

# Suffolk in 20 years – healthy, wealthy and wise?

## The mental health and emotional wellbeing challenge

## Introduction - what this analysis does and doesn't do....

- This analysis considers how need and demand for mental health care and emotional wellbeing support in Suffolk may change over the next 20 years.
- This presentation is largely based on the findings from the 2016 Annual Public Health Report – available via [www.healthysuffolk.org.uk/JSNA](http://www.healthysuffolk.org.uk/JSNA).
- The numbers are modelled, using either assumptions from the published literature, or from local data where available.
- These assumptions have then been applied to Suffolk's current and estimated future populations.
- The result is a 'do nothing' scenario – it assumes no medical, technological or process/ delivery developments – these may all reduce activity and cost in the future.
- **BUT...** it also assumes the health of people in 20 years time is similar to today – in reality, some people's health will be better in the future; but some is likely to be much worse due to rising obesity and other factors. This is particularly relevant for Suffolk's older population cohorts.

## **Suffolk today is on average, a comparatively mentally healthy place to live.**

- Life expectancy in Suffolk is higher than the national average, and there are a number of both modifiable and non modifiable risk factors for mental ill health that are lower than national averages.
- Wellbeing scores in Suffolk have improved in recent years and are now higher than the England average.
- Suffolk achieves some good outcomes for people with mental ill health:
  - Smoking prevalence in adults with severe mental illness (SMI) is significantly lower in Suffolk compared to national levels.
  - Suffolk has a higher percentage of adults (compared to national figures) who are receiving secondary mental health services, who are in paid employment, and in settled accommodation at the time of their most recent assessment\*.
  - Lower percentages of emergency mental health admissions compared to the national average.

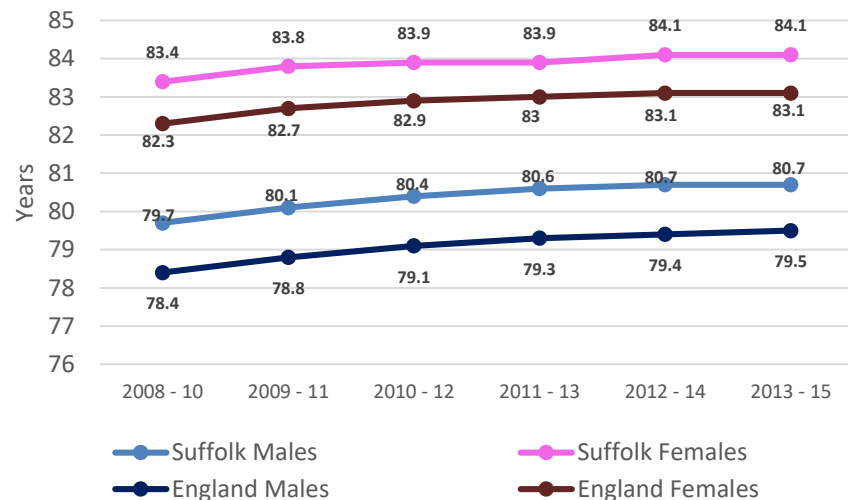
\*Adults on the Care Programme Approach

[http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/The\\_future\\_of\\_mental\\_health.pdf](http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/The_future_of_mental_health.pdf)

<https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness/data#page/1/gid/8000039/pat/6/par/E12000006/ati/102/are/E10000029/iid/92536/age/168/sex/4>

# Life expectancy is higher than the national average, and there are a number of both modifiable and non modifiable risk factors for mental ill health that are lower than national averages.

Life expectancy at birth



Both men and women in Suffolk can expect to live significantly longer than their national counterparts.

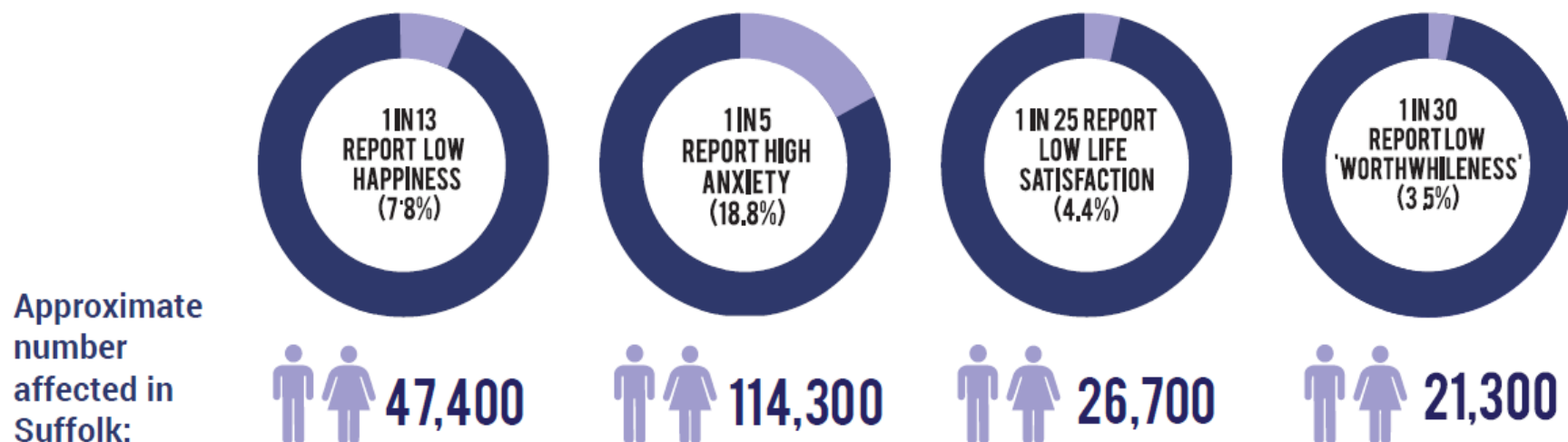
Additionally, Suffolk men and women can expect to live for approximately 66 years in good health, better than the national average (of approximately 64 years). When this is compared with overall life expectancy, men could spend 15 years in poorer health, and women could spend 18 years in poorer health towards the end of their lives.

This is important as people with poor physical health / long term conditions can experience higher levels of mental ill health. For example poor physical health increases the risk of depression.

These are risk factors for mental ill health as identified within the Fingertips JSNA tool. Green highlights are areas in which Suffolk performs better than England:

Smoking at time of delivery: % of mothers (no data available for comparison)
Low birth weight of term babies: % of all live births
Child poverty: % of children aged 0-15 (IDACI)
Excess weight in Reception year: % of children aged 4-5
Excess weight in Year 6: % of children aged 10-11
Looked after children: rate per 10,000 <18 population
Children in need due to abuse, neglect or family dysfunction: % of children in need
Pupils with behavioural, emotional and social support needs: % of school pupils
3 or more risky behaviours: % of 15 year olds
16-18 year olds not in education, employment or training: % of 16-18 year olds
First time entrants to the youth justice system: rate per 100,000 population aged 10-17
Socioeconomic deprivation: overall IMD score (2015)
Living in 20% most deprived areas: % of population (IMD 2015)
First time offenders: rate per 100,000 population
Re-offending levels: % of offenders
Violent crime (including sexual violence) - violence offences: rate per 1,000 population
Domestic abuse incidents recorded by the police: rate per 1,000 population
Crime deprivation: score
Long-term unemployment: rate per 1,000 working age population
Employment deprivation: score
Fuel poverty: % of households
Homelessness applications – total decisions made: rate per 1,000 households
Statutory homelessness - households in temporary accommodation: rate per 1,000 households
Statutory homelessness - eligible homeless people not in priority need: rate per 1,000 households
Estimated prevalence of opiate and/or crack cocaine use: rate per 1,000 population aged 15-64
Alcohol-related hospital admission (broad): directly standardised rate per 100,000 population
Excess weight in adults: % of population aged 16+
Smoking prevalence in adults - current smokers: % of population aged 18+
Long-term health problem or disability: % of population
Older people living in poverty: % of population aged 60+ (IDAOP1)
Older people living alone: % of households occupied by a single person aged 65 & over

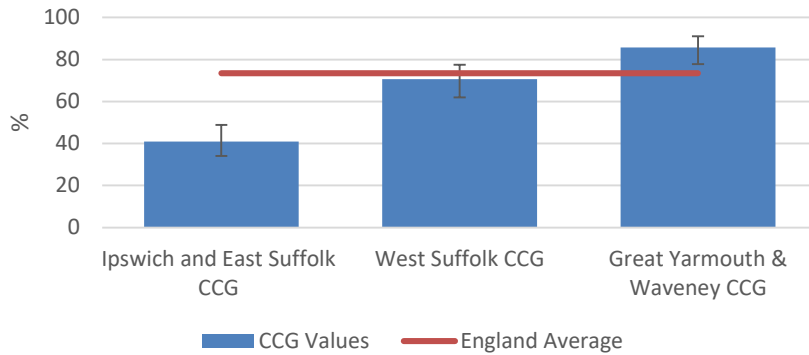
**Wellbeing scores have improved in Suffolk in recent years and are now better than the England average. However, there are still large numbers of adults in Suffolk who report high levels of anxiety.**



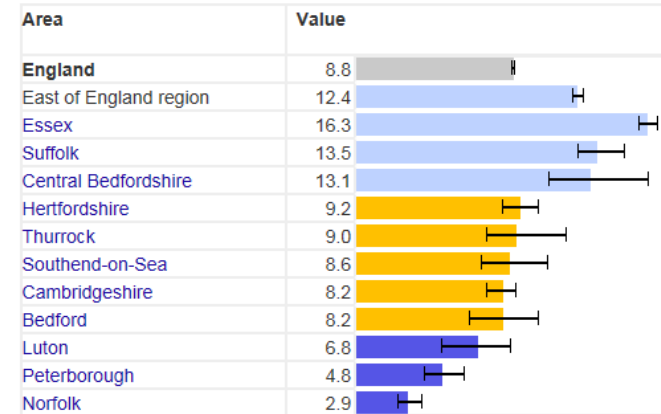
Compared to 2014/15 Suffolk has improved in all areas, and is now slightly better than the England average.

# Suffolk performs well on some key measures relating to mental ill health, for example lower smoking rates, and lower emergency admissions.

Emergency admissions: % of (quarterly) mental health admissions which were emergency 2014/15 Q2:

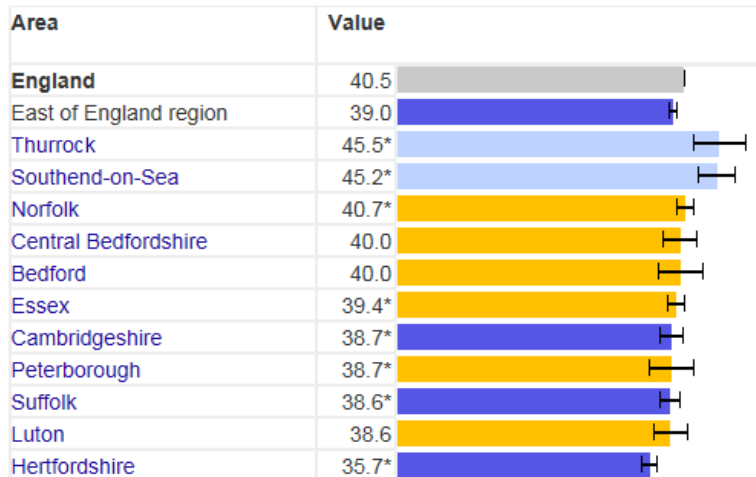


Percentage of people aged 18-69 on a care programme approach in employment 2012/13:



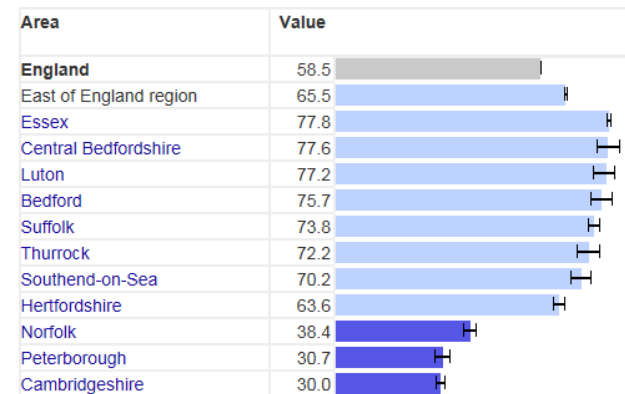
Source: MHMDS, The Information Centre for Health and Social Care

Smoking prevalence in adults with severe mental illness (SMI):  
% of people with SMI aged 18+2014/15:



Source: Health and Social Care Information Centre

Percentage of people aged 18-69 on a care programme approach in settled accommodation 2012/13:



Source: MHMDS, The Information Centre for Health and Social Care

The colour of the bar shows that for that indicator, compared with England, Suffolk is significantly:

Lower Similar Higher

## **However, in seeking to maintain or improve these levels of comparative good mental health over the next 20 years, Suffolk faces a number of challenges...**

- Suffolk's overall population is growing, and as many mental health conditions are 'common', the numbers of people with those conditions is likely to increase proportionately. In addition, future estimates of the prevalence of mental ill health are increasing. Diversity within Suffolk is also increasing, and people from Black and Minority Ethnic (BAME) communities can also be at risk of poorer mental health.
- Evidence suggests that the mental health of our children and young people may be declining over time. Since 50% of adult mental illness starts by age 14, improving the emotional wellbeing and resilience of our children will directly affect the levels of mental illness in our adult population in the future.
- Suffolk's population of older people is increasing much faster than the national average. Some common mental health conditions, for example depression and dementia, occur more frequently in older people, leading to higher incidence and prevalence.
- Levels of deprivation in Suffolk appear to be increasing over time. Deprivation is strongly correlated with poor mental health, so increasing deprivation may increase mental ill health.
- People are living longer, however with multiple long-term conditions. This is strongly correlated with declining mental health, and people with diagnosed mental ill health alongside their chronic physical conditions have particularly high costs of care.
- Poor mental health lowers our employment rates, increases welfare spending and widens health inequalities. People who have mental ill health experience some of the starkest health inequalities.

# Suffolk children experience lower risk factors for mental ill health compared to national levels. However, there is evidence that demand for mental health support is increasing.

- Currently,
  - around **50%** of lifelong mental health problems develop before the age of 14 years.
  - **75%** develop before the age of 25 years.
- Yet, nationally, only 25 – 40% of children and young people with mental health difficulties receive input from a mental health professional at all, or at a sufficiently early age.

## Prevalence estimates for child mental ill health vary.

For example, applied national data indicates:



Whilst Child and Adolescent Mental Health Service (CAMHS) estimates indicate that there could be over 35,000 under 18 year olds needing services at various levels (tiers) of need:

Estimated number of children / young people who may experience mental health problems appropriate to a response from CAMHS

CAMHS Tier	Tier 1	Tier 2	Tier 3	Tier 4
Estimated Suffolk Population under 17 requiring services in each tier	22,700	10,595	2,800	115

There is an increasing trend in a number of indicators in Suffolk related to mental ill health:

- Between 2015 and 2016 the percentage of school pupils with social, emotional and mental health needs rose from 1.6% to 1.8% - whilst this is a small change and lower than national levels there is a need to monitor this to see if it increases further.
- Although better than national rates, 3 year pooled data indicates that the rate of hospital admissions due to substance misuse (15-24 years) has increased in Suffolk between 2011-2016.
- Although similar to national levels, Suffolk's hospital admissions as a result of self-harm (10-24 years) show an increasing trend.
- The percentage of obese children in Year 6 has increased from 15.2% to 17.6% in Suffolk between 2008-2016.
- Although falling, the percentage of young people Not in Education, Employment or Training (NEET) is still significantly higher than national (5.2% in Suffolk, 4.2% England).

**These factors could have a direct impact on the current generation of children and young people in Suffolk as they move into adulthood, and could indicate a possible increase in demand for future mental health services.**



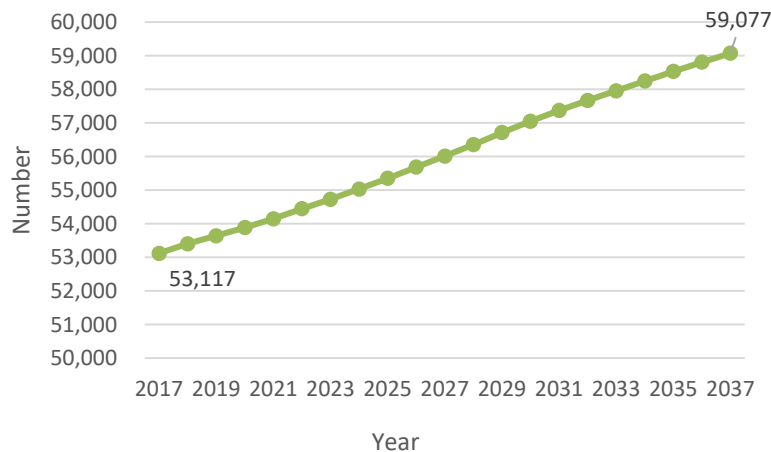
Suffolk's overall population is growing, and as many mental health conditions, such as depression, are 'common', the numbers of people with those conditions is likely to increase proportionately.

If the population increases as forecast but prevalence remains the same:

- In 2015/16 Suffolk 8.9% of patients on Suffolk GP practice registers were recorded as having depression (aged 18+) applying this to the forecast population for 2037 could mean there are an extra 6,000 people with depression between 2017-2037.



The number age 18+ with dep, using 8.9% prevalence estimate:

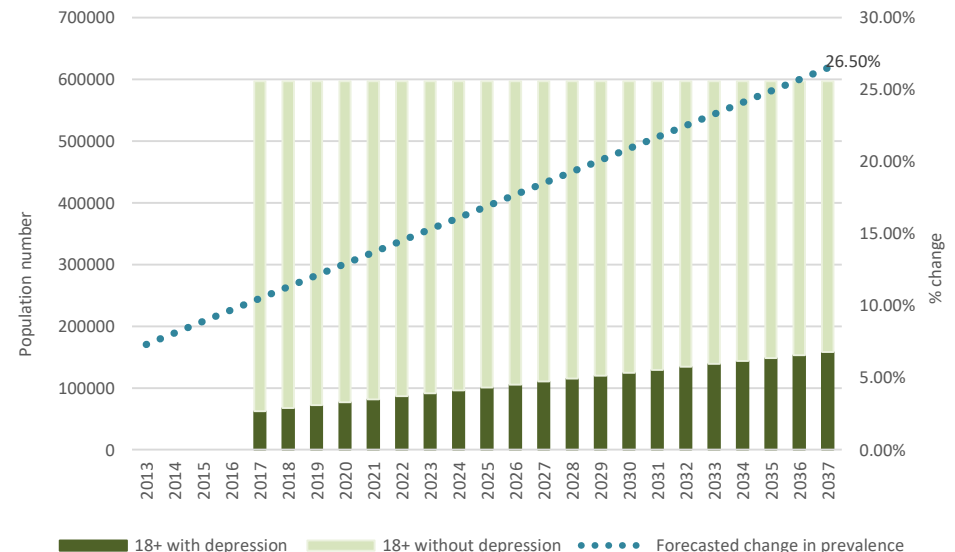


If the proportion of people with mental ill health increases:

- Using the same base data, and applying crude trend forecasting assuming no other changes, by 2037 26.5% of the 18+ population could experience depression\*. Imagining the population size didn't change between 2017 and 2037 this would equate to over **158,000** people 18+ having depression in Suffolk.



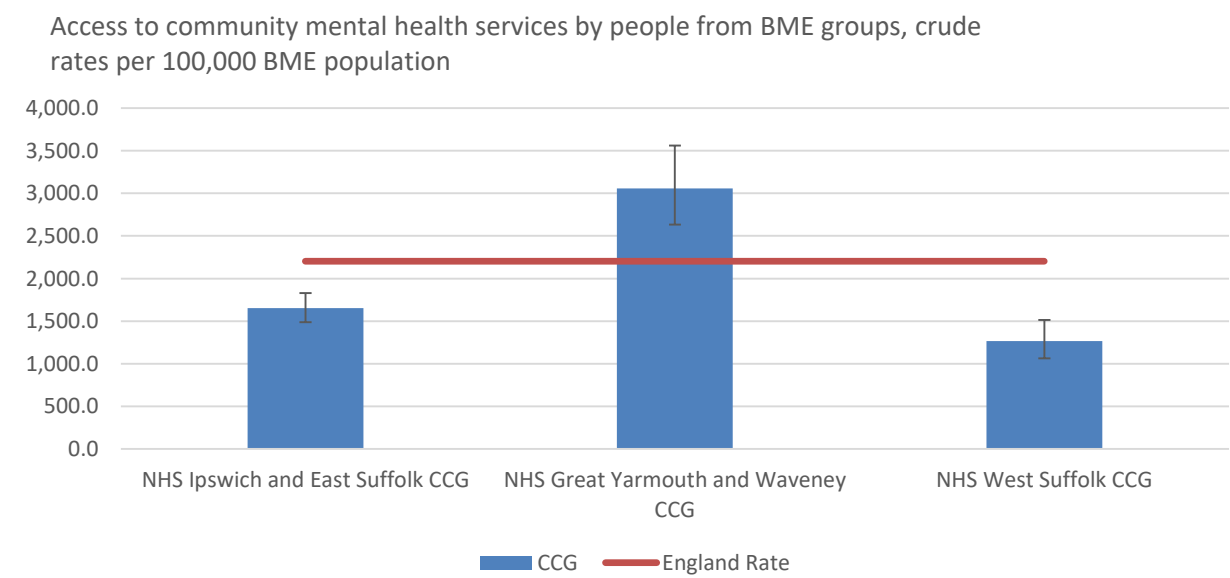
Changes in depression prevalence, if population stays the same:



# Diversity within Suffolk is increasing, and this population can face higher risks of poorer mental health and worse access to treatment.

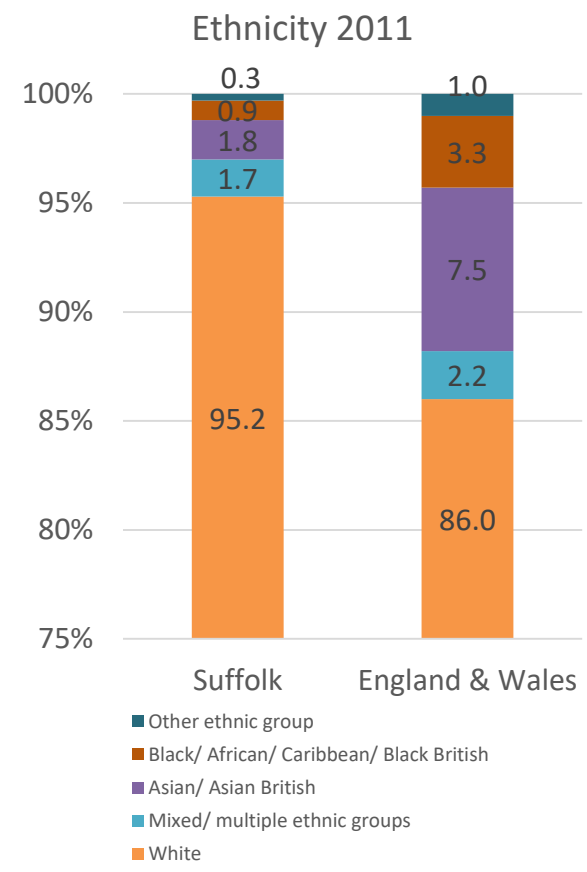
- People from black and minority ethnic (BME) groups living in the UK are more likely to be diagnosed with mental ill health, but are less likely to receive treatment. After controlling for level of need, people who were White British, female, or in mid-life (especially aged 35 to 54) were more likely to receive treatment.
- Suffolk is less ethnically diverse than England and Wales as a whole, but diversity is increasing.

Data from the NHS outcomes framework shows the rate of access to community mental health services by people from Black and Minority Ethnic (BME) groups. Access is higher in Great Yarmouth and Waveney but lower in the other two Suffolk Clinical Commissioning Groups (CCGs):



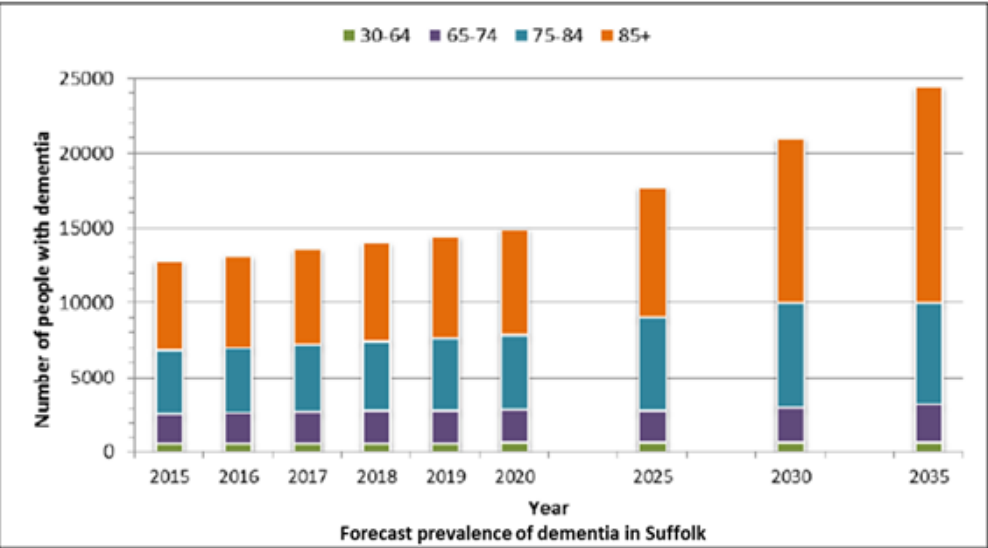
The 2001 Census indicated that the non-white population of Suffolk was 2.7%. This had increased to **4.2% in 2011**.

Internal forecasts indicate this could increase to **5.6% by 2021**.



**Suffolk's population of older people is increasing faster than the national average. Some common mental health conditions, for example depression and dementia, occur more frequently in older people, so more people in Suffolk are likely to develop them over time.**

- Dementia is not considered to be a normal part of ageing. It is estimated that there are currently approximately 12,800 people with dementia living in Suffolk.
- By 2035, it is projected that there will be nearly 25,000 people with dementia in Suffolk, an increase of 90% compared to the current prevalence.
- The risk of developing dementia increases with age - 80% of people with dementia in Suffolk are over the age of 75 years.
- Overall, there are more women with dementia in Suffolk than men, with a ratio of 2:1.

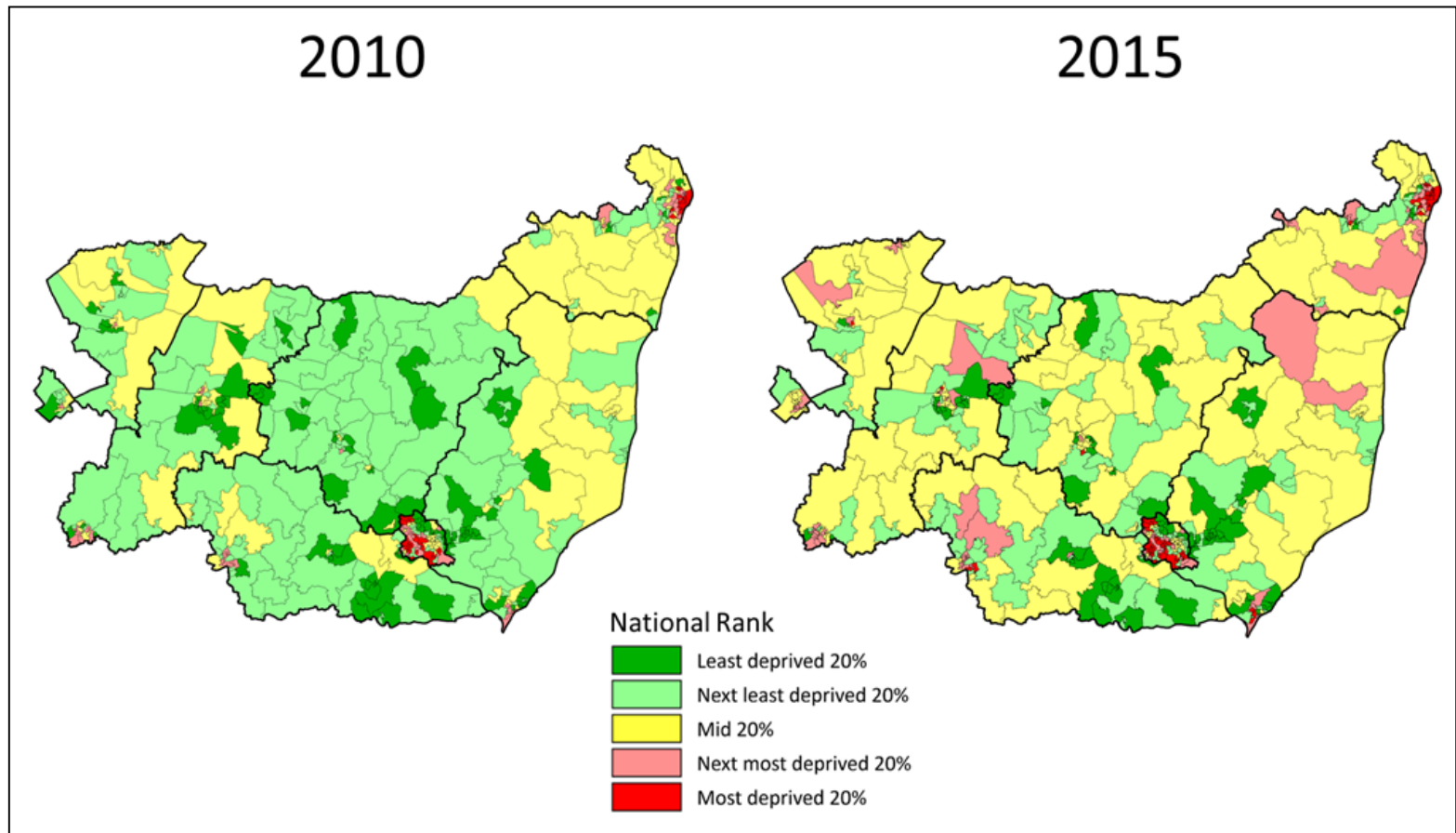


- The number of older people in Suffolk with depression is likely to increase by 40% by 2030.
- The table below highlights the potential increase in demand for older people in Suffolk.
- 10-20% of people aged 65 and over will experience depression. Older people are more likely to have long term conditions, increasing the risk of depression.
- Older people living in care homes and 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%.

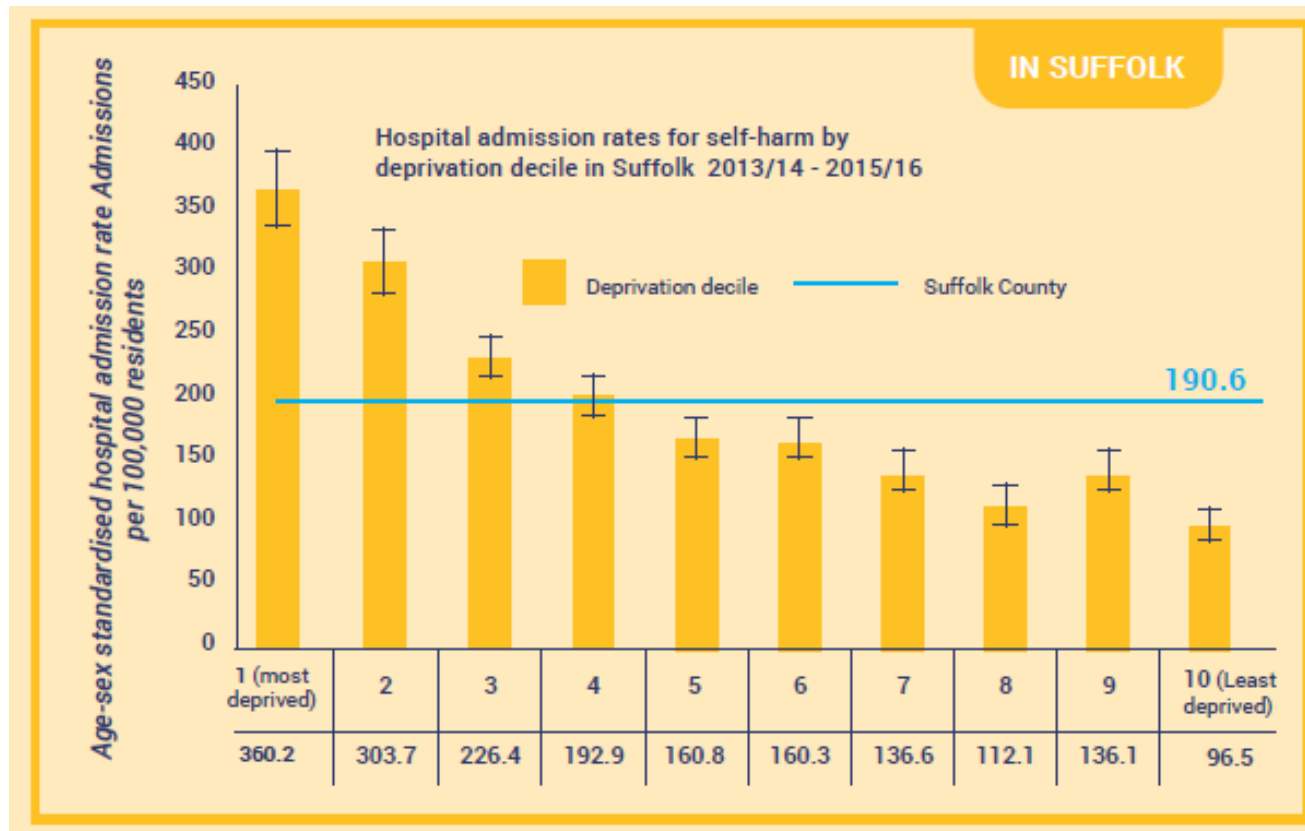
Estimates are available up until 2030 forecasting people aged 65 and over in Suffolk predicted to have depression:

Depression - all people	2014	2015	2020	2025	2030
People aged 65-69 predicted to have depression	4,262	4,328	3,854	4,100	4,723
People aged 70-74 predicted to have depression	3,024	3,174	4,098	3,667	3,931
People aged 75-79 predicted to have depression	2,534	2,557	2,992	3,882	3,505
People aged 80-84 predicted to have depression	2,101	2,139	2,433	2,905	3,801
People aged 85 and over predicted to have depression	2,028	2,109	2,453	2,938	3,659
<b>Total population aged 65 and over predicted to have depression</b>	<b>13,948</b>	<b>14,306</b>	<b>15,829</b>	<b>17,491</b>	<b>19,617</b>

**Levels of deprivation in Suffolk appear to be increasing over time.  
Deprivation is strongly correlated with poor mental health, so increasing deprivation may lead to increased mental ill health.**



**As an example of this, hospital admission rates for self-harm in Suffolk are strongly correlated with levels of deprivation**

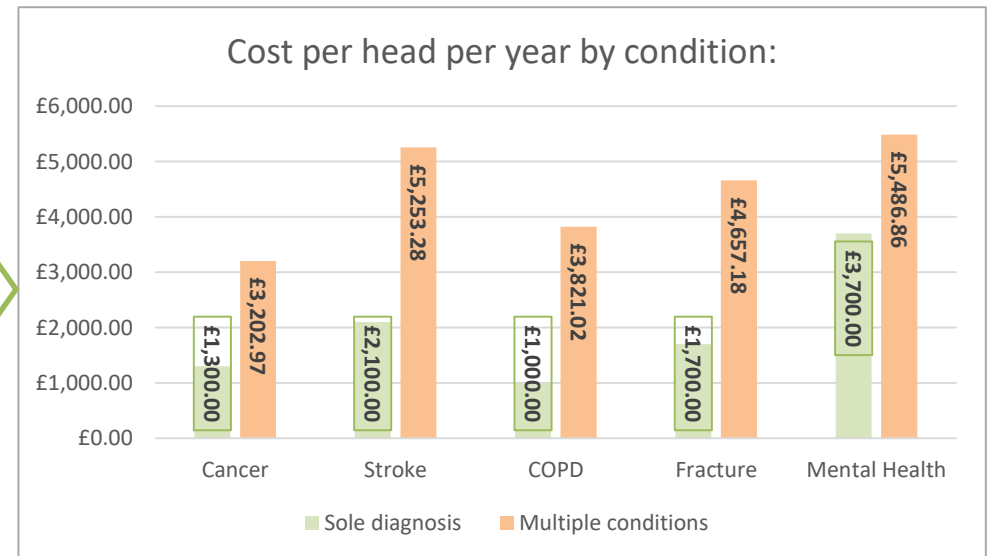


Hospital admission rates for self-harm are already three times higher amongst the most deprived people in Suffolk compared to the least deprived. If deprivation continues to increase, this may mean more people self-harm as part of a pattern of increasingly poor mental health.

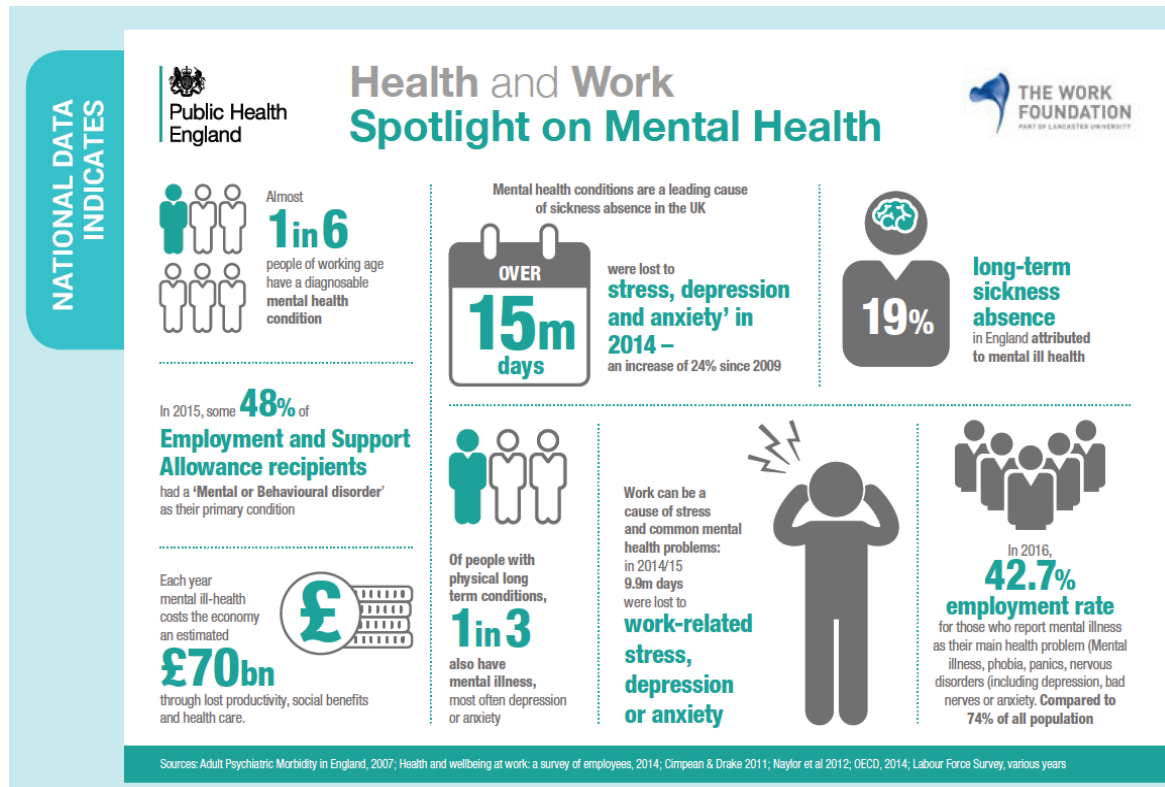
**People are living longer, however, often with multiple long-term conditions. This is strongly associated with declining mental health, and people with diagnosed mental ill health within their chronic conditions have particularly high costs of care.**

- The more co-morbid conditions a person has, the more likely they are to require care across diverse settings, and the higher their health and care costs.
- Research from Somerset has found that mental health costs are disproportionately high amongst people with only a diagnosed mental health condition, and for those who have a mental health diagnosis within a number of co-morbidities – higher than the average annual cost per person for patients with cancer, stroke or Chronic Obstructive Pulmonary Disease
- As more co-morbidities are recorded the likelihood of having a diagnosis of anxiety increases markedly but alcohol dependence, asthma and hypertension also become common.
- Additionally, mental health care costs account for a substantial proportion of the average cost for those with dementia, alcohol dependence, poisonings and effects of drugs, burns, environmental trauma and eating disorders.

- Using Somerset data we can examine costs of mental ill health compared to other conditions.
- Costs are higher per head when mental ill health is compared to other conditions such as COPD, cancer and stroke.
- They are also higher when there are additional health conditions (£5,486 per head).
- These findings could be indicative of people not getting help soon enough for mental ill health – meaning higher cost care is needed as their condition is more severe.
- It also reinforces the link between physical and mental health.



# Poor mental health lowers our employment rates, increases welfare spending and widens health inequalities. Failing to address these areas could limit Suffolk's future growth and productivity.



In Suffolk now:

- Approximately **73,600** working age adults (16-64) have a diagnosable mental health condition.
- **49%** of employment and support allowance claimants had 'mental and behavioural disorders' as their primary condition.
- The 2014/15 gap in the employment rate between those with a long-term health condition and the overall employment rate in Suffolk was **9.1** percentage points - **higher than the England level (8.6)**.

Unemployment in Suffolk is lower than the East of England and Great Britain. The East of England Forecasting Model 2016 estimates that the unemployment rate will remain relatively stable over the next 20 years. However, people living in Suffolk still earn less than regional and national averages.

# What can we do to tackle some of these issues and improve our mental health in Suffolk?

## Children and young people:

- Currently around 50% of lifelong mental health problems develop before the age of 14 years, with 75% developing before the age of 25 years.
- Yet, nationally, only 25 – 40% of children and young people with mental health difficulties receive input from a mental health professional at all, or at a sufficiently early age.
- Suffolk's performance in relation to some risk factors is good compared to national levels. For example, we have lower risk factors for poor mental health such as child poverty, family homelessness and unemployment. Hospital admissions related to mental ill health are also lower. However, child Improving Access to Psychological Therapies (IAPT) data indicates there is significant room for improvement.

There is still much work to be done, and children in Suffolk are still affected by mental ill health from birth:

- Perinatal mental health has been identified as a priority area in the Suffolk Sustainability and Transformation Plan, and through the Family 2020 Strategy.
- Work is underway to improve the pathway as part of Local Transformation Plans for children and young people's mental health; being led jointly between CCGs, midwifery and children's services.

Actions from the 2016 Annual Public Health Report include:

- Ensuring universal screening for depression during and after pregnancy
- Implementation of the Children and Young People's (CYP) Emotional and Mental Wellbeing Transformation Plan to ensure CYP receive timely assessment and support.

We are also working to provide a single point of access and assessment for emotional wellbeing services. This will improve timely access to the right level of support to children and young people experiencing emotional, behavioural, and mental disorders e.g. conduct disorder.



# What can we do to tackle some of these issues and improve our mental health in Suffolk?

## Lifestyle factors:

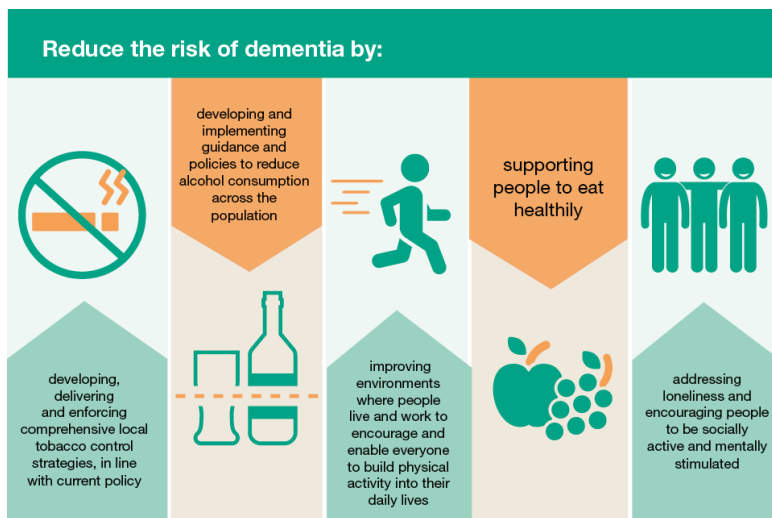
- There is a strong association between *poor mental health and health risk behaviours* such as smoking, and alcohol and drug misuse.
- Smoking rates in adults with depression are approximately twice as high as among adults without depression and 37% of those with long term mental health issue are smokers. Almost *half of all tobacco* is now consumed by people with mental illness.
- However, with the rising popularity of vaping there is a possibility Suffolk could be tobacco free in the future!
- 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.
- Low levels of *physical activity* can be a risk factor for mental ill health. Regular physical activity reduces the risk of depression, cognitive decline and dementia. It can enable a person to cope with stress better.
- *Excess weight* can make it more difficult for people to find and keep work, and it can affect self-esteem and mental health.
- Suffolk's performance is similar or better than national levels for many lifestyle related behaviours. For example, we have lower rates of smoking and diabetes, and similar rates of physical activity.
- However, there is much to be done, diabetes rates are rising, and obesity in adults is worse than national levels.
- *Positive messages* about mental health and self-care will help people to take charge of their own emotional wellbeing. For groups with experience of poor mental health or increased risk of mental ill health, increasing use of psychological therapies can prevent the development of depression and anxiety.
- Promoting *available and effective services* such as cognitive behavioural therapy, bereavement counselling and relationship support will improve wellbeing.
- In addition, improving the mental health of *specific groups* in the population for example; 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.
- Excess morbidity and premature mortality could be improved by *better integrating* mental health support with primary care chronic disease management.

# What can we do to tackle some of these issues and improve our mental health in Suffolk?

## Cardiovascular health for dementia prevention

- Dementia is not an inevitable part of ageing. Action in midlife to promote healthy lifestyles that can reduce the risk of dementia.
- The risk of disability, dementia and frailty could help be prevented or delayed by: stopping smoking, being more active, reducing alcohol consumption, improving diet, losing weight if necessary and maintaining a healthy weight.
- A major study published in the Lancet Neurology found that around a third of Alzheimer's disease cases worldwide might be attributable to potentially modifiable risk factors. The study found that, in the UK, physical activity was estimated to have the greatest influence of the risk factors studied. The study found that 21.8% of the Alzheimer's cases were estimated to be attributable to physical inactivity. These could potentially be prevented if people were more active.

The NICE guideline on midlife approaches to delay or prevent the onset of dementia, disability and frailty in later life recommends a major role for local government and Health and Wellbeing Boards:



**Loneliness** has a major impact on physical and mental health.

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.

Being socially active can help to reduce dementia risk by:

- improving your mood
- relieving stress
- reducing the risk of depression
- reducing loneliness

**( 15,000 )**

The number of people in Suffolk who go up to a month without speaking to anyone

# What can we do to tackle some of these issues and improve our mental health in Suffolk?

## Integration

- The 2016 Annual Public Health Report for Suffolk focused on mental health and emotional being, and was interlinked with the 2016 Suicide Prevention Strategy for Suffolk.
- While no single organisation is responsible for preventing suicide, a range of professionals from the voluntary and charity sector, clinical commissioning groups, local councils, police, HealthWatch Suffolk, coroner's office and mental health services all play a crucial role.
- The current mental health plan is being updated. Suffolk County Council is leading a new, joint plan to bring together all of these organisations to work towards the overall vision of reducing suicide, making this a priority for health and wellbeing in Suffolk.
- The aim is to produce an integrated and succinct plan to improve mental health in our County.

Things to consider:

The Kings Fund identifies: 10 areas where integration is needed most:

Prevention/public health	1. Incorporating mental health into public health programmes 2. Health promotion and prevention among people with severe mental illnesses
General practice	3. Improving management of 'medically unexplained symptoms' in primary care 4. Strengthening primary care for the physical health needs of people with severe mental illnesses
Chronic disease management	5. Supporting the mental health of people with long-term conditions 6. Supporting the mental health and wellbeing of carers
Hospital care	7. Mental health in acute general hospitals 8. Physical health in mental health inpatient facilities
Community/social care	9. Integrated support for perinatal mental health 10. Supporting the mental health needs of people in residential homes

"The recovery movement represents a paradigm shift in terms of thinking about the purpose of mental health services. Expectations of service users, carers and professionals are now very different to the expectations of a generation ago. This emphasis has led to a much greater focus being placed on the importance of housing, employment and social network".

**Digital opportunity:** "The NHS has not yet fully grasped the opportunities presented by digital technology to engage with patients and service users differently...Greater use of technology can also support cultural change in services, empowering service users to exercise greater choice and control."

## Summary

- While Suffolk's mental health is currently reasonably good on average, some factors, notably the mental health of our children and young people, as well as our ageing population, may lead to lower levels of wellbeing in the future.
- Some of this impact could be prevented by:
  - Working systematically to improve the mental health of our children and young people.
  - Improving cardiovascular health in mid-life, particularly physical activity.
  - Improving the mental health of specific groups in the population for example; 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.
  - Taking steps to tackle loneliness and isolation amongst our older people.
  - Helping people to take charge of their own emotional wellbeing.
- Economic growth which benefits all residents will be enhanced by addressing factors relating to mental ill-health which stop people working, or working effectively.
- As we become a more diverse community, we must ensure that everyone has equal access to assessment and treatment.