Mental Health Needs Assessment 2018
Presentation to Children’s Emotional Wellbeing Board

25 September 2018
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, more people are receiving treatment:

2014

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**

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

Nationally, mental illness is increasing:

**6x**

Increase (from 0.8% to 4.8%) in reported prevalence of long-standing mental health conditions in 4-24 year olds (England) 1995-2014*

**Self-/parent-reported prevalence of mental health condition, 4-24 year olds (%)**


Increase from **14.1% to 17.5%** of adults (16-64) in prevalence of CMD symptoms (13.7% to 17.3% 16-24 year olds), 1993 – 2014*

**Prevalence of symptoms of common mental disorders (CIS-R score 12 or more)**

NB – these use different surveys etc, so not directly comparable, but ...

Nationally, young women have become a key high risk group:

CMD symptoms in past week (CIS-R score 12+), by age and sex

Base: all adults

Nationally

- Significant differences in who gets treated (gender, age, ethnicity but not deprivation)
- Significant differences in patients’ access to their preferred treatment
- **Younger people** are least likely to have their treatment needs met
- 16–24 year olds **least** likely to use psychotropic medication
- Young people who self-harm are 23% less likely to be referred to MH services if their GP practice is in a “most deprived” area

Some unexpected differences*

- 12.6% women aged 16–24 screened positive for PTSD
- 4.4% adults screen positive for Post Traumatic Stress Disorder (men & women similar rates)
- British forces: prevalence of PTSD:
  - 6% combat troops
  - 4% personnel who have been deployed
  - Rates are lower for personnel on operations
  - BUT YOUNG at greater risk (men <24)

*comparing screening with diagnosis

Self-harm: Nationally

- **1 in 5** young women (16-24) told interviewer they had self-harmed (**1 in 4** in anonymous survey)
- **1 in 6** chance of repeat attendance at A&E within 1 year if self-harmed
- **Half** adolescents (10-19) who die by suicide have a history of self-harm
- **17x** more likely to die by suicide within a year (if aged 10-19 & self-harm)
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)

Young people 23% less likely to be referred to MH services if their GP practice is in a “most deprived” area

Self-harm: Suffolk
Average GP list of 2,000 patients will have (at any one time):

<table>
<thead>
<tr>
<th>Count</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>352</td>
<td>people with a common mental disorder</td>
</tr>
<tr>
<td>352</td>
<td>with a sub-threshold common mental health problem</td>
</tr>
<tr>
<td>176</td>
<td>with a personality disorder</td>
</tr>
<tr>
<td>126</td>
<td>(of 500 with a long-term condition) with a comorbid mental health problem</td>
</tr>
<tr>
<td>120</td>
<td>with alcohol dependency</td>
</tr>
<tr>
<td>120</td>
<td>with a sub-threshold psychosis</td>
</tr>
<tr>
<td>100</td>
<td>with MUS (medically unexplained symptoms not attributable to any other psychiatric problem)</td>
</tr>
<tr>
<td>60</td>
<td>with drug dependency</td>
</tr>
<tr>
<td>8</td>
<td>with psychosis</td>
</tr>
<tr>
<td>7-20</td>
<td>people identifying as trans/non-binary</td>
</tr>
<tr>
<td>2</td>
<td>new cases of eating disorder p.a.</td>
</tr>
</tbody>
</table>

90% of people with mental health problems cared for within primary care.
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. Emergency admissions for self-harm are significantly higher in Suffolk than England.

- **Young**: increasing levels of suicide in young men (although small numbers).

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

- **Trans & non-binary**: most have mental illness, need better support & treatment (7,500 in Suffolk).

- **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 (NOT due to suicide)
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:
  - 84,000 people in Suffolk would screen for PD
  - People with PD have the highest use of A&E in this STP
- Increased need for Crisis Care: Summer, 6pm to midnight, East Suffolk
- Deprivation affects Suffolk’s mental health & service demand

Next steps: posters, soft launch, update summary
More areas in Suffolk are now in the 20% and 40% most (relatively) deprived in England

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

<table>
<thead>
<tr>
<th>Area</th>
<th>2010</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babergh</td>
<td>244</td>
<td>258</td>
</tr>
<tr>
<td>Forest Heath</td>
<td>256</td>
<td>178</td>
</tr>
<tr>
<td>Ipswich</td>
<td>114</td>
<td>87</td>
</tr>
<tr>
<td>Mid Suffolk</td>
<td>310</td>
<td>288</td>
</tr>
<tr>
<td>St Edmundsbury</td>
<td>194</td>
<td>203</td>
</tr>
<tr>
<td>Suffolk Coastal</td>
<td>265</td>
<td>241</td>
</tr>
<tr>
<td>Waveney</td>
<td>160</td>
<td>101</td>
</tr>
</tbody>
</table>
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
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 provision 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 editor reports.

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

These are the DRAFT chapters

- THEY SHOULD NOT BE STORED OR SHARED AS THEY HAVE NOT BEEN FINALISED:

**CHAPERS**

- NH 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)
- Estimations of Mental Health Problems (PDF)
- Estimates of MH PANS (PDF)
- Hospital Admissions for Self Harm (PDF)
- Learning difficulties & mental health (PDF)
- Mental Health & Learning (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**

- THEY SHOULD NOT BE STORED OR SHARED AS THEY HAVE NOT BEEN FINALISED:

- Learning disabilities & MK
- 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-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

Further reading

- Mental health act 2016/17 - interactive visualisation of statistics - incl. demographics for Suffolk
- Mental health, dementia & neurology - Public Health England profiling tools
- Suffolk Armed Forces: Community Covenant - health and wellbeing
Outputs from the Mental Health Needs Assessment: Posters
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