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”

Dr 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

Royal College of General Practitioners. Mental Health Toolkit. 2017
Mental Health Foundation. Mental health statistics: children and young people
Nationally, mental illness is increasing

Severe Common Mental Disorder (CMD) symptoms in past week

Base: adults aged 16–64

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>1993</td>
<td>7%</td>
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<tr>
<td>2000</td>
<td>8%</td>
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<tr>
<td>2007</td>
<td>9%</td>
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<td>2014</td>
<td>10%</td>
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</table>

Post-traumatic stress disorder (2014)

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

Nationally, more people are receiving treatment:

But most don’t:

**Eating disorders**

Only 11.9% adolescents with binge-eating disorder sought help
no more than 30% women with ED had ever sought medical help

**Self-harm**

37.7% people who self-harmed received medical or psychological help

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Nationally

- Significant differences in who gets treated (gender, age, ethnicity)
- Significant differences in patients’ access to their preferred treatment
- Older people & people with learning difficulties are less likely to receive treatment through Improving Access to Psychological Therapies
Average GP list of 2,000 patients will have (at any one time):

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

Mental health is not just about mental health services
Key messages for Suffolk: target groups

- **Young**: increasing levels of self-harm & suicide. Emergency admissions for self-harm are significantly higher in Suffolk than England.

- **Old**: high levels of depression (1 in 5), often undiagnosed.

- **Trans & non-binary**: most have mental illness, need better support & treatment.

- **Drug & alcohol users**: must not be prevented from accessing mental health support, need a more holistic approach to dual diagnosis.

If the needs of children and young people and of the increasing older population are not addressed:

- May see higher than estimated increases in mental illness.
- Future wellbeing will be adversely affected.
Key messages for Suffolk: Physical & Mental Health

- Address smoking, exercise and obesity to improve wellbeing
- People with long-term physical health problems are likely to have depression (40% older people with a physical condition, 50% people with stroke or Parkinson’s)
- 60% older people in hospital or care home have depression
- Improve the physical health of people living with serious mental illness to reduce deaths
- People with severe mental illness die 15–20 years earlier than the rest of the population
Key messages for Suffolk: services

- Mental health and physical health services should be better integrated
- Mental health services for personality disorders do not meet user needs or NICE guidance
- Increased need for Crisis Care: Summer, 6pm to midnight, East Suffolk
- Deprivation affects Suffolk’s mental health & service demand
More areas in Suffolk are now in the 20% and 40% most (relatively) deprived in England

2010

2015

Not working increases risk of:
• eating disorders
• self-harm
• low well-being
• positive screening for PTSD

Only 11.1% of variation in prevalence of depression can be explained by deprivation

Health Deprivation and Disability 2010 and 2015

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<tr>
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<th>2010</th>
<th>2015</th>
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<td>Waveney</td>
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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 comorbid 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 & physical health conditions 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.

Health Foundation. Reducing Emergency Admissions: Unlocking the Potential of People to Better Manage Their Long-Term Conditions.; 2018

Suffolk County Council

Public Health Suffolk
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)

Self-harm: Suffolk

- 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

45.6% of variation can be explained by deprivation
Personality disorders

- c.84,000 Suffolk people (16+) likely to have enough personality disorder traits for further investigation
- People with personality disorder have the highest rate of A&E use in this STP
- May find it difficult to have close relationships, get on with others, control feelings & behaviour
- Likely to have other mental health conditions, which must also be treated
- NICE CG78:
  - community mental health teams should be responsible for routine assessment, treatment and management for people with borderline personality disorder
  - psychological therapies should be used where appropriate
  - Specialist teams should be developed
Trans & non-binary gender wellbeing

- Prevalence of gender dysphoria and gender reassignment are uncertain
- Estimates for Suffolk vary from 8-30 trans-females & 2-12 trans-males, to as many as 7,500 people
- 25% overall increase in young people referred to the Tavistock & Portman, 72% were f to m
- High incidence of mental illness, including: anxiety, depression, self-harm
- Attempted & completed suicide is more common
- Treatment (hormone or surgery) improves mental health & social functioning
- People identifying as trans or non-binary need better access to local mental health services to treat comorbid mental health issues
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 is 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 editions reports.

For more information or to request amendments etc, please contact Rosie Frankieberg or Allison Matthews.

These are the DRAFT chapters:

**CHAPERS**

- MH Needs Assessment Introduction - to be created
- 4 things from each chapter!
- CCG 2017 Community Mental Health Survey (PDF)
- Maternal mental Health pathway - to be created
- Benchmarking (inpatient bed provision - working with NSFT)
- Eating disorders (PDF)
- Estimates of Mental Health Problems (PDF)
- Estimates of M FANS (PDF)
- Hospital Admissions for Self Harm (PDF)
- Learning difficulties & mental health (PDF)
- Mental health & homeless (PDF)
- Mental health & homelessness (PDF)
- Metabolic syndrome (PDF)
- Personality disorder (PDF)
- Physical Health & mental health (PDF)
- Prevalence of depression (PDF)
- Projecting 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

Related Healthy Suffolk pages

- Alcohol, alcohol and the over-55s (appendix)
- Careers and young carers
- Children and young people’s emotional health and wellbeing
- Groups at risk of disadvantage, including: 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

Further reading

- Mental health act 2016/17 - interactive visualisation of statistics - Includes demographics for Suffolk
- Mental health dementia & neurology - Public Health England profiling tools
- Suffolk Armed Forces: Community Covenant - health and wellbeing
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
- Involuntary 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 pensions remain static while 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 Carer Needs Assessments
- Social interventions: befriending, healthy living, exercise
- Consider referral to Improving Access to Psychological Therapies (IAPT)

**Posters**

**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 (50%) 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
- 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% to 35%) and outcomes (56% to 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
- Improving 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 CSG9
- Depression in adults with a chronic physical health problem: recognition and management CSG1
- NICE Depression in adults (draft 2018)
- A Practice Primer on Mental Health in Older People

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

**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