Mental Health Needs Assessment 2018

Aims

▪ Provide a picture of mental health in Suffolk to inform strategies for promoting mental health, reduce inequalities and to commission services
▪ Inform partnership working, with stakeholders and the community, through a shared understanding of needs

Methods

▪ Local data
▪ National data
▪ Research evidence
▪ Local people and groups – our people posters
Mental Health Needs Assessment 2018 website

https://www.healthysuffolk.org.uk/jsna/reports/health-needs-assessments/MHNA-2018

The site includes:
- Chapters
- Related topics
- People posters
- Maps
- Presentations
- Further reading
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
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.

90% of people with mental health problems cared for within primary care

Mental Health Needs Assessment 2018
Young people

- Half of lifelong mental health problems develop before the age of 14

- Emergency admissions for self-harm are significantly higher in Suffolk than England as a whole

- Half of 10-19 year olds who die by suicide have a history of self-harm and young people who self-harm are 17 times more likely to die than other 10-19 year olds within a year

- Around 25,000 people in Suffolk may have an eating disorder, risk of premature death is 6-12 times higher in women with Anorexia Nervosa than the general population
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)

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

<table>
<thead>
<tr>
<th>Deprivation decile</th>
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<td>10 (least deprived)</td>
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Eating disorders

This infographic is a summary of eating disorders (2018), part of the Mental Health Needs Assessment.

**Person**
- Symptoms usually begin aged 16 & under
- Often have other mental health conditions (depression, anxiety, bipolar disorder, self-harm, obsessive compulsive disorder, low self-esteem)
- 90% of those affected are female, but likely under diagnosis of males
- LGBT at greater risk - 10% transgender/non-binary people likely to have an eating disorder
- Incidence increasing in young Asian women

**Family & Friends**
- May have previously been criticised about size, weight or eating habits
- Reduced quality of life for suffers AND carers. High emotional & economic costs
- May be family history of eating disorders, depression or substance abuse
- May be linked to stressful event or trauma, e.g. being bullied, changing school or job, work/study pressure, abuse, death of someone close, or divorce
- May be a genetic link
- May be withdrawn, particularly avoiding social situations involving food

**Environment**
- NOT more likely to live in an urban environment
- Unemployment or not working due to a disability increase likelihood
- Assess impact of home, education, work, social environment (incl. internet & social media)
- May be in a role where there is pressure on physical appearance, e.g. dancer, athlete, jockey

**Physical health**
- May have a normal Body Mass Index
- May have problems managing a chronic illness that is affected by diet, such as diabetes or coeliac disease; prevalence may be twice as high in female adolescents with diabetes
- Premature death is 2.66 times higher in women with anorexia nervosa
- Delayed physical development in children & young people
- Increased risk of substance misuse
- Excessive exercise may disguise eating disorder

**Needs**
- Refer immediately
- Be alert to signs of bullying, teasing, abuse
- Offer patient & carers information
- Address misconceptions
- Be sensitive
- Support family / carers
- Assess fluid & electrolyte balance

**Statistics**
- Incidence: on average there will be 2 new patients with an eating disorder per GP each year
- 25% patients will be treated exclusively in primary care
- Less than 30% women with an eating disorder ever seek medical help

**Estimated prevalence in Suffolk:**
- 2,250 Anorexia Nervosa
- 16,543 Binge-eating
- 6,015 Bulimia Nervosa

**Current support**
- Primary Care - GPs
- Suffolk Eating Disorder Service
- Community Eating Disorders Service (NEFT)
- Norfolk & Suffolk NHS Foundation Trust
- Improving Access to Patient Therapies (IAPT)
- Cognitive Behavioural Therapy (CBT)
- Healthy eating, exercise & mental wellbeing campaigns
- Suffolk MIND
- ChildLine
- Suffolk CRUSE

**Gaps**
- Follow NICE guidance (NG69, commissioning)
- Smooth transition between child & adult services
- Universal media literacy training
- Disservice-based intervention
- Improve access to services
- Communicate sensitively, address misconceptions
- Assess impact of wider environment
- Support family / carers
- Refer immediately

**Useful links**
- NICE Eating disorders (NG69)
- BEAT eating disorder charity
- Men get eating disorders too (MOEDT)

**Suffolk needs assessments & information**
- Eating Disorders
- Eating Disorders in numbers

ICD-10: Eating disorders F50.0-5, F50.8, F50.9

Knowledge & Intelligence Team
Public Health, Suffolk County Council

*This is a copy of a dynamic, interactive page*  
For latest version, go to https://www.healthy-suffolk.org.uk/jsna/reports/health-needs-assessments/mhna-2018  
or https://infographic.renpagge.com/jsa/A01M5M2M0/eating-disorders-suffolk-mhna-3-0
Mental Health Needs Assessment 2018

Wellbeing

- Levels of smoking, exercise and obesity need to be addressed in Suffolk to improve wellbeing
- Physical activity reduces the risk of depression and dementia and improves mental wellbeing
- In 2015/6 in Suffolk only 61.4% of adults met recommended levels of physical activity
- In Suffolk nearly two thirds of adults are overweight or obese and this is significantly worse than the England value
- Smoking rates in adults with depression are approximately twice as high as among adults without depression
- People with depression can have particular difficulty when they try to stop smoking
- Almost half of all tobacco is now consumed by people with poor mental health
Mental Health Needs Assessment 2018
Co-occurring mental health and alcohol or drug Use

- It is estimated that approximately 22.7% of the Suffolk population aged over 18 drink above the advised limits and 6,571 people in Suffolk are alcohol dependent.

- Recreational drugs and misused prescription drugs can make the symptoms of mental illness worse and may trigger mental illness.

- Mental ill health is very common among those in treatment for drug use.

- Half of all individuals in Suffolk entering specialist drug misuse services in 2016/17 were currently in receipt of treatment from mental health services.
Personality disorders

- May find it difficult to have close relationships, get on with others, control feelings and behaviour
- Around 84,000 Suffolk people are 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
- Likely to have other mental health conditions, which must also be treated
- NICE CG78 advises:
  - 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
Person

- Anti-Social Personality Disorder (ASPD) - may be known to the Police or have a criminal record due to anger / aggression
- May have high use of services (A&E, 111, GP, police) - highest rate of A&E use in Suffolk & North Essex Sustainability and Transformation Partnership (STP)
- May be self-harming
- Women are more likely to be affected than men, although men are more likely to have antisocial personality disorder
- Increased risk of suicide and of psychosis

Family & Friends

- May have experienced domestic violence, trauma or abuse as a child
- May find it difficult to have close relationships, get on with and listen to other people
- May struggle to control feelings and behaviour
- May be socially excluded, or alienating friends and family through behaviour
- May have a family history of personality disorder

- Consider impact on, and support needed by, family or dependents (especially children)

Environment

- At risk of targeting for “cuckooing”, sexual exploitation, gangs
- People with Anti-Social Personality Disorder (ASPD) are more likely to come into contact with the criminal justice system
- People with ASPD are more likely to be unemployed or homeless

Physical health

- May be missing drugs (often cannabis) or alcohol (dual diagnosis)
- May have co-morbid physical illnesses
- May have medically unexplained symptoms (MUS)
- May have other psychiatric disorders (e.g. Post Traumatic Stress Disorder, depression, anxiety, eating disorder) leading to more severe symptoms, longer duration, increased use of health services
- May have sleep problems

Needs

- Recognition
- Open & trusting relationships
- Hope that the condition can be managed
- Clear referral pathways to specialist services
- To be given a full assessment
- Use the Care Programme Approach
- Community Mental Health Teams should be responsible for routine assessment, treatment and management for people with Borderline Personality Disorder
- Psychological therapies are recommended in appropriate circumstances, however brief (less than 3 months) interventions are unlikely to be effective
- An agreed crisis plan
- Medication should not be used for Borderline or Anti-Social Personality Disorder

Statistics

- c84,000 people in Suffolk aged 16+ with enough traits of a personality disorder to justify further investigation (from the Adult Psychiatric Morbidity Survey 2014)
- 19% people with a psychiatric disorder have 2 or more disorders (APMS 2013)

Gaps

- Existing services do not meet needs
- Develop specification that follows NICE guidance recommendations
- Clarity of role of Integrated Delivery Teams & Enhanced Care Pathway
- Develop specialist multidisciplinary teams
- Raise awareness among clinicians of prevalence, features & risks
- Train in risk assessment & care in a crisis
- Sign-post to self-help groups
- Provide written information
- Crisis support
- Access to services such as: dialectical behaviour therapy, therapeutic communities, mentalisation-based therapy, art therapy, cognitive analytic therapy, schema therapy, eye movement desensitisation and reprocessing (EMDR), inter-personal therapy
- Support for families

Current support

- Norfolk & Suffolk NHS Foundation Trust
- Primary Care - GPs
- Suffolk Mind - Wives Service for Borderline PD
- Integrated Delivery Teams, Enhanced Care Pathway teams
- Suffolk Night Owls
- Survivors in Transition - PD group
- Cognitive behavioural therapy for PD
- Group-based cognitive and behavioural interventions
- Elvis peer support

Useful links

- Borderline Personality Disorder (CG78)
- Antisocial Personality Disorder (CG77)

Suffolk needs assessments & information

- Common Mental Disorders
- Personality disorder
- Physical health and mental health (part of Mental Health Needs Assessment)

ICD-10: Disorders of adult personality and behaviour F60-F69

Version: 2.0 (10/2016)
Mental Health Needs Assessment 2018
Long term conditions and mental health

- People with long-term conditions, such as diabetes, heart disease, lung disease, stroke, are two to three times more likely to have depression

- Patients with depression have increased risks of long-term physical conditions
  - 60% increased risk of myocardial infarction
  - 34-63% excess risk of stroke
  - 60% increased risk of diabetes

- Around half of all hospital inpatients have a mental health condition

- Social deprivation increases the risk of co-morbid mental ill health
Long-Term Conditions & Mental Health

- Roughly 15.4 million people (30%) have a long-term condition (15.4m)

- Roughly 10.2 million people (20%) have mental health problems (10.2m)

- Roughly 30% people with a long-term condition have a mental health problem

- Roughly 46% people with a mental health problem have a long-term condition
Patients most able to manage their mental & physical health conditions have:

- Nearly $\frac{1}{2}$ emergency admissions
- 40% shorter stay for elective care

than those who are least able.

Moving up just 1 step from the bottom could prevent:
- 5% emergency attendances
- 6% emergency admissions each year

Patients least able to manage their mental & physical health conditions

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

Mental Health Needs Assessment 2018
Severe Mental Illness

- The lives of people with severe mental illness are 15–20-years shorter
- There are over 6,000 people in Suffolk with a severe mental illness
- Variation in severe mental illness recorded by GP practices can be partly explained by deprivation
- People with severe mental illness have three times the risk of obesity, high blood pressure and insulin resistance
- Prescription medication can affect health e.g. make diabetes more difficult to manage, increase the risk of falls
- People appear to be less able to self-manage their long-term conditions e.g. by following treatments and attending appointments
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

Correlation of QOF prevalence of severe mental illness 2016/17 with deprivation General practices in Suffolk County

Estimated Index of Multiple Deprivation 2015 score

Proportion of registered patients on QOF severe mental illness register

- Prevalence of severe mental illness v deprivation
- Fitted values
Severe Mental Illness (SMI) (schizophrenia, bipolar disorder and other psychoses)

This infographic is intended to help people who commission services to understand needs in Suffolk and to reduce inequalities. Not all people with a severe mental illness will have these traits or experiences.

**Person**
- 48% people with Severe Mental Illness smoke (78% people in psychiatric units)
- Black men are more likely to have psychotic disorders (3.4%) than white (0.7%) or Asian men (1.3%)
- Less likely to self-manage long-term condition or attend health checks

**Family & Friends**
- May be receiving care from family
- May feel unable to talk to friends or family about illness

**Environment**
- 45.6% variation in prevalence of people with Severe Mental Illness in Suffolk can be explained by deprivation

**Physical health**
- Serious mental illness reduces life expectancy by 15-20 years
- 60% of this excess mortality is estimated to be due to physical illness (not suicide), and is mostly from cardiovascular disease

People with Severe Mental Illness have:
- Twice the risk of obesity & diabetes
- Twice the risk of heart attack or stroke
- Increased prevalence of asthma, coronary heart disease, COPD, and heart failure
- Worse cancer survival rates: 74% higher risk of death over 4-5 years (NB: not higher incidence, nor later diagnosis)
- 3 times more likely to have Metabolic Syndrome

- People with psychotic illness & diabetes more likely to die early than people with diabetes
- Psychotropic medication can make diabetes more difficult to manage, increase the risk of falls, and increase the risk of sudden death
- 3.4 times higher death rates for people with schizophrenia - include respiratory, endocrine, gastrointestinal and cardiovascular disease
- 3.5-4.5 times more likely to have Metabolic Syndrome

People aged 15 to 34 with Severe Mental Illness are more likely to have asthma, diabetes, hypertension and obesity than other people of the same age

- People aged 15 to 34 with Severe Mental Illness are five times more likely to have two or more physical health conditions than other people of the same age

**Needs**
- Parity of esteem - value mental health equally with physical health
- Integrate mental health support with primary care chronic disease management
- Tailored support to quit smoking

**Statistics**
- 6,770 people are recorded as having severe mental illness in Suffolk.
- Suffolk mortality rate for people under 75 with Severe Mental Illness is significantly higher than England (1,718 per 100,000 vs. 1,319 per 100,000) and the general Suffolk population (290 per 100,000)
- 45% people with a mental health condition have a long-term condition

**Gaps**
- Better integrate mental health and general health services so information is shared and health problems recognised
- Liaison psychiatry

**Current support**
- Health Checks
- OneLife Suffolk (healthy lifestyle service)
- 5 Ways to Wellbeing
- Suffolk's needs menu (MNDs)
- Norfolk & Suffolk NHS Foundation Trust
- Primary Care - GPs
- Cognitive Behavioural Therapy - Suffolk Wellbeing (Improving Access to Patient Therapies (IAPT))

**Useful links**
- Promoting health ... in minority ethnic groups NICE (QS147)
- Multimorbidity NICE (NCS4)

**Suffolk needs assessments & information**
- Physical health and mental health (part of Mental Health Needs Assessment)
- Mental health and lifestyle (part of Mental Health Needs Assessment)
- Severe Mental Illness
- Common Mental Disorders

ICD-10: Psychological & behavioural factors associated with disorders or diseases classified elsewhere F54

DRAFT Version 1-0 (10/2018)
Mental Health Needs Assessment 2018
Crisis profile

- Identified key issues which should be fed into planning new provision
- Emergency department attendances increased in the summer and are usually between the early evening and midnight
- GP Out of Hours services again show highest levels of contacts in the summer and between 6pm and midnight on weekends
- Police Section 136 episodes increase in July and August
- Ambulance service also has more calls from the East of the County and most in June to August
- There are higher numbers of contacts in East Suffolk
Mental Health Needs Assessment 2018
Suicide prevention

- Between 2015-17, there were 171 deaths and there has been an overall reduction in death rates

- There continues to be a significantly higher death rate in urban than rural areas in Suffolk

- Forest Heath and Ipswich Council areas have the highest death rates

- There has been a small but significant increase in deaths in young people ages 15-24 years

- There is a positive correlation between deprivation and death rates
Preventing suicide

This infographic is part of the Suffolk Mental Health Needs Assessment.

Person
- Being in debt and financial difficulties increases the risk of suicide
- Men are at a higher risk of suicide than women
- The male suicide rate in Suffolk peaks in the age band 40-44
- Suffolk has seen a small but significant increase in suicide in young people aged 15-25 in the years 2015-17 compared to 2012-4.
- Young people who self-harm are 17 times more likely to die (than unaffected 10-19 year olds) by suicide within a year
- Over half the people who die by suicide have a history of self-harm
- Up to 41% of trans people may have attempted suicide
- Gay men and women are at increased risk of suicide
- Suicide is less common amongst veterans than the general population (except people in their early twenties who leave the Services early)
- About a fifth of suicides are in older people. Risks increase for those who are male, widowed, isolated, older, physically ill, in pain
- There may be alcohol or drug misuse
- May have other existing mental health conditions
- Doctors, and families, are at increased risk of suicide
- There has been a small increase in Suffolk suicides aged 15-25 in 2015-17

Family & Friends
Suicide risk is increased if:
- there is family conflict
- a relationship has broken down
- there is a family history of suicide
- someone has lost a partner to suicide
- a person is socially isolated

The family and friends of someone who dies by suicide are at increased risk of poor mental health

Environment
- In Suffolk there is a significantly higher death rate from suicide in urban than rural areas
- Suicide rates are highest in Forest Heath & Ipswich local authorities in Suffolk
- Newmarket is the most affected town in Suffolk, significantly above the County average, with males significantly affected
- Suffolk wards with higher levels of deprivation are more likely to have a higher rate of suicides
- Lower socio-economic status or unemployment increases the risk of suicide
- People who have moved three or more times in the past two years are at increased suicide risk

Physical health
- Chronic pain or disability increases suicide risk, as does a diagnosis of a long-term health condition, particularly cancer

Needs
- Follow up within 1 week
- Appropriate help from specialist services, e.g. inpatient services
- To know how to seek help promptly - also give written information

Statistics
- In Suffolk, between 2012-14 there were 187 deaths from suicide. In 2015-17 there were 173 deaths. There has been an overall reduction in death rates, and in death rates among middle-aged men
- The age-standardised suicide rate is 3 times higher for men (14.2 per 100,000) than women (4.6 per 100,000)
- Less than a third of suicides will have been in contact with mental health services
- 4,560 estimated number of suicide attempts in Suffolk (7 per 1,000 population) in past year
- 33,000 people (54 per 1,000) are estimated to have had suicidal thoughts in the past year in Suffolk

Gaps
- Improve completion of Improving Access to Psychological Therapies treatment (02/2017/18)
- Effective support includes: behavioural couples therapy, InterPersonal Therapy
- Follow-up post hospital admissions (suicide risk increases 100-200 times in the month following psychiatric hospital discharge)
- 24/7 crisis care
- Prevent inappropriate discharge from services
- Provide specialist services for core/underlying issues, e.g. child sexual abuse, trauma

Current support
- Primary Care - GPs
- Crisis Service
- Norfolk & Suffolk NHS Foundation Trust
- Suffolk Wellbeing
- Suffolk Night Owls SNO
- Community Psychiatric Nurses

Useful links
- NICE Depression in adults (CG91)
- NICE Depression in adults (draft 2018)

Suffolk needs assessments & information
- Suffolk Lives Matter
- Mental health & lifestyle (part Mental Health Needs Assessment)
Mental Health Needs Assessment 2018
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
Mental Health Needs Assessment 2018
Older people

- 10-20% of people aged 65 and over will experience depression
- Older people are more likely to have long term conditions, increasing the risk of depression
- Older people living in care homes and in hospital have a higher prevalence of depression, estimated at 20-30%, often in combination with dementia
- People with physical illness such as stroke and Parkinson’s can have even higher levels, up to 50%
- Loneliness leads to higher risk of depression and suicide
- Depression may present differently in older people, with physical symptoms, and is linked to adverse outcomes in illness such as heart disease, stroke, and fracture of the hip
Mental health in later life

This infographic is part of the Suffolk Mental Health Needs Assessment.

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 elderly people with depression ever discuss it with their GP
- People over 65 years old who self-harm are more likely to continue, 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, with higher rates of depression among Indian and Pakistani women

Family & Friends
- 16% (17,000) over 65 feel "all or most" of the time
- Might not talk about losses (relationships, abilities) assuming these are a "normal" part of aging
- More than 1 in 10 Suffolk people aged 65 and over are providing unpaid care (64,500 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
- People who are carers, live alone, were unemployed in later life, have a low income, have recently retired, are over 80, have had to stop driving, or whose partner has died in the past 2 years are at risk of decline in mental wellbeing

Environment
- Being in debt and financial difficulties increases mental ill health
- Involuntary retirement is associated with worse mental wellbeing and lower social engagement
- Isolation and loneliness increase risk of depression and suicide
- People in private rented accommodation may be at increased risk of homelessness as pressures remain static while rents increase
- Lack of public transport, or being unable to drive, can increase isolation and make medical appointments difficult to reach
- Depression is associated with deprivation

Physical health
- More likely to present with physical than mental symptoms. These physical symptoms may include: dizziness, pain, lump in throat, weakness, constipation
- Some psychiatric conditions may result from physical illness or the side effects of medication
- 88% of carers also have health problems
- Mental ill health can worsen outcomes from myocardial infarction, hip fracture, and stroke
- Poor physical health and long-term conditions increase the risk of depression: 50% people with stroke or Parkinson's may also have depression
- Exercise and better physical health can reduce mental ill health

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
- Increasing awareness of Carer Needs Assessments
- Social interventions: befriending, healthy living, exercise, community links
- Consider referral to Improving Access to Psychological Therapies (IAPT)

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

Statistics
- 15,929 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 (40%) for older people with a physical illness
- Over half (63%) 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

Gaps
- Referral for treatment
- Written information
- Referral
- Signposting to self-help groups
- Older people are less likely to receive wellbeing (IAPT) services, despite higher levels of completion (42% to 37%) and better 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; ongoing exclusion as services 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
- Men's sheds
- Meet-up Mondays
- Worry cafes

Useful links
- NICE Depression in adults (CG96)
- Depression in elderly adults with a chronic physical health problem: recognition and management (CG91)
- NICE Depression in adults (draft 2018)
- A Practice Primer on Mental Health in Older People
- NICE Older people: independence & mental wellbeing

Suffolk needs assessments & information
- Common mental disorders
- Depression prevalence
- Mental health & lifestyle (link to follow)
Deprivation affects Suffolk’s mental health & service demand

- Estimates suggest there are more people in Ipswich and East Suffolk CCG with mental ill health
- This is also seen in episodes of mental health crisis
- Deprivation has been demonstrated to impact on admissions for self-harm, suicide and crisis admissions
- This is important for considering the location of services
More areas in Suffolk are now in the 20% and 40% most (relatively) deprived in England

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

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

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West Suffolk CCG

Prevalence
- 35,350 any Common Mental Disorders
- 28,390 would screen for any Personality Disorder
- 4,880 Anti-Social Personality Disorder
- 3,620 Borderline Personality Disorder
- 1,510 cases probable Psychotic Disorder
- 1,120 Psychotic Disorder
- 9,160 Post Traumatic Stress Disorder
- 11,140 Suicidal thoughts (within past year)
- 1,540 attempted suicide (within past year)
- 13,380 have self-harmed

General
- 207,970 people in this CCG are registered with a GP (16+)
- of which 25,240 aged 75+
- Disability-free life expectancy at birth, 50 and 65 is significantly higher than England
- Well-being scores in Suffolk above average

Common Mental Disorders Link
- 53,000 sleep problems
- 18,800 (9.3%) patients diagnosed with depression
- Forest Heath and Ipswich have the highest rates for death by suicide

Serious Mental Illness Link
- 1,960 (0.7%) recorded prevalence (QOF) (0.92% England)
- 45.6% of the variation in serious mental illness could be due to deprivation
- 780 (40%) estimated to also have metabolic syndrome

Learning disabilities & Autism Link
- 1,180 on GP’s LD registers
- Over 60% (above England) people with LD or behavioural & emotional disabilities have "reliably improved" following IAPT
- 20,180 would screen for ADHD

Eating disorders Link
- Significantly higher admission rate for eating disorders than the other Suffolk CCGs
- 750 Anorexia Nervosa
- 5,510 Binge-Eating Disorders
- 2,000 Bulimia Nervosa
- Symptoms usually begin in childhood (<16)

Physical health Link
- 64,000 estimated Suffolk prevalence of physical and mental health comorbidities
- Serious Mental Illness reduces life expectancy by 15.20 years

NB Figures are from various sources. Unless noted (bold), figures are estimates. Figures are rounded to nearest 10. Full references & more detail are in the Mental Health Needs Assessment.
Ipswich & East Suffolk CCG

**Prevalence**
- 56,910 any Common Mental Disorders
- 45,700 would screen for any Personality Disorder
- 7,900 Anti-Social Personality Disorder
- 5,890 Borderline Personality Disorder
- 2,420 cases probable Psychotic Disorder
- 1,810 Psychotic Disorder
- 14,740 Post Traumatic Stress Disorder
- 17,940 Suicidal thoughts (within past year)
- 2,480 attempted suicide (within past year)
- 21,540 have self-harmed

**General**
- 334,760 people in this CCG are registered with a GP (16+)
- of which: 40,350 aged 75+
- Disability-free life expectancy at birth, 50 and 65 is significantly higher than England
- Well-being scores in Suffolk above average

**Common Mental Disorders Link**
- 85,380 sleep problems
- 30,110 (9.4%) patients diagnosed with depression
- Ipswich Council & Forest Health have the highest rates for death by suicide
- Migrants, asylum seekers and refugees may be at higher risk of mental ill health. Many are first relocated to Ipswich

**Serious Mental Illness Link**
- 3,450 (0.85%) recorded prevalence (QOF) (0.92% England)
- 45.6% of the variation in serious mental illness could be due to deprivation
- 1,380 (40%) estimated to also have metabolic syndrome

**Eating disorders Link**
- 1,220 Anorexia Nervosa
- 8,960 Binge-Eating Disorders
- 3,260 Bulimia Nervosa
- Symptoms usually begin in childhood (<16)

**Learning disabilities & Autism Link**
- 1,910 on GP’s LD registers
- 32,470 would screen for ADHD (16+)

**Physical health Link**
- 64,000 estimated Suffolk prevalence of physical and mental health comorbidities
- Serious Mental Illness reduces life expectancy by 15-20 years

NB: Figures are from various sources. Unless noted (bold), figures are estimates. Figures are rounded to nearest 10. Full references & more detail are in the Mental Health Needs Assessment.
Great Yarmouth & Waveney CCG

Prevalence
- 33,990 any Common Mental Disorders
- 27,300 would screen for any Personality Disorder
- 4,550 Anti-Social Personality Disorder
- 3,380 Borderline Personality Disorder
- 1,450 cases probable Psychotic Disorder
- 1,078 Psychotic Disorder
- 8,810 Post Traumatic Stress Disorder
- 10,710 Suicidal thoughts (within past year)
- 1,440 attempted suicide (within past year)
- 12,860 have self-harmed

Serious Mental Illness Link
- 2,540 (0.79%) recorded prevalence (QOF) (0.92% England)
- 45.6% of the variation in serious mental illness could be due to deprivation
- 1,020 (40%) estimated to also have metabolic syndrome

Eating disorders Link
- 720 Anorexia Nervosa
- 5,270 Binge-Eating Disorders
- 1,920 Bulimia Nervosa
- Symptoms usually begin in childhood (<16)

General
- 199,950 people in this CCG are registered with a GP (16+)
- of which: 26,460 aged 16-74
- Disability-free life expectancy at birth, and 50 is significantly lower than England (at 65 - in line with England)
- Well being scores in Suffolk above average

Common Mental Disorders Link
- 50,310 sleep problems
- 19,470 (9.5%) patients diagnosed with depression

Learning disabilities & Autism Link
- 1,400 on GP’s LD registers
- 19,390 would screen for ADHD

Physical health Link
- 64,000 estimated Suffolk prevalence of physical and mental health comorbidities
- Serious Mental Illness reduces life expectancy by 15-20 years

NB: Figures are from various sources. Unless noted (bold), figures are estimates. Figures are rounded to nearest 10. Full references & more detail are in the Mental Health Needs Assessment.
Mental Health Needs Assessment 2018

Mental health is not just about mental health services

- Poor mental health and wellbeing is widespread
- Services should integrate mental and physical health care to improve outcomes
- Improving mental health can improve the physical health of people with long-term conditions
- The lives of people with severe mental illness are 15–20-years shorter than the rest of the population
- We need to do more to prevent and support crisis and to continue suicide prevention work
- We need to address the wellbeing of the increasing older population
- If the needs of children and young people are not addressed future mental wellbeing will be adversely affected
Mental Health Needs Assessment 2018

https://www.healthysuffolk.org.uk/jsna/reports/health-needs-assessments/MHNA-2018

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