Mental Health Needs Assessment 2018
Presentation to IES Clinical Exec meeting

11 September 2018
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Mental Health Needs Assessment 2018

Provide a picture of mental health in Suffolk to:

– Inform strategies for promoting mental health
– Reduce inequalities
– Commission services

“Inform partnership working, with stakeholders and the community, through a shared understanding of needs”

Rosie Frankenberg (Consultant), Alison Matthews Knowledge & Intelligence
Nationally…

1 in 6 adults
1 in 10 children

… are likely to have a mental health problem in any year

- around 50% of lifelong mental health problems develop before 14
- 75% develop before 25
- Only 25 – 40% of those children and young people receive support from a mental health professional
Nationally, mental illness is increasing

Severe CMD symptoms in past week (CIS-R score 18+), 1993 to 2014
Base: adults aged 16–64

Post-traumatic stress disorder (2014)

- British personnel who have been deployed (prevalence)
- British combat troops (prevalence)
- Women 16-24 screening positive

Adults screening positive
Nationally, more people are receiving treatment

2014

2007

2000

But most don’t:

Eating disorders: adolescents (binge-eating), women

Self-harm

Significant differences in who gets treated (gender, age, ethnicity)
90% of people are cared for within Primary Care

Most common treatment: medication

Antidepressant prescribing has doubled in a decade

- Significant differences in patients’ access to the treatment they would like

- Older people & people with learning difficulties are less likely to receive treatment through Improving Access to Psychological Therapies

Public Health Suffolk
Average GP list of 2,000 patients will have:

- 352 people with a common mental health problem
- 8 with psychosis
- 120 with alcohol dependency
- 60 with drug dependency
- 352 with a sub-threshold common mental health problem
- 120 with a sub-threshold psychosis
- 176 with a personality disorder
- 125 (of 500 with a long-term condition) with a comorbid mental health problem
- 100 with MUS (medically unexplained symptoms not attributable to any other psychiatric problem)
- 2 new cases of eating disorder p.a.
- 7-20 people identifying as trans/non-binary

(at any one time)
Main messages

- Young people have increasing levels of self-harm and suicide
- Older people have undiagnosed depression
- Emergency admissions for self-harm are significantly higher in Suffolk than England
- People with long-term physical health problems are likely to have depression
- People with severe mental illness die 15–20 years earlier than the rest of the population
- Existing mental health services do not meet the needs of patients with personality disorders
- Increased need for Crisis Care: Summer, 6pm to midnight, East Suffolk
- Support and treat trans people to improve mental health
- Dual diagnosis requires a more holistic approach: alcohol and drug use must not prevent mental health support
- Mental health and physical health services should be better integrated
- Improve the physical health of people living with serious mental illness to reduce deaths
Main messages

- Address smoking, exercise and obesity to improve wellbeing
- Deprivation affects Suffolk’s mental health & service demand
- Future estimates may underestimate the mental health challenges of the next 5 years due to the impact of depression in older people and levels of self-harm in the young
- Future wellbeing will be adversely affected if the needs of children and young people and of the increasing older population are not addressed
More areas in Suffolk are now in the 20% and 40% most (relatively) deprived in England

2010

2015

Health Deprivation and Disability 2010 and 2015

<table>
<thead>
<tr>
<th>Location</th>
<th>2010 Rank</th>
<th>2015 Rank</th>
</tr>
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<tbody>
<tr>
<td>Babergh</td>
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<td>258</td>
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<td>Forest Heath</td>
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<td>178</td>
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</tr>
<tr>
<td>Waveney</td>
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<td>101</td>
</tr>
</tbody>
</table>

Decline mainly due to:
- Crime
- Education, skills, & training
- Health
- Housing & services

Not working increases risk of:
- eating disorders
- self-harm (esp. men)
- low well-being
- positive screening for PTSD
Suffolk remains relatively affluent

But:

- Its **relative** position is declining
- Pockets of deprivation are worsening
- Inequalities are spreading – now found in smaller market towns
- Our decline is worse than our nearest statistical neighbours – so may be Suffolk specific rather than due to general trends
  - Lags in the data will not reflect recent important improvements
- Overall IMD scores & ranking may mask relative rural deprivation

Focus on:

- Prevention and early intervention
- Equality of access to services – rural communities, and particular groups at risk of disadvantage or of hidden harm
- Economic growth, employment and income
- Community and personal resilience, including partnership working and integration
Physical and mental health comorbidity and the association with socioeconomic status

Social deprivation increases the risk of co-morbid mental health problems. In more deprived areas:
- more people will have multiple long-term conditions
- the effect of multiple illnesses on mental health increases

The most deprived areas have almost double the prevalence of physical and mental health comorbidity compared to the most affluent areas (11% to 5.9%)

*Socioeconomic status scale: 1 = most affluent to 10 = most deprived.*
Long-Term Conditions & Mental Health

Patients most able to manage their mental health condition, as well as any physical health conditions, may experience nearly half the number of emergency admissions than those who are least able.

Length of stay for elective care is approximately 40% shorter for patients most able to manage their health conditions compared with those least able.

If those least able to manage their conditions were supported to manage their health conditions as well as those at the next level, this could prevent 5% of emergency attendances, and 6% of emergency admissions each year.
• Emergency admissions significantly higher than England
• Young people: increasing levels of self-harm & suicide
• 85% variation in admissions due to deprivation
• For each unit increase in deprivation, admissions increased by 45.6 per 100,000 (22.7 in 2009/10-10/11)
Severe Mental Illness

People with SMI die 15–20 years earlier than the rest of the population

Improve the physical health of people living with SMI to reduce deaths
Correlation of prevalence of depression with deprivation

QOF prevalence of depression, persons aged 18+, general practices in Suffolk County 2016/17

11.1% of variation in prevalence of depression can be explained by deprivation
Draft 2018 MH needs assessment

The NHS Ipswich & East Suffolk and NHS West Suffolk clinical commissioning groups (CCGs) want to transform the way mental health provisions are delivered across the County. They commissioned an update to the mental health needs assessment (MHNA) to support mental health improvement and the development of services.

The objectives are:

- To provide a picture of mental health in Suffolk to inform strategies for promoting mental health, reducing inequalities and commissioning services.
- To inform partnership working with stakeholders and the community, through a shared understanding of needs.

This needs assessment has been produced in sections which can be downloaded and updated as necessary. It is designed to allow easy access for users and straightforward revision. It is hoped to develop the capacity for users to adopt the information to provide their own edits/reports.

For more information or to request amendments etc, please contact Rosie Frankenberg or Alison Matthews.

These are the DRAFT chapters.

**CHAPTERS**

- MH Needs Assessment Introduction - to be created
- 4 things from each chapter!
- CCG 2017 Community Mental Health Survey (PDF)
- Interface Mental Health pathway - to be created
- Benchmarking Inpatient Bed Provision - working with NSFT
- Eating disorders (PDF)
- Estimates of Mental Health Problems (PDF)
- Learning difficulties & mental health (PDF)
- Mental health & lifestyle (PDF)
- Metabolic syndrome (PDF)
- Personality disorder (PDF)
- Physical Health & mental health (PDF)
- Prevalence of depression (PDF)
- Protecting mental illness (PDF)
- Self-harm (PDF)
- Severe Mental Illness (PDF)
- Suffolk Responding to Crisis - to be created
- Suicide - to be created
- Transgender people & mental illness

**DRAFT INFOGRAPHICS**

- Learning disabilities & MH
- Chronic disease & MH
- Personality disorder
- Complex Personality disorder
- Depression
- Depression - older people
- Eating disorder
- Eating disorders - data
- Preventing suicide
- Psychosis
- Post-traumatic stress disorder

**Further reading**

- Mental health act 2015/16 - interactive visualisation of statistics
- Mental health, dementia & neurology - Public Health England profiling tools
- Suffolk Armed Forces: Community Covenant - health and wellbeing

**Related Healthy Suffolk pages**

- Alcohol, alcohol and the over-50s (appendix)
- Careers and young careers
- Children and young people's emotional health and wellbeing
- Groups at risk of disadvantage, incl: Asylum seekers and refugees
- Maternal mental health advice
- Measuring well-being in Suffolk
- Adult obesity
- Post-traumatic stress disorder (PTSD)
- Substance misuse: adults, children
- Suffolk Lives Matter
- UK Armed Forces and Veterans Profile for Suffolk

**NB**

Not all mental illness has strong correlation with deprivation: 11.1% depression
Mental health in later age

Person
- May have other existing mental health conditions
- Symptoms of the menopause include low mood and anxiety
- Fear of dying may increase anxiety and visits to GP
- Fewer than 1 in 6 older people with depression ever discuss it with their GP
- People over 65 years old who self-harm are much more likely to continue to self-harm, and to attempt suicide
- There may be alcohol or drug misuse
- Depression is the most common mental disorder in older adults. Women are at greater risk

Family & Friends
- 10% (17,000) over 65s feel lonely all or most of the time
- Might not talk about losses (relationships, abilities) as they may be considered "normal"
- More than 1 in 10 Suffolk people aged 65 and over are providing unpaid care (c24,500 in 2017), but may not consider themselves a carer
- Less than a quarter of older Suffolk carers have as much social contact as they would like (38% for England)
- 83% of older carers say their loneliness and isolation affects their health
- Bereavement increases the risk of depression

Environment
- Being in debt and financial difficulties increases mental ill health
- Voluntary retirement is associated with worse mental well-being and lower social engagement
- People in private rented accommodation may be at increased risk of homelessness as private rents increase
- Lack of public transport, or being unable to drive, can increase isolation and make medical appointments difficult to reach

Physical health
- More likely to present with physical than mental symptoms: dizziness, pain, lump in throat, weakness, constipation
- Some psychiatric conditions may result from physical illness or the side effects of medication
- 86% carers also have health problems

Needs
- Recognition and treatment of mental ill-health
- Professionals to recognise symptoms are not "just old age" and that treatment is "not futile"
- For carers: access to a care coordinator
- Increase awareness of Care Needs Assessments
- Social interventions: befriending, healthy living, exercise
- Consider referral to Improving Access to Psychological Therapies (IAPT)

Statistics
- 15,829 people aged 65+ with depression in Suffolk (2020 projection)
- 1 in 5 older people in the community are likely to experience depression or poor mental health. This doubles (46%) for older people with a physical illness
- Over half (60%) of people aged 65+ in hospitals and care homes may have depression
- 1 in 20 older people is likely to have anxiety, often with depression

Things people say:
- Add suitable feedback
- Healthwatch survey

Gaps
- Referral for treatment
- Written information
- Befriending
- Signposting to self-help groups
- Older people are less likely to receive IAPT services, despite higher levels of completion (42% vs 37%) and outcomes (56% vs 42%). Barriers: belief psychological therapies won’t help them (opinion of the patient and/or health workers); mobility; IAPT staff lacking confidence in working with older people, excluded from services which were initially for working age people only

Current support
- Primary Care - GPs
- Norfolk & Suffolk NHS Foundation Trust
-iImproving Access to Psychological Therapies (IAPT)
- Wellbeing services including group therapy
- Suffolk Mind including dementia counselling
- Age UK
- Dementia Together
- Social prescribing

Useful links
- NICE Depression in adults CCG0
- Depression in adults with a chronic physical health problem: recognition and management CCG01
- NICE Depression in adults (draft 2016)
- A Practice Primer on Mental Health in Older People

Suffolk needs assessments & information
- Estimates prevalence Mental Health problems
- Suffolk CCG Prevalence of depression
- Mental health & lifestyle (link to follow)

ICD-10: Depressive episode, F32 recurrent depressive disorder F33

Version: 0.4 draft (08/2016)
Summary

- Poor mental health and wellbeing is widespread
- Physical and mental health are intertwined
- We need to do more to prevent and support crisis
- We need to continue suicide prevention work
- Mental health is not just about mental health services