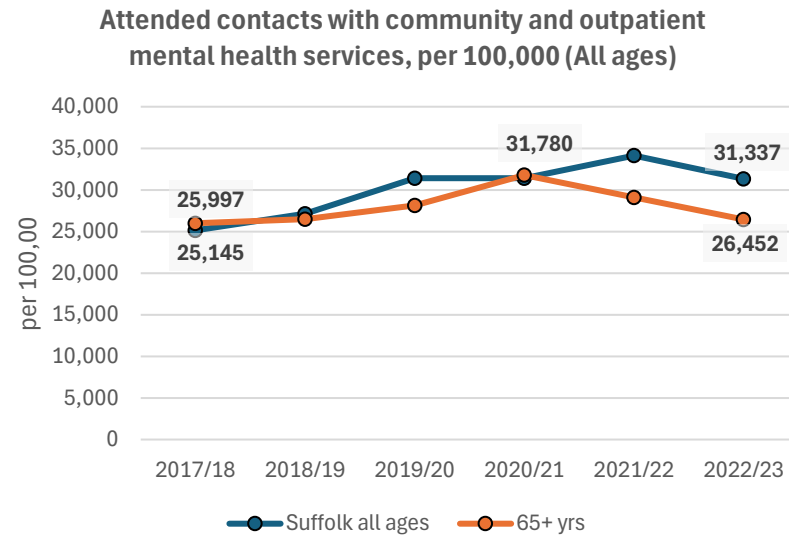
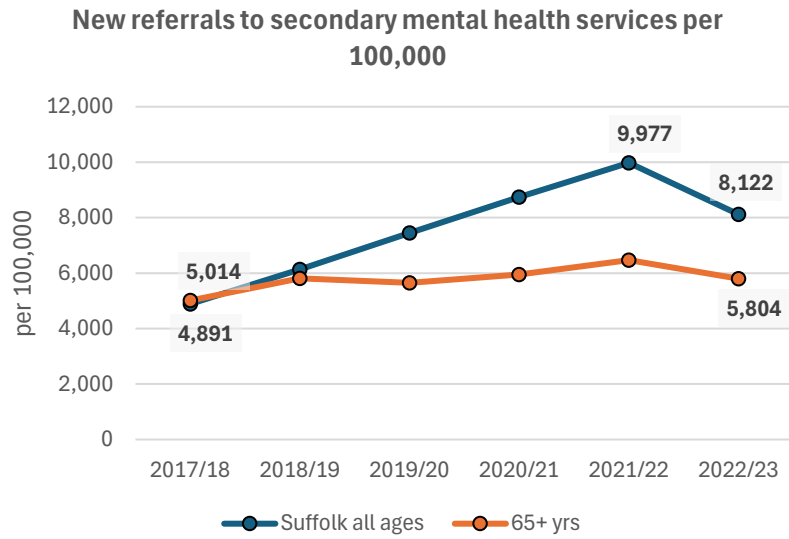
# Older adults – lived experience insight

## Isolation, transport and access shape mental wellbeing

### Headlines from Healthwatch Suffolk's ageing well report:

1. Social isolation is an issue for older adults in the county
2. There are transport barriers in rural areas of Suffolk
3. Mental health is linked to the wider ageing experience

Referrals to **secondary mental health services, community and outpatient contacts** and **inpatient admissions** for Suffolk older adults aged 65 and over are statistically significantly lower than the all-age rates for Suffolk residents



Source: [Office for Health Improvement and Disparities \(2026\)](#)

# Intergenerational mental health need

## Mental health need clusters within families

Table 1. Factors identified at the end of assessment by local authority, children in need, Suffolk, East of England, England, 2025

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East of England	7,040	19.9%	14,200	40.2%	1,590	4.5%
Suffolk	1,075	24.0%	1,989	44.4%	220	4.9%

Source: [Department for Education](#) (2026)

In Suffolk, **mental health concerns relating to a parent** were identified in **44.4% of assessments**, while **24.0%** identified **concerns about the child's mental health**. A further 4.9% of assessments noted mental health concerns relating to another person in the household

**Parents' mental health significantly influences their children's development**, starting from pregnancy and continuing through **the first 1000 days** from conception to age two, affecting parent-infant interactions and the family environment



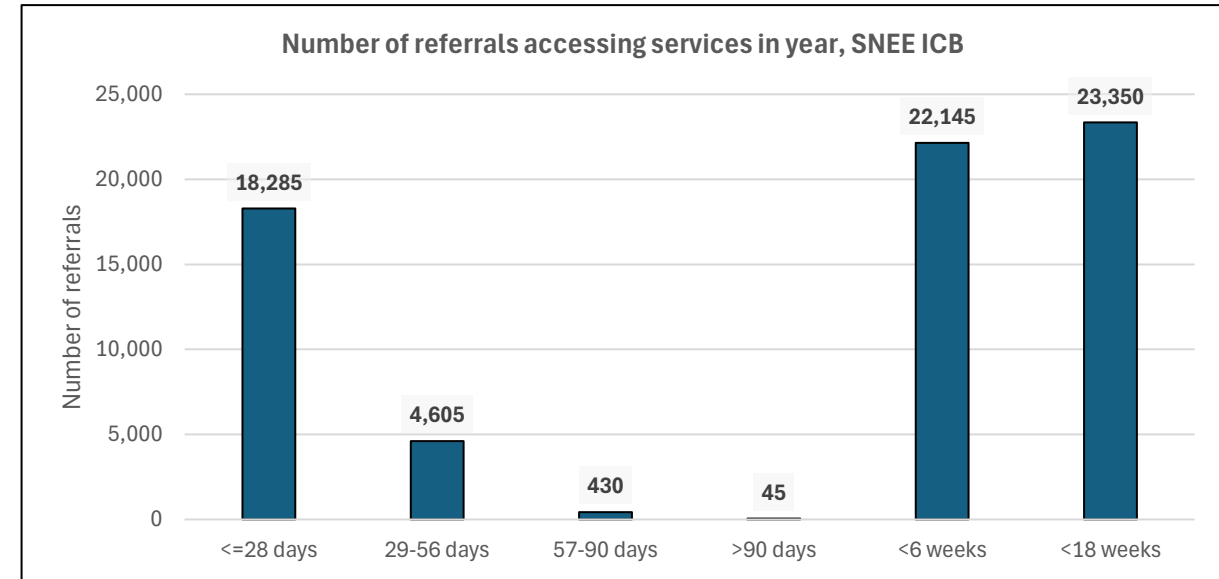
# Services and system pressures

## Demand exceeds capacity in key pathways

For NHS talking therapies services (designed to provide therapies for people with anxiety disorders and depression), 75% of patients should have a first appointment within 6 weeks of referral, and 95% should have a first appointment within 18 weeks of referral

There were 35,645 referrals in 2024/25  
 23,360 people accessed services in total  
 There were 12,105 courses of treatment  
**22,145 people accessed services within 6 weeks of referral**  
**23,350 people accessed services within 18 weeks of referral**

Figure 18. Number of referrals accessing services in year, Suffolk and North East Essex ICB, 2024/25



Source: [NHS England](#) (2026)

Table 2. Community mental health services activity and quality indicators, Suffolk and North East Essex ICB, November 2025

Indicator	Value
Open referrals	9,490
Attended contacts	12,930
Referrals starting in period	1,510
Discharges	1,570
People with 2+ contacts (annual)	9,185
Median wait to second contact	29 days
90th percentile wait	113 days
Referrals still waiting for second contact	1,695

Source: [Mental Health Services Data Set \(MHSDS\)](#), NHS England, (2026)

In November 2025, over 15,000 community mental health contacts were made across SNEE’s sub-ICBs, with most attended but notable non-attendance and cancellations. **Median wait for a second contact was 29 days, though some waited up to 113 days.** By period’s end, **1,695 referrals awaited a second contact**, with some delays lasting months

# What this means for Suffolk

## Key implications

**Prevention and early intervention** are critical

**Place-based targeting** needed

Integration of **mental and physical health** essential

**Families and lifecourse** matter more than age silos

# Priority actions/recommendations

## What needs to change

1. Reduce **premature mortality** and excess mortality by addressing **physical health inequalities** for people with **severe mental illness**
2. Improve **mental health intelligence**, data integration and pathway transparency
3. Reduce **inequalities** in mental health outcomes through **targeted, place-based approaches**
4. Improve **access, waiting times** and **system capacity** across mental health services
5. Strengthen **early intervention** and **crisis prevention** for **children and young people**
6. Improve **mental health support** for **care-experienced children and families**
7. Improve **early identification** and **support** for **adults with common mental health conditions**
8. Strengthen **perinatal mental health support**
9. Address **gender differences** in mental health need and **help-seeking**
10. Plan for the mental health needs of an **ageing population**