

Mental health needs assessment 2018: Summary

Introduction

The NHS Ipswich & East Suffolk and NHS West Suffolk clinical commissioning groups (CCGs) are working with partners and the community to transform mental health and emotional wellbeing support. As part of this work, public health was asked to update knowledge on mental health needs across the community.

The aims of the needs assessment are:

- To provide a picture of mental health in Suffolk, to inform strategies for promoting mental health, reducing inequalities and commissioning services
- To inform partnership working, with stakeholders and the community, through a shared understanding of needs

The needs assessment has been produced in sections which can be downloaded and updated as necessary and the link is given below. The focus is on adults, more than children and young people. The key messages for the CCGs and partners to consider in developing transformation plans are given in this paper.

The main messages

- Emergency admissions for self-harm are significantly higher in Suffolk than England as a whole
- Young people have increasing levels of self-harm and suicide which should be addressed
- Levels of smoking, exercise and obesity need to be addressed in Suffolk to improve wellbeing
- Deprivation is having an impact on levels of mental health and service demand in Suffolk
- For transgender people, support and treatment (hormone or surgery) improves mental health and social functioning
- Dual diagnosis requires a more holistic approach to care with alcohol and drug use not a barrier to accessing mental health support
- A profile of Crisis has identified key issues which should be fed into planning new provision, including increased levels of need in the summer, and between 6pm and midnight and in the East of the County
- Existing mental health services do not clearly meet the needs of patients with personality disorders and the role of mental health services should be clarified
- People with long term physical health problems are likely to have depression, which should be identified and treated
- Mental health and physical health services should be better integrated
- The lives of people with severe mental illness are 15–20-years shorter than the rest of the population
- The physical health of people living with serious mental illness must be improved to reduce deaths
- Older people in the community and residential care have undiagnosed depression which should be treated effectively
- Future estimates may underestimate the mental health challenges of the next 5 years due to the impact of depression in older people and levels of self-harm in the young
- Future wellbeing will be adversely affected if the needs of children and young people and of the increasing older population are not addressed

Issues affecting younger adults

Self-harm

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

Self-harm is one of the top five causes of acute medical admission and those who self-harm have a 1 in 6 chance of repeat attendance at A&E within the year. Many people (37%) who self-harm do not receive medical or psychological help. Rates of self-harm have more than doubled (across all age groups) since 2000. This particularly impacts on younger women. The highest levels in Suffolk are seen in Ipswich and in women aged 16-24.

There is a strong association between deprivation and emergency admission rates for self-harm in Suffolk. Young people (aged 10-19) were 23% less likely to be referred to mental health services if they were registered at a practice in the most deprived areas. There is an evident need to address wellbeing in young people and to ensure NICE guidance is followed (see NICE CG133 and 16).

Suicide

There has been a small but significant increase in suicide in young people aged 15-25 in the years 2015-17 compared to 2012-4. This should be addressed through measures to raise wellbeing in young people and specifically address self-harm and suicide. Half of adolescents (10-19) who die by suicide have a history of self-harm; young people who self-harm are 17 times more likely to die (than unaffected 10-19 year olds) by suicide within a year.

Eating Disorders

Symptoms of eating disorders usually begin in childhood (16 and under). Around 25,000 people in Suffolk may have an eating disorder, although estimates vary greatly. Most people do not seek medical help. Eating disorders reduce quality of life, not only for the sufferers but also for their carers and family members, and can result in illness and death. The risk of premature death is 6-12 times higher in women with Anorexia Nervosa than the general population, adjusting for age.

Mental health and adults

Wellbeing

Physical and mental health are inextricably linked. Lifestyle, such as diet, alcohol consumption, employment status and exercise, affects mental health. Unhealthy lifestyles, such as substance misuse or smoking, can be a response to stressors; a way to try to self-manage a mental health condition.

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

Recommended guidelines for physical activity in adults are 150 minutes of moderate intensity or 75 minutes of vigorous intensity activity per week. In 2015/6 in Suffolk only 61.4% of adults met recommended levels of physical activity (significantly below the England average (64.9%).

In Suffolk nearly two thirds of adults are overweight or obese (63.6%), this is significantly worse than the England value.

Smoking rates in adults with depression are approximately twice as high as among adults without depression. In addition, people with depression can have particular difficulty when they try to stop smoking and have more severe withdrawal symptoms during attempts to give up. Almost half of all tobacco is now consumed by people with poor mental health.

Dual diagnosis – the links between mental health and substance misuse

It is estimated that approximately 22.7% of the Suffolk population aged over 18 drink above the advised limits and 6,571 people in Suffolk are alcohol dependent (estimate for 2014). The latter group are those who are in greatest need of specialist alcohol services.

Recreational drugs and misused prescription drugs can adversely affect mental health. As well as dependency, drugs can make the symptoms of mental illness worse and may trigger mental illness. For example, there is growing evidence that regular cannabis use increases the risk of developing a psychosis.

The prevalence rate of opiate and/or crack cocaine users is estimated as 6.3 per 1,000 population (aged 15-64) in Suffolk, or 2,851 users.

Mental ill health is very common among those in treatment for drug use. Half (50.2%, n=309) of all individuals in Suffolk entering specialist drug misuse services in 2016/17 were currently in receipt of treatment from mental health services for a reason other than substance misuse at the time of assessment.

Levels of mental ill health seen in General Practice

The levels of depression seen in general practice are published, as Quality and Outcomes Framework data, and show wide variation. The variation may be due to differences in diagnosis or in coding of data.

Prevalence rates in the Suffolk CCGs, (that is the number of people diagnosed with depression at any time), are around 9.5% of registered patients.

The levels seen in practices correlate with deprivation in Suffolk.

It is estimated that of the 130 people with depression per 1,000 population, only 80 will consult their GP. Of these 80 people, 49 may not be recognised as having depression at their first appointment. This is mainly because they contact their GP because of a somatic (physical) symptom and do not consider themselves as having poor mental health.

Personality disorders and the impact on individuals and services

People with a personality disorder may find it difficult to have close relationships, get on with other people, control their feelings and behaviour, and listen to others. There are estimated to be around 84,000 people aged over 16 in Suffolk with enough traits of a personality disorder to justify further investigation. People with personality disorders are likely to have other mental health conditions, which must also be treated. Analysis of data for mental health service users in the STP by NHSE identified that people with personality disorder have the highest rate of A&E use compared to other groups.

NICE has published detailed guidance in Personality disorders, and specifically in antisocial personality disorder (CG 77) and borderline personality disorder (CG 78). The NICE CG78 guidance states that community mental health teams should be responsible for routine assessment, treatment and management for people with borderline personality disorder. The guidance also recommends the use of psychological therapies in appropriate circumstances and the development of specialist teams.

Transgender wellbeing

The prevalence of gender dysphoria and those going through gender reassignment are uncertain. Estimates for Suffolk vary from 8-30 trans-females and 2-12 trans-males, to as many as 700 people. Although good quality evidence is limited, treatment (hormone or surgery) improves mental health and social functioning. A survey of trans-people found that 88% of respondents reported previous or current depression, 80% reported stress and 75% reported anxiety. They are more likely to self-harm and attempted and completed suicide is more common. Trans-people need better access to local mental health services to treat comorbid mental health issues.

Long-term conditions and the impact of mental health

People with physical health problems are more likely to have poor mental health.

People with long-term conditions, such as diabetes, coronary artery disease, COPD, stroke, angina, congestive heart failure, or cardiac disease are two to three times more likely to have depression.

Patients with depression have increased risks of long-term physical conditions:

- up to 60% increased risk of myocardial infarction
- 34-63% excess risk of stroke
- 1.5-1.9 times more likely to get coronary heart disease
- 60% increased risk of diabetes
- up to 3.5 times more likely to die from myocardial infarction

Around half of all hospital inpatients have a mental health condition (e.g. depression, dementia, delirium). Social deprivation increases the risk of co-morbid mental ill health.

The CCGs should prioritise mental and physical health care integration to improve outcomes. Improving mental health can improve the physical health of people with long-term conditions. Cognitive Behaviour Therapy can reduce use of health care services in patients with comorbid conditions such as chronic obstructive pulmonary disease and angina.

Learning disability and mental health

Mental illness is often not diagnosed in people with learning disabilities. It is estimated 40.9% of people with a learning disability will have a mental illness. People with learning disabilities are five times more likely to get dementia than the general population, and nearly 70% of people with Down's syndrome will develop dementia by the time they are 70. People with learning disabilities die, on average, 15-20 years earlier than the general population, estimated at 18 years shorter for women, and 14 years shorter for men. The excess mortality and morbidity is partly due to genetic factors, to socio-economic factors, and to poorer access to health services. Risks can be reduced through:

- support
- effective health promotion
- early diagnosis
- high quality care and treatment

Severe mental illness

Severe mental illness includes schizophrenia, bipolar disorder and other psychoses. There are over 6,000 people in Suffolk with a severe mental illness. The lives of people with severe mental illness are 15–20-years shorter than the rest of the population.

The level of severe mental illness recorded by GP practices varies and half of this variation in the prevalence can be explained by deprivation. The impact of deprivation on the level of severe mental illness is increasing. It is unclear whether the link is because deprivation leads to severe mental illness, or because severe mental illness leads to reduced economic and social opportunities.

Metabolic Syndrome is a term used to describe a group of physical health characteristics including obesity, high blood pressure and insulin resistance and people with severe mental illness have three times the risk of metabolic syndrome than the general population. Most Suffolk patients with a severe mental illness received a blood pressure check within the last 12 months, but it is not known how many have been diagnosed with metabolic syndrome, or if they are being effectively supported to manage the syndrome.

Prescription medication can have impacts upon health, through misuse or overdose as well as known physiological side effects. For example, psychotropic medication can make diabetes more difficult to manage, increase the risk of falls, and increase the risk of sudden death.

Polypharmacy can increase the risk of adverse drug events.

People with mental health conditions appear to be less able to self-manage their long-term conditions e.g. by following treatments and attending appointments.

The Care Quality Commission (CQC) undertook a survey of mental health service users aged 18 and over in 2017. Around 47,600 people were invited to participate nationally; 246 local service users responded. Nationally, many service users experienced poor quality care, and there was little improvement since 2014. According to patient responses, The Norfolk and Suffolk Foundation Trust (NSFT) performed worse, when compared to other trusts, for crisis care.

Crisis

A profile of mental health crisis events across the health and care system in Suffolk has been undertaken. A crisis can be defined as: a situation that the person or anyone else believes requires immediate support, assistance and care from an urgent and emergency mental health service.

The profile has identified some key issues which should be fed into planning new provision. The full report is available. Emergency department attendances increased in the summer and are usually between the early evening and midnight. Most were female with 47% aged between 15-34. Main causes were poisoning, psychiatric and social issues. Ipswich hospital had higher rates and there is a correlation with deprivation.

GP Out of Hours services again show highest levels of contacts in the summer and between 6pm and midnight on weekends. More calls are from women and more callers are aged over 55 years. There are higher numbers of contacts in East Suffolk.

Section 136 episodes increase in July and August and are predominantly in men. The Ambulance service also has more calls from the East of the County and most in June to August. 50% are between 4 and 11 pm. Incidents on the railway network occur most commonly in May to September and tend to be more likely to be young men aged 16-34.

Evidence from research shows that crisis provision should be:

- Integrated and multidisciplinary
- Include home care and involve the family and carers
- Have consistency of approach
- Be available 24/7 and daily

Suicide

The latest review of deaths by suicide has just been completed. Between 2012-14 there were 187 deaths and in 2015-17, 171 deaths and here has been an overall reduction in death rates and among middle aged men.

There continues to be a significantly higher death rate in urban than rural areas in Suffolk and Forest Heath and Ipswich Council areas have the highest death rates.

Newmarket continues to have the highest rate among towns and this is significantly above the County average. Males in Newmarket have a significantly raised rate.

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

There is a positive correlation between deprivation and death rates

Older people and wellbeing

Depression

Between 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. Depression is more common in women than men, and is associated with increasing age, disability, other medical problems and deprivation.

There is evidence that older people living in care homes and in hospital have a higher prevalence of depression, estimated at 20-30%, often in combination with dementia. People with physical illness such as stroke and Parkinson's can have even higher levels, up to 50%.

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 MI, stroke, and fracture of the hip.

Research emphasises the importance of physical health, poverty (specifically increasing levels of poverty in older and single pensioners), ethnicity (there are higher rates of depression among Indian and Pakistani women), community participation and social links, retirement and bereavement.

How does mental health vary across the County?

Deprivation

Estimates suggest there are more people in Ipswich and East Suffolk CCG with mental ill health. This is also seen in episodes of mental health crisis (see link). Deprivation has been demonstrated to impact on admissions for self-harm, suicide and crisis admissions. This is important for considering the location of services. Maps showing the key points for each CCG area are included below.



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