When we get ill: mental ill health

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Note:
On 1 April 2019:
West Suffolk Council replaced Forest Heath District Council and St Edmundsbury Borough Council
East Suffolk Council replaced Suffolk Coastal District Council and Waveney District Council
This State of Suffolk report was created before these changes, so gives information for the pre-2019 council areas.

1 Five key points

1. Mental ill health conditions affect around one in four people in any given year, ranging from common problems, such as depression and anxiety, to more severe problems such as schizophrenia and bipolar disorder. (2 Why is mental health important?)

2. In Suffolk, it is estimated that nearly 105,000 residents experienced a common mental ill health condition in 2018, with the most common conditions being anxiety, depression and phobias. (3.2.1.2 Estimated prevalence using survey responses)

3. Mental ill health problems are more common in areas of higher deprivation and poor mental health is consistently associated with unemployment, less education and low income. In Suffolk, people living in more deprived areas are more likely to experience
severe mental illness, and to be admitted to hospital for self-harm. (2 Why is mental health important?)

4. Within the three CCG areas that cover Suffolk, more than 8,000 people had a GP registered diagnosis of severe mental illness in 2017/18. Generally, the lives of people with severe mental illness are 15-20 years shorter than the rest of the population. (3.3 Severe mental illness)

5. The number of people admitted to hospital because of intentional self-harm has increased in Suffolk in recent years; the rate in Suffolk is now significantly higher than England (199.0 admissions per 100,000 residents compared to 185.5 admissions per 100,000 residents). (3.4.1 Self-harm)

2 Why is mental health important in Suffolk?

Good mental health is defined as a state of wellbeing in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Like with physical health, people can experience both temporary and long-term mental ill health. Mental ill health conditions affect around one in four people in any given year, ranging from common problems, such as depression and anxiety, to rarer problems such as schizophrenia and bipolar disorder.

Physical health and mental health are closely linked. People with long-term conditions, including diabetes and heart disease, are two to three times more likely to have depression. The more physical ill health problems a person has, the more likely they are to have a mental ill health problem. People with more than four physical health conditions are nearly seven times more likely to experience mental ill health than people in good physical health.

People can experience mental ill health at any age and the implications are wide ranging. For children and young people, educational outcomes may be negatively affected, which can result in more limited job opportunities. For people of working age, they may be less productive at work and more likely to be unemployed. Among elderly people, they are more likely to be isolated and less active in their community. For people of all ages with mental ill health, it can be challenging to carry out everyday tasks.

Mental ill health can be both a cause and a consequence of social, economic and environmental inequalities. Mental ill health problems are more common in areas of higher deprivation and poor mental health is consistently associated with unemployment, less education and low income. In Suffolk, people living in more deprived areas are more likely to experience severe mental illness, and to be admitted to hospital for self-harm.

3 What is the local picture?

A Mental Health Needs Assessment for Suffolk was published in 2018, and is being updated on an ongoing basis. The Needs Assessment includes more than twenty separate sections covering topics related to mental ill health. For more detail about mental ill health in Suffolk, please refer to the Mental Health Needs Assessment.
Note that Suffolk is covered by three Clinical Commissioning Groups (CCGs) and one of them spans Suffolk and Norfolk (Great Yarmouth and Waveney CCG). Figures are presented at CCG level because the data cannot be disaggregated into Great Yarmouth and Waveney.

3.1 Wellbeing

Research shows that many factors influence our quality of life and well-being. At a national level, how people view their health is the most important factor related to personal well-being, followed by employment status and relationship status.

The Office for National Statistics publish survey responses to four personal well-being questions. Respondents gave scores out of 10 to questions relating to life satisfaction, feeling that the things done in life are worthwhile, happiness, and anxiety (based on the previous day). Responses to questions show an increasing trend towards more positive answers both locally and nationally. In 2017/18, respondents in Suffolk gave answers which were on average more positive than both the East of England and England (Table 1).[5] Within Suffolk, 1 in 6 (17.0%) residents reported high anxiety and 1 in 13 (7.6%) residents reported a low happiness score.[6]

Table 1: Average score out of 10 given by survey respondents for life satisfaction, feeling that the things done in life are worthwhile, happiness yesterday, and anxiety yesterday, Suffolk, East of England, England, 2017/18[5]

<table>
<thead>
<tr>
<th></th>
<th>Life satisfaction</th>
<th>Worthwhile</th>
<th>Happiness</th>
<th>Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suffolk</td>
<td>7.78</td>
<td>7.99</td>
<td>7.67</td>
<td>2.90</td>
</tr>
<tr>
<td>East of England</td>
<td>7.73</td>
<td>7.91</td>
<td>7.58</td>
<td>2.82</td>
</tr>
<tr>
<td>England</td>
<td>7.68</td>
<td>7.88</td>
<td>7.52</td>
<td>2.74</td>
</tr>
</tbody>
</table>


3.2 Common mental ill health

Common mental ill health problems include depression and anxiety disorders such as generalised anxiety disorder, panic disorder, obsessive-compulsive disorder (called OCD for short) and post-traumatic stress disorder (called PTSD for short). Other common mental health problems include phobias about a specific thing (such as spiders) or situations (such as being embarrassed in front of other people).

These mental ill health problems are called ‘common’ because when combined they affect more people than other mental health problems (up to 15% of people at any one time in the UK).[7] Some people may have more than one mental health problem (such as depression and anxiety).

3.2.1 Prevalence estimates

The prevalence of common mental ill health problems can be estimated by looking at GP registered prevalence (the number of people with a diagnosis). However, this is likely to underestimate the true prevalence because some people living with mental ill health will not have been diagnosed. An estimate of the true number of people with a mental ill health problem (those with a diagnosis plus those without a diagnosis) can be calculated using survey responses.
3.2.1.1 GP registered prevalence of depression

Within the three CCG areas that cover Suffolk, a total of 74,470 people (aged 18 and over) had a GP registered diagnosis of depression in 2017/18 (Table 2). Prevalence was higher than East of England in all Suffolk CCGs. Possible reasons may include that the true prevalence of depression is higher in Suffolk CCGs or that Suffolk CCGs are more successful at identifying and diagnosing depression.

Table 2: GP registered prevalence of depression among individuals aged 18 and over, CCGs, East of England, England, 2017/18

<table>
<thead>
<tr>
<th>Geographical area</th>
<th>GP registered diagnoses of depression, 18 and over</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>Ipswich and East Suffolk CCG</td>
<td>32,988</td>
</tr>
<tr>
<td>Great Yarmouth and Waveney CCG</td>
<td>20,932</td>
</tr>
<tr>
<td>West Suffolk CCG</td>
<td>20,550</td>
</tr>
<tr>
<td>East of England</td>
<td>342,499</td>
</tr>
<tr>
<td>England</td>
<td>4,589,213</td>
</tr>
</tbody>
</table>


3.2.1.2 Estimated prevalence using survey responses

Based on responses to the Adult Psychiatric Morbidity Survey 2014, researchers have generated prevalence estimates for a range of common mental ill health conditions. These prevalence estimates have been applied to Office for National Statistics population estimates to give an estimated number of people within Suffolk, and the CCG areas covering Suffolk, who suffer with common mental ill health conditions. More detailed estimates for Suffolk districts and boroughs can be found in the Mental Health Needs Assessment.

In Suffolk, it is estimated that 104,697 residents experienced at least one common mental ill health condition in 2018 (Table 3). The most commonly occurring conditions were generalised anxiety disorder, depressive episode and phobias.

Table 3: Estimated prevalence of common mental ill health conditions among people aged 16 and over, CCGs, Suffolk, 2018

<table>
<thead>
<tr>
<th>Geographical area</th>
<th>Generalised anxiety disorder</th>
<th>Depressive episode</th>
<th>Phobias</th>
<th>Obsessive compulsive disorder</th>
<th>Panic disorder</th>
<th>Any CMD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ipswich and East Suffolk CCG</td>
<td>19,751</td>
<td>11,047</td>
<td>8,034</td>
<td>4,352</td>
<td>2,009</td>
<td>56,909</td>
</tr>
<tr>
<td>Great Yarmouth and Waveney CCG</td>
<td>11,797</td>
<td>6,598</td>
<td>4,799</td>
<td>2,599</td>
<td>1,200</td>
<td>33,990</td>
</tr>
</tbody>
</table>
### 3.3 Severe mental illness

Severe mental illness (SMI) describes conditions such as schizophrenia, bipolar disorder and other psychoses (conditions which involve losing touch with reality or experiencing delusions). People with severe mental illness experience poor outcomes in terms of physical health and mortality rates, and they have increased likelihood of unhealthy lifestyles including alcohol or substance misuse and smoking. Generally, the lives of people with severe mental illness are 15-20 years shorter than the rest of the population.\(^3\)

More detailed discussion about severe mental illness can be found in the State of Suffolk’s [groups at risk of disadvantage section](#) and the [Mental Health Needs Assessment for Suffolk](#).\(^3\)

#### 3.3.1 GP registered prevalence of severe mental illness

Within the three CCG areas that cover Suffolk, a total of 8,112 people of all ages had a GP registered diagnosis of severe mental illness in 2017/18 (Table 4).\(^6\) Prevalence was comparable to East of England in Ipswich and East Suffolk CCG and West Suffolk CCG, but higher in Great Yarmouth and Waveney CCG.\(^6\)

The higher prevalence in Great Yarmouth and Waveney CCG could be linked to the relatively more deprived population that live there compared to the rest of the East of England region. It has been shown that people living in more deprived areas are more likely to experience severe mental illness than those in less deprived areas.\(^3\)

<table>
<thead>
<tr>
<th>Geographical area</th>
<th>GP registered diagnoses of severe mental ill health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>Ipswich and East Suffolk CCG</td>
<td>3,542</td>
</tr>
<tr>
<td>Great Yarmouth and Waveney CCG</td>
<td>2,564</td>
</tr>
<tr>
<td>West Suffolk CCG</td>
<td>2,006</td>
</tr>
<tr>
<td>East of England</td>
<td>38,553</td>
</tr>
</tbody>
</table>

Note: Estimates are for prevalence identified in the week before interview unless otherwise specified.

3.4 Self-harm and suicide

3.4.1 Self-harm
The number of people admitted to hospital because of intentional self-harm has increased in Suffolk in recent years; in 2017/18 the rate in Suffolk was significantly higher than England (199.0 admissions per 100,000 residents compared to 185.5 admissions per 100,000 residents).[6] The highest levels of self-harm in Suffolk are seen in Ipswich and among younger women aged 16-24 years old.[3] There is a positive association between deprivation and emergency admission rates for self-harm in Suffolk, with higher admission rates in areas of relatively higher deprivation.[3]

3.4.2 Suicide
Among younger people aged 15-25 in Suffolk, there has been a small but significant increase in suicide between 2012-4 and 2015-17 (although the actual number of deaths is low).[3] Half of adolescents (aged 10-19) who die by suicide have a history of self-harm, and young people who self-harm are 17 times more likely to die (than non self-harming 10-19 year olds) by suicide within a year.[3]

Among people of all ages in Suffolk, the number of deaths by suicide have decreased from 187 deaths in 2012-14 to 171 in 2015-17.[3] Rates of death by suicide are significantly higher in urban areas compared to rural areas in Suffolk; among districts and boroughs, Forest Heath and Ipswich have the highest death rates by suicide.[3] Among the towns within Suffolk, Newmarket has a higher rate of death by suicide compared to the County average; males in Newmarket have a significantly raised death rate.[3] There is a positive association between deprivation and death rates by suicide in Suffolk, with death rates in areas of relatively higher deprivation.[3]

4 What policies affect mental health?
The independent Mental Health Task Force published a Five Year Forward View in February 2016, which covered care and support across all age groups.[10] NHS England referred to this as marking ‘the first time there has been a strategic approach to improving mental health outcomes across the health and care system’. The report identified the following priority areas for action:

- a 7-day NHS – right care, right time, right quality
- an integrated mental health and physical health approach
- promoting good mental health and preventing poor mental health – helping people lead better lives as equal citizens

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis.[11] It sets out how organisations should work together better to make sure that people get the help they need when they are having a mental health crisis. While the Concordat is concerned with acute and crisis provision, it also addresses the role of prevention and early intervention.

| England | 550,918 | 0.94% |

The focus of the Concordat is:

- access to support before crisis
- urgent and emergency access to crisis care
- quality of treatment and care when in crisis
- recovery and staying well

The 2011 report *No Health without Mental Health*\(^{12}\) was the Government's cross departmental strategy for mental health and wellbeing that set out a broad policy framework for developing services. The strategy set out six shared objectives to improve the mental health and wellbeing of the nation and to improve outcomes for people with mental ill health problems through high quality services. The strategy emphasised the interconnections between mental health, housing, employment, and the criminal justice system.

The six high level objectives were:

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

In 2018, the East Suffolk and West Suffolk CCGs, Suffolk User Forum, Suffolk Parent Carer Network, Suffolk Family Carers and Healthwatch Suffolk, along with the Norfolk & Suffolk NHS Foundation Trust and Suffolk County Council coproduced a *Mental health and emotional wellbeing 10 year strategy (2019-29)*\(^{16}\). It replaced the *Suffolk Joint Mental Health Commissioning Strategy for Adults 2014-2019*\(^{13}\). The new strategy was tagged #averydifferentconversation, and proposes a new model with areas for focus:

- improved access to services
- integration of physical and mental health
- focus on children and young people
- people with severe and enduring mental illness
- issues affecting older people
- personality disorders
- digital
- discharge / transition from services
- self-harm
- suicide prevention
- workforce

The draft Norfolk and Waveney adult mental health strategy *In good mental health*\(^{217}\) has six central pillars for future work:

1. Focus more on prevention and wellbeing
2. Ensure clear routes into and through services and make these transparent to all
3. Support the management of mental health issues in primary care settings
4. Provide appropriate support to those in crisis
5. Ensure effective in-patient care for those that really need it
6. Ensure the system is focused on working in an integrated way to care for patient

*Suffolk Lives Matter, the Suffolk suicide prevention strategy* was published in 2016.[14] The key priorities set out in the strategy were to:

- reduce suicide risk for all
- support people at greatest risk
- work more closely together between Suffolk's organisations
- improve how information is collected and interpreted

5 Further information

The *Mental Health Needs Assessment for Suffolk*[^3] was published in 2018, and is being updated on an ongoing basis. The Needs Assessment includes more than twenty separate sections covering topics related to mental ill health. For more detail about mental ill health in Suffolk, please refer to the Mental Health Needs Assessment.


NICE pathways allow users to navigate the breadth and depth of NICE recommendations on a given subject through topic-based diagrams, linking to the tools and resources that NICE has produced to support the implementation of the guidance. There are many pathways relating to mental ill health. [www.nice.org.uk/guidance/lifestyle-and-wellbeing/mental-health-and-wellbeing](http://www.nice.org.uk/guidance/lifestyle-and-wellbeing/mental-health-and-wellbeing)

Public Health England have published a range of profiles related to mental ill health[^6] on the Fingertips website: [fingertips.phe.org.uk/profile-group/mental-health](http://fingertips.phe.org.uk/profile-group/mental-health)

The *Global Burden of Disease study*[^15] provides a tool to quantify health loss from hundreds of diseases, injuries, and risk factors, so that health systems can be improved and disparities can be eliminated. The tools allow decision-makers to compare the effects of different diseases, such as malaria versus cancer, and then use that information at home. To make these results more accessible and useful, a suite of interactive data visualizations are available to analyse the data. Data on various measures of death and disability is now available at local authority level. [vizhub.healthdata.org/gbd-compare](http://vizhub.healthdata.org/gbd-compare)

Public Health England have produced guidance about cost effective commissioning of mental health services, and guidance about making decisions about mental health services and interventions based on data and analysis:


6 References


