Evidence Base

Suffolk Annual Public Health Report 2016
Evidence Base
Introduction

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The focus of 2015 Annual Public Health Report was on
physical illness, specifically what could be done to prevent
high levels of health and care need as the people of Suffolk
grow older.

The actions were not just for health and care services
themselves, but for the whole Suffolk system to take action.

In last year’s report we deliberately focused on physical
health even though we are aware of the overlaps between mental ill health and physical ill health
– hence the focus on mental health this year.

The burden of mental ill health is great, and yet mental health services often receive less attention
and are often discrete from those for physical illness. Suffolk is committed to valuing mental health
equally with physical health, echoing the NHS England parity of esteem programme. It is
imperative that residents in Suffolk have equal access to effective and safe care.

There are many factors that contribute to good mental health and emotional wellbeing. Some of
these are less modifiable such as gender and heritage. Others, such as our lifestyle and
behaviours, are modifiable. This report describes some of the factors that can affect mental
health at different stages of our lives and what we can do at an individual, community and
service level in order to:

• Promote mental health.
• Prevent mental ill health.
• Ensure people lead happier, healthier lives for longer.

This report acts as a springboard for the Suffolk mental health promotion plan and Suffolk’s five
year suicide prevention plan and strategy. The report cites recommendations on the actions
Suffolk needs to take now in order to prevent mental ill health, and how to help people with
mental health difficulties remain healthy in the future.
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“Mental ill health can affect anyone at any age. The aim of this report is to paint a picture of mental health in Suffolk, including the number of people living with mental ill health at various life stages, and those who may be at risk of developing mental ill health in the future.”
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Ambitions for mental health in Suffolk

1. Good mental health is a fundamental human right for everyone. Suffolk residents with mental ill health should be able to live the life they want to lead, without stigma or discrimination.

2. Good mental health is essential for good physical health, and vice versa. It is therefore vital that mental health is valued equally alongside physical health in Suffolk (embodying parity of esteem).

3. Good mental health and the wider determinants of health overall are deeply intertwined. The Suffolk social determinants of health should be conducive to good mental health including; our housing, skills, education, jobs and lifestyle.

4. Every Suffolk child should have the best start in life. Their emotional health and wellbeing should be a priority to ensure they grow in a nurturing and nourishing environment.

5. Suffolk residents should be able to age healthily, with good cognitive health, enabling them to live longer, more independent lives.

6. Suffolk aspires to have the lowest possible suicide rate, an ambition embodied in the Suicide Prevention Strategy for Suffolk. People should receive the timely support and intervention they need to prevent death by suicide. Families should have access to the welfare and bereavement services to be able to cope with their loss.
Key points

The following information summarises some of the key areas discussed in the report and directly links to the Suffolk ambitions for mental health.

- We know that one in four Suffolk residents experience some form of mental ill health across a spectrum of severity levels in any given year.

- People with mental health conditions experience poor outcomes in terms of physical health and mortality rates\(^1\). Conversely, people with long term physical conditions experience high levels of mental ill health, as do informal and family carers supporting people at home\(^2\).

- People with mental ill health may not feel able to access preventive and general health care as readily as others. GPs offer an annual health check for those with serious mental ill health and NHS health checks are available for adults aged 40 – 74, however those with the greatest needs may not access the checks\(^1\). There is an inequalities gap; those with severe mental ill health are more likely to experience poor physical health, and yet may be less likely to access information, tests and interventions relating to physical activity, smoking, alcohol problems, obesity, diabetes, heart disease and cancer.

- Health care professionals working in mental health services may not have the knowledge and skills, awareness of pathways and provision, or even the equipment, to support general health care\(^3\). More generally, employers and staff may not possess this knowledge or have the appropriate skills to promote positive mental health and emotional wellbeing.
Giving a child the best start in life precedes birth, and builds strong foundations for future mental health and emotional wellbeing.

Older people are at risk of the same emotional and mental ill health as younger people, they also have a much higher risk of dementia. The risk of depression increases with age and ill health, and is more common in women.

There are societal and financial costs that we could potentially reduce. The costs of mental ill health are multifaceted and high. They are incurred both by individuals and their families, and by wider society. Some of the costs are ‘direct’, meaning that they are the costs borne by health and social care services, communities, and by patients and their families in addressing mental ill health. Other costs are ‘indirect’, and include lost productivity due to unemployment, absence from work because of mental ill health, or caused by people attending work when they are unwell.

Evidence indicates that nearly nine out of ten people with mental ill health report that stigma and discrimination negatively impacts their lives. Not only can this delay access to treatment and recovery, it also impacts upon all aspects of a person’s life, from finding work, living in suitable housing, and having meaningful social connections and relationships with others.

What is parity of esteem and why is it important?
Parity of esteem is a term used in the mental health strategy for England. The Royal College of Psychiatrists defines parity of esteem as “valuing mental health equally with physical health”. It is important that people in Suffolk have equal access to effective, safe care, for both mental health and physical health conditions.

What is emotional wellbeing?
Whilst most people understand the concepts of mental health and ill health, the term wellbeing in mental health can have many interpretations. Wellbeing can be hard to measure, and a range of measurement options exist.

A 2016 British Social Attitudes survey found that 91% of people surveyed were very or quite confident that they know what it means to have good mental wellbeing (without being given any definition).
respondents, (in order to ensure respondents were answering further questions on the basis of the same understanding of mental wellbeing): “…how someone is feeling and how well they deal with the normal ups and downs of everyday life.

Having good mental wellbeing includes: feeling positive, enjoying daily activities, getting on well with other people, being able to make decisions, and dealing with change or uncertainty”.

Two-thirds (65%) of respondents thought mental wellbeing was important – at least in terms of spending time thinking about it. A quarter say they thought about mental wellbeing “a great deal” and a 40% say “quite a lot”. Just 6% say “not at all”.

Wherever possible in this report we will use the term emotional wellbeing, and encompass the definitions within the social attitudes survey as well as our local definitions. For example, in Suffolk, we also use the definition within the Suffolk Children’s and Young Peoples Emotional Wellbeing 2020 strategy (but apply it to the whole population rather than just children):

“Emotional wellbeing is intricately connected to mental health, and involves having a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment. It centres on how we feel and represents our emotional state in everyday life. The phrase ‘emotional wellbeing’ is seen as more positive and holistic, and for this reason is preferred when talking about the emotional and mental wellbeing of children in Suffolk”.

It is important that we recognise that physical and emotional wellbeing are linked, and also that a person can experience emotional wellbeing while having mental or physical ill health.
A 2015/16 personal wellbeing survey found that for those age 16+ in Suffolk:

Source: \textsuperscript{10,11}note percentages used for calculation

The Office of National Statistics (ONS) Personal Wellbeing survey found that: More Suffolk residents reported low satisfaction, low happiness, and high anxiety scores in 2014/15 than the national average, although the differences were not significant. Almost one in ten (9.2\%) people in Suffolk reported a low happiness score in 2014/15, and almost a fifth (19.6\%) reported a high anxiety score\textsuperscript{11}. 

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*Note:* Approximate number affected in Suffolk: 47,400, 114,300, 26,700, 21,300.
Who is affected?

Figure 2: Estimates of numbers and percentages affected by mental ill health

Who is Affected?

IN ENGLAND IN 2014: ONE IN SIX ADULTS MET THE CRITERIA FOR A COMMON MENTAL DISORDER (CMD).

103,300
SUFFOLK ADULTS (M=) ARE ESTIMATED TO MEET THE CRITERIA FOR A COMMON MENTAL DISORDER.

7,516
THE NUMBER OF PEOPLE REGISTERED WITH A SUDDEN SPAN IN 2004/2015 THAT HAVE BEEN DIAGNOSED WITH CONSUMPTION, BIPOLAR OR OTHER PSYCHOSES.

DOUBLED
THE NATIONAL REPORTS OF SELF-HARMING IN MEN AND WOMEN AND ACROSS AGE GROUPS BETWEEN 2007 AND 2014. (THIS COULD BE IN PART DUE TO INCREASED REPORTING)

1 IN 100
PEOPLE ARE AFFECTED BY SEVERE MENTAL ILL HEALTH IN SUFFOLK.

12,800
PEOPLE IN SUFFOLK WITH DEMENTIA.

A FURTHER 5,000
HAVE DEMENTIA BUT REMAIN UNDIAGNOSED.

19.1%
THE PERCENTAGE OF PEOPLE IN SUFFOLK ENTERING SPECIALIST ONCOLOGY SERVICES IN 2004/2015 THAT HAVE BEEN DIAGNOSED WITH CONSUMPTION, BIPOLAR OR OTHER PSYCHOSES.

50% OF LIFELONG MENTAL HEALTH PROBLEMS DEVELOP BEFORE THE AGE OF 14.
75% DEVELOP BEFORE THE AGE OF 25.
YET ONLY 25-40% OF CHILDREN AND YOUNG PEOPLE WITH MENTAL HEALTH DIFFICULTIES RECEIVE INPUT FROM A MENTAL HEALTH PROFESSIONAL AT ALL, OR AT AN EARLY AGE.

Source: 10, 12, 13, 14, 15, 16, 17, 18
Figure 3: Estimates of numbers and percentages affected by mental ill health (continued)

AN ESTIMATED 70% OF PEOPLE WITH POST TRAUMATIC STRESS DISORDER (PTSD) IN THE UK DO NOT SEEK ANY PROFESSIONAL HELP AT ALL.

ONE IN THREE WITH A CMID REPORTED CURRENT USE OF MENTAL HEALTH TREATMENT IN 2014, AN INCREASE FROM THE 1 IN 20 WHO REPORTED THIS IN 2000 AND 2007.

PEOPLE AGED 16 TO 74 IN SUFFOLK ARE ESTIMATED TO HAVE A PERSONALITY DISORDER, WITH MORE MEN AFFECTED THAN WOMEN.

9.1% OF CHILDREN AGED 5-16 YEARS ARE ESTIMATED TO EXPERIENCE MENTAL ILL HEALTH IN SUFFOLK (OVER 9,000 INDIVIDUALS).

SUFFOLK RESIDENTS AGED 16+ ARE ESTIMATED TO BE LIVING WITH PTSD.

ONE IN SIX PEOPLE IN THE WORKPLACE WILL HAVE A DIAGNOSABLE MENTAL HEALTH CONDITION. 60-70% OF PEOPLE WITH COMMON MENTAL HEALTH CONDITIONS ARE IN EMPLOYMENT.

THE AVERAGE NUMBER OF DEATHS BY SUICIDE IN SUFFOLK EACH YEAR.

26,700

35,200

THE ESTIMATED NUMBER OF PEOPLE AGE 16+ WITH EATING DISORDERS IN SUFFOLK.

Source: 10, 12, 19, 20, 21, 22

Figure 4: Impacts of mental ill health

ALMOST HALF OF ALL TOBACCO CONSUMED IS BY PEOPLE WITH MENTAL ILL HEALTH.

THE DIRECT COSTS OF MENTAL ILL HEALTH IN ENGLAND IN 2013/14 WERE ESTIMATED TO BE £34 BILLION.

MENTAL ILL HEALTH COSTS SUFFOLK £450 MILLION IN DIRECT COSTS, AND IS ESTIMATED TO COST BETWEEN £400-950 MILLION IN INDIRECT COSTS EACH YEAR.

Source: 8, 23, 24
A summary of population, prevalence, and epidemiology in Suffolk

Population
There are an estimated 741,900 people living in Suffolk; 607,865 of these are adults (16+). The commonest forms of mental ill health are mixed anxiety and depression. Severe mental ill health, such as schizophrenia and bipolar disorder, affects approximately 1 in 100 people during life.

Depression
Depression is a common and debilitating condition. Figures for 2014/15 from the Quality and Outcomes Framework (QOF) indicate that around 8% (56,457 people) aged 18 and over in Suffolk have been recognised by their GP as having depression, with only small variation across the Clinical Commissioning Group (CCG) areas:
- Great Yarmouth and Waveney CCG: 8.0%
- Ipswich and East Suffolk CCG: 8.2%
- West Suffolk CCG: 7.9%

These figures may underestimate the prevalence of depression. Other sources of data put the number of people aged 18-64 years in Suffolk with a common mental health disorder (such as depression or anxiety) at just under 68,400 in 2015. A weak correlation between deprivation and levels of depression in Suffolk has been found.

Severe mental ill health
Severe mental ill health includes: schizophrenia, bipolar disorder and schizoaffective disorder. Approximately 1% of the population will be affected by severe mental ill health. QOF data for 2014/15 indicates that 7,516 people registered at a Suffolk GP and were diagnosed with schizophrenia, bipolar disorder or other psychoses (approximately 0.9% prevalence rate).

Comparison to the general population, patients with schizophrenia will on average die 14.6 years earlier, and patients with schizoaffective disorder die 8 years earlier.

Personality disorders
Personality disorders are a complex group of conditions identified through how an individual thinks, feels and behaves. The prevalence is estimated to be around
24,000 people aged 16 to 74 in Suffolk\textsuperscript{19}. More men are affected than women although the type of personality disorder which is most prevalent varies between men and women\textsuperscript{19}.

**Deaths from suicide**

There were 187 deaths from suicide between 2012 and 2014 in Suffolk, the majority being men (137), although the age standardised suicide rate per 100,000 people is not significantly different from regional and national averages. The main risk factors for suicide in the East of England are, as elsewhere:

- Being male,
- Living alone,
- Unemployment,
- Drug or alcohol misuse,
- History of mental ill health.

The next sections of the annual report are arranged in the life course approach with some of the key positive and negative factors identified.
1. Starting well: Perinatal mental health

Giving a child the best start in life precedes birth, and builds strong foundations for future mental health and emotional wellbeing.

Mental health problems occurring during pregnancy or in the first postpartum year are referred to as perinatal. Mental ill health may start at this time or pre-existing conditions may relapse or recur. Mental ill health may range from anxiety to severe mental ill health, including psychosis.

Some women are more at risk than others. It has been estimated that as many as 50% of women become emotional or express ‘baby-blues’ after delivery\textsuperscript{28}. However, this is usually short-lived.

In Suffolk (2014) 7,857 women had 7,960 babies\textsuperscript{29} (live births). These figures can be used to estimate perinatal mental ill health (as shown in Table 1). However, the 1,500 women in 2014 who experienced miscarriage or terminated their pregnancy may also need extra support in relation to their mental health, and are not included in the estimates below. Therefore, need may be slightly underestimated.

Table 1: Estimated perinatal psychiatric disorders in Suffolk, 2014

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Estimated national prevalence / % of women affected</th>
<th>Estimated number of women in Suffolk per year (rounded) with a perinatal mental health need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>12%</td>
<td>943</td>
</tr>
<tr>
<td>Anxiety</td>
<td>13%</td>
<td>1,021</td>
</tr>
<tr>
<td>Post-partum psychosis</td>
<td>0.1-0.2%</td>
<td>8-16</td>
</tr>
<tr>
<td>PTSD postnatally</td>
<td>3%</td>
<td>236</td>
</tr>
</tbody>
</table>

Sources: \textsuperscript{30,29}

Maternal deaths in the UK between are reviewed regularly and between 2011 and 2013 almost a quarter (23\%) of women who died between six weeks and one year after pregnancy were found to have died from mental-health related causes\textsuperscript{31}. 
Any woman could be at risk of developing mental ill health during pregnancy and in the first year after delivery. However, poverty, migration, extreme stress, exposure to violence (domestic, sexual and gender-based), emergency and conflict situations, natural disasters, and low social support generally increase risks for specific types of mental ill health.

Impact upon the child and family
Mental ill health during pregnancy and the postnatal period that is not identified and treated can have serious consequences for the health and emotional wellbeing of a mother and her baby, as well as her partner and other family members.

Many mothers experience a healthy mother–baby relationship, but for some this can be a challenge. Difficulties in the first year after childbirth may lead to a range of problems for the baby, including delayed cognitive and emotional development. There is good evidence that postnatal depression is a risk factor for impairment in infant development, with these problems persisting to at least school age.

Ethnicity of the mother
Ethnicity can influence how women access services. For example, there may be cultural issues that influence how readily pregnant women and new mothers access services, and language barriers to overcome. Services need to be sensitive to these different needs. The 2011 Census shows that 4.7% of Suffolk’s residents were from an ethnic group other than white, but there is considerable variation within Suffolk, and this proportion rises to 11% of the population in Ipswich.

Deprivation
Suffolk data indicates that more births occur in households which are more deprived than in households which are better off. Evidence suggests there are differences in access to healthcare services and treatment of conditions by levels of deprivation with those from more deprived areas less likely to use the services they need.

What’s happening locally? Currently there are no specific services or protocols in place for perinatal mental health in Suffolk, although pilots have taken place in West
Suffolk and Waveney. However, all the generic mental health services provide support through existing pathways.

GP services provide support for less severe mental health problems and the **Suffolk Wellbeing Service** provides psychological interventions for East and west Suffolk residents, with the Norfolk and Waveney service providing similar services in Waveney. Health visitors, midwives and GPs refer to the relevant services for support.

**Key prevention opportunities:** There are a number of opportunities for identifying mental health problems during pregnancy from the first antenatal, or ‘booking’, appointment through to postnatal care.

Perinatal mental health has been identified as a priority area in the Suffolk Sustainability and Transformation Plan, with actions yet to be defined.

Clear pathways for referral and integrated care management between specialist mental health services, maternity services and health visiting services, in collaboration with social care where appropriate, will improve access to services for those who need them. This work is underway as part of Local Transformation Plans for children and young people’s mental health which are being led jointly by CCGs, midwifery and children’s services.

**Potential savings:** The lifetime costs of perinatal mental ill health are estimated at £8.1 billion for each annual birth cohort, or almost £10,000 per birth⁹⁹. As there are approximately 7,960 births each year in Suffolk, these costs could be as high as £77.5m each year locally. Nearly three quarters of this cost relates to adverse impacts on the child, rather than the mother.

A recent economic assessment of a structured perinatal mental health pathway suggests that providing these services can improve health and reduce cost. The suggested model involves consistent screening for mental ill health at all routine contacts with midwives and health visitors pre and post birth. Women who screen positive are then referred to their GP or into an IAPT service, with psychological
therapy then being provided as appropriate. There are direct public service cost savings of £1.75 for every £1 spent on IAPT; wider benefits to society, including the benefits of improved health to the mother, are estimated to outweigh the additional treatment costs by a factor of 6 to 1. Suffolk has an IAPT service, but at the time of writing the numbers of pregnant women referred to this service are unknown.
2. Growing well: Children and young people

Children are likely to experience the impact of any family members with poor mental health but may also experience mental ill health themselves. In Suffolk, it is estimated that almost one in ten (9.1%) children aged between 5 and 16 years has a mental health disorder. This equates to just over 9,000 individuals\textsuperscript{20}.

**Children in care are four times more likely to have mental ill health compared to their peers\textsuperscript{40}**.

For every 1,000 children in Suffolk, 48 will be in care and there has been little variation over the last three years. As at 31 March 2015 there were 730 Suffolk children in care\textsuperscript{41}; of whom 329 (45%\textsuperscript{40}) could experience mental ill health.

**Self-harming** is considered to be a risk factor for the development of mental ill health in young people\textsuperscript{42}. In Suffolk over the period 2010/11 to 2012/13 there were 1,274 admissions to hospital for self-harm in young people aged 10 to 24. The overall rate of self-harm admissions in Suffolk is similar to the national average (375 per 100,000 people aged 10-24 years compared to 399 per 100,000 in England)\textsuperscript{20}. Hospital admissions data for Suffolk indicates that for children and young people aged 0-19 years rates of self-harm are three times greater in the most deprived Suffolk residents compared to the least deprived.
Family circumstances such as unemployment, parenting capacity and capabilities, and the resources available within the community can all impact on a child’s wellbeing. Some parents face additional challenges due to substance misuse, their own mental health issues and/or domestic abuse (known as hidden harm). Although many parents experiencing these challenges are able to meet their children’s needs, these risk factors can have a negative impact on their ability to parent and lead to worse outcomes for their children.

In Suffolk in 2012, there were 310,745 households, a quarter of which contained dependent children (85,192). It was further noted that as of March 2016 there were over 2,700 children in need, 428 children on child protection plans, and an estimated 10,600-17,200 affected by parental alcohol misuse and 3,300 to 5,000 by parental drug abuse (in 2014-2015).

Conduct disorder

Conduct disorder is often expressed through behavioural difficulties. The majority of children with the disorder will be undiagnosed as the primary presenting problem is behavioural e.g. persistent pattern of antisocial, aggressive or defiant behaviour that

![Figure 5: Hospital admissions as a result of self-harm (10-24 years) 2014/15](image-url)
amounts to significant and persistent violations of age-appropriate social expectation\textsuperscript{45}, which is outside the remit of many mental health and paediatric services. Conduct disorder affects 5,800 children (5.8\%) of children aged 5-16 years in Suffolk.

**Eating disorders**

Eating disorders include a range of conditions including anorexia nervosa, bulimia, and Binge Eating Disorder (BED). Risk factors for eating disorders are often intertwined with mental health status for example the presence of depression or an anxiety disorders\textsuperscript{46}. Societal factors, a family history of eating disorders, stress inducing situations and abuse also increase the risk\textsuperscript{46}.

It is important to note that many eating disorders (excluding BED) begin in adolescence and young adulthood, and affect both genders. Around 1 in 250 women and 1 in 2,000 men will experience anorexia nervosa at some point. The estimated prevalence of eating disorders in Suffolk is 6.68\% (for those age 16+), equating to approximately 35,200 people\textsuperscript{21}. Successful treatment involves helping to resolve the underlying physiological causes whilst improving physical health.

**What’s happening locally?** In Suffolk, Children and Young People’s services are working to identify at risk parents/families as early as possible through ‘Signs of Safety’. This enables the provision of support when and as required to help them overcome family’s challenges and sustain their independent life without support in the future.

The Suffolk Parenting Programme has been delivered since 2009, and aims to identify and intervene as soon as possible with a view to tackling issues that have already emerged in a child.

In Suffolk families and children’s wellbeing is targeted by two strategies that aim to improving service integration, and better access to timely early help. Suffolk has launched the Family 2020 Strategy for professionals and partners to enable more integrated services to support the well-being of families, and for families to become more resilient. The strategy emphasises collective responsibility to ensure that there is
early help available for vulnerable families, thus reducing spending on late interventions and improving outcomes. The strategy aims to target the hidden need in Suffolk’s most vulnerable families\textsuperscript{47,48}.

There is also a strategy to improve the emotional wellbeing for children and young people. Local transformation plans in east and west Suffolk, and Waveney and Norfolk, aim to improve the way service respond when issues arise. The plans are being jointly delivered by the NHS, local authority, service providers and users of the services. The focus is more than mental health services, it is about how services work together, eliminate gaps and embed a culture that promotes good emotional wellbeing.

Successful implementation of these strategies will improve emotional wellbeing of children and reduce the further burden of adult mental health\textsuperscript{47,48}.

Norfolk and Suffolk NHS Foundation Trust (NSFT) launched the Children and Young People’s Community Eating Disorder Service (CEDS) in July 2016. CEDS will provide a range of different interventions, all of which are in line with best practice set out by NICE (National Institute for Health and Care) and will be tailored to each individual’s needs. This includes help changing behaviour, medication, nutritional advice, psychological help, meal support, family therapy and education about the effect which losing weight can have.

**Key prevention opportunities:** Promotion of mental health and emotional wellbeing in children and young people is everyone’s business. Challenges to a child’s home and family environment can be identified as early as the prenatal period, providing opportunities for prevention and early intervention.

Providing parents and frontline professionals with tools and strategies to identify mental health related issues in children and young people at an early stage, and providing appropriate support as needed can help improve mental health and emotional wellbeing.
A holistic approach promoting good mental health has shown the benefit of delivering interventions in settings such as schools, workplaces and communities. An example of this includes encouraging and supporting schools to increase emotional resilience in children and young people. Promotion of speech and language development of all children at early stages of development has a positive impact on their emotional wellbeing.

Making it easier to access the help and support needed can also facilitate recovery. For example, providing a single point of access and assessment, and improving timely access to the right level of support to children and young people experiencing mental ill health will help to improve outcomes.

**Potential savings:**

Early and effective response to mental health problems will result in better outcomes for the child and family but the financial return for such intervention is also compelling. Best estimates show a 10 fold saving where effective parenting interventions are delivered and the estimated saving from effective treatments for anxiety and depression range from £2 up to £32 for every £1 spent on treatment.49

The Government has allocated dedicated funding over four years from 2015/16 to support the development and implementation of the Local Transformation Plans. This was around £1.9 million for Norfolk and Waveney and around £1.2 million per year for East and West Suffolk combined. The local transformation plans for Suffolk include how this additional investment will be used to improve our response to emotional and mental health difficulties and achieve savings in the short and longer term alongside improving outcomes.
3. Working well: Being well in the workplace

Evidence shows that being employed has a positive impact on a person’s mental health\textsuperscript{50}. However, simply being in employment is no guaranteed safeguard against mental ill health. One in six people\textsuperscript{22} in the workplace will have a diagnosable mental health condition.

42.7\% of those who report mental illness as their main health problem (Mental illness, phobia, panics, nervous disorders (including depression, bad nerves or anxiety) are in employment compared to 73.5\% of the total population\textsuperscript{51}.

With the average full-time employee spending a third of their waking hours each week at work\textsuperscript{52} often for over 40 years, the workplace has a significant influence on an individual’s mental health and emotional wellbeing. Studies have demonstrated that a healthy workplace can be achieved by offering employees greater control and flexibility over their work; greater participation in decision-making; and by helping managers improve their people management skills\textsuperscript{53}. NICE guidance, PH22\textsuperscript{54}, covers further recommendations for businesses to promote emotional wellbeing at work\textsuperscript{55, 56}.

“Time to change” is a national campaign offering organisations the opportunity to publicly pledge to improve the mental health of their employees. Suffolk County council signed the pledge in 2014 and many other organisations in Suffolk are already working towards changing the culture in the workplace to support positive mental health.

Individuals with a mental health condition may need appropriate support in the workplace to stay healthy. Reasonable adjustments can include anything from specialised training or equipment, to changes in responsibilities or allowing flexible work hours. The adjustments are often inexpensive and only needed for short periods. Free advice is available from ‘Time to Change’\textsuperscript{57} and ‘Acas’\textsuperscript{58} for managers and ‘Rethink Mental ill-health’\textsuperscript{59} has advice for the employee. Businesses of any size can also access the free offer of occupational health support through ‘Fit for Work’\textsuperscript{60}.
which includes a phone advice service. For employees with a mental health condition ‘Access to Work’ offer assessments and personalised support plans to either remain at or return to work.

An individual’s ability to cope with pressure will differ depending on a range of factors including previous experiences and current circumstances. Resilience can be strengthened by improving general emotional wellbeing. The ‘Five ways to wellbeing’ is a framework that lists a set of actions to improve people’s emotional wellbeing:

- When you **connect** with others like family and colleagues, you allow them to support and enrich you every day.
- To **be active** improves your emotional wellbeing.
- When you **take notice** of what is around you, the unusual or the beautiful and savour these moments, it helps you reflect on what is important to you.
- To **keep learning** builds confidence.
- When you **give** – a smile, your time or money – you are creating connections which can be very rewarding.

This approach can help everyone to cope better with the challenges of everyday life.

**What’s happening locally?** Many organisations in Suffolk already work towards changing the culture in the workplace to support positive mental health.

Since 2014, projects in Suffolk County Council have included implementing a mental health policy and toolkit which has been shared with other organisations, and dedicated training for managers. The council has also marked the ‘Time to Talk Day’ in February by encouraging all staff to take five minutes from any meeting they have on the day to talk about mental health with the attendees. Currently this work does not seem to have affected staff absence due to stress but as with many conditions associated with stigma, initial awareness raising work may give individuals more confidence to report the condition. This can make monitoring the impact of interventions more difficult.
**Key prevention opportunities:** NICE advice suggests that promoting mental wellbeing in the workplace along with management of long term sickness absence, promoting physical activity, smoking cessation and action to decrease excess weight in the workforce will be cost effective\(^6^3\).

Mental health is everybody’s business and in the workplace the individual employee, managers and the organisation as a whole can influence the emotional wellbeing of staff. It is important that everyone in the workplace sees employee’s mental health as a key responsibility, and know the best ways to support employees.

**Potential savings:** The estimated cost of mental health related absence in the UK is £8.4 billion per year\(^6^4\) suggesting a cost to Suffolk of around £112 million a year. If individuals are unable to work, this also has implications for their employers. Workplace mental health promotion programmes have been found to save almost £10 for every £1 invested\(^6^5\).

*Figure 6: Public Health England, health and work infographic*

*Source: 66*
4. Living well: Lifestyles

We know that choosing a healthy lifestyle will lead to improved health and emotional wellbeing for the people of Suffolk. However, unhealthy lifestyles can be a response to stress or societal circumstances. They can also be influenced by access and availability (e.g. unhealthy food options or cigarettes).

Physical health and mental health are inextricably linked\textsuperscript{67}. People with physical health problems, particularly chronic diseases, are at increased risk of poor mental health, in particular; depression and anxiety\textsuperscript{67}. Similarly, poor mental health can adversely affect physical health; psychological distress and mental ill health have been linked with a wide range of physical conditions, for example; heart disease, stroke, cancer and musculoskeletal problems\textsuperscript{67}.

Lifestyle-related risk factors also contribute to lower quality of life in those with severe mental ill health and are some of the main factors responsible for the dramatic \textbf{15–20-year lower life expectancy} among people with severe mental ill health\textsuperscript{68,69}.

\textbf{Physical activity}

Physical activity reduces the risk of mental ill health including depression, cognitive decline and dementia. It improves self-perception of emotional wellbeing, increases self-esteem, lowers the likelihood of sleep disorders and enables a better ability to cope with stress\textsuperscript{70}.

There is a direct link between poorer health and wellbeing of the population and both a reduction in physical activity levels and an increase in sedentary behaviour\textsuperscript{71}. Physical inactivity in itself is the fourth leading risk factor for global mortality and is attributed to 17\% of deaths in the UK\textsuperscript{72,73,74}. Physical inactivity is not only linked with obesity but also many preventable physical health conditions including coronary heart disease, diabetes and certain cancers\textsuperscript{74}. Being physically active can also play an important role in supporting good mental health and wellbeing\textsuperscript{75}. It is estimated that physical inactivity costs the UK approximately £7.4bn each year\textsuperscript{76}.  

Recommended guidelines for physical activity in adults are 150 minutes of moderate intensity or 75 minutes of vigorous intensity activity per week. 37,000 deaths per year could be prevented in England if the activity guidelines from the Chief Medical Officer were met.

**Excess weight:**
The link between excess weight and physical ill health has been known for many years. However it also links to mental health and emotional wellbeing; excess weight can make it more difficult for people to find and keep work, and it can affect self-esteem and mental health.

In Suffolk nearly 2 in every 3 adults are overweight or obese (65.9%), this is significantly worse than the England value (64.6%).

**Smoking:**
16% of adults in Suffolk smoke.

Smoking rates in adults with depression are approximately twice as high as among adults without depression and 37% of those with long term mental health issue are smokers.

Individuals with mental health conditions can have particular difficulty when they try to stop smoking and can have more severe withdrawal symptoms during attempts to give up. Almost half of all tobacco is now consumed by people with a mental health problem, and it is very important that services offer sufficient support to those with mental health conditions in order to reduce smoking and tobacco use which will improve their physical health.
Alcohol

Although many people consume alcohol without damaging their health\textsuperscript{83}, excessive consumption can cause severe physical and mental health conditions. It is estimated that approximately 15\% of the Suffolk population aged over 18 drink above the advised limits and 3.8\%, or 22,000 people in Suffolk are alcohol dependent\textsuperscript{83}. Rates of hospital admissions for alcohol and other substance misuse are lower in Suffolk than regionally or nationally, but in 2014/15, just over 8,000 people in Suffolk had an alcohol related hospital admission.

Substance misuse

In addition to addiction and dependency, some illegal and recreational drugs can make the symptoms of mental ill health worse in those with pre-existing conditions and can also trigger mental ill health. For example there is growing evidence that regular cannabis use increases the risk of developing a psychotic episode or long-term schizophrenia\textsuperscript{84}.

Prevalence estimates for 2011/12 (latest available) suggest there are 2,398 opiate and/or crack cocaine users resident in Suffolk, giving an estimated prevalence rate of 5.2 per 1,000 population. Not all of these individuals will be in substance misuse treatment services, and many will be unknown to treatment services\textsuperscript{14}.

Mental health problems are common among those in treatment for drug use\textsuperscript{14} and in Suffolk 19.1\% of all people entering specialist drug misuse services in 2014/15 were having treatment from mental health services for a reason other than substance misuse at the time of assessment.

Cannabis and mental health

Cannabis dependence has not been shown to increase mortality but it is a risk factor for schizophrenia in some patients and plays a causal role\textsuperscript{84,85}. The mean age of onset of psychosis among cannabis users has been shown to be almost three years earlier than that of non-cannabis users\textsuperscript{85}. The Suffolk young people’s substance misuse needs assessment\textsuperscript{86}, found that 71\% of young people referred to the drug and alcohol service in that year stated cannabis as their primary drug. This is lower than the national figure of 86\%. The profile of young people accessing
Living well with mental ill health
It is possible for those with mental health conditions to live well through a combination of resilience, support from friends, family, communities, and services and by having a healthy lifestyle. However, the benefits of prevention and early detection and intervention for some mental health conditions and the interaction of physical and mental ill health is not always recognised. This section explores some of these issues.

Dual diagnosis
Individuals with substance misuse (drug, alcohol or both) and mental health problems together are referred to as having dual diagnosis.

There is a strong association between poor mental health and health risk behaviours such as smoking, and alcohol and drug misuse. The inter relationship between drug and alcohol misuse and mental health conditions is complex and has historically been widely debated.

The prevalence of dual diagnosis in Suffolk is difficult to quantify. In 2014/15, at least 202 individuals had a formal diagnosis of dual diagnosis, but this is an underestimate as not all those with dual diagnosis present for treatment, or are in treatment all the time.

It is estimated that 75% of those in drug treatment services have a concurrent mental health problem, with the estimate rising to 85% for those in alcohol treatment provision and up to 75% of all prisoners have dual diagnosis.

Good practice guidance recommends that clients with dual diagnosis be managed within mental health provision with support from substance misuse teams. A national review in 2008 found that the recommendations were often not in place.

substance misuse services in Suffolk in 2014 showed that 68% used other drugs (in addition to or separately from cannabis) and 75% were offenders.
In Suffolk there is an agreement between providers about which service should lead for those with dual diagnosis, however this is not always clear which could meant some individuals do not get the full range of support they need.

**Traumatic childhood experiences**

Traumatic experiences in childhood have been shown to increase the risk of mental ill health in later life. Experiencing or witnessing abuse, violence or other types of traumatic experience can result in Post-Traumatic Stress Disorder (PTSD) as well as other forms of mental ill health. A history of trauma or abuse can also increase the risk of suicide\(^9\). Traumatic experiences at a young age have been linked to deep social exclusion in later life (such as homelessness)\(^9\). It is suggested that these traumatic experiences early on can undermine adolescent coping mechanisms, and have ramifications throughout the lifecourse\(^9\).

Childhood experiences may affect the formation and sustainability of adult relationships. Evidence also exists to suggest that people with a history of trauma in childhood have more chronic conditions in adulthood\(^9\). This was partially explained by lower levels of mental health as well as diminished socioeconomic resources\(^9\).

**Post-Traumatic Stress Disorder (PTSD)**

PTSD is wider than something affecting those who have seen combat situations or experienced hostage situations, natural disasters and other rare but extreme events. Whilst these are examples of causes of PTSD, there are many other stress inducing events that can trigger this condition – for example car accidents, traumatic pregnancies and births\(^9\), bereavement, or a significant change in health status (for example a cancer diagnosis)\(^9\).

An estimated 26,700 Suffolk residents aged 16+ are living with PTSD\(^10,12\). Evidence suggests that around 70% of people with PTSD in the UK do not receive any professional help at all\(^9\).

It is important that the family, friends and carers of those with PTSD are not overlooked, as they will also be affected when a loved one has PTSD. Listening to trauma stories or being exposed to symptoms like flashbacks may trigger secondary
traumatisation in family, friends and carers, and therefore adequate support must also be given to affected family members or carers\textsuperscript{96}.

**Mental health and PTSD in armed forces populations**

Over the period 1 October 2014 - 1 October 2015 an estimated 300 veterans sought support for a range of mental health issues in Suffolk. Approximately 230 of these were supported by statutory services, and some 70 sought support from military charity mental health providers\textsuperscript{97}.

Mixed evidence for the increased prevalence of mental ill health in armed forces personnel and veterans appears to persist. The issues are complex and difficult to untangle, as with the general population. However, there appear to be two specific groups that are more at risk of PTSD; Early Service Leavers (ESL) and younger recruits.

A recently published report by SSAFA (the Armed Forces charity, formerly known as Soldiers, Sailors, Airmen and Families Association)\textsuperscript{98} notes that:

> “Mental health problems rarely exist in isolation, and they are not always caused solely by veterans’ experiences while serving. The experiences of the veterans surveyed suggests that in many cases depression is triggered by physical health problems, unemployment, financial problems or relationship breakdown – or sometimes a combination of more than one of these factors”.

A recent study has found that Early Service Leavers (ESLs) were more likely to self-report symptoms of common mental disorders, probable PTSD, fatigue and multiple physical symptoms, compared with non-ESLs after having left Service\textsuperscript{99}. ESL are an important group to explore in more detail as they fall in to a highly vulnerable group of service leavers that tend to struggle most, yet get the least help\textsuperscript{100}.

**Crisis**

Crisis is when a person with mental ill health urgently needs help due to their behaviour being out of control or irrational and likely to endanger either the person themselves, or others. This may include suicidal behaviour or intention, panic attacks,
extreme anxiety, or psychotic episodes. The worst cases of crisis can lead to injuries or death. The nature of each crisis is unique and variable.

Unfortunately, there is no routinely collected data on mental health related crises. We do know the rate of emergency admissions for self-harm (when somebody damages or injures their body on purpose, with a non-fatal outcome) which for Suffolk in 2014/15 was 178 people per 100,000; 1,242 admissions in total and a significantly lower rate than for England as a whole\textsuperscript{101}. Detentions under the Mental Health Act in Ipswich and East Suffolk CCG were 14.3 per 100,000, in West Suffolk CCG the rate was 12.7 per 100,000, and in Great Yarmouth and Waveney CCG the rate was 21.9 per 100,000\textsuperscript{18}. None of the CCG values were statistically different from the rate for England average\textsuperscript{18}.

**Suffolk’s Mental Health Crisis Concordat** has a detailed action plan to improve care for people in Suffolk and reduce admissions through joint working. Key actions to reduce crisis and crisis admissions are included within this.

The mental health service in Suffolk is provided by Norfolk and Suffolk Foundation Trust (NSFT). There are also a number of voluntary and community sector organisations that can help including [Suffolk Mind](https://www.suffolkmind.org.uk), [the Samaritans](https://samaritans.org) and [4YP](https://www.4yp.org.uk).

There are several possible points of contact for someone in crisis that can lead to a mental health assessment. Those not in contact with mental health services should turn to their GP who can refer to the Access and Assessment Team. If already under the mental health service there is support available from their community team (Integrated Delivery Team) or an out of hours crisis line. If the police are alerted they work closely with the mental health service but can also use their powers (through section 136 of the Mental Health Act) to detain the person for safety reasons until assessed by a mental health team, which has to be within 72 hours.

**Suicide**

In Suffolk every year, around 62 people die by suicide, and the most recent data shows that 74\% of these deaths are in men. Suicide deaths are those where the underlying cause of death on the death certificate is intentional self-harm or injury of
undetermined intent. Rates of death from suicide in Suffolk are 8.7 per 100,000 people. This is comparable to the England-wide rate (8.9 per 100,000), and the rate in Suffolk is actually lower than many of our comparable areas\textsuperscript{101}. Rates of suicide also vary with age, with a peak between 35 and 60 for men in Suffolk and a similar pattern for women\textsuperscript{101,102}.

The suicide rate varies in different parts of the county. In Suffolk in 2005-14 suicide rates were significantly higher in urban areas compared to rural areas. However, when looking at individual towns, only Newmarket had a significantly raised suicide rate during this period. This is something that should be explored further.

In terms of ‘years of life lost’, suicide has a high burden compared to many other causes of death, with an estimated 4,700 years of life lost per year in Suffolk due to the young age of many who die\textsuperscript{103}. Deaths from suicide often have a huge impact on the friends and family of the deceased, with a grieving process that can be longer and more complex than after other types of bereavement. People who lose a partner to suicide are at increased risk themselves\textsuperscript{104}, and the family and friends of someone who dies by suicide are at increased risk of poor mental health and emotional distress\textsuperscript{105}. Suicide may also be an indication of unmet need for support from health and social care and mental health services, and of isolation and social difficulties such as misuse of alcohol or drugs, unemployment, relationship problems and low self-esteem. People in contact with the criminal justice system are also at higher risk of suicide than the general population.

Although those with mental ill health have a higher risk of dying by suicide, only 28% of those who die this way have been in contact with mental health services in the previous 12 months. Most deaths take place at home or usual address and in 2012-14, 25% died elsewhere, including 4% who died after falls from the Orwell Bridge and 5% who died on railway lines. Hanging/asphyxiation (40%) and poisoning (30%) were the most common methods of death.

**The physical health of people with mental health conditions**

People with serious mental health conditions have higher risk of physical illness and early death\textsuperscript{106}. In people with schizophrenia, standardised death rates are three to
four times higher than in the general population and the excess deaths are due to a wide range of illnesses including respiratory, endocrine, gastro-intestinal and cardiovascular conditions. There are an estimated 5,910 excess deaths per year in people under 75 with mental ill health in Suffolk\textsuperscript{107}. As identified earlier, unhealthy lifestyles such as smoking are more common in those with mental ill health, and are considered part of the reason life expectancy is lower.

A specific issue that it is important to recognise in those with severe long-term mental ill health is Metabolic Syndrome. This is a term used to describe a group of physical health characteristics including obesity, high blood pressure and insulin resistance which can lead to type II diabetes, stroke and heart disease\textsuperscript{108}. About 20-25\%\textsuperscript{109} of the general population are at risk of metabolic syndrome, but estimates for those with schizophrenia range from 30-40\% to 63\%\textsuperscript{109}. This would mean that between 800 and 1,200 people in Suffolk who have severe mental ill health could be have metabolic syndrome\textsuperscript{19,109}. The reasons are thought to be a combination of lifestyle factors such as smoking and poor nutrition, reduced attention to physical health needs, and the side effects of medication needed to treat severe mental ill health\textsuperscript{110–112}.

**Medically unexplained symptoms**

*Figure 7: Medically unexplained symptoms, prevalence estimates*

![Medically unexplained symptoms](image)

Source: \textsuperscript{113}

There are some individuals who have ‘medically unexplained symptoms. The estimated prevalence in various settings are shown in figure 6; the impact on primary
care and hospital outpatients is high. It is estimated that up to 70% of patients with this diagnosis are also living with depression and/or anxiety related conditions\textsuperscript{114}. Care for the mental health of these populations often improves the management of their physical symptoms.

**Long term conditions**

Whilst 46% of those with a mental health condition have a long term physical condition\textsuperscript{115,116} people with long term physical conditions such as diabetes and heart disease are more likely to experience mental ill health. More than 30% percent of the UK population live with one or more long-term conditions, and evidence suggests that those with a long-term condition are two or three times more likely to develop mental ill health\textsuperscript{117}. There is a close association between cardiovascular disease, diabetes, COPD and musculoskeletal disorders and depression. Increased levels of depression are also found in people with asthma, arthritis, cancer and HIV. People living in relatively deprived areas are more likely to have more physical and mental health problems\textsuperscript{118}. The likelihood of mental ill health increases if there is more than one physical health condition, and up to half of those with three or more long term conditions will have depression\textsuperscript{119}.

In terms of service use:

- Depression increases re-admission rates in cardiovascular disease, and admission rates in heart failure.
- People with diabetes and depression have more hospital admissions and GP consultations, increased time in hospital, and more outpatient appointments.
- COPD patients with depression have 50% more acute exacerbations, more admissions, and longer length of stay.

**What’s happening locally?** Physical activity is being encouraged in Suffolk. 2016 was Suffolk’s Year of Walking; with a wide range of walking opportunities available and over 300 listed events. The Being Well in the Wild initiative is about making the most of the health benefits that our natural environment in Suffolk can provide. ‘Being Well in the Brecks’ will pilot approaches to making Brandon Country Park a health and wellbeing exemplar park, and aims to develop accessible walking routes close to where people live.
Some organised opportunities in Suffolk to be active outside are focused on the needs of those with mental ill health. For example Suffolk Mind have several allotments across the county that are utilised to encourage and support people with mild to moderate ill health to be active outside, improving their physical and mental wellbeing.

A new Suffolk wide integrated healthy lifestyle service (OneLife Suffolk) started in April 2016. Advice is available for everyone in Suffolk, but specific services are available for those at greatest risk, including those with mental ill health. The service provides a single contact number for stop smoking services, adult weight management, NHS health checks, child weight management and advice about physical activity.

A fully integrated drug and alcohol service serving the whole county started in Suffolk in April 2015 (Suffolk Recovery Network). The service focuses on recovery and the integration should ensure care is more coordinated for individuals. However further work is needed between the service and the Mental Health trust for those with Dual Diagnosis.

There have been a number of changes to crisis care in Suffolk. Some of the recent developments include the Access and Assessment model in Norfolk and Suffolk NHS Foundation Trust (NSFT); the NSFT’s Crisis Line for existing service users; and embedding NSFT staff with the Police in Suffolk. Suffolk Night Owls (a pilot provided through Suffolk Mind) is a phone support line for people with Borderline Personality Disorder who are experiencing distress. Nationally in terms of suicide prevention, the British Transport Police are working with the Samaritans to increase staff skills for intervention when they identify someone who may be in crisis, and have a suicide prevention hotline to improve response when staff identify someone at risk.

A suicide prevention strategy has been published for Suffolk, together with an action plan for the county to improve mental health and reduce the risk in those at highest risk of suicide.
Health checks are offered every year by GPs for people with dementia and serious mental illness, under the Quality and Outcomes Framework\textsuperscript{120}. People with schizophrenia, bipolar affective disorder and other psychoses, and other patients on lithium therapy are also offered an annual check. Mental health trusts, including NSFT, are required to undertake health checks for patients with serious mental illness (people with schizophrenia, bipolar affective disorder and other psychoses) and patients on the Early Intervention in Psychosis programme\textsuperscript{121}. Under the programme, service users with serious mental illness should have comprehensive cardio-metabolic risk assessments and the necessary treatments, and the results should be recorded and shared with the patient and treating clinical teams.

**Key prevention opportunities:**

Positive messages about mental health and self-care will help people to take charge of their own emotional wellbeing. Broad messages supporting positive mental health and self-care across populations include promotion of being physically active, volunteering and mindfulness\textsuperscript{8}. These create an environment that says mental health is important and is everyone’s business.

For groups with lived experience of poor mental health or increased risk of mental health problems, increasing use of psychological treatment particularly during periods of transition and pressure such as redundancy, after birth, or after bereavement, can prevent the development of depression and anxiety\textsuperscript{8}. Promoting available services such as cognitive behavioural therapy, bereavement counselling and relationship support have been successful\textsuperscript{8}. Targeting men in mid-life who are socioeconomically disadvantaged, people who misuse drugs and alcohol, and people entering and leaving custody may prove effective in reducing the burden of mental ill health.

Treatment services for substance misuse and mental health are commissioned separately by different organisations (the County Council and the CCGs) and those with dual diagnosis can find services fragmented. Improving multi-disciplinary meetings and referral pathways and making best use of all mental health services including the wellbeing service will improve outcomes for people who have problems with drugs/alcohol and mental ill health.
Excess morbidity and premature mortality could be improved by better integration of mental health support with primary care chronic disease management. Outcomes can be improved with relatively small investment, for example, suicide awareness training for GPs.

There is a lack of robust evidence on whether specific preventative interventions can prevent Post Traumatic Stress Disorder but timely intervention can minimise its impact. Support is available through the Suffolk Wellbeing Service and Norfolk and Waveney Wellbeing Service and national charities such as PTSD Resolution. NHS England is currently consulting on the future of mental health support for veterans and it is important that individuals with PTSD have access to specialist support. Interventions to improve physical health should not be isolated from mental health and emotional wellbeing, in order to produce the best outcomes. IAPT services could provide a greater role for those with long term conditions and for those with medically unexplained symptoms.

Self-care can also be effective. For example self-management programmes for long term conditions can include behavioural treatments for depression.

**Potential savings:** The cost of mental ill health to statutory services is high. It has been estimated that 1 in every £8 spent in England on long-term conditions is linked to poor mental health. Total NHS costs in England 2013 were £112bn, and approximately 80% of these costs (approximately £79bn) were spent on long term conditions. Applying the £1 in every £8 which is estimated to be spent on long term conditions and is linked to poor mental health suggests that nearly £10bn each year is spent in this way. For Suffolk, this equates to £133m per year.

The economic cost of one completed suicide of a person of working age is estimated to exceed £1.6m. On average, there are nearly 70 suicides each year in Suffolk. If all these suicides are in people of working age, the economic cost locally could be over £100m each year. We know that approximately 8 out of 10 of these suicides are in people of working age, which suggests that the economic cost to Suffolk could be as high as £85m annually.
There is evidence that suicide prevention education for GPs and frontline professionals can be effective as a population-level intervention to prevent suicide. As well as being clinically effective, it can also be cost-effective if it leads to effective treatment, for example, CBT and then ongoing psychological or pharmaceutical support. The ASIST (Applied Suicide Intervention Skills Training) programme has been evaluated as increasing the chance of a GP identifying those at risk from suicide by 20% in the year following the training\textsuperscript{125}. The Skills-based Training on Risk Management (STORM) programme, can increase trained individual’s ability to identify those at risk from suicide. Identification of risk then needs to be followed up with effective treatment. If those people identified as being at risk are then offered CBT, their future risk of suicide can decrease by up to 50\%\textsuperscript{126}.

A brief alcohol screening intervention for use in primary care has been assessed for cost and clinical effectiveness\textsuperscript{127}. GPs use the Alcohol Use Disorders Identification Test (AUDIT) to screen patients as they attend for routine appointments, and then give five minutes of advice to those identified as hazardous or harmful drinkers. The cost of the intervention was £17.41 per person screened (2009/10 prices), and the clinical evidence suggests that brief interventions such as this one reduce average alcohol consumption by 12.3\% per head\textsuperscript{128}. The effectiveness of the intervention is assumed to decline to zero over 7 years, and, cautiously, no benefits are assumed from a reduction in premature mortality. Over this 7 year period, the total savings per person screened are estimated to be £204.55.

There is very clear clinical evidence that treating first-episode psychosis quickly and effectively leads to better long-term outcomes. One way of delivering this care is through Early Intervention in Psychosis (EIP) teams. A number of economic evaluations of this type of care have been completed, with interesting results. While the cost of providing EIP care is higher than that of standard care, these additional costs have been found to have been rapidly offset by savings from a number of areas, including reduced inpatient bed days, lower relapse rates, and a 50\% reduction in the likelihood of compulsory admission, while at the same time achieving better outcomes. These net savings are in the order of £5,500 per patient in the first year of psychosis, and amount to nearly £16,000 by the end of the third year\textsuperscript{129}. In Suffolk there are 70 – 150 new cases each year; providing early
intervention services could save the NHS between £1 million - £2.4 million net of increased costs for each annual cohort of new patients over three years. In addition to these NHS savings, it is also estimated that EIP provides benefits through improved employment which are worth £2,000 per person by year three, and later benefits from reduced risks of suicide and homicide amounting to a further £6,000 per person by year ten\textsuperscript{129}. Some of these savings will have already be realised through current early intervention programmes. We have clinical specialists for EIP in Suffolk, in the in the Integrated Delivery Teams, who work with those experiencing psychosis.

The cost-effectiveness different approaches to improving the outcomes for patients with medically unexplained symptoms has been assessed. For example: the creation of a specialist MUS service, targeted at the 5% of patients with the most severe and persistent problems, many of whom have complex physical and mental health problems which may be compounded by neglect, social isolation or trauma. Such a service, led by a liaison psychiatrist, is estimated to cost £0.6 million per year, for a ‘typical’ CCG with a population of 250,000 people\textsuperscript{130}. Providing such a service for Suffolk’s population could therefore cost £1.8 million per year, or approximately £600 per patient with severe symptoms.

The most complex MUS patients are estimated to be costing nearly £10.5 million each year to look after in Suffolk currently, at an average cost of £3,500 each. If the service was able to reduce NHS use by less than 10% it would cover its direct costs; any further reductions in wider service use would be cost saving for the NHS. If the wider societal costs of sickness absence from work are included, the net benefits of providing such a service are likely to be amplified still further.

The Improving Access to Psychological Therapies (IAPT) programme is known to produce savings. A detailed assessment concluded that IAPT generates £0.68 in savings for the NHS for every £1.00 invested; but if the wider statutory sector, including the NHS, tax receipts and benefit savings, was considered, IAPT generates £1.75 for every £1.00 invested\textsuperscript{131}. IAPT is therefore judged to be cost-effective to the NHS, and cost-saving to statutory services as a whole, while also representing best clinical practice. The initial proposals for IAPT argued that, although the treatment cost £750 per patient, it was likely to result in two additional months in work, and two
fewer months on incapacity benefits. One month on incapacity benefits was estimated to cost £750 (including benefit payments and reduced tax receipts).
Older people are at risk of the same emotional and mental ill health as younger people, and also have a much higher risk of dementia. The risk of depression increases with age and ill health, and is more common in women.

By 2020, one in five people in the UK will be aged 65 and over\textsuperscript{32}. Some authors suggest that we should not consider older people as a uniform group but as the ‘younger’ older and the ‘older’ older; those aged 80 and older have very different experiences of health\textsuperscript{32}. There is evidence that the over 80s experience more depression and more ill health.

The majority of mental ill health experienced by older people is not dementia, but people with dementia may also have depression or other needs. 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\textsuperscript{133}. The older population is increasing. Latest figures are shown below for Suffolk.

\textbf{Table 2: Suffolk population change to 2030}

<table>
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<th>Age</th>
<th>2014</th>
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<th>2020</th>
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<td>\textbf{166,700}</td>
<td>\textbf{184,700}</td>
<td>\textbf{204,200}</td>
<td>\textbf{228,300}</td>
</tr>
</tbody>
</table>

Source: \textsuperscript{134} Figures may not sum due to rounding

\textbf{What causes mental ill health in older people?}

The risk of depression increases with age and ill health and is more common in women. Marriage increases the risk of depression in women and reduces the risk of depression in men\textsuperscript{7}.
According to the World Health Organisation, many older adults lose independence because of chronic illness, pain, disability or mental health difficulties. Older people are likely to experience bereavement, loss of socioeconomic status and retirement. These can lead to isolation and loneliness. Mental and physical ill health can interact, leading to worse outcomes. Poor physical health increases the risk of depression. Loneliness leads to higher risk of depression and suicide. Together poor health and isolation combine to increase risk further. Depression may present differently in older people, with physical symptoms, and is linked to adverse outcomes in illness such as heart attack, stroke, and fracture of the hip.

The Mental Health Foundation have suggested five key issues that can have an impact on the mental wellbeing of older people:

- Discrimination,
- Participation in meaningful activities,
- Relationships,
- Physical health,
- Poverty.

**Levels of mental ill health in older people**

The Health Survey for England (HSE) is undertaken each year and periodically reviews a group or condition in depth. The health of older people was last assessed in 2005. The questions looked at feelings such as feeling unhappy, feeling empty, helpless, or hopeless and assessed the Geriatric Depression Scale (GDS) score. A high GDS score suggests depression.

Women were more likely to have high GDS10 scores than men (28% compared to 22%), and high GDS10 scores were more likely with increasing age among both sexes.

More detailed estimates for Suffolk are provided below. The prevalence of depression was found to be 8.7%, increasing to 9.7% if those with dementia were included. Depression was more common in women (10.4%) than men (6.5%), and was associated with increasing age, disability, other medical problems and
These findings were used to estimate the number of older people with depression now and in the future.

<table>
<thead>
<tr>
<th>Depression - all people</th>
<th>2014</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>People aged 65-69 predicted to have depression</td>
<td>4,262</td>
<td>4,328</td>
<td>3,854</td>
<td>4,100</td>
<td>4,723</td>
</tr>
<tr>
<td>People aged 70-74 predicted to have depression</td>
<td>3,024</td>
<td>3,174</td>
<td>4,098</td>
<td>3,667</td>
<td>3,931</td>
</tr>
<tr>
<td>People aged 75-79 predicted to have depression</td>
<td>2,534</td>
<td>2,557</td>
<td>2,992</td>
<td>3,882</td>
<td>3,505</td>
</tr>
<tr>
<td>People aged 80-84 predicted to have depression</td>
<td>2,101</td>
<td>2,139</td>
<td>2,433</td>
<td>2,905</td>
<td>3,801</td>
</tr>
<tr>
<td>People aged 85 and over predicted to have depression</td>
<td>2,028</td>
<td>2,109</td>
<td>2,453</td>
<td>2,938</td>
<td>3,659</td>
</tr>
</tbody>
</table>

| Total population aged 65 and over predicted to have depression | 13,948| 14,306| 15,829| 17,491| 19,617|

Source: Figures may not sum due to rounding, Crown copyright 2014

As in other adults, mental ill health worsens outcomes in co-existing physical illness. Older people living in care homes and those 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%.

Serious mental illness such as psychosis and bipolar disorder can arise in older people or persist into later life. It is known that serious mental illness is linked to higher death rates and this is also seen in people aged 65 and over.

**Dementia**

Dementia is a syndrome characterised by impaired cognitive functioning e.g. problems with memory loss, thinking speed, mental agility, language, emotional
control, understanding and judgement. It occurs when the brain is damaged by disease such as Alzheimer’s disease or strokes and is most common in people over the age of 65\textsuperscript{137, 138}.

Figure 8: Estimated dementia prevalence in Suffolk, 2014-2030

Dementia is not considered to be a normal part of ageing. Most older people will not develop the condition in their lifetime despite the accumulation of brain damage and a progressive decline in cognitive function with age.

However, for those that do develop dementia, the impact of dementia extends well beyond the individual. Trying to help loved ones live an independent, safe and fulfilling life can place great strain on family and friends. People who care for a friend or relative with dementia are at higher risk of developing mental ill health themselves. There are currently approximately 12,800 people with dementia living in Suffolk, of whom about 5,000 people may be undiagnosed\textsuperscript{17}. Without a diagnosis, they do not have access to therapeutic interventions and support. This is projected to rise to nearly 25,000 people by 2035, an increase of 90%. The greatest absolute increase will be in the over 85 age group.

Over the last six years, the dementia diagnosis rate has increased across the three Suffolk CCGs. The number of people with undiagnosed dementia (dementia gap) in
Suffolk is therefore falling. However, diagnosis rates among Suffolk practices range from 22.8% of a practice’s estimated number of patients with dementia to 85.5% of a practice’s estimated number of patients with dementia, a 3.7 fold variation\textsuperscript{17}. Such a high degree of variation in diagnosis rates is unlikely to be explained by clinical differences alone, and warrants further local investigation.

Delaying age of onset by an average of 5 years would for instance reduce the population prevalence by 50%, greatly reducing the impact for individuals, families and society\textsuperscript{139}.

It is important that service providers and commissioners in Suffolk consider groups within the population at risk of developing dementia or disadvantaged groups who are less likely to access dementia services. It expected that, for example, the number of people with dementia from black and minority ethnic (BME) groups is likely to increase over time. BME groups may have specific needs relating to vascular risk, access to services and awareness or stigma attached to the condition.

The Alzheimer’s Society has also made recommendations for a minimum standard of post-diagnostic support\textsuperscript{140}. This includes the provision of comprehensive information, access to universal support services, expert practical guidance from a dementia advisor, and the provision of individual and group support to manage and live well with the condition.

**Dementia among people with learning disabilities**

The prevalence of dementia is nearly four times higher among people with learning disabilities aged over 65 compared with the general older adult population (22% vs 6%)\textsuperscript{141}. There are an estimated 13,700 people in Suffolk with a mild, moderate or severe learning disability, although this is thought to be an underestimate\textsuperscript{142}.

Increases in the life expectancy of this group means that the number of older people with learning disabilities is rising\textsuperscript{143}. The projected increase in Suffolk is 5% or, approximately 15,000 additional people with a learning disability and dementia by 2030\textsuperscript{142}.
Dementia is harder to diagnose in people with learning disabilities and can present differently, particularly among those whose learning disability affects short term memory. Managing dementia in a person with a learning disability also has different challenges\textsuperscript{143}. According to the latest Needs Assessment of People with Learning Disabilities in Suffolk, they are more likely to have additional co-morbidities and have lower rates of access to services such as screening and health checks\textsuperscript{142}.

**Can we reduce the risk of developing dementia?**

A number of risk factors are associated with or increase the risk of developing dementia. Some of these risk factors are can be changed (modifiable) while others are not (non-modifiable). Non-modifiable risk factors include for example age, gender and genetic factors. Although genetic risk factors are not modifiable, they could potentially be used to identify “at risk” groups who could be targeted for prevention.

Modifiable risk factors include smoking or tobacco use, hypertension and diabetes\textsuperscript{144}. Initiatives to promote smoking cessation and improve the management of hypertension and diabetes will also reduce the risk of developing dementia in later life. Physical activity similarly has a protective effect and may be associated with up to a 40% reduction in dementia risk\textsuperscript{139}. It is therefore important to highlight the wider benefits of lifestyle behaviours on brain health as well as cardiovascular risk reduction. Research suggests that the risk of developing dementia is clustered around specific developmental periods and accumulates over one’s lifetime.

**Dying well with dementia**

A review of interventions for patients with dementia who are approaching the end of their life was considered in our recently published Dementia Needs Assessment update\textsuperscript{17}. The studies identified outlined key themes including physical, social and psychological needs, but there was very little evidence about what was effective in meeting the various needs. The study authors concluded that there is a paucity of evidence on the needs of people with severe dementia, and called for further research in this area along the themes identified.
CCGs in Suffolk are working on implementing Advanced Care Plans particularly targeting patients in care homes. This allows families, carers and individuals with dementia to plan ahead and discuss their wishes concerning the end of life. Data from 2014 shows that in Suffolk, deaths in the usual place of residence, at home and in care homes for people with dementia were higher than the average for England. Conversely deaths in hospital for people with dementia were lower than the average for England.

**Carers**

An increasing number of adults are finding themselves caring for a spouse or elderly relative with dementia. Many adult carers are affected by social isolation, often foregoing their own social needs to provide help and support to dependent loved ones. They may feel unable to grant themselves time away or fear for the safety of the person they care for. In Suffolk this is a particular concern. Data for 2014/15 show that only a quarter (25.6%) of adult carers feel that they have as much social contact as they would like, a percentage that is significantly below both the regional and national averages of 42.2% and 38.5% respectively.

More information can be found in the [Suffolk Family Carers Needs Assessment](#) and the [Young Carers and Young Adult Carers Supplementary Report](#).

**What’s happening locally?**

A range of services to support people with dementia and their carers are available across Suffolk. However, these can be challenging to navigate, and more needs to be done in Suffolk to support people with dementia and their carers.

Partners from both the statutory and voluntary sector in Suffolk are currently working together to provide a more integrated service for people living with dementia and their carers and the commissioning of an integrated peri-/post-diagnostic dementia service is underway.

The Health and Wellbeing Board is providing ongoing leadership across Suffolk in the development of Dementia Friendly Communities, including an investment of £60,000...
in the Suffolk Community Foundation to support the work of establishing more Dementia Friendly Communities.

Specific support is available across Suffolk. An example is the ASA Dementia Friendly Swimming Project which has been developed to enhance the swimming experience of those living with dementia and their carers by improving facilities and removing barriers; South Suffolk Leisure are a partner for this programme.

The memory assessment service is commissioned by CCGs for dementia diagnosis and includes those with learning disabilities. A service specification for post diagnosis provision for those with dementia has been developed, however the commissioning decision has not been made at the time of writing.

**Key prevention opportunities**

The WHO states that the mental health of older adults can be improved through creating living conditions and environments that support healthy ageing by:

- providing security and freedom,
- supportive housing policy,
- social support for older people and their carers,
- programmes targeted at vulnerable groups e.g. those who live alone and rural populations,
- support for those with chronic mental or physical illness,
- programmes to stop elder abuse,
- community development programmes.

There are steps that can improve brain health and reduce the risk of developing dementia:

- Stopping smoking,
- moderate alcohol intake,
- increasing physical activity,
- engaging in cognitively stimulating activity.

To support older people with mental health difficulties, guidance for the commissioners of older people’s mental health services, advises joined up working,
including health, social and voluntary care, to help meet complex social, medical and emotional needs, and to support independence\textsuperscript{7,133,145,147}.

There is evidence that depression is underdiagnosed in older people and improved awareness may lead to improved outcomes. There is some evidence of low access to psychological therapy services in older people although there is good evidence of benefit\textsuperscript{7}.

A National Audit Office 2007 report advocated a ‘spend to save’ approach to dementia care for the general population, providing upfront investment in services to facilitate early diagnosis, allow people to remain living in their own homes for longer and reduce hospital admissions\textsuperscript{143,148}. A similar approach may be appropriate for diagnosing and managing dementia among people with learning disabilities, enabling people to stay in a familiar environment for as long as possible if they so choose\textsuperscript{143,148}.

Improve the early identification and support for dementia in those with learning disabilities. This could include: development of a specific multi-agency dementia strategy and care pathway for assessment, diagnosis, intervention and support for people with learning disabilities from primary care, through to secondary care and palliative care services\textsuperscript{143} ; initiatives for training for staff supporting people with learning disabilities\textsuperscript{143} and considering the screening at intervals for dementia in adults with Down’s syndrome over the age of 30\textsuperscript{143}. This could be done as part of a GP annual health check for adults with Down’s syndrome.

**Potential savings:**

Table 4: Estimated avoided costs per person per year, dementia

<table>
<thead>
<tr>
<th>Public Sector Area</th>
<th>Saving over 1 year per person with dementia (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS</td>
<td>5,285</td>
</tr>
<tr>
<td>Local Government</td>
<td>5,537</td>
</tr>
<tr>
<td>Central Government</td>
<td>4,228</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>15,050</strong></td>
</tr>
</tbody>
</table>

Source: \textsuperscript{149}
NICE guidance recognises that it is likely to take at least 10 years for any prevention or delaying activities to take effect, but it also suggests that up to 56% of dementia cases may be due to modifiable risk factors. If 1% of these cases, each costing £15,050 per year, could be delayed or prevented by a year, this would save over £60 million of public spending nationally per annum. Applying these figures to the 14,902 people estimated to have dementia in Suffolk by 2020 suggests that 8,345 of these cases may be due to modifiable risk factors. If 1% of these cases were prevented or delayed by one year, 83 people would have their dementia prevented or delayed each year, saving £1.3m of public spending in Suffolk.
How can Suffolk help itself?

Here are just a few of the many links that may help:

**Starting Well**


The NSPCC provide programmes for families and children where any of the three ‘toxic’ elements (drug and/or alcohol use, domestic abuse and poor mental health) are a concern: [http://www.nspcc.org.uk/](http://www.nspcc.org.uk/)

More information can be found on the Norfolk and Suffolk NHS PIMHS (Perinatal and Infant Mental Health) website: [https://whatsthedealwith.co.uk/perinatal-infant-mental-health](https://whatsthedealwith.co.uk/perinatal-infant-mental-health)

Home-Start activities support and empowerment families in their own homes using volunteers, with appropriate liaison with statutory agencies: [http://www.homestartsuffolk.co.uk/](http://www.homestartsuffolk.co.uk/)

**Growing Well**

The Source is a Suffolk website with information and advice for young people, including emotional wellbeing and relationship issues: [www.thesource.me.uk](http://www.thesource.me.uk)

MindEd is a free resource for adults to support children and young people’s mental health, with contributions from Suffolk’s parents: [www.minded.org.uk](http://www.minded.org.uk)

Childline: [https://www.childline.org.uk/](https://www.childline.org.uk/) 0800 1111 – online, on the phone, any time, support.

Lighthouse Women’s Aid is a charitable organisation based in Suffolk, UK providing emotional support to women and their children experiencing domestic abuse in
their personal or family relationships: http://lighthousewa.org.uk/lighthouse/about-us/

New Dawn Suffolk is a website that covers all services related to Domestic Abuse in Suffolk: http://www.newdawnsuffolk.co.uk/

**Beat (Eating Disorders Association)** is the leading UK wide charity providing information, help and support for people affected by eating disorders.

**Working Well**
‘Time to Change’ shares several video examples of what good support looks like in the workplace.

Mind have specific information on mental health in the workplace: http://www.mind.org.uk/workplace/mental-health-at-work/

ACAS provide lots of useful information too: http://www.acas.org.uk/index.aspx?articleid=1900

**Living Well**
Suffolk Mind: http://www.suffolkmind.org.uk/ is a charity to help people who are experiencing mental ill health. Their vision is: To be a forward thinking, needs-led, evidence driven sustainable charity that promotes and protects mental wellbeing for all, providing a range of innovative services and programmes.

The Mental Health Foundation describe ways to help you stay mentally well:

- be prepared for changes
- talk about problems and concerns
- care for others
- keep in touch
- be active and sleep well
- eat and drink healthily

Source: How to look after your mental health in later life.

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2016 was Suffolk’s Year of Walking and a wide range of walking opportunities were available with over 300 listed events at http://www.suffolkyearofwalking.co.uk/

You can contact OneLife Suffolk for help and advice on how to improve your lifestyle by visiting: http://www.onelifesuffolk.co.uk/

Calculate your alcohol intake though the Drinkaware website: https://www.drinkaware.co.uk/understand-your-drinking/unit-calculator

If you consider you have an alcohol problem then you can contact alcoholics anonymous: http://www.alcoholics-anonymous.org.uk/ Drinkline is the national alcohol helpline. You can call this free helpline, in complete confidence: 0300 123 1110

Suffolk Recovery Network is your local drug and alcohol service offering support to adults and young people when and where they most need it: http://www.turning-point.co.uk/suffolk-recovery-network-ipswich.aspx

The Suffolk Wellbeing Service (for those living in East and West Suffolk) and the Norfolk and Waveney Wellbeing Service (for those living in Waveney) offer a range of free support services to help people make changes in their life in order to improve mental health and emotional wellbeing, and help people cope with stress, anxiety and depression. There is also good evidence that social support can be helpful in aiding post-incident recovery\(^\text{151}\).

The Norfolk and Suffolk NHS Foundation Trust supports Veterans and links closely to the Suffolk Wellbeing Service - a community network. A range of services are available to support the Service community, for example PTSD Resolution is a national charity which delivers counselling and psychotherapy to Veterans, Reservists, and families, struggling with emotional and behavioural problems. For more information on other services available click here: http://www.suffolkmilitarycovenant.org.uk/health-and-wellbeing/
The Samaritans offer a confidential support service for those in Crisis and can be contacted here: [http://www.samaritans.org/](http://www.samaritans.org/)  Ipswich and East Suffolk: 01473 211133, Bury St Edmunds and West Suffolk: 01284 750 000, Lowestoft and Waveney: 08457 90 90 90

Ipswich and Suffolk Council for Racial Equality (ISCRE). ISCRE’S main purpose is to work towards:
1. the elimination of unlawful discrimination on the grounds of people’s race, sex, disability, age, marital and civil partnership status, pregnancy and maternity status, sexual orientation, gender reassignment, religion or belief.
2. promoting equality of opportunity and good relations between all persons and to advance and organise co-operation in the achievement of the aforesaid purposes.  [http://www.iscre.org.uk/about-us/](http://www.iscre.org.uk/about-us/)

The Suffolk VASP (Voluntary and Statutory Partnership) for Mental Health is a Suffolk-wide network for anyone with an interest in mental health.  [http://www.suffolkvasp.co.uk/](http://www.suffolkvasp.co.uk/)

Survivors of Bereavement by Suicide (Suffolk). Survivors of Bereavement by Suicide (Suffolk) is part of a national charity that exists to meet the needs and overcome the isolation of those bereaved by suicide.  [http://suffolk-sobs.org.uk/](http://suffolk-sobs.org.uk/)

**Ageing well**

Suffolk Family Carers offer support and can be contacted here:  [http://www.suffolkfamilycarers.org/](http://www.suffolkfamilycarers.org/)

For help, advice and support: Age UK Suffolk:  [http://www.ageuk.org.uk/suffolk/](http://www.ageuk.org.uk/suffolk/)

Information & advice line 01473 351234

A guide from the Mental Health Foundation on how to look after yourself in later life:  [https://www.mentalhealth.org.uk/sites/default/files/Later%20life.pdf](https://www.mentalhealth.org.uk/sites/default/files/Later%20life.pdf)

Independent age has a fact sheet on mental health:  [https://www.independentage.org/information/health/mental-health?gclid=Cj0KEQiwo5--BRCS8ceLjv-](https://www.independentage.org/information/health/mental-health?gclid=Cj0KEQiwo5--BRCS8ceLjv-)
The Rural Coffee Caravan delivers information and friendship across Suffolk:
http://ruralcoffeecaravan.org.uk/

Avenues support people who are living with disabilities, illness or injury to live the best life possible: https://www.avenuesgroup.org.uk/
Conclusions and recommendations

5-10 year recommendations to promote good mental health and reduce demand in Suffolk:

<table>
<thead>
<tr>
<th></th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To work to promote mental health and to reduce stigma and discrimination.</td>
</tr>
<tr>
<td>2</td>
<td>Promote emotional wellbeing and resilience in communities throughout Suffolk, by working to address the social determinants of mental health.</td>
</tr>
<tr>
<td>3</td>
<td>Ensure those with physical health needs have good mental health, and that those with mental ill health have equal support to improve their physical health.</td>
</tr>
<tr>
<td>4</td>
<td>Promote the mental health of women and ensure children have the best start in life.</td>
</tr>
<tr>
<td>5</td>
<td>Ensure the effective recognition and treatment of depression in older people, especially those at increased risk.</td>
</tr>
<tr>
<td>6</td>
<td>Work to promote active healthy ageing programmes to delay the onset of dementia at any age.</td>
</tr>
<tr>
<td>7</td>
<td>Reduce suicide in Suffolk by 10% over the next five years using the 2012-14 data as our baseline.</td>
</tr>
</tbody>
</table>
### One year on
How have we progressed in implementing the recommendations from the 2015 report?

<table>
<thead>
<tr>
<th>RECOMMENDATIONS FROM 2015:</th>
<th>ACTION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. That the 2015 report forms the basis for the Suffolk Health and Wellbeing Board prevention strategy.</td>
<td>• The prevention strategy has been published and is available here: <a href="http://www.healthysuffolk.org.uk">http://www.healthysuffolk.org.uk</a> The document provides clear priority areas and outcomes we want to achieve in order to decrease need and demand.</td>
</tr>
</tbody>
</table>
| 2. Improve the diagnosis and management of hypertension, atrial fibrillation, diabetes and COPD. | • We are continuing work on this as part of priority 1 of the prevention strategy.  
• There is an action plan with defined dates for target attainment.                                                                                                                                                                                                                                                          |
| 3. Improve the momentum in delivering the Health and Wellbeing Board tobacco and alcohol strategies. | • The momentum of both of these has been reinvigorated through their incorporation within the prevention strategy.                                                                                                                                                                                                                                                                     |
| 4. Continue to drive an increase in physical activity.                                      | • The new healthy lifestyle service, OneLife Suffolk, came into place on 1 April 2016.  
• The introduction of OneLife Suffolk means one service for the whole county with a single contact number for stop smoking services, adult weight management, NHS health checks, child weight management and advice about physical activity.                                                                 |
| 5. Design services for greatest population prevention impact.                               | • OneLife Suffolk is a partnership between Leeds Beckett University, MoreLife, Quit 51 and Tobacco Free Futures. This collaboration represents significant experience in delivering health improvement and influencing positive behaviour change, underpinned by an emphasis on evidence based research.  
• Local transformation plans in East and West Suffolk and Waveney and Norfolk, aim to improve the way we respond when issues arise. The plans are being jointly delivered by the NHS, local authority, service providers and users of the services. The focus is more than mental health services; it is about how we work together, eliminate gaps and embed a culture that promotes good emotional wellbeing. |
Glossary

**4YP:** Suffolk Young People’s Health Project (also known as 4YP) provides and co-ordinates services that improve the social, emotional, and physical health and wellbeing of 12-25 year olds in Suffolk.

**Cognitive Behavioural Therapy:** A talking therapy that can help manage difficulties by changing the way people think and behave. It is commonly used to treat anxiety and depression, but can be helpful for other mental and physical health problems.

**Cognitive health:** Cognition is the array of mental skills and abilities we have including: memory, concentration, planning, thinking things out, decision-making and understanding. Good cognitive health means that our brains are able to perform these processes effectively.

**Common mental disorder:** different forms of depression and anxiety. They cause significant emotional distress and interfere with daily function. However, they do not usually affect insight or cognition.

**Crisis:** When a person with mental ill health urgently needs help due to their behaviour being out of control or irrational and likely to endanger the person themselves, or others. The nature of each crisis is unique and variable.

**Conduct Disorder:** A behavioural and emotional condition diagnosed in children and young people, who have difficulty following rules or behaving in a socially acceptable way.

**(The) Debenham Project:** A comprehensive range of local volunteer-based services which “draw in” the best professional support for those affected by dementia. It is dedicated to giving practical and emotional support to all in the Debenham area who care for those with dementia, as well as those who have been diagnosed.

**Dementia:** A syndrome characterised by impaired cognitive functioning e.g. problems with memory loss, thinking speed, mental agility, language, emotional control, understanding and judgement.

**Depression:** A common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration.

**Dual Diagnosis:** Individuals with substance misuse (drug, alcohol or both) problems and mental ill health together are referred to as having dual diagnosis.

**Eating disorders:** Include a range of conditions including anorexia nervosa, bulimia, and binge eating disorder (BED). It is important to note that many eating disorders (excluding BED) begin in adolescence and young adulthood, and affect both genders.
**Emotional wellbeing:** Having good mental wellbeing includes: feeling positive, enjoying daily activities, getting on well with other people, being able to make decisions, and dealing with change or uncertainty. In Suffolk, we also use the definition within the Suffolk Children’s and Young Peoples Emotional Wellbeing 2020 strategy (but apply it to the whole population rather than just children):

“Emotional wellbeing is intricately connected to mental health, and involves having a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment. It centres on how we feel and represents our emotional state in everyday life. The phrase ‘emotional wellbeing’ is seen as more positive and holistic, and for this reason is preferred when talking about the emotional and mental wellbeing of children in Suffolk”.

**Family 2020 strategy:** This is the East and West Suffolk transformation plan for Children and Young People’s Emotional Wellbeing. [http://www.healthysuffolk.org.uk](http://www.healthysuffolk.org.uk)

**Local Transformation Plans for children and young people’s mental health:** In October 2015 Clinical Commissioning Group areas were required to develop a Local Transformation Plan (LTP) in response to the recommendations set out in the Future In Mind Report - promoting, protecting and improving our children and young people’s mental health and wellbeing, the report of the Government’s Children and Young People’s Mental Health Taskforce in 2015.

**Mental health (World Health Organisation definition):** A state of wellbeing in which every individual realises his or her 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.

**Mindfulness:** A practice focused around paying more attention to the present moment, to the individual’s own thoughts and feelings, and to the world them.

**Parity of esteem:** A term used in the mental health strategy for England. It is best described as valuing mental health and physical health equally.

**Perinatal mental ill health:** Maternal mental health problems occurring during pregnancy or in the first year are referred to as perinatal.

**Personality Disorders:** A complex group of conditions identified through how an individual thinks, feels and behaves.

**Post-Traumatic Stress Disorder (PTSD):** Can be caused by any stress inducing event. People affected by PTSD may experience a range of symptoms for example: flashbacks; a heightened state of alertness; being angry or upset easily; reckless behaviour. We have used the 4.4% positive screening for PTSD figure from the 2014 Adult Psychiatric Morbidity Survey 2014 to estimate the prevalence in Suffolk.

**Self-harm or injury of undetermined intent:** Suicide deaths are those where the underlying cause of death on the death certificate is intentional self-harm or injury of
undetermined intent. The International Classification of Diseases (ICD) is the standard diagnostic tool for epidemiology, health management and clinical purposes and is used to document cause of death. ICD codes X60-X84 or Y10-Y34 are used to classify self-harm or injury of undetermined intent.

**Severe mental ill health:** Can involve psychosis (disturbed thinking and perception) also includes: schizophrenia, bipolar disorder and schizoaffective disorder.

**Social and emotional learning:** An umbrella term encompassing how children and young people learn and develop skills and understanding in relation to: self perception and self-awareness, motivation, self-control and self-regulation, social skills, resilience and coping. See also: https://www.nice.org.uk/advice/lgb12/chapter/Introduction

**Suffolk Sustainability and Transformation Plan:** A five-year plan covering all areas of NHS spending for Suffolk. The plan describes how local services deliver the NHS Five Year Forward View vision of improved health. https://www.england.nhs.uk/ourwork/futurenhs/deliverforward-view/stp/

**References**


28. Guidance for Commissioners of Perinatal Mental Health Services.; 2012.


103. Health and Social Care Information Centre. Years of life lost due to mortality from suicide and injury undetermined (ICD10 X60-X84, Y10-Y34).


106. Improving the Physical Health of Adults with Serious Mental Illness. 2014;2014(Task 13).


British Medical Association. Recognising the importance of physical health in mental health and intellectual disability.

Improving the Management of Patients with Both Mental and Physical Health Needs.


Department of Health. Impact Assessment of the expansion of talking therapies services as set out in the Mental Health
135. How to ... Look after your mental health in later life.
137. Alzheimer’s Society. What is dementia?
149. National Institute for Health and Care Excellence. Costing Statement: Dementia, Disability and Frailty in Later Life – Mid-Life Approaches to Delay or Prevent Implementing the NICE Guideline Delaying or Preventing Dementia Disability and Frailty (NG16).; 2015.